From April 9 to 12, 2008, I have attended the 31st SGIM Meeting in Pittsburgh. The main theme of the meeting was "Translating Research into Practice: Enhancing Education, Patient Care, and Community Health", which corresponded with the historic National Institutes of Health initiative to transform clinical and translational research so that new scientific advances can be rapidly applied to real world medical practice.

The rationale for this proposition appears to be the belief that general internists, whether engaged in clinical practice, medical education, or research, play a pivotal role in this translational process and as clinicians generalists should apply new knowledge to patient care, whether in a medical center, a private office, a community clinic, or at the hospital bedside. Also, as educators, generalists should ensure that tomorrow’s doctors are knowledgeable about the latest discoveries and adopt at applying this knowledge to patients and communities. In addition, as investigators, generalists should work with multidisciplinary teams to design cutting edge research studies and to assess the effectiveness of evidence-based interventions in improving the quality, equity, and efficiency of medical care.

Similar to previous SGIM meetings, the Meeting this year in Pittsburgh, Pennsylvania gave me the opportunity to acknowledge the most recent developments in general internal medicine in North America with a multitude of pre-courses, workshops, lectures, scientific abstracts, clinical vignettes and interest group meetings.

On April 9th, the International GIM Symposium was held as one of pre-courses. The topic being smoking cessation, I gave a short talk on "Smoking Cessation-2008 in Japan" citing the "Smoking Cessation Marathon", a nationwide initiative lead by Dr. Yuko Takahashi of Nara Women’s University.

Since the most of audience was from North and South America and Europe, I presented the history of smoking and recent developments in smoking cessation in Japan including Health Promotion Law of 2003 which requires prevention of passive smoking in public space including railroads, taxi cabs and even walking in streets, school and workplace programs on smoking prevention and the campaign called "Marathon" which started in 1997.

On April 11th, Friday morning, I coordinated an Interest Group, "TRANS-PACIFIC INITIATIVE ON THE ROLE OF GENERALISTS IN COMMUNITY HEALTHCARE EDUCATION" (see the Table for detail).

Although the attendance was small, Professor Thomas Inui of Harvard, one of the founder members of SGIM and influential mentor was with us discussing the recent turmoil surrounding Japanese healthcare scene. Other American attendees include Dr. Obara, (Dept. of GIM, Boston University) who would be back in Okinawa Chubu Hospital late this year, Dr. (Ms.) Matsubara (Family Medicine Resident, U. of Pittsburgh), and Dr. Kim Yeuen (San Francisco General Hospital, Dept. of GIM, UCSF). Japanese counterpart includes Drs. Tokuda and Takahasi and Ms. Ode from St. Luke’s Int’l Hospital, Tokyo.

Another duty for me in Pittsburgh was to attend the Editorial Committee of JGIM.

A Report from the 31st SGIM Meeting in Pittsburgh

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As the only Board Member from Asia, I could learn a lot from the discussion of major clinical journal editors. Although JGIM enjoys the so-called Impact Factor (I. F.) of more than 3.1, Dr. Tierney (Editor-in-Chief) appeared to be concerned about I. F. Whether to publish educational articles was in the center of the debate. I commented on the topics which might be interesting to medical students who would be potential or future readers/subscribers of the Journal.

Aside from the meeting, through the courtesy of Dr. Tetsuro Sakai of anesthesiology, the group from St. Luke’s and I had a chance to visit University of Pittsburgh Hospitals and Dr. Michael DeVita of Critical Care Medicine, who has been the international pioneer of Rapid Response Team (RRT) concept. Luckily, we could join their actual conference for RRT system and visit WISER Center for medical education, a renowned simulation center for clinical education. The on-going scenarios for simulation included in-hospital bedside assessment of patient in critical condition and operating room situation where a surgeon had to take off due to emergency situation at ward. I also had a chance to meet Dr. Haruko Akatsu who has been the leader of Japan–Pittsburgh Educational Program.

The 32nd Annual Meeting of SGIM will be held in Miami, Florida, May 13 to 16, 2009.

Please try to attend next year’s meeting too.