

U.S. Air Force Chapter GOVERNOR'S NEWSLETTER

ACP
AMERICAN COLLEGE OF PHYSICIANS
INTERNAL MEDICINE | Doctors for Adults

SUMMER 2003

FROM YOUR GOVERNOR.....

Welcome to the Summer edition of your AF/ACP Governor's newsletter! For those of you who have been receiving these newsletters for some time, one thing that you'll notice is that the College has (as of this year's Annual Session) reverted back to its original name: ACP vice ACP-ASIM. Although the name has changed, the role of advocacy which had been a fundamental goal of the American Society of Internal Medicine continues to remain a fundamental focus of the consolidated College. With this in mind, I'd like to share a brief synopsis of the College's position on a number of key issues facing our nation. Keep in mind that the ACP is the nation's second largest medical specialty organization, and with a membership of nearly 115,000, ours is definitely a voice to be heard!



Colonel Arnyce R. Pock, MD, FACP
Governor, U.S. Air Force Chapter

legislation that would permanently revise the update formula, so that future, annual updates in Medicare payments would be more closely linked to increases in the actual cost of medical practice.

Regarding Patient Safety...the American College of Physicians supports legislation which would establish a National Patient Safety Data Base-one that could be used to develop a more robust knowledge base of medical errors and how best to prevent them. It should be noted however, that the College also endorses the establishment of voluntary reporting with both confidentiality

protections as well as clear "discoverability" limits in liability related lawsuits.

On a different note, I'd like to encourage any of you that haven't already made plans to attend next year's annual meeting of the Society of Air Force Physicians (a.k.a. the Air Force Chapter of the American College of Physicians), to please try to do so! The annual call for abstracts as well as a letter describing hotel and registration information will be arriving in your mailboxes shortly. Nonetheless, barring totally unforeseen world events, our next meeting will take place **8-11 March 2004, in San Antonio, Texas**. Nominations for two different **Archie Hoffman awards** as well as the combined SAFFP-ACP **Volunteerism & Community Service** award are being actively solicited. A description of each award as well as the associated criteria is included in this newsletter. Please note that in order to be considered, all nominations must be received (by me) **NLT 1 December 2003**.

As you peruse this newsletter, I'd like to draw your attention to a particularly thought provoking editorial by the President of our new Medical Student Advisory Council, **2Lt Brandon Bingham**. Brandon's essay seeks to address some of the issues influencing physician retention while recognizing some of the unique facets & opportunities associated with a career in military medicine. You'll also find updates on the latest news from the ACP's Council of Student Members by **Ensign Steven Bernick**, as well as some news of note from the Surgeon General's Chief Consultant for Internal Medicine, **Lt Col Kim May**. You may recall from the previous issue that Dr. May has been appointed as Governor-Elect for our Chapter, and will assume the role of Gov. of our AF Chapter, at the conclusion of my tour, in April of next year. I hope you enjoy this edition of your ACP Governor's newsletter. As always, your contributions, comments and/or suggestion are always welcome! Until next time....**A.P.**

Regarding Access to Care...the ACP continues to urge lawmakers to make the issue of health insurance for the uninsured one of the top legislative priorities for the upcoming Congress. The College has gone on record in support of the **HealthCARE [Health Coverage, Affordability, Responsibility and Equity] Act of 2003 (S. 1030)** as sponsored by Senator Jeff Bingaman, which calls for a sequential expansion of healthcare coverage for the uninsured over the next five years. Successful passage of this legislation is critical for as many as 41 million of our fellow Americans--as many as 1 in every 7, are uninsured. Many of these patients do not receive much needed medical care simply because they lack health insurance. As some of the College's recent media messages attest, these individuals live sicker and die younger as a result of being uninsured. Even more astounding is the fact that the Institute of Medicine (IOM) estimates that approximately 18,000 Americans die each year because of lack of health insurance, making this the sixth leading cause of death in the US!

Regarding Medicare Related Regulatory Relief ...the College clearly recognizes the regulatory burden imposed on physicians, and has expressed support for an emerging House of Representatives bill (H.R. 810) that among other things, would increase funding for education, reform the audit process, and test alternatives to the seemingly excessive documentation that is frequently required of Medicare providers.

Regarding Medicare Fee Schedules...the ACP has gone on record as strongly endorsing the enactment of legislation that would mandate a minimum 2.5% increase in reimbursement rates in 2004. The College also supports the enactment of

**SOCIETY OF AIR FORCE PHYSICIANS (SAFP)
OFFICERS & MEMBERS OF THE BOARD OF GOVERNORS:**

SAFP OFFICERS: 2003-2004 TERM

PRESIDENT: Lieutenant Colonel Matt Dolan, FACP
PRESIDENT-ELECT: TBD
IMMEDIATE PAST PRESIDENT: Colonel Steve Chambers
TREASURER: Lieutenant Colonel Kimberly P. May, FACP
HISTORIAN: Lieutenant Colonel James Quinn, FACP
ACP EDUCATION LIAISON (ACEL): Colonel Thomas M. Koroscil, FACP
MEDICAL STUDENT ADVISORY COUNCIL: Second Lieutenant Brandon Bingham MS-III, USUHS

BOARD OF GOVERNORS: 2003-2006

TERMS EXPIRING IN 2004:

Col James Cox
Col Dan Donovan
Col Robert Gasser, FACP
Lt Col Michael Osswald
Capt Theodore Pope
Capt Kip Robinson

TERMS EXPIRING IN 2005:

Lt Col Dean Bricker, FACP
Lt Col Matt Carpenter, FACP
Lt Col Thomas Grau, FACP
Maj Barry Smith
Capt Craig Kovitz
Capt Eric Halsey (Assoc. Member)

TERMS EXPIRING IN 2006:

Col Kathy Amacher, FACP
Col Stephen Cavanah, FACP
Lt Col Mark Jeffries, FACP
Lt Col Barbara Roach
Lt Col Jill Sterling
Maj Steve Durning, FACP
Capt Matt Carroll
Capt Mark True (Assoc. Member)

PHOTO GALLERY

**WOMEN RULE AT THE TRAVIS
AFB ANNUAL AWARDS
BANQUET, MAY 2003!**



L-R: Maj Linda Grismer (Rheumatology); Maj Rechelle Rodriguez (General Int Med); Lt Col Loretta O'Brien (Flight Commander & Infectious Disease specialist); Col Kathryn Amacher (Geriatrician & IM Program Director); Maj Heather Lorenzo (General Int Med & Assistant Program Director); Lt Col Deborah Murray (Endocrinology); Maj Deborah Milkowski (Pulmonary-Critical Care); Capt Emily Church (Chief Resident); Dr. Margaret Schlatter (Neurology).



Col (s) Kim May (seated at far right) and colleagues enjoy a well earned break after completing one of the more strenuous portions of the Air Force Survival, Evasion, Resistance and Escape (SERE) course! Successful completion of the SERE course was one of the course requirements which led to Dr. May's recent certification as a full fledged, USAF Flight Surgeon!

MEDICAL STUDENT ADVISORY COUNCIL

If you would like to join the Air Force Chapter's Medical Student Advisory Council, or if you would like more information, please feel free to contact the Council President,

2Lt Brandon Bingham , MS-III at the Uniformed Services University of the Health Sciences (USUHS) at:
S5bbingham@usuhs.mil

or,

Col Arnyce Pock, Governor, AF Region, ACP) at: **arnyce.pock@pentagon.af.mil** or via fax at: **(202) 404 -7366**.

If your e-mail address has changed, or if you would like to join our electronic news/discussion group, please send a short message to Dr. Pock at the address noted above.

SAVE THESE DATES!

The 46th annual meeting of the Air Force Chapter of the ACP, the Society of Air Force Physicians will be held 8-11 March 2004, in San Antonio, Texas!

The next ACP Annual Session will be held 22-24 April 2004 in New Orleans, Louisiana!

ADMINISTRATIVE ASSISTANT SOCIETY OF AIR FORCE PHYSICIANS

Mrs. JoAnn Honn
Post Office Box 64
Devine, TX 78016-0064

E-Mail: SAFP2002@aol.com

Fax: (830)-665-9658

Please be sure to let Mrs. Honn know if your name, rank, duty location or preferred mailing address changes or has changed during recent months!

NEWS FROM THE ACP COUNCIL OF STUDENT MEMBERS

AN UPDATE FROM: ENSIGN STEVEN J. BERNICK, TRISERVICE MILITARY REPRESENTATIVE, ACP-CSM

The ACP Council of Student Members (CSM) continues to advocate for Medical Student members in a variety of ways. The CSM has taken action, including the formation of legislative resolutions, on a number of pertinent topics. These include the revitalization of Internal Medicine as a specialty, reducing and managing medical student debt, the new USMLE Clinical Skills Exam, and the enhancement of ACP Medical Student member benefits. Furthermore, the CSM will soon be introducing a resolution calling for a "residency fair" at the Annual Session, allowing residency directors and students from across the country to get together in one convenient location. The CSM continues to produce IMPact, for which I write a quarterly "Military Corner" article directed towards HPSP and USUHS students, and has just developed a new booklet full of information and ideas for Internal Medicine Interest Groups, often known as "Club Med". Finally, the CSM has members active on councils in both the AMA and the AMSA, and in this regard we have made an effort, where possible, to coordinate our politically-focused activities for maximum benefit to both the ACP and medical students nationwide.

To find out more about the CSM, check out the ACP website at http://www.acponline.org/srf/med_csm.htm?hp or email me at the address below.

ENS Steven J. Bernick
Military Liaison, CSM
s4sbernick@usuhs.mil

CONSULTANT'S CORNER

COMMENTS FROM THE AIR FORCE SURGEON GENERAL'S CHIEF CONSULTANT FOR INTERNAL MEDICINE

**Lt Col Kimberly P. May, MD, FACP, FACR
AFMOA/SGZC, Bolling AFB DC**

Hello from the Clinical Quality Division of the Air Force Surgeon General's office. This column will serve as a periodic update to issues of relevance to SAFP members. Several topics deserve mentioning here.

We are well into the planned move of Internal Medicine back into only the bedded facilities (with a few exceptions). This should help us out with our currency, making deployment somewhat less stressful. By next summer's assignment cycle, this process will be complete. We know it has been very difficult for the smaller facilities and their beneficiaries to lose their internists; thanks for your hard work to decrease their stress during the transition.

The Surgeon General's office is undergoing a re-organization to align our staffing structure with that of the line of the Air Force. Similar to the line, the SG will have four major

Management Headquarters offices, dealing with healthcare policy (they will be SGO/Healthcare Operations, SGM/Medical Plans and Programs, SGR/Modernization, and SGC/Force Management). The Field Operating Agencies will still deal with "execution" of policy (although in reality, the Major Commands and the Medical Treatment Facilities are the implementers of policies and guidance). You will notice some changes in office symbols over the next few months, but hopefully there won't be any impact on your interaction with the SG office.

The SAFP meeting is scheduled for sunny San Antonio 8-11 March 2004. The meeting will be held in the Municipal Auditorium, and we will be staying at the St. Anthony. The first call for abstracts will be mailed out around the first of August. While we would love to see new abstracts, those from last year can be resubmitted, especially if they concern a really unique case, or if additional data was added from the past year. Please start planning for TDY now! Ms Honn is our POC for all administrative details; she can be reached at safp2002@aol.com.

Thanks for your dedication and hard work--I really appreciate you and am proud to represent you at the Air Staff. Please let me know if I can help you out in any way. Telephone (202)767-4060, DSN 297-4060 or E-mail: kimberly.may@pentagon.af.mil.

"CLUB MED" WORKSHOPS-PUTTING INTERNAL MEDICINE TEACHERS AND LEARNERS TOGETHER

The number of students applying for internal medicine residency training has been declining on a national level. This year, the Uniformed Services University Department of Medicine has sponsored Internal Medicine Interest Group (also known as "Club Med") workshops. Our interest group is comprised of first and second year medical students and a variety of dynamic resident and attending physicians.

Our first workshops have focused on common musculoskeletal complaints and associated ambulatory procedures performed in the internal medicine clinic. Our first two workshops were on the evaluation of knee and shoulder pain respectively, to include arthrocentesis and injection techniques. The workshops are not designed for mastering skills, but rather, to present internal medicine as a "hands-on" discipline, introducing basic physical examination skills and common office procedures in an interactive, stimulating environment.

At these workshops, we have divided students into small groups led by enthusiastic faculty (attendings and residents) in internal medicine. The workshop length has been one hour and we have provided lunch for participants. Through dividing students into small groups, we have facilitated highly interactive discussions with better faculty to learner ratios than is seen in typical interest group lecture and discussion formats (workshop faculty to learner ratios have been 1:3-1:5). For example, in the evaluation of knee pain workshop, students were divided into small groups that rotated through three stations--history and physical, differential diagnosis and

laboratory studies, and treatment options. We have also included PowerPoint slides, illustrating key diagnostic features, and have also used joint injection models to allow students the opportunity to practice common arthrocentesis and joint injection techniques.

Feedback from students, residents and attendings has been very positive. Several students were surprised to hear that internists can, and do, perform such evaluations in their clinic. Residents have also commented that participation in "Club Med" activities, such as workshops, improves their morale. Further, by including resident instructors, this activity may be more feasible for your institution.

Attending and resident workshop planners have provided participating faculty with information regarding learning objectives as well as workshop structure and content. Planners also make handouts for the students, select PowerPoint slides, and obtain the joint models. Attendings and residents have stated that such workshops require minimum preparation time. Likewise, students as well as faculty have unanimously stated that they would like to plan and participate in future workshops.

2Lt Brandon Bingham, USAF

ENS Kristina Dela Rosa, USN

2Lt John Gancayco, USAF

2LT Ryan Magra, USA

Maj Steve Durning (faculty advisor), USAF

Lt Col John Poremba, USAF

CDR Gerald D Denton, USN

CAPT (ret) Robert Goldstein

(chair, USUHS Department of Medicine), USPHS

THE CHALLENGES OF A CAREER IN MILITARY MEDICINE

A Thought Provoking Perspective by 2Lt Brandon Bingham, MS-III, USUHS

As I contemplated what would interest readers of this quarter's newsletter, I realized that I could look to myself. True, many often look at me, (more often perplexed than interested) but that is another story. Rather, what I mean to say is that I considered my own interests.

I enjoy learning about what the Air Force is doing to retain their physicians. As a student at the Uniformed Services University of Health Sciences (USUHS) with no prior military experience, I have had only a small taste of military medicine. I often wonder what the "real world" will be like when I leave the warmth of the USUHS hearthhold. I would imagine that many HPSP students have similar feelings and may be curious about what causes people to stay or leave. With this in mind I set out on a quest to gather some opinions from Air Force general internists and sub-specialists about what they feel are selling points and not-so-selling points that we will come across in our careers. I should preface my words by stating that perspectives outlined here reflect personal opinions. They do not represent Air Force policy or record.

Military Medicine in general has a lot going for it. One of the great things I am beginning to appreciate is the degree of camaraderie felt among staff in military hospitals. Teamwork is an important component in the Military Medicine setting. A good rule to live by: Always make your intern look good and he will make you look good. I believe this spirit of teamwork adds a unique dimension to medicine that is not found as often in civilian hospitals. Indeed, the residency programs are very strong. This spirit was recently demonstrated this year at Wilford Hall Medical Center (Lackland Air Force Base) where IM residents placed third out of 398 programs nationwide on their Medical Resident Training examinations (the top 1% in the nation!). The other Air Force IM residency programs have done exceptionally well in recent years as well.

Not only is the environment compatible with learning, it is also very conducive to teaching. Many consider this aspect a large plus in the Air Force. In fact, a preceptor of mine recently mentioned that he left the Air Force after two years and decided to return because he missed the opportunities to conduct research, work with students, and practice medicine. His position allowed him a unique combination that can be found in few places. After 26 years in the Air Force, he now works as a civilian cardiologist for the Air Force and loves his job. He noted the feelings civilians face with the frustrating mountains of bookwork, third-party payer problems, and malpractice insurance issues. All of these and more seem to be reshaping America's classical fiduciary relationship in healthcare.

So why is it that people leave Air Force Medicine? Is money far and away the number one reason? No. Among those who left, there were other important reasons. By and large, the salaries of general internists in the Air Force compared well with those of civilians. You may be surprised to learn (or may not be if you are a practicing internist) that

there are general internists in the civilian sector in downtown Washington D.C. making less than six figures annually. Of course, its not chicken feed but they are getting paid about the equivalent of what a B.S. in pharmacy takes home after five years of school (i.e. no residency, no post-grad work). As an "attending" internist in the Air Force one generally makes six figures. Many IM specialists make a great deal more than their military counterparts, especially in the procedure oriented fields (cardiology, GI, etc.).

Perhaps one of the greatest challenges facing Air Force medicine today is the likelihood of being PCS'd (Permanent Change of Station). For many, it is difficult to put down roots that may need to be transplanted from one area to the next after only a few years. It is especially tough on families with kids or teenagers. It was hard enough for me to do so as a single adult! The thought process behind this is that by moving personnel, the force grows stronger because one's experience does not grow stagnant. It is a principle extending from the military line, suggesting that one is able to share and glean a variety of skills when he or she is transferred to a different location. Oddly, the Army's more "Hooah!", line-sensitive physicians often stay in one location for a decade or so if they like it.

An additional concern that gets thrown on the balance is the issue of deployment. Only five years ago, the Air Force seemed to be the service of choice because they were less likely to deploy personnel for extended periods of time to far away lands without their families. A dramatic shift has taken place since then and Air Force officers and enlisted are just as likely as any other branch to serve overseas. Part of the shift arises from the general trend of "transformation"-- the DoD wide effort to create an overall lighter, leaner, quicker force. It applies to each military branch-even the Air Force. Gone are the days and dead is the joke that "the Air Force will move into an area of conflict only after the golf course has been secured". Transformation applies to Air Force medicine. One of the goals of former Surgeon General of the Air Force, Lt. General (Dr.) Paul K. Carlton (Ret.) was to make Air Force physicians more forward deployable. In the recent conflicts of Afghanistan and Iraq, Air Force docs were right there with the Army and Navy, acting as the first medical contacts for reconnaissance teams in regions of conflict and for casualties that resulted in the wars thereafter.

Temporary Duty assignments (TDY) are another issue. An example may be an IM sub-specialist. Some overseas facilities don't warrant a full time specialist, but may need help from time to time. Such physicians may need to rotate with others between the states and bases overseas for a concentrated period (a couple months or so at a time). They leave their families, take care of accrued cases normal docs can't manage, and then go back. Again, tough for families!

One common feeling among those I spoke with was that they felt those friends who left Air Force Internal Medicine (AFIM) did so because they felt like "the grass was greener on the other side". Military medicine was all they had known and they wanted to experience a different life. It was that simple. For such people, it was often a very hard decision.

Many develop tightly knit, strong relationships in the AFIM community and find it difficult to give up the “small world” that truly exists where just about everyone knows everyone else.

Others consider leaving because they feel that, oddly enough, they have limited control over the staff that works with them (i.e. nurses & other support staff). In the military, it can be a real challenge for physicians to make a change if they feel a member of their support staff doesn't meet standards--particularly if the individual(s) in question don't work directly for them. Even so, some behavior patterns can be difficult to change--even if documented as being sub-par.

What are some reasons why people stay? Some internists expressed how much they enjoyed the “young profile” of the field. AFIM has people who are not only young and excited about their mission, they want to learn and keep abreast of the newest technology and developments. As a result of this, as described by one of the staff interviewed, the hierarchy seems to be respectfully diminished. True, wisdom and experience are important and prevail. The caste system of “attending> resident>intern>medical student” will always exist but it is not the “food chain” often found in civilian facilities.

Few paths offer the array of options that IM in the Air Force can offer. What other opportunities pay a person the salary of a physician while allowing one a chance to travel to different nations? Experiencing people, cultures, and diseases (you won't see much *Wuchereria bancrofti* stateside), and helping those who would otherwise go without healthcare can be very gratifying.

Many military docs take advantage of the chance to track back down the totem poll and try another residency if they are not content. In this case it is convenient to be in the Armed Forces because one retains his/her rank--and without the pay cut that could be expected in the civilian world.

Some recent changes have made getting promoted to Colonel a safer bet, and that will help retention over the long run. Other things are in the works to improve the work practice environment. The current Surgeon General, Lt. Gen. George P. Taylor, wants to address this aspect more.

When it is all said and done, it would be wrong to say that staying vs. leaving is right or wrong. It depends on the individual. There are many other aspects of retention that could be addressed. As a lowly lieutenant I don't know all of them--I'll fill you in when I become the Surgeon General. Moreover, the policies are constantly shifting in the Air Force, just as residency slot availability does from year to year. What may be law today may be an afterthought tomorrow.

True, it is the Air Force commands that ultimately have a responsibility to maintain a positive practice environment; but we are given the options to practice a different side of medicine few experience. Whatever future intentions we have, it is our responsibility to maintain a path of excellence and unrivalled patient care as Air Force physicians.

V/R

Air Power!

2d Lt. Brandon Bingham, USAF
s5bbingham@usuhs.mil

Editor's Note: Comments regarding Lt Bingham's essay are welcome and can be sent directly to Lt Bingham at: s5@usuhs.mil, or, if mailed to the editor (**arnyce.pock@pentagon.af.mil**) can be included in the next edition of your Governor's newsletter.

Disclaimer: Please note that the thoughts presented above represent the personal views of the author, not those of the Air Force Medical Service or the U.S. Air Force.

CONTRIBUTIONS WELCOME!

“Have you recently returned from an overseas deployment?”

“Do you have any interesting photos that you'd be willing to share?”

“Have you come across an intriguing Internal Medicine related case or even a thought-provoking poem?”

“Ever want to write an editorial?”

If the answer to any of these questions is “yes” please consider submitting one or more items for publication in our next Governor's Newsletter! Submissions are welcome and should be sent to:

Col (Dr.) Arnyce R. Pock
c/o HQ USAF/SGT
110 Luke Avenue, Rm 400
Bolling AFB, DC 20032-7050

Electronic Submissions are also welcome and can be
e-mailed to: **arnyce.pock@pentagon.af.mil**

LOOKING FOR NOMINATIONS!

The Society of Air Force Physicians (a.k.a. the Air Force Chapter of the American College of Physicians or ACP) is pleased to announce a general call for nominations for three special awards:

1. Major General Archie Hoffman Award: Academic Medicine Category

This award is sponsored by the Society of Air Force Physicians and is designed to recognize a junior physician (Captain-Major) who has demonstrated excellence in academic medicine while assigned to a major medical center and/or to a major teaching facility, as exemplified by outstanding clinical practice, teaching, or research related activities. Eligible candidates are those who are pursuing careers in either general internal medicine or one of its related subspecialties-to include allergy, dermatology, or neurology.

2. Major General Archie Hoffman Award: Excellence in Clinical Medicine Category

This award is also sponsored by the Society of Air Force Physicians and is designed to recognize junior physicians (Captain-Major) who demonstrate excellence in their day to day clinical practices, while assigned to a field location (i.e. not a major medical center). Such individuals will have distinguished themselves by their ability to render outstanding patient care and/or who have made a significant contribution to their community and/or to Air Force Medicine as a whole. As with the previous category, eligible candidates are individuals who are pursuing careers in either general internal medicine or one of its related subspecialties-to include allergy, dermatology, or neurology.

Winners of the two Archie Hoffman Awards will be invited to attend the 8-11 March 2004 meeting of the Society of Air Force Physicians, via a centrally funded TDY, where they will be honored in a special awards ceremony, during which they will receive a commemorative plaque.

Nominations for either one of the Archie Hoffman awards may be submitted by an individual's supervisor or by any member of the Society of Air Force Physicians (Air Force Chapter of the ACP). Nominations should include:

- The candidate's name/rank, phone number, address,
- A current copy of the candidate's curriculum vitae, and
- A one page, bullet type outline of the candidate's most distinctive accomplishments.

Note: During the judging process, accomplishments that have taken place during the current (2003) calendar year will carry the greatest weight, but significant accomplishments that extend beyond the current year may be included for consideration as well .

Deadline for the Archie Hoffman nominations is 1 December 2003. Completed Archie Hoffman award nominations can be submitted by mail, fax or e-mail to:

Colonel Arnyce R. Pock
Governor, AF Chapter, ACP
110 Luke Avenue, Room 400
Bolling AFB, DC 20032-7050
Fax: (202)-404-7366
E-Mail: Arnyce.pock@pentagon.af.mil

3. The Volunteerism & Community Service Award

This award is jointly sponsored by the Society of Air Force Physicians and the American College of Physicians. Nominations are open to all members of the SAFFP, to include medical students, residents, fellows, and staff. Winners will be honored during the annual meeting of the SAFFP and will receive a special certificate as well as an autographed copy of Dr. Michael LaCombe's book "On Being a Doctor 2."

Criteria for the Volunteerism & Community Service Award

are two fold: a) The services must have been performed on a voluntary basis, and not required for the completion of a teaching, training, or position requirement. Second, b) the volunteer work must be medically related. Judging will focus on:

- The impact of the activity and/or whether or not it has been sustained, as well as
- The specific role of the nominee
- The degree of innovation involved

Nominations for the Volunteerism & Community Service Award

can be submitted by an individual's supervisor or any member of the SAFFP. Self nominations are not permitted. Nomination packages should include:

- The candidate's name, rank, address and phone number, along with
- The name, rank, and phone number of the person preparing the nomination package
- A current copy of the candidates Curriculum Vitae
- A one page, bullet type outline of the candidate's accomplishments

Deadline for Volunteerism & Community Service award nominations is December 1, 2003. Completed nomination packages can be submitted by mail, fax or e-mail to:

Colonel Arnyce R. Pock
Governor, AF Chapter, ACP
110 Luke Avenue, Room 400
Bolling AFB, DC 20032-7050
Fax: (202)-404-7366
E-Mail: Arnyce.pock@pentagon.af.mil

WEBSITES OF THE MONTH

Looking for some sources of good quality, but free, CME? If so, log on to either of these sites:

Virtual Annual Session: If you were unable to attend the most recent ACP Annual Session in San Diego, you can earn CME credits by logging on to: www.acponline.org/vas. All you need to do is review the topic summaries and complete a short, on line quiz. 3 Cat I CME credits are currently available here.

Pain Management CME: The American Medical Association is currently offering a 4 part CME program on pain management. The program is free to AMA members. Specific information is available via their web site at: www.ama-assn.org/go/webcme

Does your practice involve caring for a number of geriatric patients? If so, you might want to take advantage of the geriatric assessment tools and related forms available at:
www.acponline.org/journals/news/jul-aug03/geriatric.htm

Do you have a favorite website, or one you'd like to share? If so, all you need to do is send an e-mail message to: arnyce.pock@pentagon.af.mil, and I'll include it in the next edition of our chapter newsletter!

HAVE YOU SEEN US ON THE WEB?

Visit the Society of Air Force Physicians on the web at:

<http://www.acponline.org/chapters/usaf/>

Take a look at one of our newer features, a link to the **Tennessee Chapter's "Grand Rounds in Literature"** section. It provides some interesting insights and reviews relating to the interface of literature and medicine!

NEW PATIENT ORIENTED RESOURCES AVAILABLE FROM THE ACP!

The American College of Physicians is developing a new comprehensive Patient Education Program for ACP members. The program includes a series of patient oriented brochures, which address a number of specific health issues commonly managed by Internists. The reports reference scientifically approved guidelines and are available free of charge to ACP members who request them. Although development, printing & distribution of the reports has been assisted by series of unrestricted educational grants from leading pharmaceutical companies, the reports themselves are free of pharmaceutical advertising. The preliminary listing of Special Report topics include:

Diabetes	Allergies
Obesity	COPD
Peripheral Vascular Disease	Arthritis
Stroke	Irritable Bowel Syndrome
Hypertension	Overactive Bladder
Cholesterol	Osteoporosis
Anxiety & Depression	HRT
GERD	And more
HIV Asthma	

Reports can be ordered now, and will be shipped as soon as they become available.

You can order between 100 - 400 copies of each report. Orders can be processed by phone, fax, mail or on-line:

Phone: 866-439-9857

Monday- Friday, 9 a.m. to 8 p.m., EST

Fax: 866-722-4377

(toll-free)

Order Online: www.acponline.org/specialreports

Order 24 hours a day, 7 days a week.

Mail: Send your order form to:

ACP Order Department
780 Township Line Rd
Yardley, PA 19067-4200