

# U.S. Air Force Chapter GOVERNOR'S NEWSLETTER

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

Fall 2005

**Col. Kimberly P. May, MD, FACP, FACR**  
*Governor, U.S. Air Force Chapter*

## GOVERNOR'S NOTES



Hello from the Governor: I am happy to be back, working in the Air Force Medical Service again, after a year at National War College, at Fort McNair, in Washington D.C. I made good use of the time, though, and earned an MS in National Security Studies. I am now stationed at Malcolm Grow Medical Center, at Andrews Air Force Base, MD.

It has been great to see the awesome support for Internal Medicine at the Uniformed Services University School of Medicine, at the Department of Medicine Education Committee Meetings, and at Club Med, the student mentoring forum (brainchild of **Maj Steve Durning**). Internal Medicine is indispensable to peacetime and wartime care of our active duty service members, their families, and military retirees and their families. This issue is dedicated to the Internist supporting wartime activities. There is a letter from **Col Steve Chambers**, and photos of **Col Jim Cox**, the news release about Maj Durning winning the prestigious Waxman Award, and a letter from our Internal Medicine Consultant.

I am looking forward to seeing you all at the **Air Force Chapter Meeting of the American College of Physicians** (we are also known as the Society of Air Force Physicians), **March 5-8, 2006**, at the **Municipal Auditorium in San Antonio, Texas**. This is a superb venue for our meeting, and the folks at Wilford Hall have a great agenda in store for us.

We are at war, and I realize how hard you all are working to support our deployments and keep the folks at home healthy! You are patriots, and I salute you and your service. If you need anything, you can reach me at [Kimberly.may@andrews.af.mil](mailto:Kimberly.may@andrews.af.mil). Please stay in touch.

## EXPEDITIONARY MEDICINE

Col Jim Cox is one of the Air Force Medical Service's most expeditionary Internists. Here are photos of him in some recent travels at Ali Al Salem (with friends, Col Cox is on the far left), and at Kandahar International Airport



## **NEW ACP AWARD MEMORIALIZES NATIONAL LEADER IN MEDICAL EDUCATION** **Steven Durning, MD, Receives Herbert Waxman Award**



PHILADELPHIA -- (April 18, 2005) **Steven J. Durning, MD**, an associate professor of medicine at the Uniformed Services University of the Health Sciences (USUHS), is the first recipient of the Herbert S. Waxman Award for Outstanding Medical Student Educator. The award was presented by the American College of Physicians (ACP) at its 2005 Annual Session, held in San Francisco April 14-16.

ACP (Doctors of Internal Medicine. Doctors for Adults.) is the largest medical-specialty organization and second-largest physician group in the United States. Membership includes more than 116,000 internists, related subspecialists, medical students, residents and fellows.

The Herbert S. Waxman Award for Outstanding Medical Educator was established to recognize a physician, internal medicine interest group leader, clinical clerkship director, program director, or faculty member who spends a significant amount of time teaching medical students. The award is named after the ACP senior vice president for education from 1996 until his death in 2003. Before joining ACP, Dr. Waxman had a long and distinguished career in academic medicine.

According to the ACP awards committee, Dr. Durning, as director for the Introduction to Clinical Reasoning course, serves a critically important role as a medical student educator and coordinator. He has won numerous teaching awards at USUHS, including the Outstanding Military Educator Award. He teaches eight other USUHS courses, the medicine clerkship, and at local GME programs. Dr. Durning also serves as an innovative faculty advisor to the Internal Medicine Interest Group, recruiting area internists to present novel and popular instructional sessions for USUHS students on topics from medical procedures to professionalism. Dr. Durning is also on the Governor's Council and chairs the Medical Student Committee for the ACP District of Columbia Chapter. He spends much time mentoring as well as encouraging USUHS students to conduct original research.

## **LIEUTENANT GENERAL SLOAN SELECTED AS MASTER OF THE ACP**



**Lt Gen Alexander M. (Rusty) Sloan**, who served as the Surgeon General of the USAF from 1991-1994, was recently selected a Master of the ACP. This prestigious award is earned through notable contributions to the field of medicine in teaching, outstanding work in clinical medicine, contributions to preventive medicine, improvements in the delivery of healthcare, contributions to the medical literature, or notable contributions to the field of military medicine.

Dr Sloan is an internist and nephrologist, from the Pennsylvania School of Medicine. He has served as a Flight Surgeon in the Air Force, and as a nephrologist at USAF Hospital Tachikawa, Japan, where his support of the wounded from Viet Nam with one of the first dialysis units in the Asian theater was ground-breaking, and undoubtedly saved many lives. He was subsequently assigned to Malcolm Grow Medical Center, where he was instrumental in the development of the Internal Medicine Clinical Program at the then fledgling Uniformed Services University of the Health Sciences. There he also managed the east coast portion of Operation Homecoming, organizing the medical care of repatriated Viet Nam prisoners of war. After that, Dr Sloan moved to USAF Medical Center Keesler, where he was the Chief of Staff, Deputy Commander, and Commander. Subsequently, Dr Sloan took on several leadership roles in the office of the Surgeon General (SG), including Deputy SG, before becoming SG from 1991-1994.

Dr Sloan has been an ardent supporter of the Society of Air Force Physicians (now known as the Air Force Chapter of the ACP), for many years, serving as Program Director for the Air Force meeting, then as Treasurer, President, Member of the Board, and Governor of the Air Force region. He was the Air Force Chapter Laureate Award winner in 1994. He rarely misses our annual meeting. Please join us in congratulating him at the ACP Annual Meeting in Philadelphia, in April.

*Congratulations!*

## **NEWS FROM THE INTERNAL MEDICINE CONSULTANT**

The BRAC recommendations will bring many changes to the Internal Medicine services in the Air Force from downsizing inpatient facilities to clinics and moving some residency and fellowship programs.

It is important to remember that the recommendations are not official until Congress decides whether to approve or reject the list, which will not happen until very late in 2005. Until then, nothing is changing, those having received PCS orders will continue to be moved and residency/fellowship starts in July 2005 will continue as planned.

Regarding Graduate Medical Education, there is an Integrated Process Team (IPT) meeting to discuss plans for the future moves of the GME programs that would be affected by the BRAC recommendations. Everything is in the planning stages and there are no decisions finalized as yet. We all know that residents and fellows want to know as soon as possible and we will get the plans out to everyone as soon as they are agreed to by the senior leadership, the Residency Review Committees, etc. We ask that everyone stay as patient with a process that will take a considerable amount of time to complete. We promise to get the word out as soon as we are able.

The "Blue for Blue" project is in the same situation. We continue to refine this process and there are IPTs addressing this also, but not finalized decisions as yet. An extremely important issue with the "Blue for Blue" project is that the services/capabilities will not go away completely, but are more likely to be filled with civilians and/or contractors which will provide an added level of stability as civilians are not subject to re-assignments as the active duty folk are.

Everyone remembers how the 06MAPPG affected the manning at his or her facility. We are just beginning to work on the 08MAPPG by completing the "Product Line Analysis Template" (PLATT) that will drive the MAPPG. Just as the BRAC will have significant changes based upon Congress' decision, the MAPPG will follow the BRAC recommendations which is to say, it is too early to foresee what changes the MAPPG will bring, if any.

We are always looking for Medical Expert Reviewers. These folk review medical records of medical liability cases and help determine whether the standard of care was met in a liability claim. One advantage of being in the military is that if you are sued and money is paid in settlement, an additional review of the case is performed and a recommendation to the Surgeon General to report or not to report a physician to the National Practitioner database. We all know that monetary settlements are sometimes made because defending a suit can be expensive. When that happens in the civilian world the physician is immediately reported to the NPDB, however, in the military even if a settlement is made and additional step is added to determine if an individual physician should be reported. The Medical Expert Reviewers have a significant input to that process and I ask that anyone interested in becoming a reviewer contact me and I'll help with the application process.

As you continue to progress in your Air Force Medical Service career, there are expectations that physicians show their leadership potential by volunteering to be Chief of the Medical Staff (SGH). Many docs are critical of the decisions that their leadership makes which affect their daily practice of medicine. This is your opportunity to be part of the solution. If you are interested in volunteering to be an SGH, please contact me and I'll get you in touch with the right people at AFPC.

Finally, Fellowship in the American College of Physicians is a milestone in any internist's career. Whether you are planning to stay for a career in the Air Force or separate after your commitment, applying for Fellowship will add credence to your curriculum vitae in the future. I would urge anyone who has been certified for two years to consider this worthwhile step. It takes two present Fellows of the College to sponsor your application. If you are having difficulty identifying who could sponsor your application, please contact either myself or Col (Dr) Kimberly May, our chapter Governor and we can help put you in touch with someone.

Thanks for being part of the Air Force Internal Medicine Service. We all deeply appreciate your commitment and the work you do daily for our beneficiaries.

**VINCENT F. CARR**  
**Col, USAF, MC, CFS**  
**Chief Consultant for Internal Medicine**

## **INTERNAL MEDICINE AT THE FRONT IN IRAQ**

We comprise a small Expeditionary medical support hospital in Northern Iraq. It has 43 staff of which nine are physicians, including one internist and one pulmonary/ critical care physician. We spend most of our time seeing sick call patients, sore throats, diarrhea and now in the 110 degree heat, we see a significant number of dehydrated patients. We have a significant surgical capability for when casualties come in to our hospital. This happens all too frequently. That is, we are not bored. As internists, we are constantly on alert for those infectious diseases that are normally found here such as malaria and leishmaniasis. With the help of public health, we sort out the insects here. We have found sandflies which carry leishmaniasis but not the right mosquito for malaria yet. In addition, other critters like snakes and scorpions are present and we keep a wide differential when someone comes in to the hospital with what could be a bite. Stray dogs, cats, and bats abound in this environment.

When casualties come in to the hospital, we form into teams for each casualty. If they are local nationals or insurgents, not only are we assessing them according to ATLS, but searching for weapons that might be used against us. We run through our protocols and try to triage in order to save life, limb and sight. Some are too unstable to transfer and we take right to the operating room. Wounds are explored by the surgeon and orthopedist. When they are stabilized, we place them in the ICU or prepare them for helicopter transfer to the next level of care. We have most equipment you might find in an ICU at home, albeit more portable. So we frequently transfer in the helicopter patients on monitors, ventilators, receiving transfusions of FFP or PRBCs as needed. We try to provide seamless critical care from our facility to the helicopter to the next echelon of care. We have been very successful at doing this when necessary. We keep many patients whom we believe will just need to be observed for 48-72 hours. But if someone comes down with something that requires a long convalescence, they are moved to Europe or the United States quickly. All in all, this can be a very rewarding experience and we certainly get the feeling that we are doing our patriotic duty in this regard.

**Col Steve Chambers**