

## **ANNUAL MEETING PRECOURSES OFFER EXCITING OPPORTUNITIES**

*Eric Whitaker, MD*

**T**his year's precourses represent a range of topics that we hope will fill the needs and interests of many new and veteran SGIM members. Out of a record number of 55 submissions, 35 half- and full-day precourses were accepted for presentation in Vancouver. The exceptional quality of the submissions made this a challenging task for the committee. We are grateful to the efforts of all of those who submitted precourse proposals. The results are a remarkable range of content and teaching approaches.

We also thank the committee of ten SGIM members, from a range of backgrounds, who put in their time and expertise to review and select this year's precourses. Our strategy in selecting precourses was to include possibilities that would appeal to the full range of interests of SGIM members. To that end, we have included courses that emphasize clinical topics, research methods, educational approaches, communication issues, and finally, advocacy and policy. All of the courses have large numbers of faculty—meaning the opportunity for interactive learning is high.

In keeping with theme of this year's meeting, Generalist Physicians as Agents of Change, there are several courses in the policy and advocacy arena including: "The Uninsured: Preparing Internists to Contribute to Change," "Effective Health Policy Advocacy for the General Internist," "Minority Generalist Career Development: Becoming an Agent for Change,"

and "The Immigrant Experience: Caring for Patients New to this Country." Each represents an example of how primary care physicians can be on the forefront of our changing world of medicine.

On the clinical front, precourses in this year's program include "See One, Do One, Teach One: A Practical Approach to the Medical Orthopedic Exam for the Academic Internist," "Update on Anticoagulation and Thromboembolism" or "Controversies in Chronic Pain Management" and "Sports Medicine."

For those interested in learning more about certain research methods, courses such as "HCUP: Data to Generate Evidence for Change," "Meta-Analysis" and "QI Research: Where Reality Meets Academia" are scheduled.

We recognize that virtually all SGIM members have formal or informal teaching responsibilities in a variety of settings. Therefore, the precourses in education include ones targeted at students, residents and attending physicians, such as "Teaching Evidence-Based Medicine to Residents—The PRIME Curriculum," "Teaching Effective Behavior Change Strategies to Medical Providers," and "A Curriculum for Medical Errors."

Communication skills is another important topic in many different settings and this year's precourses reflect this. Examples of precourses that focus on communication will include: "Informed Decision-Making and Controversial Preven-

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**ON BALANCE**

**MD<sup>2</sup>**

Hilit F. Mechaber, MD and Alex J. Mechaber, MD

*Editor's Note—This is the first article in our new regular column highlighting the challenges of balancing personal and professional lives. Submissions and comments are welcome.*

It was the night before my last day of work prior to maternity leave. A day I was quite looking forward to. Winding down, bidding a temporary farewell to patients and staff, and preparing to spend two weeks at home with our two-year-old daughter as her day care closed for the holidays. I had 24 hours to go, but her symptoms couldn't tell time. She was cranky, tired, had no appetite, and finally felt quite warm. Sure enough, the thermometer gave us the bad news. It seemed simple enough. She would have to stay home the next day to fight off a likely viral infection. Yet, for us, the solution was far from easy.

What gives? As two general internists we were faced with only one of the many challenges dual-physician families frequently encounter. Patients rely on us to direct their health care, sometimes in life or death situations. While this type of reliance is one of the biggest privileges of doctoring, it can simultaneously be viewed as a burden that cannot always or easily be met. By placing our daughter's health as our priority, how do we deal with the burden of guilt felt by canceling time set aside for our patients? Whose needs become more important? Which of us will stay at home? Though we have likely all chosen our profession at least partially for altruistic reasons, this constant conflict can easily test our priorities.

Many of our biggest challenges revolve around time and lack of flexibility. The delicate balancing of personal and professional time has required us to evaluate our priorities and

set limits accordingly. Playing an active role in raising our daughter has become our essential priority. When our daughter was born, we decided individually and together that Hilit would cut back to working part-time in academia. Hilit was fortunate to be able to negotiate a job description that allowed her to continue the portions of her job that were more structured and that were the most rewarding, her clinical practice and teaching. She had to withdraw from the responsibilities of our faculty practice and the on-call responsibilities.

Our decision to do this did not come easily. It meant a loss of income and benefits for Hilit and our already heavy debt load became even worse. Hilit also had to relinquish her academic title when she assumed her part-time position. However, we believed in our hearts that children only grow up once, and having more time to witness this outweighed the financial and career sacrifices. We also trusted the words of our mentors that these loans would eventually be paid off.

We have been challenged as a couple, wanting to see both our careers succeed. Over these past two years, Alex has luckily had many opportunities come his way to develop and grow as a clinician-educator. Though there are times that Hilit has felt undervalued as a clinician-educator, she has worked hard to keep herself visible and as involved as possible in our academic community. The effort is quite worthwhile. Hilit feels she made the right choice in deciding to return to work part-time. Her attitude towards her work has improved by knowing that she also has the time to be at home. She can focus at work and feels like a better doctor and teacher. She is also more fulfilled both personally and professionally, and only hopes that she will be able

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# INVESTING IN OUR FUTURE

**Martin F. Shapiro, MD, PhD**

**S**GM has taken some very exciting steps this year. We have created a new task force to address issues in career development, with the goals of strengthening divisions of general internal medicine throughout the country, and of helping individual faculty find the mentorship that they need and the collaborators that they need, even when they are not to be found in their own medical schools. The task force has initiated a program of site visits to medical schools to help them improve their ability to achieve their goals. They also have solicited participants for a new long-distance mentoring program that will be launched at the Vancouver meeting.

The Society also has created a task force to address issues relating to the future of general internal medicine, in the domains of clinical practice, education and research. The task force's report addresses issues that are central to our discipline. It appears likely that it will suggest some fundamental reforms in our field. It is not yet in final form, but will be sufficiently far along prior to the Vancouver meeting to allow it to be distributed to the membership at that time. The Vancouver meeting includes a plenary session devoted to discussion of the issues raised in the report.

The Council has been concerned about the lack of venues for publication of educational scholarship by our membership and has embraced the idea of publishing a regular periodical. As has been communicated to you, this may well initially take the form of a twice-yearly supplement to JGIM. We also have continued to be concerned about issues relating to disparities in health and health care and have a task force involved with these issues. The task force already has announced a special issue of JGIM on disparities in health.

The Council has been very excited and activated by all of these initiatives. We do, however, have some challenges that we face as an organization, if we are to sustain all of these new programs. The essence is money.

As our membership is well aware, SGIM made a decision after vigorous debate, to limit the amount that we can accept from all external sources. This will help the Society avoid becoming dependent upon funds from industry, or from any other, single source or program. This policy presents us with a



challenge. We must find other ways to raise funds to continue SGIM's key programs, launch new ones, and respond to future needs of our members. Our funding situation is very tight right now. We are doing everything we can to eliminate expenditures that are not essential. At the same time, we will need additional revenues.

The Society has five sources of revenue: 1) member dues 2) royalties from products and publications 3) proceeds from the Annual Meeting and precourses 4) grants and contributions from the private sector, philanthropies and the federal government and

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## SGIM FORUM

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SGIM Forum welcomes submissions from its readers and others. Communication with the Editorial Coordinator will assist the author in directing a piece to the editor to whom its content is most appropriate.

The SGIM World-Wide Website is located at <http://www.sgim.org>

# Let Your Voice for Peace Be Heard

*P. Preston Reynolds, MD, PhD, FACP*

**D**ecember 2002 marks the fifth anniversary of the signing of the historic Mine Ban Treaty by 122 countries. This comprehensive treaty became effective on March 1, 1999, the most rapid adoption of any international treaty. One hundred and forty-three countries have joined the Mine Ban Treaty and, thus, are required to stop production, export, and use of landmines; destroy within four years their stockpiles of landmines; and within ten years clear their fields of landmines, and provide resources to rehabilitate landmine victims. The International Campaign to Ban Landmines (ICBL), the recipient of the 1997 Nobel Peace Prize, established "Landmine Monitor," an unprecedented effort to systematically document nations' compliance with the Mine Ban Treaty. Beginning in 1999, the ICBL has published the Landmine Monitor annually. The 2002 report gives clear evidence of the enormous success of the ICBL in reducing the number of deaths due to landmine injuries from 26,000 to 15,000–20,000 a year, eliminating stockpiles of these deadly weapons, and creating a widespread commitment that landmines should no longer be used in any conflict situation in any area of the world. In fact, United Nations Resolution 56/24M calling for universalization of the Mine Ban Treaty was adopted on November 29, 2001, by a vote of 138 in favor, none opposed and 19 abstentions.

The United States has not signed the Mine Ban Treaty. Only the US and Cuba among the nations of the Western Hemisphere have not signed the treaty, and soon the US will become the only member of NATO that has not joined the Mine Ban Treaty. With the threat of war against Iraq increasing daily, there is growing concern that the US will pressure its allies to allow it to use landmines or to force them into situations where

landmines are being laid.

The Clinton Administration had a commitment to join the Mine Ban Treaty by 2006. Last year the Bush Administration called for a reevaluation of that policy. The US Campaign to Ban Landmines along with delegates of the ICBL lobbied extensively to avoid a reevaluation. Citizens from around the country met with Congressmen and Senators, attended workshops and lectures, participated in rallies at the White House, and attended universal worship services. Their efforts were successful in stalling the State Department and the White House from rolling back gains made under the Clinton

Administration. Recently, President Bush has requested again a thorough analysis of the US position on landmines with a recommendation that these weapons be integrated into our military arsenal.

Top ranking military leaders in this country have called for a complete elimination of landmines from the US military arsenal. In 1996, 15 high ranking retired US military officers called upon the President to sign the Mine Ban Treaty. Again, in May 2001, eight officers wrote to President Bush, stating landmines "are outmoded weapons that have, time and again,

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## Evidence Based Medicine Task Force Report

*Sharon E. Straus MD, MSc, FRCPC*

**O**n behalf of the SGIM EBM Task Force, I would like to take this opportunity to update you on the progress of our EBM Project.

The SGIM EBM Task Force has developed several educational products. The main educational product is the "EBM for the Practicing Clinician" workshop that was piloted in 2000 and has subsequently been revised and completed at several workshops. We recently completed a series of 3 workshops for practicing clinicians that were funded by a small conference grant from the Agency for Health Research and Quality. We have also made available the online Desktop that is used for these workshops for participants to purchase and continue to use after the workshop is completed.

We have focused on developing educational programs for practicing clinicians because few of these exist. Clinician-educators who wish more in depth training in EBM and teaching

EBM have several available options. McMaster University, New York Academy of Medicine, Oxford University, and the University of Colorado offer 3–5 day workshops on EBM. Based on the response of participants at our practicing clinician workshops, we have developed an abbreviated workshop for clinicians interested in teaching EBM. In May 2002, we successfully completed our first "Teaching EBM" workshop at the SGIM Annual Meeting and are planning a follow-up event for participants at this years' Annual Meeting as well as another 'Teaching EBM' workshop.

The Evaluation Cluster of the Task Force has also been extremely active and will be holding a retreat for researchers and teachers interested in rigorous evaluation of EBM activities. And, the Web cluster has developed materials for the SGIM EBM website that will be launched in June 2003.

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# RESEARCH FUNDING CORNER

Joseph Conigliaro, MD, MPH

**T**his month's Research Funding Corner focuses on two training awards.

## Ruth L. Kirschstein National Research Service Award (F32)

Release Date: February 6, 2003

PA Number: PA-03-067

The National Research Service Act (NRSA) Program, renamed the Ruth L. Kirschstein National Research Service Award Program, is a multi-agency award designed ensure that highly trained scientists will be available to carry out the Nation's biomedical and behavioral research agenda. Individuals with a PhD., MD, DO, DC, DDS, DVM, OD, DPM, ScD, EngD, DrPH, DNS, ND, PharmD, DSW, PsyD, or equivalent who agree to undertake a minimum of 2 years of commitment must develop a proposed postdoctoral training program within the broad scope of biomedical, behavioral, or clinical research and enhance the fellow's understanding of the health-related sciences that will lead to a productive research career. For those who have a health professional degree, the proposed training may be used to satisfy a portion of the degree requirements for a master's degree, a doctoral degree or any other advanced research degree program. Fellowship awardees are required to pursue their research training on a full-time basis, devoting at least 40 hours per week to the training program. Research clinicians must devote full-time to their proposed research training and must restrict clinical duties within their full-time research training experience to activities that are directly related to the research training experience.

These are institution-sponsored awards so the applicant must identify a sponsoring institution and an individual who will serve as a mentor and will supervise the training and research

experience. Kirschstein-NRSA awards provide stipends for subsistence, tuition and fees and expenses such as research supplies, equipment, health insurance and travel to scientific meetings. Additional funds may be requested by the institution when the training involves extraordinary costs for travel to sites remote from the sponsoring institution; or, accommodations for fellows who are disabled. The sponsoring institution is allowed to provide funds to the fellow in addition to the stipends paid by the NIH. As required by the NIH, fellows incur a service obligation of 1 month for each month of support during the first 12 months of the support. The 13th and subsequent months of support are acceptable postdoctoral payback service. Thus, individuals who continue under the award for 2 years will have paid off their first year obligation by the end of the second year. Questions can be directed at one of the many branches of NIH that are participating in this announcement. More details and a listing of each institute's or center's program contact information can be found on the following web page: <http://grants1.nih.gov/grants/guide/notice-files/not98-027.html>.

## Mid Career Investigator Award In Patient-Oriented Research (K24)

Release Date: October 8, 1999

PA Number: PA-00-005

The Mid Career Investigator Award in Patient-Oriented Research (K24) is a multi-agency award that provides up to five years (minimum three years) of patient-oriented research support for clinicians to allow them protected time to devote to patient-oriented research and to act as mentors for beginning clinical investigators. The target candidates are outstanding clinical

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## UpToDate Goes Mobile

Eric W. Vogel, MD, Jennifer Erskine MD

MSIS, Russell Maulitz, MD, PhD

**T**he highly popular clinical information resource *UpToDate* (<http://www.uptodate.com>) has taken the next step in its evolution, with a new version being released for handheld computers. Although the hardware and software requirements are a bit expensive for someone without the right equipment already, this product is a big leap forward in delivering information—and authoritative answers to common patient-care questions—at the point of care. In this article, we will discuss our experience in using *UpToDate* in general, the workings of the newest version of the program for handhelds, and its strengths and areas for improvement from the practicing clinician's standpoint.

Readers of the SGIM Forum are probably familiar with *UpToDate* already, but to review, *UpToDate* is a subscription-based clinical information resource designed to provide physicians with concise, practical answers to the kind of questions they regularly encounter. Over 6,000 topics are presented in a textbook-style format, and the database also includes many illustrations, figures, videos, links to MEDLINE abstracts, a complete drug information database, and patient information handouts. *UpToDate* would technically not be considered an "evidence-based" resource, as it currently lacks formal rules for data inclusion such as those used in articles from the Cochrane Database of Systematic Reviews. Nonetheless, *UpToDate* is a well-regarded resource known for content that is peer-reviewed, well referenced and constantly updated based on newly published information, and the editors of *UpToDate* are considering a more explicit evidence-based format in the future. An annual personal subscription costs \$495 for new subscribers (\$395 for

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# ACGIM Management Institute: Improving Management Training and Leadership

*William P. Moran, MD*

**E**ach year the Association of Chiefs of General Internal Medicine sponsors the Management Institute, the goal of which is to improve management training and leadership for faculty in General Internal Medicine. This year the institute will be held on the afternoon of April 30th, preceding the annual meeting of the Society of General Internal Medicine, with three presentations focused on “Managing Demands on Faculty and Chiefs.” In addition, a special ACGIM-sponsored workshop “Leadership that Fosters Health and Balance in the Workplace” is scheduled during the annual meeting.

Chiefs are increasingly faced with staffing challenges, and Dr. Mark Linzer, Chief of General Internal Medicine at the University of Wisconsin Madison, will lead off the Management Institute with a presentation entitled “Life Events (predictable and otherwise): Staffing a Section of General Internal Medicine.” Dr. Linzer is the Principal Investigator on the Physician Work Life Study and Physician Work Life Study II and has studied predictable life events as a cause of staffing shortages in sections of General Internal Medicine. These life events, such as pregnancy, illness and part-time practice prior to retirement can reduce the available work force in Sections of General Internal Medicine, precipitating faculty dissatisfaction and stress. Dr. Linzer presents the implications of this challenge and suggests that chiefs can anticipate and compensate for the work force consequences of predictable life events. Dr. Linzer believes that Chiefs of General Internal Medicine need to recognize predictable life events as a staffing challenge, and work with their Chairs to reduce the impact of these events on the remaining faculty in the section. Dr. Linzer will also present a

short work life survey upon which chiefs can build interventions to improve faculty satisfaction and enhance career development while reducing the occurrence of job stress and burn out. Financial losses in primary care plague many chiefs of Sections of General Internal Medicine, yet all believe that primary care is critical to the mission of Academic Medical Centers. Dr. Mary Nettleman, Professor and Chief of General Internal Medicine at Virginia,

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## **Chiefs of GIM need to recognize predictable life events as a staffing challenge, and work with their Chairs to reduce the impact of these events...**

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Commonwealth University feels that the perception that primary care drains institutional resources is erroneous. In her presentation “Financing Primary Care and Academic Medicine,” Dr. Nettleman will explore ways to counter this misperception with specific attention to benchmarking and downstream revenue analysis. Dr. Nettleman will present suggestions for using these techniques, as well as other methods of obtaining funding, to help chiefs and other leaders of General Internal Medicine to achieve financial stability for their sections.

The number of inpatient physicians (Hospitalists) has dramatically increased over the past decade, but the academic roots for inpatient physicians may not be clear at many institutions. Dr. Mark V. Williams, President of the National Association of Inpatient Physicians, will present “Hospital

Medicine: Where is it’s Home in Academic Medical Centers?” Dr. Williams, Associate Director of the Division General Internal Medicine, Emory Healthcare, will describe the reasons driving the expansion of inpatient physicians and identify the range of potential roles for Hospitalists in clinical care, teaching, administration and research. Dr. Williams anticipates future challenges facing inpatient physicians and will explore the development and future academic home for the specialty of Hospital Medicine. Finally, Dr. Williams will also discuss the role of the National Association of Inpatient Physicians (NAIP) in promoting hospitalism as a career, and how the NAIP may interact with other professional associations such as the

ACGIM and the SGIM.

ACGIM is pleased to sponsor a very special presentation during the SGIM meeting: “Leadership that Fosters Health and Balance in the Workplace.” Drs. Penny Williamson and Tony Suchman will lead this two part workshop for current and emerging leaders in General Internal Medicine on Friday May 2. They will provide attendees with an opportunity to explore the principles of Relationship-Centered Administration, an approach which parallels and supports their well known partnership-based clinical approach, Relationship-Centered Care. During this interactive workshop, attendees will work in small groups and engage in an iterative process of practice and reflection to focus on four core skills: being personally present, speaking authentically and listening to

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## UPTODATE

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renewals, \$195 for trainees), and includes a new updated CD-ROM version for a PC every four months, and access to the Internet version of the database with a username and password.

An exciting new addition to the *UpToDate* subscription package for 2003 is the availability of access via Pocket PC handheld computer at no extra cost. Although handheld computers based on the Palm platform are more widely in use, the sheer size of the *UpToDate* database required the expandability and graphics capability that is currently only available with handheld computers using the Pocket PC operating system from Microsoft. The Pocket PC units that have been confirmed to work with *UpToDate* include the Toshiba e570 and e740, the Hewlett-Packard/Compaq iPAQ series (3600 and higher), the Hewlett-Packard Jornada 560 series, the Dell AXIM and the Casio Cassiopeia E-200. Although the price of these units varies by features, the average new Pocket PC will run about \$500. In addition, you will need to purchase a 1-gigabyte (GB) memory expansion module to hold the *UpToDate* database, either as an IBM Microdrive (about \$300) or a Compact Flash card (about \$500), plus a storage reader (about \$30) to connect the memory module directly to your desktop or laptop PC for installation. Thus, users who start from scratch and seek to get “to the bedside” with subscription and all hardware may face a stiff \$1300-\$1500 in initial investment—the same as for some ultra-light-weight computers.

The installation package for the Pocket PC comes as a 2-CD ROM set. The process of adding the *UpToDate* software to your Pocket PC involves installing the database directly from a Windows-based PC to the 1 GB storage module through the storage reader, and then installing the *UpToDate* utilities to the Pocket PC's internal memory. The Toshiba e740 unit we received for review came with *UpToDate* pre-installed on a 1GB Compact Flash card, so we cannot comment on the actual ease and reliabil-

ity of the installation process.

The Pocket PC version of *UpToDate* delivers the same extensive database of textual information as the PC or Web versions, but there are a few differences. The handheld version does not contain the photographs, videos, and some of the full-text graphics that the other versions have. Also, the search interface and navigation work a little differently in order to eliminate the need for excessive scrolling through text that can be a problem with the small-sized screens in handheld devices.

Our experience using the desktop version of *UpToDate* indicates it is a useful resource that provides detailed, comprehensive answers to questions we have about patient care. We have installed the database on desktop computers for our residents to use at Drexel University, and the residents have also been quite happy with the utility of the database in finding clinical information to help them in their patient care.

The handheld version of *UpToDate* has proved to be similarly useful. One example of a search we did on the handheld version concerned the utility of vena caval filters in preventing recurrent pulmonary embolism. After opening the *UpToDate* program on the Pocket PC, we were presented with a screen to enter search terms. After entering “filter” in the search field, we got a list of nine potential keyword matches, and chose “Filter, Inferior Vena Caval.” This led to another screen of nine potential articles, categorized into “Most Relevant Topics” and “Related Topics,” and we chose the “Inferior Vena Caval Filters” article. The chapter on this topic had 8 subtopics to choose from, and a figure illustrating the various models available. We learned that the effectiveness of these filters had not been well studied in carefully controlled trials. There was a discussion of the results of the few trials that had been completed, along with potential complications. Overall, with the slight delays while the proces-

sor loaded the various pages, it took less than two minutes to access the page with the information we were looking for. Searches on other topics were also easy to navigate and quickly led to the section with the answers we needed.

One problem we encountered with the program is the graphics. The figures and tables included were hard to visualize, and required scrolling to view all their data. It appears that the figures from the PC version were not reformatted for the small screen size on handhelds, so this is an area that could be improved in the future. As the capabilities of handheld computers improve in the future, *UpToDate* will also look to add their photos and video to the mobile version.

Overall, *UpToDate* for Pocket PC is a welcome addition to the *UpToDate* family of products. For those who can afford the initial hardware investment, this is one of the best mobile resources now available for helping physicians find authoritative answers to questions that arise from their daily patient encounters. It is also probably the first portable program of its type to become available and hence offers a solution in the here and now; competitors, such as a handheld version of the American College of Physicians' PIER Project (<http://pier.acponline.org/index.html>) will, as they emerge from beta testing, also be worth a look. **SGIM**

**Editor's Note**—Eric W. Vogel, MD, is Director of the Internal Medicine Residency Program at Drexel University College of Medicine; Jennifer Erskine, MD, MSIS, completed her fellowship in medical informatics at the Institute for Healthcare Informatics, Drexel University, Philadelphia; Russell Maulitz, MD, PhD, is the Director of the Institute for Healthcare Informatics, Drexel University, Philadelphia. All are practicing primary care physicians.

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## **We have an innate understanding of the sacrifices that we all make for our profession and our patients.**

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to continue in this capacity.

We often wonder if the MD<sup>2</sup> refers more to our dual MD degrees or MD plus Mommy and MD plus Daddy. There are times that we flip-flop these roles, and always feel they need to be juggled delicately. The patient with chest pain at 5:00 PM usually can't wait to be evaluated, even though the carpool may be waiting. We have been able to arrange work schedules so that one of us is almost always guaranteed a finite starting and ending time to the day, not always patient-related, so that we are not stuck in such a quagmire. Careful short and long-term planning has been a necessity, and we have both worked hard to stay aware of each others' expectations.

Sharing the same profession has had many advantages and has allowed us to overcome many of the obstacles. We can provide necessary support, guidance, and relevant feedback to each other, much more objectively than any colleague or mentor could. We have an innate understanding of the sacrifices that we all make for our profession and our patients. The key to success in our relationship has been a constant and open line of communication about all matters. In this realm, honesty has been of utmost importance, particularly at times when Hilit has felt less supported at work. We have also found a great deal of support by networking with other physician pairs through SGIM's annual Couples in Medicine "Meet the Professors" sessions, led by models Drs. Robert and Suzanne Fletcher.

Grappling with our individual definitions of "success" has been a challenge, but also a source of growth. For Hilit, it has taken time to recognize

that promotion and tenure are not the only defining measures of success for an academic physician. Because our lives are more flexible, we have made time for things that we value.

We both love medicine and have found a way to continue practicing and teaching it. We feel we have succeeded in our own right. We have learned that at each moment we are human and that there is a finite

limit to our abilities to be in two places at one time.

At 2:00 AM she was still febrile, so our hopes of still averting the dreaded clinic cancellation were doomed. We knew Hilit would be staying home. Though her patients are no less important than any others, the setting in which she practices is structured to allow a bit more flexibility. As we are frequently reminded, the "Mommy and Daddy" degrees were just as hard-earned as the MD<sup>2</sup>. **SGIM**

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## **EXCITING OPPORTUNITIES**

*continued from page 1*

tive Services: An Approach to Patient-Provider Communication" and "Learning and Teaching An Evidence-Based Method for Patient-Centered Interviewing."

We hope this range of courses—from clinical topics to research to education and advocacy—fulfills the multiple interests, expertise and work settings of SGIM members. The range of teaching approaches will be as varied as the topics. We anticipate that you will be able to learn both pieces of content and techniques of teaching that you can use in your own setting. As such we hope they will live up to the title of one of the half-day offerings this year: "Balance, The Antidote to Burnout: A Professional Matter."

Precourses have always been a way to further develop a current interest or to experiment with a new one. We encourage you to do both. Part of the design of having the choice of a full-day course or two half-day courses is to allow members to create their own track through the precourses. One can see a topic in a little more depth with a full-day precourse or enroll in two different types of courses with half-day courses. The precourses also offer a time to meet and visit with other members—either old colleagues or new ones. In the diversity of content and teaching approaches, we think they reflect our membership and our goals as a Society. **SGIM**

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## **TASK FORCE REPORT**

*continued from page 4*

In addition, the Task Force has developed relationships with the publishers of the four EBM databases we use in our workshops and with organizations that will be key to the dissemination of our products. We are in the process of identifying organizations representing other specialties, such as the Alliance for Continuing Medical Education, to assist us with dissemination once we have demonstrated an

effective dissemination strategy within internal medicine.

This has been an exciting year for us and we look forward to the next year. Please look to our website to identify opportunities for you to collaborate with us. **SGIM**

**Editor's Note**—Dr. Straus serves as the Chair of the Steering Committee, SGIM EBM Task Force.

## OUR FUTURE

continued from page 3

5) contributions from members.

We don't want to raise charges for membership or for attending the annual meeting to unreasonable levels. We are doing all that we can to raise external funds. We need our members to help us out. Here is what you can do:

**1. Come to Vancouver.** We have great loyalty among our members, a high proportion of whom come to the meeting every year. I hope that you'll be there this time. We are discussing issues of great importance to the future of our field. Submissions of scientific abstracts, clinical vignettes and other program components are much higher than ever before. There will be over 650 scientific abstracts presented at the meeting, along with over 250 clinical vignettes and record numbers of sessions on innovations in medical education and practice management! There will be the usual wondrous array of workshops and interest groups. There will be clinical update sessions in clinical preventive services, HIV care, geriatrics, women's health, hospital medicine, and general internal medicine. There will be consultation sessions on implementing change at home. There will be structured opportunities to develop collaborative relationships and friendships with colleagues from other institutions. The meeting should be very stimulating, to say the least. Vancouver is fabulous. Opportunities abound for gourmet dining, hiking in Stanley Park, sipping a drink at an outdoor café on English Bay, and taking trips to Whistler, Vancouver Island and Alaska after the meeting. Don't miss out!

**2. Take a precourse.** The precourses are a wonderful component of the meeting. Many of our members who attend the meeting take them, but not all do. This year, they cover an amazing array of topics, some of which are described in a separate article in this issue of the *Forum*. Here are a few others that caught my eye. In addition to the full-day precourses,

starting Wednesday at noon on sports medicine and meta-analysis, there are sessions on professional balance and teaching professional values. The 15 half-day precourses on Wednesday afternoon include such topics as intimate partner violence, evidence-based patient interviewing, precepting skills development, chronicling competence during residency, psychosocial aspects of bioterrorism, and using PDAs to improve care. If you can't be there Wednesday afternoon, you can take a precourse the Thursday morning that the main meeting begins. There are 16 topics to choose from, including long distance mentoring (tied into the Society's new initiative in that area), teaching faculty and residents how to code in the outpatient setting, managing your overweight and obese patient, primary care genetics, teaching the resident to teach, training primary care physicians in smoking cessation interventions, and promoting professionalism through self-reflection and meaning. This is an incredible menu. An impressive array of resources, intellectual and fiscal, are put into these programs. By my count, 219 faculty are participating in these precourses. I'd like to take about 30 of them. Everyone could benefit from participating in one or two.

**3. Help us find new members.** Lots of academic general internists belong to the Society, but many others do not. Please help us recruit members of your division and others whom you believe could benefit from membership. If you know anyone who once belonged but hasn't renewed recently, we want 'em back. Send them to [www.sgim.org](http://www.sgim.org) or have them telephone 800-822-3060, and we'll sign them up.

**4. Bring students and colleagues to the**

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**We have great loyalty among our members, a high proportion of whom come to the meeting every year. I hope that you'll be there this time.**

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**meeting.** You must have students, fellows or colleagues who have never been to an SGIM meeting. Convince them to come. I am sure that you remember the excitement of your first Annual Meeting. Let them share that experience.

**5. Make a contribution to the Society.** Steve Schroeder, who just stepped down as President of the Robert Wood Johnson Foundation, is leading our annual fund-raising drive. Please respond to this initiative. Your tax-free contribution can help us out a lot. If you don't have money to donate, we can accept airline miles (that will offset substantial expenses incurred by the Society). You also can print a contribution form from our website or e-mail Bradley Houseton at [housetonb@sgim.org](mailto:housetonb@sgim.org) for assistance in making a contribution.

SGIM is activated to lead our field in the tumultuous times ahead and to help our members have more successful and fulfilling careers. To meet the many challenges that we face, we urgently need more resources. If you don't want us to follow the path of some other organizations that are heavily dependent upon industry support, then please help us move with strength into the future. Send your emails to me to [mfshapiro@mednet.ucla.edu](mailto:mfshapiro@mednet.ucla.edu). **SGIM**

**VOICE FOR PEACE***continued from page 4***...landmines “are outmoded weapons that have, time and again, proved to be a liability to our own troops.”**

proved to be a liability to our own troops. We believe that the military, diplomatic, and humanitarian advantages of speedy US accession far outweigh the minimal military utility of these weapons.” They closed their letter arguing they “would not be urging this course of action if we did not believe it would enhance our combat mobility and effectiveness and, most importantly, protect our nation’s sons and daughters when we send them into harm’s way.” In November 2001, 500 US veterans from

all fifty states wrote the President adding their support for the Mine Ban Treaty.

The US has not used landmines in a conflict situation since the Gulf War in 1991, has not exported them

since 1992, and has not produced them since 1997. It leads the world in supporting mine clearance in other nations. While the US is only one step away from embracing a ban on landmines, it is being pulled further and further from its leadership role as the Bush Administration threatens to make this weapon available to US military commanders. The SGIM Health Policy Committee has taken the position that the United States should sign the Mine Ban Treaty. We believe it is urgent that

you call and write the White House today asking President George W. Bush to sign the treaty and ban forever the use of landmines by American military forces. For information on the US campaign to ban landmines see:

**www.banmines**

**usa.org**, for the ICBL, see

**www.ICBL.org**.

If you are interested in joining SGIM’s human rights cluster, please contact me at: **pprestonreynolds@comcast.net**. **SGIM**

*Editor’s Note—Dr. P. Preston Reynolds serves as the Chair, SGIM Human Rights Cluster. She is a former member of the Board of Directors of Physicians for Human Rights, 1987-2001, and founding member of the ICBL, Recipients of the 1997 Nobel Peace Prize*

**RESEARCH FUNDING CORNER***continued from page 5*

scientists who are actively engaged in patient-oriented research and within 15 years of their specialty training. Candidates for this award must have a health-professional doctoral degree or its equivalent and have a record of excellent patient-oriented research, experience in mentoring clinicians with little or no research experience and have independent research support at the time of the application. This support could include NIH awards or awards from other sources. The award is

intended to further both the applicant’s research and mentoring endeavors, to expand their potential contributions to their field, and act as mentors for beginning clinician researchers. Awards can pay for 25–50 percent of salary, up to \$25,000 per year for research expenses, such as supplies, equipment and technical personnel for the principal investigator and his/her mentored clinical investigators, travel to research meetings or training, and statistical services including personnel and

computer time. Questions can be directed at one of the many branches of NIH that are participating in this announcement. More details and a listing of each institute’s or center’s program contact information can be found on the following web page: **http://grants1.nih.gov/grants/guide/pa-files/PA-00-005.html**.

Please contact **joseph.conigliaro@med.va.gov** for any comments, suggestions, or contributions to this column. **SGIM**

**MANAGEMENT INSTITUTE***continued from page 6*

understand others, valuing differences and diversity, and trusting the process/letting go of control. They will lead participants as they engage in interviews and dialogue to discover core factors that promote personal balance and a healthy workplace. They will help participants develop individual action plans to be implemented in their sections. This workshop will also

provide an introductory exposure to several organizational development strategies including story telling, appreciative inquiry, world cafe and peer mentoring.

ACGIM encourages Chiefs of Sections and Divisions of General Internal Medicine, other leaders from General Internal Medicine, managers and administrators to attend the

Management Institute. ACGIM also encourages individuals who anticipate assuming leadership roles in sections to also consider attending the institute. **SGIM**

*Editor’s Note—Dr. Moran serves as the Program Chair, ACGIM Management Institute*

Positions Available and Announcements are \$50 per 50 words for SGIM members and \$100 per 50 words for nonmembers. These fees cover one month's appearance in the *Forum* and appearance on the SGIM Website at <http://www.sgim.org>. Send your ad, along with the name of the SGIM member sponsor, to [tracton1@sgim.org](mailto:tracton1@sgim.org). It is assumed that all ads are placed by equal opportunity employers.

**ASSISTANT/ASSOCIATE PROFESSORS, PREVENTIVE MEDICINE.** The University of Alabama at Birmingham, School of Medicine, Department of Medicine, Division of Preventative Medicine is seeking two doctoral scientists for faculty positions at the Assistant or Associate Professor level in the UAB Division of Preventive Medicine. Rank and tenure status to be determined based on qualifications. Combination of medical degree with graduate degree in a quantitative science preferred. Successful candidates should have a strong interest in health services research, teaching, and preventive medicine and physician candidates must be board certified in a pertinent specialty. Research experience and interest in quality of care, patient outcomes, or clinical effectiveness are strongly preferred. Division research currently includes research programs primarily related to clinical health services research, clinical trials, and epidemiology with particular focus on underserved populations and women. Current research programs include prevention and outcomes of cancer, osteoporosis, cardiovascular disease, diabetes, and changing provider practice patterns. The UAB Department of Medicine consistently ranks in the top 10 Departments in NIH funding, with Preventive Medicine accounting for a large proportion of federal funding in the Department. The Division and Department are expanding and provide a vibrant environment that stimulates professional growth and provides access to an outstanding infrastructure. Please send CV to: Norman W. Weissman, Ph.D., Director, UAB Center for Outcomes and Effectiveness Research and Education (COERE), 1717 11th Avenue South, Suite 401, Birmingham, AL 35205-4785. UAB is an Affirmative Action/Equal Opportunity Employer. Women and ethnic minorities are particularly encouraged to apply.

**CHIEF MEDICAL RESIDENT.** The University of Louisville IM Training Program is currently seeking a CMR for 2003-2004. Faculty position. Duties include administrative, educational and clinical Responsibilities. Works with another CMR to cover both University and VA hospital systems. Faculty development in clinical teaching available. Interested candidates should fax or email CVs: [h0seve01@gwise.louisville.edu](mailto:h0seve01@gwise.louisville.edu); 502-852-0936.

**CLINICIAN SCIENTISTS.** The Division of General and Geriatric Medicine at the Kansas University Medical Center is recruiting several clinician scientists. Assistant professor positions provide 80% protected time and core support for the development of a coherent research agenda. Active areas of research include health and healthcare disparities, access to care, and quality of care. Qualified candidates at the associate professor level would also have resources to recruit additional faculty. Interested candidates should submit a C.V. to Jeff

Whittle, MD, MPH; Director, Division of General and Geriatric Medicine; Kansas University Medical Center; 5026 Wescoe; 3901 Rainbow Boulevard; Kansas City, KS 66160. Email [jwhittle@kumc.edu](mailto:jwhittle@kumc.edu). KUMC is an Equal Opportunity/Affirmative Action employer. Not a J-1 position.

**HOSPITALIST CLINICIAN EDUCATORS.** The Division of General and Geriatric Medicine at Kansas University Medical Center is recruiting outstanding clinician educators to join our academic hospitalist group. The primary responsibility is supervision of patient care and education of residents in inpatient and consultant roles. Successful candidates will also participate in innovative educational programs for medical students. Protected time for program development or research is available. Contact Jeff Whittle, MD; Director, Division of General and Geriatric Medicine; KUMC; 5026 Wescoe; 3901 Rainbow Boulevard; Kansas City, KS 66160. Email: [jwhittle@kumc.edu](mailto:jwhittle@kumc.edu). KUMC is an Equal Opportunity/Affirmative Action employer. Not a J-1 position.

**PGY II.** The Social Internal Medicine /Primary Care Programs at Montefiore/ Albert Einstein College in New York City ([www.Medicine-Residency.org](http://www.Medicine-Residency.org)) have an unexpected PGY II for July 2003. Applicants should be interested in urban community oriented care and clinical or academic generalist careers. Please contact: Gerald Paccione MD, Program Director. Email: [gpaccion@montefiore.org](mailto:gpaccion@montefiore.org). EOE.

**PHYSICIAN-HEALTH SERVICES RESEARCH INVESTIGATOR.** The Houston Center for Quality of Care and Utilization Studies, A Department of Veterans Affairs Health Services Research and Development Center of Excellence, and the Baylor College of Medicine, Section for Health Services Research is seeking a Board Certified General Internist. Qualifications: Health Services Research Training and Experience. Proven track record in the following areas: Advanced Research Publications; Ability to acquire Grant Funding; and Clinical experience. Job Description: Po-

**U.S. Department of Health and Human Services  
Food and Drug Administration**



**MEDICAL OFFICERS**

The Food and Drug Administration, Center for Drug Evaluation and Research, Office of New Drugs is recruiting physicians to serve as Review Medical Officers in the dynamic, highly challenging and innovative atmosphere of drug development and research. Review Medical Officers provide scientific and regulatory guidance to sponsors through all phases of drug development, including the review of clinical trial designs, overall clinical drug development programs and evaluation of the results of these clinical programs. The Office of New Drugs public health mission is to protect and enhance the health of the public through the review and evaluation of scientific data submitted by pharmaceutical manufactures in support of New Drug and Investigational New Drug applications (NDA/IND), and render an approval or disapproval for human use. Medical Officers work with a multidisciplinary scientific team to provide advice on clinical trial design and on approval of new drugs. A team approach facilitates interaction with a wide range of scientific disciplines and involves a working relationship with the pharmaceutical industry, individual investigators, academia and other government agencies.

**QUALIFICATIONS:** Applicants must have a Doctor of Medicine or Doctor of Osteopathy degree from an accredited medical school. BC/BE in oncology is highly desirable. Graduates of foreign medical schools must be certified by the Education Commission for Foreign Medical Graduates (ECFMG). Please submit a copy of your permanent ECFMG certification. Candidates for Civil Service or U.S. Commissioned Corps must be U.S. citizens. Permanent U.S. residents may apply for staff fellowship appointments.

**CIVIL SERVICE SALARY:** GS-14, \$84,446 to \$106,163 plus a Physician Comparability Allowance up to \$30,000 (depending on years of experience) and an excellent benefits package. This is a term appointment (2 years), with the possibility of conversion to permanent employment.

**HOW TO APPLY:** For more information, contact the Office of New Drugs/Program Management Team via e-mail at: [CDER.OND.Employment@CDER.FDA.GOV](mailto:CDER.OND.Employment@CDER.FDA.GOV). Submit curriculum vitae with cover letter indicating you are applying to **source code #103067** to:

U.S. Food and Drug Administration  
Center for Drug Evaluation and Research  
Office of New Drugs  
Attn: **Program Management Team**  
1451 Rockville Pike  
WOCII, Room 3033, HFD-22  
Rockville, MD 20852

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# SGIM FORUM

Society of General Internal Medicine  
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## CLASSIFIED ADS

*continued from previous page*

sition allows 50-75% Research Time. Clinical responsibilities will be dedicated to General Internal Medicine Practice (Hospital or Clinic) and Resident Training. Highly competitive salary and benefits package. Additional Requirements: Research interests should include treatment of opiate addiction. Position is partly funded by a minority supplement grant that requires potential candidates to be: (1) Of minority status as recognized by NIH guidelines; and (2) Citizens or noncitizen nationals of the United States." Target Start Date: April 15th, 2003. Interested applicants should email or fax cover letter, Curriculum Vitae, and three (3) references to Tamara Lavin. Email: [tlavin@bcm.tmc.edu](mailto:tlavin@bcm.tmc.edu) Fax: 713-748-7359. Center for Quality of Care and Utilization Studies, VAMC (152) Research, 2002 Holcombe Blvd., Houston, TX 77030. Baylor College of Medicine is an Equal Opportunity, Affirmative Action and Equal Access Employer.

PHYSICIAN/INVESTIGATOR-GIM. Houston Center for Quality of Care and Utilization Studies, A Veterans Affairs Health Services Research and Development Center of Excellence/Baylor College of Medicine, Section for Health Services Research is seeking a General Internal Medicine focused, ABIM Certified Physician. Extensive Health Services Research Training and Experience is required. Responsibilities include obtaining funding/conducting self-directed research and contributing to the design and analysis of research projects being undertaken by other investigators in the Center and Baylor Section. We are seeking candidates at the Associate Professor/Professor level. 50%-75% Protected Research Time. Clinical responsibilities will be dedicated to General Internal Medicine Practice (Hospital or Clinic) and Resident Training. The position offers a highly competitive salary and benefits package. MUST be US Citizen. Target Start Date: 7/03. Candidates must provide evidence of research productivity, excellent quantitative skills, and a desire to work in an interdisciplinary environment. Please email or fax cover letter, CV, and three references to Tamara Lavin. Email: [tlavin@bcm.tmc.edu](mailto:tlavin@bcm.tmc.edu) Fax: 713-748-7359. Houston Center for Quality of Care and Utilization Studies, VAMC (152) Research, 2002 Holcombe Blvd., Houston, TX 77030. EEO. (1.23.03)

PHYSICIAN-INVESTIGATORS—MORE THAN CORN GROWING IN IOWA. The Division of General Internal Medicine at the University of Iowa seeks creative physician-investigators with expertise in health services research, health policy, and chronic disease epidemiology at the Assistant or Associate Professor levels. Successful candidates will join a growing multi-disciplinary research group with substantial federal and non-federal funding and with expertise in a variety of quantitative and qualitative methods. Faculty will have opportunities for joint appointments in the Center for Health Services and Policy Research in the College of Public Health and the University of Iowa Public Policy Center, as well as eligibility for VA HSR&D funding. Positions will include substantial protected time for independent investigation and will allow faculty to spend 25% of their effort in hospitalist or ambulatory-based clinical tracks. Candidates at the Associate Professor level should have 5 or more years of experience and an established track record in obtaining extramural funding. This is a tenure-track position; academic rank and tenure will depend on candidates' qualifications and expertise as is consistent with University policy. The Division resides in the heart of the University of Iowa campus in Iowa City, which offers a renowned public school system and wonderful col-

lege town lifestyle. Interested candidates should send a letter expressing their interest in the position and a current CV to Gary E. Rosenthal, MD, Director, Division of General Internal Medicine, University of Iowa Hospitals and Clinics SE618 GH, 200 Hawkins Drive, Iowa City, IA 52242. Email: [gary-rosenthal@uiowa.edu](mailto:gary-rosenthal@uiowa.edu). The University of Iowa is an Equal Opportunity/Affirmative Action Employer. Women and minorities are strongly encouraged to apply.

TRAINING IN FACULTY DEVELOPMENT. The Stanford Faculty Development Center is currently accepting applications for two month-long, facilitator-training programs. The training prepares faculty to conduct a faculty development course for faculty and residents at their home institutions. (1) The Clinical Teaching course introduces a 7-component framework for analyzing and improving teaching. (2) The Geriatrics in Primary Care course enhances primary care physicians' ability to care for older patients and teach geriatrics. 2003 program dates: Geriatrics in Primary Care (September 2-26) Clinical Teaching (September 29-October 24). Application deadline: June 1, 2003. For information: visit <http://sfdc.stanford.edu> or contact Georgette Stratos, PhD at [gstratos@stanford.edu](mailto:gstratos@stanford.edu).

### BEHAVIORAL MEDICINE INTERVENTIONS SUMMER INSTITUTE:

June 18-21, 2003, Pittsburgh, PA. Institute objectives are to: 1) provide a conceptual framework for behavioral medicine interventions to promote the ability to understand and evaluate behavioral medicine intervention research; 2) familiarize participants with behavioral medicine interventions and research in several content areas [i.e., diabetes, cardiovascular disease, and cancer] that will serve as exemplars for behavioral medicine intervention research, in general; and 3) provide participants with opportunities to discuss the development of research ideas and initial studies in areas of interest. Lectures and workshops for individuals at postdoctoral fellow and faculty level with a limited background in behavioral medicine. Travel stipend and CE available to those accepted to attend. Application due: April 28, 2003. For details, visit The Pittsburgh Mind-Body Center's website: [www.pghmbc.org](http://www.pghmbc.org) or Email: [arnoldla@msx.upmc.edu](mailto:arnoldla@msx.upmc.edu).