



# ACUMEN

The Official Newsletter of the  
Ada Canyon Medical Education Consortium

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## News

### February 2012 News

#### 53rd ACMS Winter Clinics

Once again we invite you to join us at one of Idaho's oldest and most fun medical education retreats. This year's agenda offers 12 hours of primary care topics from "Autism Spectrum Disorders" to "Adventures in Liver Function Test Interpretation" and from "Wilderness Medicine" to "Top 20 drugs from 2010". We guarantee you'll find a positive learning experience. The ski race is fun too. The meeting will be held February 23-26th at the Shore Lodge, McCall, Idaho. Contact Don Bich at 336-2930 for further information.

#### CME More than a Requirement

To some the world of continuing medical education is all about credit. It's a simple but misguided notion, a lasting myth held by several members of the federal Institute of Medicine, Congress, and even some CME providers. It starts with a basic premise: Physicians attend CME activities only because they are required to earn credits to maintain their licenses and certifications.

For example, many medical specialty boards require specialists to earn between 40 and 60 CME credits each year as part of their maintenance of certification. But the required credits have become a red herring in the CME arena, distracting our attention from what it is that really attracts physicians to CME.

A survey of more than 40 live and online/enduring activities held at the University of Colorado School of Medicine during 2010 showed that many participants engage in CME without seeking the accompanying credit.

At the live activities that were audited, an average of 34 percent of attendees who participated in the entire activity did not seek the credit. For online activities, the average was even higher - about 52% of those surveyed completed the Web-based CME activities but did not request credit.

What does it mean that physicians are often not applying for CME credit? In short, the need is in knowledge, competency and physician performance, not CME credit calculations.

#### Upcoming Conferences

2/2-3/2012 22nd Annual Heart and Vascular Symposium, Anderson Center/St. Luke's (Michaelyn Muggli - [mugglim@slhs.org](mailto:mugglim@slhs.org))

2/23-26/2012 Ada County Medical Society Winter Clinics, Shore Lodge, McCall (Don Bich - 336-2930)

2/16-17/2012 Perinatal Winter Conference, Nampa Civic Center, Nampa (Sarah Jacobson - 381-4174)

## Regularly Scheduled Conferences

**Wednesday, 8:00 a.m. - Anderson Center**

**Wednesday, 12:15 p.m. - Winter Room**

**Friday, 8:00 a.m. - McCleary Auditorium**

### Other Regularly Scheduled Conferences

#### St Luke's RMC

Thoracic Tumor Board - 1st & 3rd Tuesday, 7:00 a.m

Tumor Board - Tuesday, 12:00 noon

Breast Tumor Board - Thursday, 7 a.m.

MSTI Pediatric Tumor Board - 2nd & 4th Wednesday, 12 noon

CHEERS (Children's Hospital Education Enrichment Review) - 1st Thursday, 8 am

Anderson Center - Ada -2; MATCH 2nd Thursday, 8 am

#### Saint Alphonsus RMC - Nampa

Tumor Board- Tuesday, 12 noon

#### West Valley Medical Center

Tumor Board - Monday, 12:30 pm

#### Saint Alphonsus RMC - Boise

Tumor Board - Thursday, 12 noon

Breast Care Panel, Tuesday, 7:00 am

## ACMS Society News

### MEMBERSHIP:

No New Members this month:

### UPCOMING EVENTS:

**February 23-26, 2012** ACMS 53rd Annual Winter Clinics, Shore Lodge, McCall

## On The Lighter Side

### Middle Age Texting Codes:

- ATD-at the doctor
- BFF- best friend fell

- BTW-bring the wheelchair
- BYOT-bring your own teeth
- FWIW-forgot where I was
- GGPBL-gotta go, pacemaker battery low
- GHA-got heartburn again
- IMHO-is my hearing aid on?
- LMDO-laughing my dentures out
- OMMR-on my massage recliner
- ROFLACGU-rolling on floor laughing and can't get up
- TTYL-talk to you louder

With age comes skills, it's called multi-tasking:

I can laugh, cough, sneeze and pee all at the same time.

## What's Ahead

### March 2012

- 2 Topic TBA , Alex Johnson, MD
- 7 Clinical Considerations in Gay and Lesbian Patients, Marvin Alviso, MD
- 9 TBA
- 14 Female Incontinence, Maggie Vuturo, MD
- 16 Pap Smear Recommendation Update for the Primary Care Physician, Nikole Shepherdson, DO
- 21 St. Luke's Children's Hospital, Grand Rounds, Taking the Terror Out of Testifying, Paul McPherson, MD, Roger Bourne, JD
- 23 TBA
- 28 Topic TBA, Colleen Zimmerman, MD

### April 2012

- 4 Myeloma, Maurio Zangari, MD
- 6 Topic TBA, Speaker TBA
- 11 Nutrition 2012, Kristen Ritzenthaler, PhD
- 13 Topic TBA, Katie Schneider, MD
- 18 St. Luke's Children's, Grand Rounds, Topic TBA
- 20 TBA
- 25 Update on Vaccinations, Melinda Whorton, MD
- 27 TBA

(Wednesday, 8:00am/St. Luke's RMC; Wednesday, 12:15pm/Mercy Medical Center; Friday, 8:00am/Saint Alphonsus RMC)

## Mohr's Musings...

### Blood Transfusions after Hip Surgery

In the United States about 15 million units of blood are transfused annually. The recent FOCUS trial (Functional Outcomes in Cardiovascular Patients Undergoing Surgical Hip fracture Repair) enrolled over 2000 patients over age 50 with a mean age of 81.6 years. They were randomly assigned to two study groups once their post-operative hemoglobin level fell below 10 g per deciliter. In the liberal strategy group, transfusions were given to restore and maintain a hemoglobin level above 10 g; whereas in the restrictive

group transfusions were given when the hemoglobin level fell below 8 g. The liberal strategy did not reduce the rate of death, or the ability to walk independently at 60 days, or the in hospital morbidity. The authors concluded that a more restrictive transfusion threshold in the absence of symptoms of anemia are reasonable in elderly patients at risk for cardiovascular events. Given the risks of blood transfusions and the emphasis on cost containment these conclusions seem reasonable. (N Engl J Med 365; 26: December 29, 2011.)

### **Vitamin Supplements**

Vitamin supplements are a multi-million dollar industry in our society in spite of the fact that many foods, cereals and dairy products are vitamin fortified. As more data becomes available on vitamins more risks have arisen with supplementation. Vitamin E contained in vegetables, seed oils and nuts is mostly gamma-tocopherol in foods but in supplements is mostly alpha-tocopherol which may block the anti-oxidant effect of gamma-tocopherol. A large meta-analysis found that supplementation was associated with an increased risk of death and an increased of hemorrhagic stroke. It has not been found to decrease cardiovascular events and in men causes a statistically significant increase in the risk of prostate cancer. Vitamin A and beta-carotene, which is a potent source of Vitamin A, have been found to increase the risk of lung cancer and prostate cancer. Vitamin D is the one vitamin that many people especially the elderly and those with dark skin should take if living at northern latitudes. The latest U.S. recommendations are taking D3 600 IU/day for males and females 1-70 and 800 IU/day for men and women over 70. Some studies have even suggested that in older adults it may help prevent falls and therefore fractures. Vitamin C which is contained in citrus fruits, juices and green leafy vegetables has been found not to significantly reduce the risk of developing upper respiratory infections. In high doses of more than a gram a day, it may cause diarrhea and might cause kidney stones because of its increased urinary oxillated excretion. Vitamin B 12 found in meat, fish and dairy products is commonly deficient especially in older people who often have atrophic gastritis and poor absorption. Folate is especially important in women of child bearing age at a dose of 400 mcg/day, the amount that is contained in most multi vitamin preparations. The conclusion of this article is that healthy people living in developed countries such as the US and eating a normal diet probably get sufficient amounts of vitamins. Supplements are well established for women of child bearing age for folic acid and for vitamins D & B12 in the elderly. There is no good reason to take vitamins A, C, or E routinely. (The Medical Letter, Volume 53, Issue 1379/1380: December 12/26, 2011)

John J. Mohr, M.D.

## **Weekly Conferences**

### **February 2012 Conferences**

#### **Anderson Center, St. Luke's RMC, Wednesday 8:00 a.m.**

- 1** Anticoagulation Management for Atrial Fibrillation, David Hinchman, MD
- 8** Continuous Management of Acute Back Pain, Barbara Quattrone, MD
- 15** Drug Use in Pregnancy, Ira Chasnoff, MD
- 22** The Expanding Palette of Eyelid and Facial Plastic Surgery, Mark Boerner, MD
- 29** Bipolar Disorder for the Primary Care Physician in Boise, Stephanie Long, MD

#### **Winter Room, Saint Alphonsus RMC - Nampa, Wednesday 12:15 p.m.**

- 1** Anticoagulation Management for Atrial Fibrillation, David Hinchman, MD
- 8** Continuous Management of Acute Back Pain, Barbara Quattrone, MD
- 15** Drug Use in Pregnancy, Ira Chasnoff, MD
- 22** The Expanding Palette of Eyelid and Facial Plastic Surgery, Mark Boerner, MD
- 29** Bipolar Disorder for the Primary Care Physician in Boise, Stephanie Long, MD

#### **AW Horsley, VA Medical Center, Thursday 8:00 a.m.**

2 TBA

9 Dermatology Topic, Gavin Powell, MD

16 NO CONFERENCE

23 Endocrine Topic, Brad Anawalt, MD

**McCleary Auditorium, Saint Alphonsus RMC, Friday 8:00 a.m.**

3 3-T Neuro Imaging, Neil Davey, MD

10 Early Stroke Management, Po Huang, MD

17 Evidence Based Care in Geriatrics, Amy McIntyre, MD

24 NO CONFERENCE, ACMS WINTER CLINICS, McCall, Idaho

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