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American College of Physicians

Council of Associates

RESOURCE GUIDE

**To Setting up a Chapter Council of
Associates (CCOA)**

September 2008

1	American College of Physicians	
2	<i>Council of Associates Resource Guide:</i>	
3	How to Set up a Chapter Council of	
4	Associates (CCOA)	
5		
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1 **Preface**

2
3 The National Council of Associates was established in 1989 to serve as a voice for the growing
4 number of resident and subspecialty fellows in the organization. Today there are over 25,000
5 Associates in ACP, representing 20% of the College membership. Many ACP Chapters have
6 established Associates Councils or Committees, which provide a forum to address issues that
7 affect physicians in training. These local councils exist in many U.S. Chapters and provide
8 Associate members the opportunity to become active in the College. Activities have included
9 networking events, abstract competitions, and legislative updates.

10
11 Local councils work with the Governors on Associates issues and often are involved in the
12 planning of programs for Associates at the annual chapter meeting. The National Council of
13 Associates would like to see each Chapter establish a local Council of Associates and will work
14 with you to better represent every Associate in the College.

15
16 This Resource Guide is designed to assist chapters in developing their own local Associates
17 Council and enhance Associate activities in their chapter. In the following pages, you will find
18 fundamental information on starting a Council. If your chapter already has one, this guide will
19 help you organize new programs that have worked successfully in other chapters. Above all, it is
20 intended to increase Associate attendance at chapter meetings and involvement in the chapter
21 governance structure.

22
23 The National Council of Associates serves as a resource for all Associates. Council
24 representatives are available if you have any questions or suggestions. A list of representatives is
25 available on the final pages of this guide.

26
27

1 **PART I - Background**

3 **ACP History**

5 The American College of Physicians (ACP) was founded in 1915 to uphold the highest standards
6 in education, practice, and research for the field of internal medicine. Dr. Heinrich Stern,
7 influenced by a visit to the Royal College of Physicians of London, spearheaded the
8 incorporation of the American College of Internal Medicine in 1915.

10 The first Annual Session was held in 1916 and was highlighted by a four-day educational
11 meeting. In 1922, the structure of the College was reorganized into a governing structure that
12 remains relatively unchanged today. The Board of Regents was created as a governing body,
13 and the Board of Governors represented the membership. The *Annals of Clinical Medicine* was
14 created in 1922, becoming *Annals of Internal Medicine* in 1927.

16 A precedent-setting educational publication, the Medical Knowledge Self-Assessment Program
17 (MKSAP), was launched in 1968. It continues to serve as a preparation tool for internal
18 medicine certification. The Clinical Efficacy Assessment Project (CEAP), a clinical guidelines
19 development project evaluating the safety and effectiveness of tests, procedures, and treatments
20 used in clinical practice, was implemented in 1981.

22 The concept of state-based Chapters originated from ACP EVP Robert H. Moser, MD, FACP,
23 who called the 1980's "The Decade of Chapter Formation". Since that time, Chapters have
24 developed into a critical component of the College serving as the most direct interface with the
25 membership and as a mechanism to relay concerns and information between the College
26 leadership and its membership.

28 The ACP has been headquartered in Philadelphia since 1926 and was relocated to the city's
29 historic Independence Mall in 1989. An office in Washington, DC, was created in 1981 to better
30 focus on health and public policy issues.

32 The American Society of Internal Medicine had its origins in a meeting at the Bohemian Club in
33 San Francisco in 1946, when concerned doctors met to discuss physician reimbursement. From
34 this humble beginning sprang the San Francisco and California Societies of Internal medicine.
35 At ACP's Annual Session in Los Angeles in 1956, an informal group of members of several state
36 societies of internal medicine met to consider the possible formation of a national society of
37 internal medicine. They, and other members of the College, felt that ACP should not confine its
38 attention to scientific and educational activities, but take an active role in socioeconomic issues.
39 This issue could not be resolved and so a segment of the College broke away to form the
40 American Society of Internal Medicine in 1956.

42 In 1998, the ACP and the ASIM merged, forging a new College that serves to represent the
43 interests of all doctors of internal medicine. ACP-ASIM was proud to uphold and build on the
44 traditions of the past. In April of 2003, the College re-adopted the corporate name: American
45 College of Physicians. The new name is the result of an effort to offer a strong, recognizable and
46 positive brand throughout the health care community and on Capitol Hill. Dr. Stern's vision in
47 1915 has evolved and grown in to the dynamic organization that is the College today.

1 **ACP Activities**

2
3 The American College of Physicians (ACP) is the nation's largest medical specialty society. Its
4 mission is to enhance the quality and effectiveness of health care by fostering excellence and
5 professionalism in the practice of medicine.

6 **I. Membership**

7 ACP membership includes about 126,000 members, including medical students. Members are
8 physicians in general internal medicine and related subspecialties, including cardiology,
9 gastroenterology, nephrology, endocrinology, hematology, rheumatology, pulmonary disease,
10 oncology, infectious diseases, allergy and immunology, and geriatrics.

11 There are seven classes of ACP membership. Medical Student, Associate, Member, Fellow,
12 Master, and Honorary Fellow each reflect various stages of physicians' careers. In addition, ACP
13 offers Affiliate membership for Fellow members of the American Academy of Physician
14 Assistants (AAPA).

15 16 **II. Programs and Publications**

17 ACP sponsors continuing medical education (CME) programs for physicians, including the
18 annual Internal Medicine meeting, the Medical Knowledge Self-Assessment Program (MKSAP),
19 the Clinical Skills Program, and more than 50 chapter meetings annually. ACP also has a
20 program called the Clinical Efficacy Assessment Project that develops clinical practice
21 guidelines.

22 The College publishes journals and books. Its flagship journal is *Annals of Internal Medicine*, the
23 most widely-cited medical specialty journal in the world; the other ACP journal is *ACP Journal*
24 *Club*. *ACP Internist*, a monthly newsmagazine, and *Internist Weekly*, a weekly e-newsmagazine,
25 reports on an array of issues affecting internists and provides coverage of College events. *ACP*
26 *Impact*, a monthly newsletter is targeted at medical student members. Finally, the ACP publishes
27 two e-newsletters on a quarterly basis geared towards residents, fellows-in-training, and Chief
28 Residents. *Updates*, is a quarterly newsletter that includes important information for Chief
29 Residents about activities and programs at ACP. The Associate Leadership Network newsletter
30 is meant to keep residents and fellows-in-training informed about getting involved with ACP and
31 also provides timely information about membership benefits, programs, products and services.
32 For more information about the Associate Leadership Network and how to get involved, please
33 refer to ACP Online at

34 http://www.acponline.org/residents_fellows/resources/leadership_network/.

35 **III. Public Policy**

36 In the area of public policy, ACP's activities include research and development of policy
37 statements and government relations activities designed to shape decisions of the legislative and
38 administrative sectors of government. More than 60 ACP position statements on a variety of
39 policy issues guide College leaders as they testify before Congressional committees and serve on
40 federal commissions and task forces. Please refer to the ACP's Public Policy Virtual Library at
41 <http://www.acponline.org/ppvl/> for specific information on the College's position statements.

42

1 **ACP Governance Structure**

2
3 Associates are an integral part of the structure, development, and decision making of the ACP.
4 The Chair of the Council of Associates is a voting ex-officio member of the Board of Regents,
5 and the Chair-elect is a voting member of the Board of Governors. Members of the COA also
6 serve as the voice of the resident and fellow-in-training on all College Committees, the AMA-
7 RFS, and the Residency Review Committee in Internal Medicine.

8 9 **PART II – Council of Associates**

10 11 **History of Associate Membership in the College**

12
13 Originally, College membership was divided into two classes of membership, Fellows and
14 Associate members. Associate members were physicians who had reached a stage in their career
15 where they could apply for Fellowship in the College. Fellowship, as always, was limited to that
16 group of physicians who had met all the criteria for Fellowship and had passed review by the
17 Credentials Committee and its predecessors. There was no category of membership for
18 physicians in training.

19
20 At the Annual Business Meeting in Chicago in 1969, membership was made available to young
21 physicians who had completed at least two years of postdoctoral training in internal medicine, a
22 closely related specialty, or as Medical Officers in either the Armed Services or the U.S. Public
23 Health Service. In a move to close the generation gap, Candidate Membership was granted upon
24 application and recommendation by a Fellow or the chief of a training program. These new
25 members were given all the privileges of regular membership in ACP except the right to vote or
26 hold office. There was no automatic advancement to regular membership in the College.
27 Candidate Membership was terminated one year after the date on which the individual became
28 eligible for regular membership. The Regents made clear the different levels of members in
29 ACP by changing the title of Associate Member to Member, thus defining three clearly separated
30 categories of membership: Candidate Member, Member, and Fellow.

31
32 Candidate Members received, with payment of modest dues, the *Annals* and *ACP Bulletin* and
33 reduced registration fees to the Annual Session, Regional Meetings and postgraduate courses.
34 They were also eligible for the group insurance programs of the College. The College embraced
35 this new category of membership, as it was felt this would allow ACP to become familiar with
36 the interests and concerns of young physicians. Exposure to the College meant additional
37 members in the future. In addition, by encouraging members to get to know these young
38 physicians, the members could offer opportunities for practice, teaching, research, or any advice
39 helpful to those beginning a career in medicine. At a time when total College membership was
40 only 14,738, it was possible for members to make this gesture.

41
42 By 1972, the College had moved to make membership more accessible to young physicians. The
43 ad hoc Committee, chaired by Dr. Herbert W. Pohle, presented a recommendation that after a
44 physician had started his/her first year of residency training in internal medicine and had the
45 endorsement of his/her Chief of Medicine, he /she could apply for Associateship in the ACP.
46 The feeling amongst the leadership was that it was important to interest qualified physicians in
47 the College as soon as they were eligible for Associateship or Membership.

1 In 1980, the Committee on Associates was created, with Dr. Armand Littman as its first chair.
2 He had pioneered free standing Associates meetings highlighted by the presentation of clinical
3 vignettes. Dr. Littman was an inspiration in expanding all Associate activities within the
4 College. He and Dr. Robert H. Moser, then Executive Vice President of the College, shared the
5 dream that a Council of Associates, with status equal to that of the other Councils, and with
6 delegates selected by the College Governors, be created. Another physician who shared this
7 vision and worked hard to make it come true was Dr. Michael Bernstein, Governor for New
8 Jersey and later the Secretary General of the College.
9

10 By 1987, the time was ripe to bring Drs. Littman, Moser, and Bernstein's dream to fruition.
11 After much discussion, the first planning meeting for the Council of Associates was held in San
12 Francisco in April 1989. Upon conclusion of that meeting, the date was set for the first-ever
13 meeting of the new Council of Associates in December of that year.
14

15 **Council of Associates Mission and Goals**

16
17 Currently there are 14 members on the Council representing all Associate members in the United
18 States, Canada, the Uniformed Services, and Latin America. Each representative serves a two-
19 year term and represents a specific zone comprised of multiple states. The Mission and Goals of
20 the Council are:
21

22 **MISSION:**

23
24 To enhance the quality of internal medicine postgraduate training through Associate
25 advocacy and promotion of excellence in the practice of medicine.
26

27 **GOALS:**

- 28
- 29 1) To establish and promote the highest clinical standards and ethical ideals;
- 30
- 31 2) To serve the academic and professional needs of the Associate membership and to advance
32 internal medicine as a career;
- 33
- 34 3) To unify the fields of internal medicine, which include general internal medicine and its
35 subspecialties;
- 36
- 37 4) To recognize individual excellence and distinguished contributions of Associates to internal
38 medicine;
- 39
- 40 5) To promote continuing excellence in the standards of medical education;
- 41
- 42 6) To act as an advocate of the Associate membership to the leadership of the American College
43 of Physicians;
- 44
- 45 7) To advocate humanism and dedication to patient care and ethical behavior in the delivery of
46 health care in a training environment;
- 47
- 48 8) To promote the professional and equitable treatment of Associate members; and

1
2 9) To promote diversity within the field of medicine.
3

4 **The Responsibilities of Council Representatives** 5

6 Council representatives are charged with improving the services and opportunities provided by
7 the ACP for Associates and serving as a resource for state Associate Councils. They also bring
8 forward issues from the chapters to the Council and through it to the Board of Regents.
9

10 Each Council member is charged with:

- 11 1. Providing a voice at the national level for all College regions.
- 12 2. Helping establish local Associate Councils.
- 13 3. Promoting the development of local programs.
- 14 4. Promoting participation in state ACP meetings and the Annual Session.
- 15 5. Promoting participation in state and national clinical vignette and research competitions
16 for Associates and Medical Student Members.
- 17 6. Encouraging volunteerism and community service.

18 Elections for seats on the Council are held every year. Associates interested in serving on the
19 Council or a member who wishes to nominate an Associate for the council should contact ACP
20 membership development staff at 800-523-1546, extension 2666, or via e-mail at
21 mbrdev@acponline.org.
22
23
24

25 **PART III - Creating a Local Council of Associates** 26 27

28 Some states have already established Councils of Associates (some have been called Associate
29 Committees) to foster resident and fellow-in-training participation at the chapter level,
30 particularly in the area of abstract competitions. To find out what is being done in your chapter,
31 you can contact your College Governor via the chapter web site section of ACP Online at
32 <http://www.acponline.org/chapters/>. The following information will help an interested Associate
33 member create a Chapter Council for Associates. No uniform structure has been mandated
34 which allows each chapter to create a council structure to meet local needs.
35
36
37
38
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40

41 **Step 1: Getting Organized**

42 Working with your College Governor, you can do the initial planning for your Chapter Council
43 of Associates. The first step in getting organized should be to meet with the College Governor to
44 inquire whether chapter funding is available for Associate activities and/or to support the
45 Council.
46
47

1 Secondly, you can request staff assistance in sorting the chapter membership database by years
2 out of medical school, enabling you to identify eligible Associates from all over the state.
3 (Chapter Liaisons, employed by the ACP at the national level, can assist chapters in obtaining
4 lists of Associates and can also send blast emails on behalf of chapters to their Associate
5 members.) The initial communication can be via email or telephone.
6

7 Thirdly, it would be helpful to have a planning meeting with several interested members. At this
8 meeting, the members agree upon the reason for establishing a CCOA and can identify some
9 guidelines and timelines for what you hope to achieve during the first year. It is important that
10 your goals be attainable. Making them unrealistic at the beginning may later discourage all
11 involved. If a Council is being formed from scratch, it is important that the Governor and
12 Governors Council are aware of the members and approve its membership. This opens the doors
13 of communication with the Governor and the Chapter Council of Associates.
14

15 Next, you will want to establish some parameters for your Council of Associates, such as
16 structure, terms of service, election of new members, and number of meetings per year. Below
17 are some proposed models that can be modified to suit your needs:
18

19 **Model 1:** Associate members invited by ACP Governor/Chapter Council as potential initial
20 council members
21 Governor participates as moderator
22

23 **Model 2:** 1 representative from each major medical organization in the chapter/state
24 2-year (staggered) appointments
25 Elected Chair, Treasurer, and Secretary
26

27 **Model 3:** 2 representatives from each town/geographic area in the chapter/state
28 2-year (staggered) appointments
29 Elected Chair, Treasurer, and Secretary
30
31
32

33 **Step 2: Mission and Goals**

34 **The Mission Statement**

35
36
37 One of the first steps in forming a Chapter Council of Associates is creating a statement of your
38 mission and goals. This provides you with an overall vision for the Council. The following is
39 the mission statement for the National Council of Associates:
40

41 *"To enhance the quality of internal medicine post graduate training through Associate
42 advocacy and promotion of excellence in the practice of medicine."*
43

44 Working with your Governor, you can adopt or modify the mission statement to meet the needs
45 of your Chapter. It should be realistic, measurable, and attainable. Whatever mission you select,
46 it should be re-examined periodically and updated as necessary.
47

1 **Goals**

2
3 Having established the direction you want your Council to take, you now want to define the
4 goals you want to meet to fulfill your overall mission. Each should contain a strategy for
5 meeting that goal. Your Council’s goals may include any or all of the following:

6
7 *Foster Interest in ACP*

8
9 Encourage Associate ACP membership and a lifelong interest in ACP. Encourage
10 representation on national and local ACP Councils, Committees, and Subcommittees.

11
12 *Foster Educational Opportunities*

13
14 Encourage participation in local and national ACP activities. Work with the Governor to
15 create chapter meeting programs of interest to Associates, including Associates Clinical
16 Vignette and Research competitions, board review courses and ACP Doctor’s Dilemma
17 Programs. Publicize local and national educational opportunities. Work with residency
18 programs to improve resident education.

19
20 *Assist in the Identification of Practice Management Issues*

21
22 Provide information for residents as they prepare to enter practice, such as practice
23 opportunities and contract negotiation. The College’s Practice Management Center
24 (PMC) is a valuable benefit of membership providing timely information to succeed in
25 today’s health care environment. <http://www.acponline.org/pmc/index.html?hp>

26
27 *Support Public Policy Concerns*

28
29 Monitor local and national health policy and how it relates to internal medicine and
30 residency training. Discuss at the chapter level and form resolutions to be taken to the
31 national level.

32
33 *Encourage an Interest in Community Service*

34
35 Encourage participation in community service projects as a means of stimulating further
36 discussion of volunteer service and promoting the image of the ACP.

37
38 **Step 3: Council Operating Rules**

39
40 Work with your ACP Governor and chapter staff to identify Council Operating Rules. These
41 serve as guidelines regarding the functions of your Chapter COA. Below is an example of what
42 a Chapter COA’s operating rules might include.

43
44 **Purpose**

- 45
46 ○ Provide a forum to identify and discuss issues of concern to Chapter/State Associates.
47 ○ Encourage participation in the ACP on a Chapter/State and regional level.

- 1 ○ Provide representation on the (state) ACP Governor’s Council.
- 2 ○ Encourage continuing medical opportunities for residents and fellows-in-training.
- 3 ○ Provide feedback to the national ACP Council of Associates

4

5 **Council Structure and Elections**

6

- 7 ○ A single Chair or Co-Chairpersons and Chair-elect shall be elected.
- 8 ○ Secretary/Treasurer shall be elected.
- 9 ○ The Chair or Co-Chair shall serve as liaison to the Governor’s Council.
- 10 ○ Elections will be held annually in a staggered fashion.

11

12 **Council Member Duties (including, but not limited to, the following.)**

13

14 Chairs or Co-Chairs: Organize council meetings, delegate duties, disseminate information from
15 ACP, and represent (state) at the Annual Session. Serve as a conduit to bring information to and
16 from the national Council of Associates.

17
18 Secretary/Treasurer: Record minutes: keep bylaws, and organize a budget.

19

20 **Meetings**

21

- 22 ○ The (State) Chapter Council of Associates shall meet at least three times per year.
- 23 ○ The presence of 50% or greater shall constitute a quorum.
- 24 ○ Decisions shall be made by majority vote.
- 25 ○ For absent members, voting may be done by written absentee ballot or via e-mail if
26 necessary.

27

28 **Vacancies**

29

30 Any vacancies in the Council may be filled by appointment by the Chair or Co-Chairs, with the
31 approval of the Council.

32

33 Step 4: Local and National Support/Resources
--

34

35 Your College Governor is a valuable resource for information about ACP, current issues at the
36 leadership level, and present and past projects, both local and national (please refer to
37 http://www.acponline.org/about_acp/chapters/ for the name and contact information of your
38 ACP Governor and/or Chapter Staff person). The Governor, Chapter staff and CCOA are
39 responsible for coordinating Associate activities at chapter meetings. Keeping in close contact
40 with your Chapter Governor is a key step to running an effective state council.

41
42 The Chair of the National Council of Associates is a voting ex-officio member of the Board of
43 Regents. He or she is a point of contact to help direct your issues to the appropriate bodies at the
44 national level. In addition, the Chair-elect of the Council of Associates is a voting member of
45 the Board of Governors. He or she will be your connection to the advisory body of the College’s
46 governance in submitting resolutions, etc. College membership is divided into zones, and
47 national council representatives are each responsible for representing their zones. Establishing a

1 regular communication link with your regional Council representative
2 (http://www.acponline.org/about_acp/committees/associates/contact.htm) is also important.
3 They can update you on resident and fellow-in-training activities in other chapters or at the
4 national level, help you with questions and issues within your chapter council, and help you to
5 publicize good ideas and successful projects to the rest of the membership.

6
7 ACP Online (www.acponline.org) is an excellent source of information about College
8 leadership, issues being discussed by the College, excerpts from ACP publications and resources,
9 and up-to-date news briefs about College activities. Governors can also work with his or her
10 Chapter Liaison to send e-mail and post information about Associates' activities on the chapter
11 web sites.

12 13 Associate Leadership Network (ALN)

14
15 The ALN is a group of Associates who are devoted to the policy issues shaping internal medicine
16 education and resident training. ALN members receive quarterly newsletters from the Council of
17 Associates containing information on council activities and meetings, legislative actions,
18 upcoming ACP meetings and College products and services. Newsletters are concise, timely and
19 catered to the needs of the busy schedule of residents and fellows-in-training. To sign up as a
20 member of the ALN, ACP Associate members should send an e-mail to
21 COACAL@acponline.org indicating your interest.

22 23 **The Evergreen Recognition Program**

24
25 The ACP recognizes that the strength of the organization is grounded in the strength of the local
26 chapters. Because of this, a program was created to recognize outstanding chapter efforts. The
27 Evergreen Program provides visibility and recognition to those chapters that have been
28 successful in implementing programs that increase membership, improve communication, and
29 increase member involvement and diversity activities, and foster careers in internal medicine. A
30 book containing a compilation of Evergreen Award submissions is available at
31 http://www.acponline.org/cln/updated_evergreen08.pdf and from Chapter Activities at **(215)**
32 **351-2745**. This book is a tremendous resource of programs implemented by other Chapters, and
33 it should be shared with your local council.

34 35 **PART IV - Local Associate Activities**

36 37 **Chapter Meetings/Educational Programs**

38
39 Each year, ACP Governors assign a Program Chair and/or Committee to organize local/scientific
40 meetings. There are two options: a chapter meeting with an Associates component or a
41 freestanding Associates meeting.

42 43 **Educational Programs**

44
45 You will attract more residents and fellows to your chapter meeting by offering educational
46 programs of interest to Associates. The Council of Associates has presented workshops for

1 Associates at Internal Medicine (formerly Annual Session) that you might want to hold at your
2 meeting. These have included:

- 3 • Preparing for the ABIM Exam
- 4 • Teaching Residents and Fellows to Teach
- 5 • How to Get Published
- 6 • The Art of Presentation

7 “Hands-on” programs draw large numbers of Associates such as:

- 8 • EKGs Residents Should Know
- 9 • Heart and Lung Sounds
- 10 • Musculoskeletal Physical Diagnosis

11 Successful luncheon topics have included:

- 12 • Community Service
- 13 • Resident Health
- 14 • Advocacy

15

16 **Clinical Vignette and Research Competitions**

17

18 The ACP sponsors local and national competitions for Associates to present case reports in the
19 form of “Clinical Vignettes” or original research with a “Research Abstract” competition. Local
20 competitions are held at most Chapters meetings throughout the year. Selected abstracts from
21 local competitions can be invited to present at the College’s Annual Meeting. Locally, you can
22 contact your ACP Governor or Associates Council. For more information about the national
23 competition, visit www.acponline.org/abstracts.

24

25 **ACP Doctor’s Dilemma™**

26

27 Over the years, many local ACP Chapters have developed “Medical Jeopardy” or “Challenge
28 Bowl” type competitions and tournaments. The goal of these programs is to provide a fun and
29 friendly atmosphere for competition and socializing. They have been conducted as part of
30 residency program’s review of possible questions on the Board examination morning report or
31 during resident conferences, as well as outside the hospital setting during programs sponsored by
32 the local ACP Chapter.

33

34 In addition to the local competitions, there have been regional tournaments, as well as the
35 national competition held at the Internal Medicine meeting for teams that have qualified to
36 compete. This will allow local chapters to follow the same basic guidelines that govern the
37 national competition in the event their local team competes at Internal Medicine.

38

39 An effective buzzer system is necessary for the smooth running of a competition between teams.
40 Buzzer systems with a lockout system and reset controls can be made; however, professionally
41 made systems are easier to acquire. Companies that make these systems can be found by doing
42 an Internet search such as Google. Some local Associates chapters have asked for financial
43 support from the pharmaceutical industry, Departments of Medicine, or the local ACP chapter to
44 obtain these systems. For more information about the national Doctors Dilemma program go to
45 http://www.acponline.org/residents_fellows/competitions/doctors_dilemma/.

1
2 **Career Planning Workshops**
3

4 Many local ACP Chapters have developed Career Planning Workshops for their Associate
5 members. Often times the local needs of residents help guide the format of the workshop.
6 Topics such as contract negotiation, working in a managed care environment; salaries and
7 benefits, financial planning, and fellowship training opportunities have been covered. These can
8 be tailored to reach the greatest number of Associates, depending upon your location and
9 proximity to a central meeting place. Some programs have taken place in one full day with
10 multiple sessions, whereas other programs have set up evening programs throughout the year,
11 based upon the needs of the residents at the time of the year.
12

13 **The ACP Joseph E. Johnson Leadership Award**
14

15 The ACP Joseph E. Johnson Leadership Award recognizes an Associate member of the College
16 who has demonstrated qualities that exemplify the College's mission "to enhance the quality and
17 effectiveness of health care by fostering excellence and professionalism in the practice of
18 medicine." Nominees may have outstanding achievements in any of a wide variety of areas,
19 including leadership, medical practice, research, teaching, publications, advocacy, and/or
20 volunteerism. Nominees must be Associates as of June 30th of each year considered.
21

22 A candidate must have at least **three** letters of support is required, and the deadline for
23 all nomination materials is **April 1st**.
24

25 Award: Expense paid trip to Internal Medicine, formerly known as Annual Session.
26

27 More information about this and all of the other College Awards can be found on the College's
28 Website at <http://www.acponline.org/awards>
29

30 **Advocacy/Leadership Day**
31

32 For more than a decade, ACP members have been encouraged to support ACP on the legislative
33 front by signing up as Key Contacts. ACP Key contacts communicate with their members of
34 Congress on issues of importance to medical students, trainees, internists and their patients, and
35 report the results back to ACP.

36 To enroll as a Key Contact, ACP members are not required to have existing relationships with
37 their members of Congress. ACP gives them the tools necessary to develop and maintain
38 relationships. The program is open to all membership categories. Enrollment information about
39 this grassroots advocacy program is available at
40 http://www.acponline.org/advocacy/key_contacts/enroll/.

41
42 In addition to participating as a key contact in year-round advocacy efforts, Associate members
43 are also eligible to attend ACP's Annual Leadership Day. The program has been very effective in
44 bringing visibility on the Hill to internal medicine issues and building a cadre of leaders who are
45 trained to advocate for the College's positions throughout the year.

1 Residents and fellows-in-training who attend Leadership Day have the opportunity to meet with
2 legislators and staff in Washington, D.C. It also provides Associates with top-notch briefings
3 from White House officials as well as Hill staff and members of Congress who are key health
4 decision-makers. Attendees will receive an in-depth orientation on the College's top legislative
5 priorities and have the opportunity to network with other chapters and learn from them on how to
6 conduct an effective advocacy program. Leadership Day 2009 will be held on May 19-20, 2009
7 in Washington, D.C.

8 9 **Part V. 2008-09 Key Meeting Dates**

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11
12 April 23-25, 2009- Internal Medicine 2009 in Philadelphia, PA

13
14 May 19-20, 2009- ACP Leadership Day in Washington, D.C.

15
16 June 1, 2009- National Council of Associates Meeting in Philadelphia, PA

17
18 October 19, 2009- National Council of Associates Meeting in Philadelphia, PA

19 20 **Part VI. Summary**

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22 We hope that this Associate Guide has been helpful. Starting a Chapter Council of Associates
23 may be a challenge and the planning may seem cumbersome, but the end result is a body in your
24 chapter that provides a forum for the discussion of Associates issues, develops programs for
25 Associates, and increases opportunities for participation in the chapter governance structure. We
26 urge you to get involved. We hope that your Chapter Council of Associates will bring forward
27 issues that you would like addressed on the national level. We welcome your comments and
28 suggestions.

29
30
31 For more information, contact staff via e-mail at mbrdev@acponline.org

Part VII. 2008-09 Council of Associates

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