Society of General Internal Medicine

TO PROMOTE IMPROVED PATIENT CARE, RESEARCH, AND EDUCATION IN PRIMARY CARE

SGIM FORUM

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Contents

SGIM ACHIEVES SUCCESS WITH ALL APPROPRIATIONS PRIORITIES

Michele Sumilas

In mid-October, Congress passed a fiscal year 1999 (FY 99) budget that included increases for all of SGIM's legislation priorities. Following are the details:

Agency for Health Care Policy and Research (AHCPR)

The AHCPR was the big winner of the Department of Health and Human Services appropriations bill. The Agency received a 16% increase, the largest increase for an agency within the Department.

Of particular interest to SGIM is the research budget of the agency. The FY 99 funding bill provided an increase of $33 million to the research program. This increase was offset by reducing the budget of the Medical Expenditures Panel Survey (MEPS) by $8.5 million.

SGIM organized efforts to educate members of Congress on the activities of the Agency. At SGIM's request, health services researchers and leaders in academic institutions in Pennsylvania contacted Senator Arlen Specter (R-PA), chairman of the Senate Labor/HHS Appropriations Subcommittee, to encourage him to provide the highest possible level of funding to the Agency. This activity was conducted in conjunction with the American Federation for Medical Research (AFMR). These efforts paid off when Senator Specter included the $25 million increase for the Agency in his proposed legislation.

Title VII Health Professions Program of the Health Resources and Services Administration (HRSA)

The FY 99 final agreement includes a 4% increase for the Title VII health professions program. SGIM worked with bipartisan supporters of the Title VII health professions program to assure that this increase was included in the final legislation. This vigilance was necessary as the House Labor/HHS Appropriations bill included the same 4% increase to the program while the Senate bill provided block grant funding to the program and reduced the overall funding by 29%.

The final FY 99 increase was evenly distributed among the health professions programs. The Internal Medicine/Pediatrics program will receive a total budget of $18.3 million this year.

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SGIM Development Committee Expands Initiatives

Barbara J. Turner, MD • Bill Tierney, MD

Several years ago, SGIM launched an initiative to develop linkages to government agencies such as the Health Resources and Services Administration (HRSA), the Agency for Health Care Policy and Research (AHCPR), private foundations, and industry. The purpose of this initiative was, and continues to be, to further the mission of our organization and to enhance SGIM member benefits. In 1996, under Wendy Levinson's presidency and careful direction, the Council reviewed SGIM's financial status. The Council concluded that a lack of funding limited our efforts to open research, educational, and clinical opportunities for our members, and to support causes consistent with our strategic goals. It was also felt prudent, for the organization's financial well being, to develop non-dues sources of revenue, so that membership dues increases could be kept to a minimum. Despite frugality on the part of the executive director, the cost of maintaining even SGIM's basic functions consumes much of the funds obtained through dues and meeting fees.

The Council elected to form the Development Task Force and engage a consultant experienced in development initiatives for nonprofit organizations. A study was conducted that revealed there were, indeed, opportunities for establishing relationships with foundations and industry. Under the leadership of then Past-President Bill Tierney, the task force proceeded to launch an ongoing, proactive effort to foster relationships with a variety of organizations, taking the utmost care not to compromise the underlying principles and ethical stance of the organization. Indeed, the Development Task Force and Council asked the ethics committee to review SGIM's guidelines for accepting extramural funds.

The task force was encouraged by SGIM's prior successes in having numerous awards funded for the past several years by organizations such as the Zlinkoff and Commonwealth Funds, Dartmouth College, Merck U.S. Human Health, and the Henry J. Kaiser Family Foundation. Last year, through the efforts of Jim Sossman, several pharmaceutical companies, including Agouron Pharmaceuticals, Glaxo

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Community-Based Teaching: Coming of Age with Help from the ACP-ASIM

Brent C. Williams, MD, MPH

In recent years, most departments of Internal Medicine have developed or substantially expanded clinical teaching in community settings. Medical students and residents are now receiving some portion of their training in the busy, multifaceted world of community-based practice. While progress has been substantial, the litany of challenges in this endeavor is well known to program directors and administrators of community-based teaching programs. Important issues include limited teaching resources (preceptors, clinical sites, examination rooms) relative to the number of learners; lack of mechanisms to train, recognize, or reward clinical teachers; and lack of effective means to evaluate the content and quality of learning in community-based settings.

If other directors and administrators of community-based teaching programs are like me, these challenges are compounded by the tyranny of the

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OF WASHING MACHINES AND WORKWEEKS

Stephan D. Fihn, MD, MPH

It has almost become an SGIM tradition to devote at least one President's column to a discourse on the challenges of fulfilling our manifold commitments to others and to ourselves in our increasingly harried environment. Indeed, the daily effort to cram in all that we hope to accomplish is sometimes the ultimate scheduling contest, pitting our personal aspirations against the expectations of others.

Loathe as I am to confess it, I harbor a curiosity in the spectacularly mundane concept of scheduling. Perversely intrigued by the steadfast grip that schedules hold on our daily lives, I have actually spent a good deal of time with the faculty of our local Mathematics Department exploring and testing stochastic models to optimize scheduling for outpatient follow-up. The underlying principle is that the optimal schedule correctly balances the resources available with the actual medical needs of patients.

Admittedly, this line of investigation has a rather suspect pedigree dating back to the early days of industrial engineering pioneered by Gilbreth, whose observations of steel workers prompted the invention of the coal shovel that dramatically improved the efficiency of the industry. More prosaically, he introduced an efficiency measure that he modestly christened the Therblig, and it is rumored that a morning ritual was having his children clock him during various techniques for buttoning his shirt. Fascination with improving efficiency in the 1950s and 60s spawned an army of "efficiency experts" who roamed office and plant floors and were commonly depicted in the sitcoms of the day as stiff and heartless.

In fact, the productivity of American industry did grow steadily, leading to greater prosperity and benefits such as more time off. Plotting the linear decrease in work hours from the turn of the century, it was anticipated that the workweek of the 1980s would be a mere 28 hours. Amusing in retrospect, social scientists of that era puzzled how Americans would entertain themselves during their burgeoning leisure time, fretting over a projected shortage of golf courses. This egregious error resulted in part from a failure to understand how emerging technology would be embraced by society. Rather than substituting for work, advances simply raised expectations for productivity, even in the household. For example, before the advent of the washing machine, clothes were worn for a week. When these appliances became ubiquitous, people began wearing their clothes for only a day (though modern teenagers wear them only minutes or hours). Since the introduction of computers and modern telecommunications, we are all well acquainted with this syndrome. Rather than a letter which could be answered in a week, we now must cope with an E-mail message or fax that demands an immediate response.

In all sectors of the economy, the

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Establishing Health Policy Positions and the Process of Advocacy within SGIM

Mark Liebow, MD, MPH

Health policy development and advocacy have traditionally been an important component of SGIM's activities. Today we spend $30 of every member's annual dues on health policy activities, one of the largest allocations of resources to any SGIM activity. The breadth of general internal medicine practice, research, and teaching means that general internists are interested in a wide variety of topics in health policy, ranging from large issues such as Medicare, managed care, and access to care, to smaller issues such as authorization and appropriations for health services research and health professions education. We are small compared to many other professional organizations, and even spending a healthy percentage of our budget on health policy does not keep us from being heavily outspent on the large issues by other professional groups and lay organizations. As a result, SGIM's policy and advocacy activities have generally focused on supporting federal programs for health services research and health professions education, which are very important to our research and teaching activities and where SGIM can have substantial influence. However, recent membership services have indicated that other policy issues may be of at least equal importance to members, so SGIM has been considering ways to be involved in these issues as well.

Ultimately, the SGIM Council makes all decisions about policy and advocacy activities, but it delegates many of the daily activities to the Health Policy Committee. The SGIM President appoints the Committee's chair each year. For the last several years the Committee has been divided into clusters, each with its own chair. Clusters have three to five members. This year's clusters are Health Services Research, Health Professions Education, Medicare GME Financing, Health Systems Reform, VA Issues, Access to Health Care, Primary Care Policy, Managed Care, and Human Rights. The Committee meets together at the Annual Meeting and monthly by conference call. Committee minutes are forwarded to the Council, and the Committee chair reports to the Council at its monthly conference call. The Committee and each cluster now has its own electronic mail group (listserve) for easier communication among members. Clusters cooperate on issues that cross cluster lines, and the Committee as a whole will consider issues that don't clearly fit within a cluster.

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Because we don't have enough staff within SGIM to do the advocacy work we believe is necessary to meet our needs, we have a contract with Washington Health Advocates, which is well-known in Washington for its expertise and skill in lobbying on health policy issues both in Congress and with executive branch agencies. Washington Health Advocates works with other professional groups as well, which allows us a sense of what such groups are doing in advocacy. We have worked within the Federated Council of

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News from the Regions

Highlights from the 1998 Midwest Meeting

Gary E. Rosenthal, MD

The 1998 Midwest SGIM Meeting was held Friday and Saturday, September 18–19 at the Drake Hotel in Chicago, in conjunction with the Central Society for Clinical Research, the Midwest Section of the American Federation for Medical Research, and the Midwest Society for Pediatric Research. The meeting attracted 125 attendees—one of the highest attendance totals to date—and featured a balance of scientific presentations, workshops, and invited presentations. The keynote address, "Professionalism in Medicine at the Millennium: Old Challenges in New Guises," was delivered by Dr. Lewis Landsberg, Irving S. Cutter Professor and Chairman, Department of Medicine, Northwestern University Medical School. Dr. Landsberg highlighted the many threats to professionalism in academic medicine and discussed steps that department chairs and other leaders can take to maintain a strong sense of professionalism in trainees and faculty. The meeting also featured a panel discussion on the opportunities and challenges confronting divisions of General Internal Medicine by three current or former division chiefs: Drs. Laurence F. McMahon, Jr. of the University of Michigan, Joseph Mamlin of Indiana University, and Eugene C. Rich of Creighton University. Each of the speakers identified areas of concern to academic divisions and reviewed efforts they have made within their own institutions to develop general medicine in a way that meets the traditional tripartite mission. A final invited presentation, "Research on Late Life Depression: The View from Primary Care," was delivered by Christopher Callahan, MD, Director, Indiana University Center for Aging Research at the joint plenary session held with

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COMMITTEE EXPANDS INITIATIVES

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Wellcome, Inc., and Roche Laboratories provided unrestricted educational grants for an HIV precourse at our annual meeting.

This year the Council has made a longer-term commitment to development, changing the task force into a full-fledged standing committee, chaired by Barbara Turner. The Development Committee, consisting of Drs. Judy Bigby, Thomas Inui, David Karlson, Eric Larson, Wendy Levinson, Ann Nattinger, Jack Peirce, Valerie Stone, Bill Tierney, and Richard White, has been holding monthly conference calls to review ongoing initiatives with various organizations. This phase of the development effort has several achievements to its credit, as well as new initiatives currently underway, including but not limited to the following:

- Hoechst Marion Roussel has donated $50,000 to support our year-round mentorship program and to secure nonmember experts in research techniques to teach at the national meeting, thus giving SGIM members the chance to learn from leading researchers both inside and outside of our ranks.
- Merck has donated $50,000 to support the development of an evidence-based medicine curriculum and a dissemination program patterned after the "teaching the teacher" model used so successfully by the American Academy for Physician and Patient.
- A $10,000 grant has been received from Merck to support a workshop or precourse in genetics education at the 1999 Annual Meeting.
- Rhone-Poulenc Rorer has given an unrestricted educational grant of $10,000 to support the 1999 Annual Meeting.
- Funding is being sought from industry to support various precourses, workshops, and interest groups at the Annual Meeting. It is important to note that, consistent with prior policies, acceptance of these sessions is based solely on their merit, independent of funding opportunities.
- Efforts are progressing to expand the Larry Linn fund by soliciting unrestricted contributions from a variety of pharmaceutical organizations interested in AIDS research.
- In an attempt to enrich the clinical content of the Annual Meeting, funding is being sought from industry for educational symposia to be offered for CME credit. These symposia will not compete with the meeting's content and will offer attendees the opportunity to learn from internationally recognized experts in clinical fields important to general internists.

A study…revealed there were, indeed, opportunities for establishing relationships with foundations and industry.

We aim to further our mission through our interactions with outside organizations and groups without compromising our well-established ethical principles.

These successes have been assisted by, and achieved, in large measure, through SGIM members' contacts with non-profit organizations and industry. SGIM benefits by expanding opportunities to meet its strategic goals while contributors gain by supporting an organization they see as highly ethical and an important force in American medicine. We aim to further our mission through our interactions with outside organizations and groups without compromising our well-established ethical principles. Therefore, let us take this opportunity to thank all those members who have provided such contacts. We would also like to encourage *Forum* readers to help further our efforts by contacting Barbara Turner (barbara.turner@mail.tju.edu). Your insights, suggestions, and input are most welcome. *SGIM*

Dr. Turner is Chair of the Development Committee and Dr. Tierney is the former SGIM President and former Chair of the Development Committee.

News Bulletin

AHCPR budget for Fiscal Year 1999 increased by 17% to $171 million — an all time high. Applications for investigator-initiated research are actively encouraged, especially for the February 1, 1999 deadline. AHCPR's general Program Announcement that describes broad priorities for research can be found at http://www.ahcpr.gov.

SGIM ACHIEVES SUCCESS

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Biomedical Research at the Department of Veterans Affairs

The biomedical research program of the Department of Veterans Affairs (DVA) benefited from the new Congressional appreciation for biomedical research and its FY 99 budget includes a 16% increase. This represents an overall funding level of $316 million, a $44 million increase, for the program. As a member of the Friends of VA Medical Care and Research Coalition, SGIM worked with other advocates to limit the earmarking of funds in the VA research program.

Future Issues of the *SGIM Forum* will provide details on FY 99 plans for the AHCPR, the Title VII health professions program, and the DVA biomedical research program. *SGIM*

COMING OF AGE
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urgent over the important. Day-to-day administrative tasks (the urgent) seem to constantly occupy my time, with too little attention paid to the "big picture," including better understanding the needs and focusing the resources to improve our community-based teaching efforts. Happily, the American College of Physicians-American Society of Internal Medicine (ACP-ASIM), through its Community-Based Teaching (CBT) Project, provides valuable resources for directors and administrators who find themselves in similar situations. For several years the ACP-ASIM has published the CBT Newsletter, with updates on the CBT Project and news and information relevant to running CBT programs. Many practical insights for developing and maintaining CBT programs have been published in a book, Community-Based Teaching (Deutsch (ed.), ACP, Philadelphia; 1997). Now, to complement these resources, the ACP-ASIM has developed a Website dedicated to community-based teaching (http://www.acponline.org/cme/cbt/).

If other directors and administrators of community-based teaching programs are like me, these challenges are compounded by the tyranny of the urgent over the important.

Developed under the leadership of Patrick Alguire, the CBT Website includes a variety of information designed to be of practical use to community-based training program directors and administrators, including a bulletin board, updates on community-based teaching programs across the country, and literature and teaching materials available through the CBT Clearinghouse. To "test" the utility of the Website before accessing it, I generated a list of the most important issues facing my own community-based teaching program to see what resources were available to help me with my program. The list included: a) recognizing and rewarding community-based faculty, b) faculty development, c) evaluating the content and quality of community-based rotations, and d) identifying benchmarks for resource allocation in community-based clinical rotations.

In the area of recognizing and rewarding teaching faculty, the section on CBT Program updates ("What's New in the CBT Program") provided information on the ACP-ASIM Recognition Program for Community Preceptors, with which I was already familiar. However, I learned of important changes to the program introduced as of July 1, 1998. The section with updates on programs outside the ACP-ASIM ("Around the Country") described two upcoming faculty development programs, and the Bulletin Board described ongoing efforts by the ACP-ASIM to provide faculty development resources. Information relevant to evaluating and identifying resource benchmarks for community-based teaching resources was found through the CBT Clearinghouse—a list of references and teaching materials relevant to CBT. Although I didn't find easy answers to either of these questions, this is more related to the difficulty of the issues than the completeness of the Website. I did order several materials from the Clearinghouse, and subscribed to the CBT Newsletter. Thus, in this informal "n-of-one" test, I was able to identify useful information and resources for each of the four areas of inquiry I had prospectively identified.

There is little additional content I would suggest for the CBT Website at this stage. One suggestion would be to include an index of the CBT Clearinghouse materials by type of material (e.g., peer-reviewed articles, videotapes, monographs), to allow users to find teaching or resource materials most useful to their own programs.

Although the Website is quite user-friendly in its current form, I would make some minor suggestions regarding the layout. For example, I would prefer the CBT Website to be more easily recognizable from the ACP-ASIM Home Page. Currently, it is very difficult to find from the Home Page unless you already know it exists. Including more pointers back to the CBT Home Page (as opposed to the ACP-ASIM Home Page) from within the site would also be useful. Finally, access to several potentially important documents, including the CBT News, requires the use of the Adobe Acrobat Reader, which may be cumbersome or unavailable for some users.

In the busy world of community-based teaching program directors and administrators, the ACP-ASIM CBT Website will prove to be a useful resource. For community-based teaching program directors and administrators, routinely looking in on this site (e.g., once a month) for updates and ideas will be worthwhile. For those with a more focused question, directed searching of the site and its resources should also prove invaluable. *SGIM*

Dr. Williams is from the University of Michigan and has recently assumed the position of Associate Editor of the Forum for medical education.

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continuing quest for productivity seems relentless. The prevailing credo seems to be, "Time is money"—a phrase that is credited to Benjamin Franklin but is actually a paraphrase of earlier philosophers including the Greek Theophrastus. Two personal experiences during the past week underscored this for me. The first was an annual retreat held by our training program for second- and third-year residents to inform them about career opportunities. A couple of the general internists from the community described their contracts with managed care firms that stipulate 38 hours weekly of patient contact time, exclusive of rounding on hospitalized patients, charting, returning telephone messages, completing forms, and taking calls. These physicians are to see up to 28 patients a day. The second event was receiving the semiannual financial report for our Division of General Internal Medicine. In what is becoming a depressing pattern, activity was up and revenue down. Given the extraordinary commitment of our faculty and their incredibly hard work, I find this extremely disheartening. I suspect this phenomenon is occurring in a number of academic General Internal Medicine units around the country.

At some point in the near future, physicians and patients will be forced to confront this untenable trend. Although in part, the battle will be over issues of autonomy, there needs to be serious discussion about how much time patients genuinely require. Academic generalists must not only participate in this dialog but also provide the data required to achieve workable solutions, lest we submit to the tyranny of our own schedules.

Rather than substituting for work, advances simply raised expectations for productivity, even in the household.

A precious respite from the daily grind in our home is reading to children. Suggestions from other SGIM members have always been an excellent source of new titles. Although I have too many favorites to enumerate, I will recommend two authors whom my kids have enjoyed from the time they were very young until the preteen years. William Steig has written a number wonderful books populated by quirky characters and pleasantly strange story lines. His illustrations are colorful, direct, and lack the pretentious indulgence of so many overpriced children's books. *Spinky Sulks* relates a family's all too familiar efforts to cope with a very temperamental young son. *Tiffky Doofkey* is an odd tale of a beagle garbage collector whose fortune comes true as predicted by a gypsy goose. The second author is Daniel Pinkwater, one of whose books Nicki Lurie's son read during last year's presidential address. Pinkwater is prolific; some of his books are much better than others. My favorite is *Guys From Space*, a comical story about a boy who takes a planetary joyride with a gang of aliens wearing his dog's bowl for a helmet. *SGIM*

Second Edition of Clerkship Curriculum Guide Now Available

The second edition of the Core Medicine Clerkship Curriculum Guide is available. The guide utilizes a new curricular model that emphasizes generalist competencies and reforms the third-year core clerkship in internal medicine. The model has been widely adopted, and the curricular guide is now used in some form in almost 100 U.S. medical schools. Drs. Allan Goroll and Gail Morrison were Co-Project Directors. A limited number of copies of the curricular guide, pocket version, and disk are available free from the SGIM office; there is a postage and handling fee of $20.00. Please make check payable to SGIM and include with your order. For questions and to place orders, contact Ben Eastman at (800) 822-3060; E-mail eastmanbr@sgim.org

Corrections

In the October issue, the announcement on page 12 should have listed the email address for Janice Clements as ClementsJL@sgim.org. We apologize for this error.

Academic Calendar

Annual Meeting Dates

22nd Annual Meeting
April 29–May 1, 1999
Hyatt Regency Hotel
San Francisco, CA

23rd Annual Meeting
May 4–6, 2000
Sheraton Boston Hotel
and Towers
Boston, MA

24th Annual Meeting
May 3–5, 2001
Sheraton San Diego Hotel
and Marina
San Diego, CA

HEALTH POLICY AND ADVOCACY
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We want to give SGIM members an opportunity to indicate areas of health policy in which they are interested…

Internal Medicine (FCIM) on advocacy in the past, but are now looking beyond FCIM toward strategic alliances with other professional groups to amplify our voice on issues where our positions mesh with those of another group.

The Committee believes that Medicare and managed care will be very important issues in Congress in 1999–2000, and we plan to devote more energy and resources to those issues than we have in the past. We are especially interested in Medicare funding for graduate medical education and managed care reform proposals as they affect general internal medicine. The Committee is now involved in developing frameworks for evaluating Medicare and managed care reform proposals in the light of SGIM policy. We hope to spend more time on access to care and human rights issues, much of which will be done in conjunction with other groups. We must maintain a focus on appropriations for the Agency for Health Care Policy and Research, for Title VII grants for primary care residency and faculty development programs, and for research within the VA system, as these programs are likely to be cut without our support.

We want to give SGIM members an opportunity to indicate areas of health policy in which they are interested, so we can get them on a listserve for those areas. We hope that these listserves will give opportunities for education, especially if Committee members and SGIM staff can post pertinent material and discussion, including feedback to the Committee and Council on members' opinions. These would also give us more opportunities to send out alerts on legislative activities and improve our capacity to do grass-roots lobbying, which is a very useful complement to Washington-based lobbying. Committee members have submitted precourse and workshop proposals on issues being considered within the Committee and hope to present many of these in San Francisco. Other Committee goals include developing a health policy curriculum for internal medicine residency and fellowship programs as well as encouraging support for and publication of policy-relevant research by SGIM.

We want to know what members think about SGIM's policy agenda and the best ways to work on it. Please let me (mliebow@mayo.edu) or a Council member know what you think. We want to make SGIM an important player in health policy, both in its generation, as well as in its enactment and implementation. *SGIM*

HIGHLIGHTS
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the three other sponsoring societies.

The meeting program included 38 oral and poster scientific presentations and 13 workshops that spanned the disciplines of medical and patient education, clinical medicine, health services research, clinical epidemiology, and decision analysis. Recipients of junior faculty research awards included David Meltzer (University of Chicago) for the presentation, "Do Quality-Adjusted Life Years Reflect Patient Preferences? Validation Using Revealed Preference for Intensive Treatment of IDDM" and Glenda Wickstrom (Summa Health System) for the presentation, "Confidence of Academic Primary Care Physicians to Teach Ambulatory Procedures." Recipients of trainee awards included Linda Wang (University of Chicago) and David Kent (University of Michigan).

The Midwest Society also recognized three workshops for their excellence. These awards were given to Kelly Ford (Cook County Hospital) for the workshop, "Women at High Risk for Breast Cancer: Strategies for Genetic Screening and Approaches to Prevention," Robert Cuddihy (Mayo Clinic and Foundation) for "Practical Aspects of Diabetes Management," and Nicole Nisly (University of Iowa) for "The Use of Herbs in Clinical Practice." The Midwest Society was also proud to recognize Mark Kushner from the University of Illinois–Chicago as the winner of the fourth annual Midwest Clinician-Educator Award. Mark was selected for his leadership in the area of generalist curriculum development, his work nationally with the National Board of Medical Examiners, and the profound impact he has had as a role model to numerous residents and students.

Finally, at the annual Business Meeting, results of the 1998 Midwest elections were announced. Gary Martin from Northwestern University was elected President for the 1998–1999 year, succeeding outgoing president Gary Rosenthal (University of Iowa), and Mark Kushner and Marilyn Schapira (Medical College of Wisconsin) were elected to 2-year terms on the Midwest Council, succeeding Michael Sostok (University of Cincinnati) and Steve Counsell (Indiana University). The Business Meeting concluded with a spirited discussion of strategies for furthering the aims of the Midwest Society and for ensuring fiscal stability over the coming years. *SGIM*

Dr. Rosenthal is the 1997–1998 President of Midwest SGIM and Chief of the Division of General Internal Medicine at the University of Iowa.

A Few Thoughts on Part-Time Faculty: The Push for the Summit or the Long Climb Down?

Charlotte Heidenreich, MD

I sat down for my daily "personal time" one night last week. It was 10:00 PM. I had finally completed the complex assortment of managerial and brute force tasks that make up the day of any busy physician/parent/whatever. My 15 minutes of restorative contact with the external world often consists of picking up the day's *The New York Times* and scanning for major world events. For example, I knew *in advance* that a former professional wrestler was running for governor of Minnesota. My full-time working spouse was in awe of my grasp of the American political scene.

On this particular evening of personal interface with "life as we know it," my eye was drawn immediately to the front page article entitled "Part-Time Work for Some Adds Up to Full-Time Job" by Reed Ableson (November 2, 1998).[1] This is news, I wondered, or just common knowledge and common sense? I have been trying with some intermittent success to work at my medical career at 75% time. My modified schedule allows me to meet the school bus, as it were, three days out of five. Some days it works out, other days it can't. I hardly consider this a major home presence in the lives of my children, but I know I have more flexibility than many other working docs/parents. Just this morning I said to my middle-schooler, "I'll be home when you get here after school," and I did see that little smile that creeps across his face when he is genuinely pleased. "Gosh," I thought, "he really does need me." What my beamish boy and my exuberant first grader don't know is that I will quite literally be running out of my office, a flat-out blur and praying for no traffic, so that our moment of tranquil reunion can occur as if quite naturally and without concern.

The article describes the current state of the U.S. corporate work force. In particular, the number of women in professional and managerial positions has grown right along with the number of dual-career couples, according to corporate analysts. A 1997 work force study found that the average workweek for a professional or manager has increased in the last 20 years, from 45 to 48 hours. However, for many lawyers, consultants, and managers, full-time work amounts to 60 to 80 hours a week or more. More women in these professions are now deciding to work part-time or to work at home, willing to accept the option of reduced hours and reduced pay for more scheduling leeway. The president of a nonprofit group, the Families and Work Institute, is quoted as saying, "If a full week is 60 to 80 hours, what is part time?" Now some in the corporate world are willing to cut back from gargantuan workweeks to 35–40 hours plus in order to have more control in scheduling, particularly "at the margins" of the day. Face-time is less, but the job essentially remains the same. The corporate situation, which is identical to our own in some respects, got me thinking about the fundamental reality of what it means to be "part-time."

…the number of women in professional and managerial positions has grown right along with the number of dual-career couples…

The fall 1998 Women in Medicine Update published by the AAMC[2] reports that women make up 26% of full-time medical school faculty, and that the proportion of women in medicine at the rank of full professor is 10%. These figures are unchanged from 1997. The number of part-time faculty in 1998 is not even reported by this survey. The creation of the first part-time, full professional effort (FPE) faculty track at my institution, the Medical College of Wisconsin, enables part-time faculty to earn the same faculty rank as full-time colleagues. But there is another side to this picture. After checking with the MCW office of Educational Services, I found out that 7.7% of our faculty are part-time FPE, of which 38% are men and 62% are women. Of 12 full professors who are part-time FPE, 11 are men. Thirty-one women assistant professors are part-time FPE, to 7 men. I see two groups on this mountain, those who are pushing for the summit, and those who are climbing down. Our jobs are not counted by the hour, and vary according to the academic season, the need to staff clinics or wards, attend and chair committee meetings, develop research, and take our share of call. We balance this with the need to attend parent-teacher conferences, our own medical appointments, school band concerts, and to apply our healing skills to small scraped knees and aging loved ones. Our face time may not be as concentrated, but *we* are. I guess the business world is catching up with us.

Why are we willing to climb the professional Everest so very slowly, "...to stop and draw three or four lungfuls of air after each ponderous step"?[3] I can only speak for those who have gone before me. "Because it is there." My colleague and friend, Dr. Rebecca Wang-Cheng, summarized her experience in this way: "…Of course much of

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the work I did was on my 'own time,' but being part-time actually gave me more autonomy and control over my time. I could choose whether to spend my afternoon going to the library story hour with my son or writing a manuscript."[4] Senior faculty, in reflection, are on the long climb back from the summit, maintaining an active face in research and teaching, having achieved the pinnacle. There is plenty of company in this cohort.

Yes, I have worked 80 hour plus weeks this year, just like my full-time colleagues. I have been staffing my ward team at awful hours and finishing up committee meetings or consults late in the day. Other days, I have the flexibility to help cook the sixth-grade luau. For the most part, however, I am trying to manage nearly the same workload as a full-time colleague by working more via the "electronic umbilical cord"[5] and by working more efficiently. Like the corporate women quoted in the newspaper article, I am willing to accept a lower salary in exchange for flexibility and freedom. Does it bother me that I am in a sense being penalized for my efficiency? It does not.

Those faster climbers who pass me are using oxygen. *SGIM*

Dr. Heidenreich is Associate Program Director of Internal Medicine Residency at the Medical College of Wisconsin and can be reached at cheiden@mcw.edu.

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SGIM Communications Announcement

In an effort to increase the ease of communication throughout the organization, many technological advances have been made in the SGIM National Office. Improvements include a WindowsNT network, new Pentium II workstations, listservers for all committees managed from the national office, an Internet gateway, fractional T1 line, and centralized national office E-mail with a recognizable domain name (@sgim.org). The old Compuserve accounts have been deactivated since mid-September, so please direct all correspondence to the following addresses.

David Karlson, Executive Director: KarlsonD@sgim.org

Kay Ovington, Administrative Associate of Operations: OvingtonK@sgim.org

Lorraine Tracton, Communications Coordinator: TractonL@sgim.org

Janice Clements, Membership Coordinator: ClementsJL@sgim.org

Ben Eastman, Member Services Assistant: EastmanBR@sgim.org

19th Annual Mid-Atlantic SGIM Meeting

Friday, February 26th, 1999

Gallaudet University, Kellogg Conference Center
Washington, DC

Theme: "Teaching, Evaluating, and Maintaining Clinical Competency"

Keynote Speaker: Linda Emmanuael, MD, PhD
Vice President of Ethics Standards for the
American Medical Association
"Fostering Competency and Professionalism: Training, Standards, and Environment"

1999 Regional Meeting Co-Chairs:
Frederick K. Williams, MD
Tel (202) 877-8290
fkw1@mhg.edu

Monica Yepes-Rios, MD
Tel (202) 994-0877
dommxy@gwumc.edu

Or contact our Website: www.sgim.org/regions/midatlantic

For registration information or information on discounted/special room rates contact:
Washington Hospital Center
Office of Continuing Medical Education
110 Irving Street, NW
Washington, DC 20010
Telephone (202) 877-8201
Fax (202) 877-3374

Positions Available and Announcements are $50 per 50 words for SGIM members and $100 per 50 words for nonmembers. Send your ad, along with the name of the SGIM member sponsoring it, to SGIM Forum, Administrative Office, 2501 M Street, NW, Suite 575, Washington, DC 20037. Unless otherwise indicated, it is assumed that all ads are placed by equal opportunity employers, and that Board-certified internists are being recruited.

TWO FACULTY POSITIONS AT ACADEMIC COMMUNITY HOSPITAL, PENNSYLVANIA. Seeking BC general internists with at least 2 years teaching experience and excellent medical school and residency credentials for hospitalist and inpatient/outpatient positions. Teaching involvement with 55 IM residents in freestanding, fully-accredited residency; 100% ABIM pass rate last 2 years; 90% residents choose GIM. Eligible for faculty appointment at Penn State/Hershey. Lehigh Valley Hospital is a 600-bed academic tertiary center with recent 97% JCAHO score, 10 additional residency and fellowship programs, Level I trauma, 8-bed burn center, 1200 open hearts, large cancer program, Level III NICU, etc. Allentown is a safe, attractive regional center for culture, recreation, and education; 1 hour north of Philadelphia, 2 hours west of New York City. Send CV to John Fitzgibbon, MD, Chair, Medicine, Lehigh Valley Hospital, 1243 S. Cedar Crest Blvd., Suite 3333C, Allentown, PA 18103. Telephone (610) 402-3090; Fax (610) 402-3089.

PRIMARY CARE INTERNISTS, Washington, DC, Maryland, and Virginia suburbs. The George Washington University Medical Center is seeking Primary Care Internists to join GW Primary Care Associates, a multidisciplinary primary care group with offices on the Medical Center campus and in Maryland and Virginia suburbs. Qualified candidates must be board-certified in Internal Medicine (or board-eligible if within 2 years of residency completion). Primary care and managed care experience desired. Selected candidates receive faculty appointments and participate in primary care educational programs as clinical preceptors. Excellent benefits package includes opportunity for advanced degree with tuition benefits. Applications accepted and reviewed on an ongoing basis until each vacancy in this academic year is filled. Send CV and cover letter indicating interest in Washington, DC, suburban Maryland, and/or Virginia; full-time or part-time to: Melbalynn Solberg, Department of Health Care Sciences, Suite 2B-415, 2150 Pennsylvania Avenue, NW, Washington, DC 20037. EOE/AA

RESEARCH DIRECTOR, CREIGHTON UNIVERSITY SCHOOL OF MEDICINE, Center for Practice Improvement and Outcomes Research. Creighton University School of Medicine is recruiting a Research Director in the Center for Practice Improvement and Outcomes Research to be appointed at the Associate Professor/Professor level. The interdisciplinary Center presently has 10 Core Faculty from Medicine, Pharmacy, Allied Health, and Nursing who are active in research and education at Creighton University Medical Center and at the Omaha VA Medical Center. Candidates should be experienced physician investigators in clinical epidemiology and/or health services research who can lead the Center in developing a nationally recognized, extramurally funded research program. Substantial resources will be available to support recruitment of clinician and non-clinician investigators in clinical epidemiology and health care delivery research. Interested candidates should send a CV to: Eugene C. Rich, MD, Professor and Chair, Department of Medicine, Creighton University Medical Center, 601 North 30th Street, Suite 5850 (CPrIOR), Omaha, NE 68131-2197. EOE

BAYSTATE HEALTH SYSTEM, CHIEF, General Medicine/Geriatrics Division. Baystate Medical Center, a 599-bed tertiary care hospital and the Western Campus of Tufts University School of Medicine, is recruiting a chief for the General Medicine/Geriatrics Division of the Department of Medicine. This individual will be responsible for leading the physicians who form the core of our teaching, patient care, and research programs in general medicine, geriatrics, and community health. Candidates must be board-certified, have previous experience in teaching, program administration, clinical practice and clinical investigation and must be suitable for full-time academic appointment at Tufts University School of Medicine. Divisional faculty consists of 26 health system-based generalists and geriatricians, 6 nurse practitioners, and more than 60 community-based internists. The internal medicine residencies include 56 categorical and 32 medicine/pediatrics residents who are graduates of LCME accredited medical schools. Located in Western Massachusetts' beautiful Pioneer Valley, the Springfield area and surrounding communities offer excellent schools and universities and a wide variety of cultural and recreational activities with easy access to both Boston and New York City. Interested candidates should send their CV in confidence to: Martin I. Broder, MD, Chairman, Department of Medicine, Baystate Medical Center, 759 Chestnut Street, Springfield, MA 01199. Telephone (413) 794-4318; Fax (413) 794-4147; E-mail Broderm@bmcsouth.bhs.org

GIM FELLOWSHIP. The Division of General Internal Medicine at Cook County Hospital and Rush Medical College offer a 2-year fellowship for applicants planning careers as clinician-investigators or clinician-educators in general internal medicine and primary care. Each fellow selects a specific concentration such as preventive medicine, health care research, or medical education. This fellowship includes an MPH or MHPE, Master of Public Health or Master in Health Professions Education. Send letter of application and CV to: Avery Hart, MD, Division of General Medicine, Cook County Hospital, 1900 W. Polk Street, Suite 936, Chicago, IL 60612.

TWO FACULTY POSITIONS AT ACADEMIC COMMUNITY HOSPITAL, PITTSBURGH. Seeking BC general internists with fellowship training or teaching experience for full-time salaried Clinician-Educator position starting July 1999. Successful candidate will have important roles in education of medical students and residents as well as inpatient and outpatient care. Academic faculty appointment at University of Pittsburgh. Send CV to: Fred Rubin, MD, Chair, Medicine, UPMC Shadyside, 5230 Centre Ave., Pittsburgh, PA 15232. Telephone (412) 623-2518; Fax (412) 623-2555.

CLINICIAN-EDUCATOR. UPMC Shadyside in association with Children's Hospital of Pittsburgh seeks a Med-Peds trained clinician-educator to join the full-time faculty of our new Med-Peds combined residency track. Includes academic appointment at University of Pittsburgh School of Medicine. Please send CV to: Gary Tabas, MD, UPMC Shadyside, 5230 Centre Ave., Pittsburgh, PA 15232.

CHIEF OF GENERAL MEDICINE. Major 602-bed teaching hospital in the historic Park Slope section of Brooklyn is seeking an academic general internist to direct internal medicine service in the department of medicine which has a large primary care internal medicine residency program. Responsibilities include supervision of medical clinics, inpatients, and salaried generalists. Board certification in internal medicine required. Administrative experience and computer literacy required. Private practice opportunities. Excellent compensation package and professional opportunities. Please mail or fax CV to: Harvey Dosik, MD, Chairman, Department of Medicine, New York Methodist Hospital, 506 Sixth Street, Brooklyn, NY 11215. Fax (718) 780-3259. EOE M/F/D/V

CHIEF RESIDENT, INTERNAL MEDICINE. Major 602-bed teaching hospital in the historic Park Slope section of Brooklyn is seeking a chief resident position effective July 1, 1999. Excellent academic background and board certification or board eligibility in internal medicine required. Excellent compensation package and professional opportunities. Please mail or fax CV to: Harvey Dosik, MD, Chairman, Department of Medicine, New York Methodist Hospital, 506 Sixth Street, Brooklyn, NY 11215. Fax (718) 780-3259. EOE M/F/D/V

INFECTIOUS DISEASE PHYSICIAN. Major 602-bed teaching hospital in the historic Park Slope section of Brooklyn is seeking an academic infectious disease physician to join the division of infectious disease. Board certification in internal medicine and infectious disease required. Private practice, faculty practice program encouraged. Excellent compensation package and professional opportunities. Please mail or fax CV to: Harvey Dosik, MD, Chairman, Department of Medicine, New York Methodist Hospital, 506 Sixth Street, Brooklyn, NY 11215. Fax (718) 780-3259. EOE M/F/D/V

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