

# U. S. Navy Chapter GOVERNOR'S NEWSLETTER

**ACP**  
AMERICAN COLLEGE OF PHYSICIANS  
INTERNAL MEDICINE | *Doctors for Adults*

Spring 2005

**Walter J. Coyle, MD, FACP, FACG**  
*Governor, U. S. Navy Chapter*

## GOVERNOR'S CORNER

Greetings to all and welcome to our Spring Newsletter. Thank you all our contributors which have made this Newsletter more diverse and interesting. Special thanks to LCDR Al Shwayhat who has provided excellent history of medicine columns. The Annual Session in San Francisco was a great success and Navy Medicine was well represented and prominent in our participation. We received our fourth consecutive Chapter Excellence Award and the Chapter was nominated for an Evergreen Award. Details on the Annual Session are in the next section.

The theme of Revitalization continues to be prominent throughout the ACP. At our last Board of Governor's meeting, there was heavy emphasis on Repair of the Dysfunctional Payment system. This may not seem to severely impact Navy internists, but it does. With discouragement in the private sector seen by students and residents, young physicians are still shying away from a career in Internal Medicine. Also, we will all have second careers in Medicine after our Navy time and then the payment system will have a large impact. One item of concern that especially bothers me is the widening gap between Generalists and Sub-specialists. While Generalists struggle to get more recompense for cognitive time, the sub-specialists are interested in maintaining their share of the pie. More sub-specialists are practicing only their field and not stepping in to provide primary care---we even see this in the Navy. The extreme of this chasm is heard when calls for the change in length or type of training of Internists occur. Most us in the leadership of the ACP and hopefully most Internists agree that to develop a separate and early track to train sub-specialists is a slippery slope that may permanently damage Internal Medicine. I personally believe that the best sub-specialists are good Internists first. Without the solid base of General Internal Medicine, we would create a world of focused and narrow physicians who would not serve our patients well. Times are certainly changing. We are looking at the way we teach students, residents, and certified Internists. As Outcomes monitoring and Quality benchmarks are created, we cannot help but change Internal Medicine.

Inside	Page
<a href="#">ACP Events</a>	2
<a href="#">Associates/Students Section</a>	3
<a href="#">Digital Corner</a>	5
<a href="#">Military Medicine/ Naval History</a>	5
<a href="#">Next Chapter Meeting</a>	5
<a href="#">Picture Gallery</a>	6
<a href="#">IM From Around the World: Yokosuka, Japan</a>	7
<a href="#">IM Specialty Leader Update</a>	8

I want to re-emphasize a theme that the ACP is promoting. We need active students, associates, members, and fellows to keep IM growing and healthy. We particularly need our best Internists promoting the positive aspects of a career in IM and addressing the concerns over the problems with our profession. We need members pursuing fellowship in the ACP by mentoring Associate research and presentations, participating in Chapter meetings, and providing feedback and input to NKO, this newsletter, and our website. We especially need to focus some of our efforts on HPSP students. Recruiting of students for HPSP is slow and we may not make our quota this year. If you can volunteer to reach out to medical students as a mentor, an alumnus, or as a recruiter, please do. The future of Navy Medicine depends on the steady flow of vital, new physicians. As I said in my other letter, I am optimistic about our future but realize the future is truly up to all of you.

**CAPT Walter J. Coyle, MC, USN, FACP**  
**Governor, ACP Navy Chapter**

## ACP EVENTS

### *ANNUAL SESSION*

The Annual Session was a huge success in San Francisco. We set an attendance record and the feedback about the quality and breadth of the presentations was excellent. At the convocation on Thursday night, we promoted eight members to fellows of the college. Congratulations to **Drs. Nancy Crum, Mark Dick, John Gilstad, William Hall, Jayde Kurland, Charles Kuzma, Janet Myers, and Paul Tomasic**. We also added a new Master of the College in the person of **CAPT Mohamed Shakir**. Onstage we had two Regents participating in the Convocation, **Drs. Stephen Beuttel and Angeline Lazarus**. **Dr. John Mitas**, a past Governor and Laureate Award winner, was also notable as Chief Executive Officer of the College.

We had two active faculty from NNMC receive special awards during the evening. **Dr. Sherry Guardino** received the Joseph E. Johnson Leadership Award and **Dr. Steven Durning** was presented with the Herbert S. Waxman Award for Outstanding Medical Student Educator.

Our Doctor's Dilemma team represented the Navy well but were edged out by the competition. Congratulations to our three Navy representatives, **LCDR David Brett-Major, LT William Bennett, and LT Suniel Ramchandani**.

The Triservice Reception on Friday night was a large success with 84 attendees, one of largest crowds for the Reception. On Saturday afternoon, the three IM training Programs participated in the Residency fair. It was a huge success with many interested students visiting our booth. Special thanks to **CDR Lisa Inouye** for spear-heading the endeavor.

We had many excellent presentations through out the week. Listed below are our Navy Associate presenters.

Congratulations to them all. Their hard work showed in the high quality of all the presentations. Two posters were selected as winners from among the hundreds of posters.

### *ORAL VIGNETTE PRESENTATION*

1. **Tuong Vu** (NMCSO); "Severe Hepatic Injury in a Chronic Hepatitis B Carrier on Mycophenolate Mofetil for Focal Segmental Glomerulosclerosis, Treated with Lamivudine."

### *RESEARCH POSTER PRESENTATIONS*

1. **Mark Damiano** (NNMC); "Yield of Index Colonoscopy Screening in Patients < 50 years of Age with a Family History of Colorectal Cancer"

2. **Lindsay Jones** (NNMC); "Use of Bilirubin as an Adjunct Measurement of Patient Medication Adherence to Atazanir" **Selected as Top Ten Poster**

3. **Michael Tripp** (NMCSO); "A Prospective Randomized Control Trial: An Evaluation of the Use of Fenoldopam (FEN) and N-Acetylcysteine (NAC) with Different Osmolar Contrast Agents in the Prevention of Radiocontrast Nephropathy (RCN) (PREVENT STUDY)"

### *CLINICAL VIGNETTE POSTER PRESENTATIONS*

1. **Christian Capener** (NMCSO); "The Denuded Esophagus: A Case of Bullous Pemphigoid"

2. **Michael Kaplan** (NMCP); "Prolonged Renal Failure in a Renal Transplant Patient Treated with Intravenous Immunoglobulin"

3. **Vinh Mai** (NMCP); "Case Report: Bilateral Tonic Pupils and Bilateral Sixth Nerve Palsy After Influenza Vaccination"

4. **Heather Miller** (NMCSO); "A Case of Adenocarcinoma of the Lung with Associated Schistosomiasis" **Selected as Top Ten Poster**

**Congratulations to all of our Associates and thanks to the support of their mentors and staff!**

## ASSOCIATES AND STUDENTS SECTION

### *NMCP*

This year is coming to an end quickly. The ACP associates from NMCP are busy as ever. This year nine of our ACP associates were able to attend the National ACP meeting in San Francisco. **Dr. Karen Bullock** has been selected as the Chief of Residents for 2005-2006. She has also been pre-selected for 2006 Heme Onc fellowship at Duke University. Other associates continuing into fellowship are **Dr. Kaplan**, Allergy, and Dr. Gentry, Gastroenterology. The rest of the senior class are going to staff internist billets scattered around the world.

We continue to be active on the command with representatives on the Code Committee, and the GME Committee. **Dr. Kaplan** is an associate representative on the ACP committee for Informatics. **Dr. Rodriguez** spearheads the IM efforts at the Chesapeake Free Clinic, a clinic that both staff and trainees can volunteer their time at. **Dr. Franklin** was the keynote speaker at the Command Black History Month Celebration.

Portsmouth ACP Associates have been recognized both on the command and nationally. **Dr. Kaplan** has published his article Panenteric Melanosis in Gastrointestinal Endoscopy. **Drs. Mai and Fletcher** presented at the National ACP. Nine of our associates presented their abstracts at the VA ACP Associates Day and **Dr. Bullock's** abstract was selected for presentation at the Virginia Chapter ACP meeting. Additionally, **Drs. Bullock and Seda** won awards at the command research competition.

The associates approach this time of year with both anxiety and anticipation. Seniors are moving into their first staff role. Juniors moving up into senior resident roles and those interns continuing in the IM residency program move into the junior resident role. We have interns moving into undersea medicine, flight surgery, and GMO billets. We will also welcome back several from operational tours into the medicine residency program this year.

**LCDR Joel A. Nations, Chief of Residents**

### *NNMC*

IM R3's **Ruben Acosta** and **Tim Quast** were selected by APDIM (Association of Program Director's of Internal Medicine) to present a poster at the APDIM meeting in San Francisco, which precedes the national ACP meeting. The poster is titled Resident Run Morning Report for Medical Students, and outlines this 2 year old program designed to familiarize medical students from the USU Club Med group on basic pathophysiology presented in a morning report format. Acosta and Quast postulate that the significant increase in applications seen this year for the NNMC IM program may be related to exposure these students get to IM at these meetings (among other activities). These monthly programs routinely draw over 20 medical students.

In the beginning of 2005 two of our residents were able to take advantage of some worldwide opportunities offered by Internal Medicine. PGY2 Alaric Franzos spent a month in Cairo, Egypt doing research at Navy Medical Research Unit - 3 on diarrheal diseases. PGY-3 David Brett-Major spent a month at the Walter Reed Project in Kericho, Kenya. Walter Reed Project, Kericho is a collaborative effort among the U.S. Military HIV Research Program, the U.S. Army Research Unit Kenya (USAMRU-Kenya), and the Kenya Medical Research Institute (KEMRI).

Our Jeopardy team of Drs. Bill Bennett, Sunny Ramchandani, and David Brett-Major is looking forward to trying their luck at the National ACP Meeting in San Francisco (although they assure me that luck has nothing to do with it). Additionally, **Drs. Brett-Major, Mark Damiano** and **Lindsay Jones** will be presenting posters at the meeting.

Two of our residents have had recent publications. Dr. Tim Quast (next year's chief of residents) published a letter to the editor in Schizophrenia Research on "Comorbid Presentation of Kartagener's syndrome and Schizophrenia." **Dr Brian Susi** (PGY-3) and his collaborators, **Drs. Tim Whitman, David Blazes, Timothy Burgess, Gregory Martin** and **Daniel Freilich** published in the March 15 issue of the Annals of Internal Medicine "Rapid Diagnostic Test for *Plasmodium falciparum* in 32 Marines Medically Evacuated from Liberia with a Febrile Illness." One of our rising PGY-2s, LT Suneil Ramchandani, was selected as vice chair of the governing council of the Resident and fellow section of the AMA.

**LCDR Mat Newman, Chief of Residents**

NMCS D

The Naval Medical Center San Diego will be graduating 8 senior residents on June 17th 2005. We are proud to report a very strong showing at the 2005 ACP Conference in San Francisco. **Dr. Heather Miller** was selected as a winner for her poster presentation on Primary Adenocarcinoma of the Lung with Associated Schistosomiasis and **Dr. Tuong Vu** gave an oral presentation on his winning vignette: Severe Hepatic Injury in a Chronic Hepatitis B Carrier treated with Mycophenolate.

Looking forward to 2005-2006, we will start the new academic year with an exceptionally strong second year class. Seven interns were selected to continue their residency and 5 residents are returning from the fleet. **Dr. Dylan Wessman**, incoming Chief of Residents, is eager to begin the new year, and has many positive changes planned including a lecture series in operational medicine, ethics and professionalism. We will continue our new senior resident and intern mentorship program as well as the house-staff Marine Corps Recruit Depot orientation. NMCS D continues its volunteer clinic at St Vincent De Paul Village.

**LCDR Greg Matwiyoff, Chief of Residents**

STUDENT'S CLUB MED UPDATE: 2004-2005

It's been a busy and productive year for the Uniformed Services University Internal Medicine Interest Group (Club Med)! This year we have expanded on workshop and morning report topics and offerings, helped organize the 2nd annual "Medical Students Steps to Success" city-wide internal medicine interest group event as well as continuing with the annual Navy ACP Associates Dinner meeting.

Our Club has moved to typically offering 3 events per month-panel discussions during first Wednesday of month, workshop on learning clinical and/or laboratory interpretation skills during the second or third Wednesday of the month, and a morning report for students during the last week of the month. Workshops this year have included the how to write a case report, the undilated eye exam, how to evaluate and treat shoulder pain, approach to monoarticular arthritis. The how to write a case report workshop has resulted in over 10 regional ACP presentations by students, with three of these presentations resulting in regional ACP awards. Panel discussions topics included what internists do, life as an internal medicine resident, operational medicine, congressional medicine, gastroenterology opportunities and infectious disease opportunities. The panel format allowed for great discussions of students with faculty and resident presenters. Attendance at the meeting was typically between 60-110 students. Over 1/3 of the freshman class has signed up for student ACP membership.

Morning report for students is a NNMC resident-run session that covers typical problems seen in internal medicine with a discussion at the medical student level. These discussions have involved interactive patient presentations with lots of interesting diagnostic and treatment discussions. They also brought lots of cool clinical images.

We also helped with the planning and execution of the 2nd Annual Medical Students Steps to Success meeting. This is a city-wide medical student event and over 100 students from USU, Georgetown, George Washington, and Howard signed up for the meeting. We held a mentoring breakfast where students had the opportunity to speak with leaders in internal medicine followed by a panel discussion on training in internal medicine. Next, we held a medical student poster session with 10 student posters being displayed at the meeting (two of the poster presenters were from USU). This was followed by workshops that included patient physical examination findings and echocardiography. Students were afforded the opportunity to speak with specialists from all internal medicine specialties and general medicine at the booth session.

We are also excited about the annual Navy ACP Associates Dinner. The NNMC residents and staff have put together a great program that we will surely enjoy.

If you are in the area, please join us for a club med meeting! To see our latest events, please go to our website: <http://www.lrc.usuhs.mil/cc/clubmed/clubmed.htm>

Hope to see you at future Club Med events!

**ENS Debra Lowry (Club Med Student President)**  
**ENS Shannon Rigler**  
**ENS Thomas Louwers**  
**ENS Melissa Ehret**  
**ENS Danielle Ouimette**  
**Maj. Steve Durning**  
**LCDR Kevin Dorrance**

## DIGITAL CORNER

### ACP MEDICINE

*ACP Medicine* formally known as Scientific American by WebMD is a new medical reference endorsed by the American College of Physicians. This comprehensive medical program covers the standard Internal Medicine sub-specialties as well as Women's Health, Geriatrics, Palliative Medicine, Psychiatry and Dermatology. It has the functionality of one of the classic Medicine textbooks such as *Harrison's*.

The chapters are well written and logically organized by 200 well known experts in the field. Articles are evidenced based and referenced but without a level of evidence stated.

Medical information is augmented by over 1,100 color diagrams, photos and figures.

I had the opportunity to peruse the online version of *ACP Medicine* through a 30 day free trial. Navigation is easy through a search engine but may result in reading several chapters to summarize information on one topic such as the metabolic syndrome. Understandably *ACP medicine* is not all inclusive and therefore not as expensive as the mega-resource *UpToDate*.

Other features include *What's New in ACP Medicine* a free monthly newsletter you receive via e-mail. A PDA version of Best Dx/Best Rx covering twenty common topics is available thru Medscape Mobile but is very abbreviated in scope.

Approximately 120 Continuing Medical Education AMA/AAFP credits are possible with this program at a cost of \$85 annually. The program is accredited thru the University of Alabama.

*ACP Medicine* is available in a two volume text, CD's and Online. The basic cost for the online version for ACP members is \$179 and is updated monthly. The bound edition with three months online free is \$199 and updated yearly. If you prefer you can purchase quarterly CD's with one year free online for \$299. Individual chapters in a pdf format can be purchased individually for \$9.95

**Bob Hoyt MD FACP  
CAPT MC USNR**

## MILITARY MEDICINE AND NAVAL HISTORY

### THE FATHER OF AVIATION MEDICINE

Each academic year a number of Navy internal medicine interns are selected in a competitive process to report to the Naval Operational Medicine Institute as student Naval Flight Surgeons. Do you know who the started the concept of training physicians in aerospace medicine and requiring them to attend flight training with the pilots? During the onset of World War I, **Lieutenant Colonel Theodore Lyster**, USA was tasked with developing a new set of physical examinations for our pilots. He went to Europe to discover the reasons why American pilots were 3 times more likely to die from accidents than from combat injuries. He noted that pilots were flying to the point of exhaustion and the medical officers assigned to the units were not properly trained to recognize the unique stress of aviation. He noted the additional contribution of lack of testing for visual and vestibular function and psychological stability and added that physicians assigned to these units should have been required to fly with the pilots routinely. Based on Lieutenant Colonel Lyster's work a new breed of physician was developed, the flight surgeon. BUMED established the first physical requirements for naval aviators on 8 October, 1912 and on 29 April, 1922 the first five Naval Flight Surgeons were designated. In 1919 Colonel Lyster retired and by an act of Congress in June, 1930 he was promoted to the rank of Brigadier General, Retired. For his work as the first Chief Surgeon, Aviation Section, Signal Corps, United States Army, General Lyster earned the title the "Father of Aviation Medicine".

**Al Shwayhat**

\*\*\*\*\*

## NEXT NAVY CHAPTER MEETING

Do not miss our upcoming Navy Chapter Meeting. It is **6-8 October, 2005**. It will be in sunny **San Diego** at the **Horton Grand Hotel**. Chris Stafford and the ACP program Committee are putting together an excellent program entitled, "Our Changing World: Current Issues for the Internist." Make your plans early.

We need those nominations for our Awards soon. The nominating forms for Awards and their descriptions are

posted in the ACP website. We especially need the Sparks Award and Volunteer Award soon. Please send your nominations to CDR Brooks Cash (Awards Chair) or myself. Please have all nominations submitted by 15 June 2005.

The call for abstracts will be in mid summer...so start planning now!

## PICTURE GALLERY



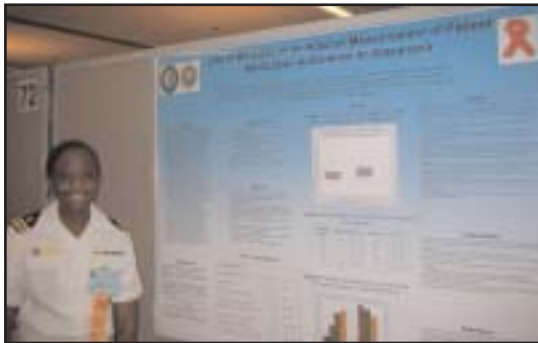
**Our New Navy ACP Fellows**



**Our Doctor's Dilemma Team in Action**



**LT Mark Damiano attends his poster**



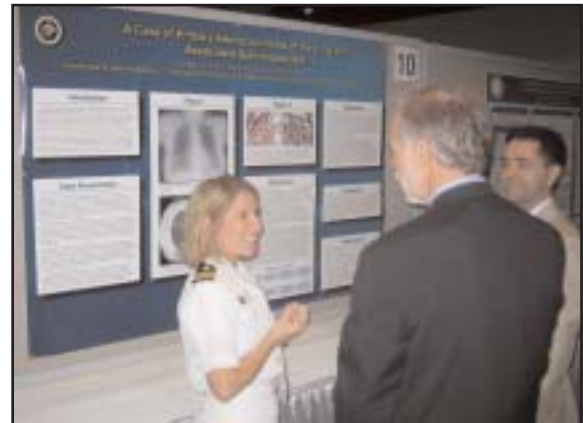
**LT Lindsay Jones shows her winning poster**



**LT Michael Tripp displays his poster**



**LT Vinh Mai presents his poster**



**LT Heather Miller presents her winning poster**



**The Portsmouth Crew takes a break after a grueling Annual Session day!**

## **IM FROM AROUND THE WORLD: YOKOSUKA, JAPAN**

To leave the relative “comfort and safety” of residency and take on the responsibility as staff internists is at once exhilarating and scary. Besides the obvious challenge of assuming the role as a staff physician for the first time, there are countless new situations to adjust to. Of course, starting in a new town is in itself stressful. In the new hospital, the process of obtaining diagnostic procedures change as a walk down to the MRI suite (which usually worked) is replaced with new forms, telephone calls, tri care approvals, and even transportation arrangements. Suddenly, the army (or rather fleet) of sub specialists so easily curbsided in the hall or galley is no longer there. To assume this new role 6,000 miles away from the mainland US adds a layer of complexity that is unique to Navy medicine. Such was the case as I reported to Naval Hospital Yokosuka Japan.

Located approximately 2 hours south of Tokyo, Yokosuka is home to the Navy’s Seventh Fleet. The hospital serves approximately 47,000 active duty, retirees, DOD personnel and their families. It is the largest military medical facility in mainland Japan with over 100,000 outpatient visits per year. The hospital has a 47 bed inpatient capacity and a 4 bed ICU. The internal medicine service provides primary care for a mixed panel of patients and consultation services for tenant command clinics as far away as Chinhae, Korea and even Diego Garcia, 5,000 miles away.

The breadth of disease seen in clinic runs from mundane, sick call type stuff to truly complicated (recently overheard in the exam room- “I’m a teacher and just got here, when can I get my liver transplant”: I’m not kidding). The mix ensures that your diagnostic and management skills stay sharp and are even honed as you find yourself managing patients with the help of emails or phone calls to those specialists that were so ubiquitous only a year or so ago. Although 6,000 miles from the mainland US, we are by no means isolated from help when we need it. For transfer to higher echelon of care we typically use Tripler Army Medical Center in Honolulu, which is the nearest tertiary US military facility. Although the Japanese model of health care is different from the US, Japan’s medical system is very good. Patients that require transfer to civilian facilities can expect care that is equivalent to US care and we have a very good relationship with the local hospitals. The language barrier here is formidable since English is not widely spoken (if you’ve seen the hospital scenes in the movie “Lost in Translation” you have a pretty good idea what it might be like to get care in town). Fortunately, the hospital has a well-established infrastructure of Japanese civilians that assist us and our patients navigate the system. They routinely help us obtain and translate the results of MRI’s, nuclear studies, and echocardiograms. Twice a year we get together with our Japanese colleagues for the Clinical Pathology Conference where we share ideas culture, and nurture our excellent working relationship with them.

A unique aspect of NH Yokosuka is the Japanese internship training program. Each year 6 graduates of Japanese medical schools are selected for training here and learn American style medicine before going on to other training programs either in Japan or, sometimes, US residency programs. Our training program is modeled after a typical US transitional internship program, with interns rotating through each service, including Internal Medicine, for 4-6 weeks. Because of differences in the medical education process here, these interns are roughly equivalent to a 3rd year medical student, only with rudimentary English skills. Despite these limitations, their progress over the course of the year is impressive, and we graduated last year’s class on March 28th.

Venturing off base requires that you learn to drive on the other side of the road, accept being functionally illiterate (unless you can read one of the 3 writing systems used here) among other things. Your reward for overcoming these challenges is experiencing a culture that is as unlike western society as any part of the world. The Japanese people are warm and eager to share their history and values to those who are open to it, and the countries many festivals offer an excellent opportunity to do just that. Tokyo is a 1 hour train ride away and offers more to do than can be covered in 1 tour here. Trips to China, Hong Kong and nearly all of Southeast Asia are easily arranged and can even be done as a long weekend. Yokosuka is a unique and challenging environment that offers in return personal and professional growth as you gain the confidence to manage your patients independently and are exposed a culture to a degree that few have the opportunity to experience.

Dewa Ashta

**Ron Purcell, LCDR, MC, USNR**

**–VISIT OUR CHAPTER WEB SITE–**

**<http://www.acponline.org/chapters/navy>**

## **INTERNAL MEDICINE SPECIALTY LEADER UPDATE**

This academic year marks the completion of a 5 year effort to replenish the ranks of our sub-specialty communities. As of summer 2005, all but two of these communities will be at or near target manning. This marks the first time in a decade that cardiology and pulmonary medicine. GI is at its best manning in nearly a decade. This year's cycle will focus on the GIM community. Additional starts from last years GMESB, increases in out service training and a decreased need to overfill most of the sub-specialty pipelines should allow the GIM staffing to stabilize. Assuming no major changes in the community landscape (BRAC, Medical Readiness Review, THCSRR review), IM should start the 2007 detailing season healthy.

These hard won gains may prove short lived. Nationwide, interest in medicine as a career is declining (with medical school applications declining from 45000 to 33000 over the last 8 years) and interest in internal medicine is declining faster, with the fraction of graduating seniors choosing GIM declining from 13% in 1999 to 5.6% last year. The HPSP and USU students mirror this trend. Residencies remain viable only because of a steady to increasing interest in IM as a pathway to sub-specialty training. Last year, the Navy programs had insufficient interest in IM at the PGY1 level to fill the programs (they were filled by people ranking IM 2nd or 3rd). This is a close echo of the 1985-88 decline in primary care /GIM interest, from which we recovered.

Though many of our medicine interns did not choose IM as their first choice, they are choosing IM for their residency. These converts are a result of engaged faculty and mentors in our community. Every student also comes in contact with internists during their training. This contact matters - I urge every internist to consider every interaction with a student or intern an opportunity to advocate for our specialty.

Finally, please continue to support Captain Coyle and the Navy chapter as we further develop our community of internists. I hope to see a record number of you in San Diego in October.

**CAPT(sel) Christopher Culp**