Society of General Internal Medicine

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

SGIM FORUM

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SGIM ANNOUNCES RESEARCH MENTORSHIP PROGRAM

Lorraine Tracton

SGIM is launching a Research Mentorship Program for junior faculty who are planning research careers and for mid-career faculty who desire assistance in increasing their role in research. The goals of this program are to:

- Facilitate the professional development of faculty with interests in clinical research, health services research, or research in medical education;
- Foster mentoring relationships in which advice or special expertise may be available from a mentor who is at some distance; and
- Enhance the scope of mentoring activities at the SGIM Annual Meeting.

This new initiative will provide two types of grants. Initial Mentorship Awards will allow mentors and mentees to develop a research agenda and discuss specific research projects. Follow-on Awards will allow recipients of initial grants to undertake pilot research projects, which may lead to larger grants and research initiatives.

Initial Mentorship Awards

SGIM will make up to five initial Mentorship Awards to applicants who wish to establish or strengthen a mentoring relationship with a senior researcher from another institution. These awards will provide travel funds to allow the mentee to make two trips to meet with the mentor. Initial Mentorship Awards also will provide $1,000 as seed money for project development and $500 as an honorarium for the mentor. Travel funds may be used for travel to the SGIM Annual Meeting if specific plans are made for substantial mentoring work at the meeting.

Applicants for initial Mentorship Awards must submit a proposal of no more than five pages identifying the mentor, the personal and professional goals for the mentorship relationship, the mode and frequency of communication, and, if possible, an outline of the proposed project to be developed or completed under the guidance of the mentor. A Review Committee will make funding decisions based on the degree to which the application meets the program goals. Applications for initial Mentorship Awards must be submitted by December 15, 1999. The Review Committee will select recipients by January 15, 2000. Grant funds will become effective thereafter and be available for 1 year.

Follow-on Awards

SGIM will award three grants of up to $5,000 each to recipients of initial Mentorship Awards who, in follow-up of that initial work, wish to conduct pilot research. Travel funds provided by these grants will allow the mentee to make up to two trips to work with the mentor. The mentor will receive an honorarium of $500.

Applicants for Follow-on Awards

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Communications Committee Begins Work with *UpToDate*

Gregory W. Rouan, MD

The Communications Committee has expanded its membership and divided into four clusters. These include the *UpToDate* Peer Review cluster, the *JGIM* cluster, the Website/Technology cluster, and the CME Development cluster. In the August 1999 edition of the *Forum*, Steve Fihn described the recent agreement between *UpToDate* and SGIM and how the Council recognizes that SGIM must help meet its members' needs on a regular basis. I would like to define the tasks of the Peer Review cluster and what we have learned about *UpToDate*.

...*UpToDate* will add more primary care content, including a section on screening.

Peer Review Cluster

The strategic initiatives for SGIM 2000 support our society's ongoing vision and mission. The first goal of SGIM's strategic initiative is to support our members. An objective associated with this goal is to "regularly assess members' needs and interests, and respond with appropriate new services or programs." In keeping with this priority, the *UpToDate* Peer Review cluster hopes to accomplish the following goals:

- Contribute substantively to the *UpToDate* product, ultimately making it an exceptional, comprehensive information source for primary care practitioners;
- Define and establish a peer-review strategy for the primary care section of *UpToDate*;

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RESEARCH MENTORSHIP PROGRAM

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must submit a proposal of no more than five pages describing the research hypothesis, the methodology, and the potential findings and outcomes of the project. The application also must discuss how funds provided by the initial Mentorship Award have been used and how the Follow-on Award will further this start. The application must identify a mentor, most likely the one who was the mentor in the original work, and describe a plan for ongoing communication. A Review Committee will make funding decisions based on the degree to which the application meets the program goals. Members must submit applications for Follow-on Awards by June 15, 2000. Notice of awards will be made by July 15, 2000.

Eligibility

The Review Committee will give preference to SGIM members who are in their first 3 years on faculty, and then to other junior and mid-career faculty.

Preston Reynolds, MD, PhD, and Harry Selker, MD, led the development of this program. Hoechst Marion Roussel has provided initial funding. SGIM will evaluate this program after 1 year and seek continuation funding.

For more information, please contact Preston Reynolds, MD, PhD, at **preynold@welchlink.welch.jhu.edu** or (410) 955-3662. *SGIM*

RETREAT OR RESORT? THINKING ABOUT VALUE AND VALUES

C. Seth Landefeld, MD

The SGIM Council and Officers meet in person four times a year as your elected representatives. We meet twice for a few hours (just before and after the Annual Meeting), and twice for a day and a half (the "Council Retreats": one in the summer and one in the winter). We also talk and E-mail frequently, but the retreats are critical for work that takes longer and is better done face-to-face, and for that essential foundation of teamwork, getting to know each other.

Until now, I naively didn't realize that a site for each retreat had to be chosen. It seemed that Council chose the dates, and then we showed up where we were told to appear at the appointed time. A few weeks ago, however, the SGIM staff presented me with a choice between two sites for the retreat in February 2000. Where should we meet? I wondered, where would you—our friends, colleagues, and constitutents who pay for the retreat—like us to meet?

At first blush these seem trivial questions. They are certainly questions many of us may have overlooked, as I did. In fact, these questions are essential. In considering these questions we explore our beliefs and decide what we value. We make choices that often become habits, and, as Aristotle observed, "in the case of our habits, we are only the masters of the beginning." In considering these questions, therefore, we need to think carefully about our values, which can inform our choices.

Where Should Council Meet? Some Background

Go anywhere, you might say. Doesn't the whole world fly in and out of O'Hare everyday, and aren't there plenty of nearby spots to spend a day and a half? Okay, it will be February. Maybe Houston would be a surer bet, and it has comparable nearby facilities.

But those peri-airport hotels don't seem quite the place for a Council Retreat. They can transform the pleasure of meeting friends into the purgatory of itching to get out of the hotel.

Traditionally, the Council's Summer Retreat is held in the east, most often at Belmont, a slightly ramshackle, 18th century estate now owned by the American Chemical Society, located a few miles from BWI (Baltimore–Washington International Airport) and priced reasonably. Belmont is informal and comfortable and it sports modern features, including a rope course should a future Council go all the way with the team-building stuff used in every business school boot camp these days.

The Winter Retreat has been itinerant. It was held several times at the Salish Lodge, a plush but understated spot overlooking the spectacular Snoqualmie Falls, 40 miles east of Seattle. But Salish was chillier than some liked, and its prices rose, reaching nearly $300 a night for room and board a few years ago. So Winter

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SGIM FORUM

Published monthly by the Society of General Internal Medicine as a supplement to the *Journal of General Internal Medicine*. *SGIM Forum* seeks to provide a forum for information and opinions of interest to SGIM members and to general internists and those engaged in the study, teaching, or operation for the practice of general internal medicine. Unless so indicated, articles do not represent official positions or endorsement by SGIM. Rather, articles are chosen for their potential to inform, expand, and challenge readers' opinions.
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**

2000 Annual Meeting: A Preview

Annual Meeting Moves to Boston

Gary Rosenthal, MD, and Carol Bates, MD

SGIM's 23rd Annual Meeting will be held at the Sheraton Boston, May 4–6, 2000. Shifting coasts to inaugurate the new millennium, the meeting will provide an exciting mix of scientific presentations, workshops, precourses, and exhibits.

The theme of the 2000 Annual Meeting will be "Innovation in Generalism: Patient Care, Teaching, and Research." The meeting will emphasize the creativity and energy of the Society's membership. The Program Committee hopes to build on the success of last year's record-setting meeting and will introduce a number of novel sessions and forums. The Committee is working especially hard to capitalize on the many unique programs located in Boston by developing sessions featuring some of these programs and providing opportunities for attendees to visit others. The meeting will also continue the successful Innovations in Education exhibits and introduce a related session that will allow members to showcase innovative programs or strategies in the areas of patient care or medical administration. In addition, the meeting will reintroduce mini-research symposia in such areas as medical humanities, quantitative methods, quality of care, and meta-analysis. These sessions will feature abstract presentations in a selected area, commentary by experts in the area, and greater time for group discussion and synthesis. The Program Committee also hopes to expand opportunities for clinical vignettes, to develop forums on professional development across the career spectrum, and to recruit new workshops and precourses in the areas of primary care, medical education, and research methods.

Gary Rosenthal (**gary-rosenthal@uiowa.edu**) and Carol Bates (**cbates@caregroup.harvard.edu**) will chair the Program Committee. Subcommittee chairs and co-chairs are:

- Abstracts:
  Richard Karavitz
  (**rlkravitz@ucdavis.edu**
  Neil Wenger
  (**nwenger@mednet.ucla.edu**),
- Precourses:
  Cheryl Walters
  (**cw57@columbia.edu**)
  Scott Richardson
  (**wscottr@verdict.uthscsa.edu**),
- Workshops:
  Hanna Rubins
  (**bloom013@maroon.tc.umn.edu**)
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  Beverly Woo
  (**bwoo@bics.bwh.harvard.edu**)
  Ira Wilson
  (**Iwilson@Lifespan.org**),
- Clinical Vignettes:
  Mary McDermott
  (**mdm608@nwu.edu**)
- Evaluations:
  Robert Cook
  (**cookr@genmed.upmc.edu**)
  Elizabeth McKinney
  (**exm20@po.cwru.edu**).

The Program Committee welcomes new and seasoned presenters to prepare submissions and share their expertise. The deadline for submitting workshops, precourses, and interest groups is fast approaching, while the deadline for submitting abstracts, vignettes, and innovations exhibits will remain the first week of January. Submission forms for these sessions will arrive shortly. Please feel free to contact members of the Committee if you have questions or suggestions. *SGIM*

SGIM Annual Meeting: A Look Back

Little Fish in Little Ponds

David Kuo, MD

A friend of mine who teaches biology at a small midwestern college invited me to attend a graduation ceremony at which he was being presented with a teaching award. Although only on the faculty for 4 years, his engaging and humorous teaching style kindled a flame in even the most recalcitrant pupils. His research was on the biosynthetic capabilities of protozoa, in particular, looking for how such organisms might help prevent native strawberries from spoiling. Not only did his students adore him, but also at the county fair last summer he was honored for his work defending the survival of strawberries. I asked him if he ever thought of becoming a big university professor. "Why?" he asked. "I love my job, my wife loves being a columnist for the local paper, and we love our beautiful ranch by the lake with the deer and friendly raccoons who come for breakfast on Sunday mornings. Besides," he said, "if I were to go up to Boston or New York or Chicago, do you really think anyone would give two hoots about the kind of work I do?"

I attended only my third SGIM Annual Meeting in May of this year. Each time I go, SGIM becomes a little more like a reunion of old friends and less like a party at which I don't know anyone. But I still get star-struck being in the same room with people like John Noble (whom I had met 2 years ago at a regional SGIM conference) and Christine Cassel (whom I have never met, but whose reputation is something like the Goddess of Geriatrics). These medical celebrities edit our journals, write our textbooks, and provide powerful voices for national and even international initiatives. One often finds their names on lists with important titles like "Board of Trustees" or

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VA LEADER DEPARTS

David K. Lee, MD

Leadership of the Veterans Health Administration, part of the Department of Veterans Affairs (VA), changed abruptly in June 1999, when Kenneth W. Kizer, MD, MPH, Under Secretary for Health, formally withdrew his name from consideration for reconfirmation by the United States Senate. This ended a tenure of nearly four and a half years, during which veterans' health care saw dramatic changes. In the final analysis, political controversy spawned by some of these changes was the driving force behind Dr. Kizer's withdrawal.

A brief civics lesson is important to understand events. The position of Under Secretary for Health is a subcabinet political appointment that requires Senate confirmation. Dr. Kizer was confirmed for his first 4-year term in accordance with that mandate. When that term ended in September 1998, the Administration requested that Dr. Kizer be reconfirmed for an additional 4-year term. As reported in the *Forum* at that time, the Senate did not act on this request. As a result, Dr. Kizer cleaned out his office, moved down the hall, and served temporarily as a consultant to the Secretary of Veterans Affairs. Eventually, Dr. Kizer's term was extended through June 1999. Some close to Dr. Kizer indicated that the episode was distasteful to him and something he would not like to repeat.

As the end of June 1999 approached, it seemed increasingly likely, and finally inevitable, that the Senate would not act on Dr. Kizer's reconfirmation before the deadline. Faced with that likelihood, Dr. Kizer formally withdrew his name from consideration. He again served briefly as a consultant to the Secretary to allow both himself and the VA a chance for an orderly transition. Deputy Under Secretary for Health, Thomas Garthwaite, MD, became the acting Under Secretary.

The cause of the delay in Dr. Kizer's reconfirmation and his subsequent withdrawal was a procedural maneuver known as a "hold." A hold is "an informal practice by which a Senator informs his or her floor leader that he or she does not wish a particular bill or other measure to reach the floor for consideration." The underlying threat is that the Senator in question may filibuster to prevent consideration. News reports indicated that Senators Ben Nighthorse Campbell of Colorado and John Kerry of Massachusetts had filed holds on Dr. Kizer's renomination. While the issues were predominantly local, it is noteworthy that opposition was bipartisan: Senator Campbell is a Republican and Senator Kerry is a Democrat. Senator Larry Craig of Idaho also had expressed publically his opposition to Dr. Kizer's renomination.

While it is difficult for a Washington outsider to be certain of the dynamics behind the opposition to Dr. Kizer, at least four factors seem to have contributed: failure to advocate for the system at a time of crisis, changes induced by the Veterans Equitable Resource Allocation (VERA) system, changes resulting from local consolidations and closures, and opposition from organized veterans groups with special needs.

Failure to Advocate for the System

The VA is facing a budget crisis. Following the dictates of the Balanced Budget Act, the Administration requested level funding for the VA in fiscal year 2000. New expenses, including a pay raise for VA employees, a new treatment initiative for hepatitis C, and medical inflation, were to be covered through savings from unspecified "management efficiencies." In recent

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RESEARCH FUNDING CORNER

Jasjit S. Ahluwalia, MD, MPH, MS

This month's column highlights sources of funding for research in aging. I would like to thank Tom Gill, MD, Yale University, for encouraging a focus on aging this month and for suggesting the first source of information listed in this month's column.

American Geriatrics Society

One of the lead organizations focusing on aging is the American Geriatrics Society (AGS). Their Website (see below) provides information about several junior faculty award opportunities. Federal programs, as discussed in the August issue of the *Forum*, include the Mentored Research Scientist Development Awards (K01), Mentored Clinical Scientist Development Awards (K08), and Mentored Patient-Oriented Research Career Development Awards (K23). The National Institute on Aging also provides Pilot Research Grants (R03) and NIH Minority Supplement Awards. In addition, the VA has Career Development Awards. Private and foundation funding programs are described below. I encourage you to go to the AGS Website for the latest and most accurate information. **http://www.americangeriatrics.org/facdev.html**

AFAR Grants For Biomedical Research in Gerontology and Geriatrics

The primary goal of the American Federation for Aging Research (AFAR) grants is to fund investigators in the early stages of their independent research careers, enabling them to accumulate preliminary data to apply for major grant support. The AFAR grants are designed for investigators in the first or second year of a junior faculty appointment. Thirty grants of up

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WORK BEGINS WITH UPTODATE

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- Insure the integrity of the review process and avoid conflicts of interest; and
- Help formulate a CME strategy with *UpToDate* and the CME Development cluster.

UpToDate is particularly excited about the expertise offered by our members in providing evidence-based and scientifically sound feedback to its editors.

The Peer Review cluster is co-chaired by Cindy Mulrow and Bob Badgett. Other cluster members include Scott Richardson and Dawn DeWitt. *UpToDate*'s primary care editors-in-chief, Suzanne and Bob Fletcher and Mark Aronson and associate editor, Denise Basow, the in-house person responsible for the primary care section, are also members of this cluster. Bob and Cindy will be expanding their group by 2 to 3 members and soon will be in need of SGIM members to help review all primary care content areas of *UpToDate*.

At SGIM's 1999 Annual Meeting, editors Bob Fletcher, Denise Basow, and Suzanne Fletcher (left to right) explain and demonstrate how the* UpToDate *in Adult Primary Care and Internal Medicine clinical reference on CD-ROM provides physicians instant access to the latest information on patient care.

UpToDate plans to develop a self-assessment program with SGIM to provide ongoing continuing medical education credit.

UpToDate

A group of SGIM members recently visited *UpToDate* in Wellesley, Massachusetts. We learned much about the history and philosophy of this organization and met at length with Burton D. Rose, Editor-in-Chief, and others.

UpToDate in Adult Primary Care and Internal Medicine is a current and authoritative clinical reference on CD-ROM. *UpToDate* provides physicians with instant access to the latest clinical information. *UpToDate* is produced in cooperation with six major medical societies, including SGIM. *UpToDate*'s eleven in-house physician editors monitor all major specialty, general medicine, and basic science journals worldwide. All of the latest studies and medical information are incorporated immediately into *UpToDate*. Subscribers receive a new CD every 4 months.

The *UpToDate* program includes adult primary care and internal medicine, cardiovascular medicine, endocrinology and diabetes, gastroenterology and hepatology, nephrology and hypertension, pulmonary disease and critical care, and rheumatology. All material undergoes thorough in-house peer review and is fully referenced. Also included are Medline abstracts and an extensive drug database. Currently under development are subspecialty sections on infectious disease, hematology, oncology, neurology, urology, pediatrics, and obstetrics and gynecology. Many aspects of adult primary care content will be revised along with added sections.

Currently, *UpToDate* has over 1800 contributing authors and editors. There are no ads in the program. The communication tone of *UpToDate* is academic; it is from doctors for doctors. *UpToDate* has 10,000 subscribers (more users) worldwide. The renewal rate is approximately 90%. Current subscribers describe *UpToDate* as fast and easy to use with material that is concise yet complete, clear, and well written.

UpToDate provides knowledge of the best science applicable to the care of patients. This is accomplished by updating answers to approximately 5000 questions in adult internal medicine in an ongoing fashion. Approximately 95% of these updates are so-called enrichment updates (i.e., no change in therapy for the relevant condition) and 5% of the updates describe a change in therapy.

As a result of its relationship with SGIM, *UpToDate* will add more primary care content, including a section on screening. SGIM members also will help identify subspecialty content areas which are most applicable to primary care physicians.

UpToDate plans to develop a self-assessment program with SGIM to provide ongoing continuing medical education credit. Additionally, *UpToDate* hopes to utilize the expertise of SGIM members to conduct formal, scientifically based, well-designed evaluations of the use and usefulness of *UpToDate* in daily clinical practice. ***SGIM***

RETREAT OR RESORT?

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Retreats have moved on to sample other locales.

Last winter, in a burst of pecunious adventure, Council went where no Council has gone before…to Las Vegas! We stayed off the strip in a converted-from-a-nursing-home motel with a tropical pink motif. It claimed a heated outdoor pool. I was probably the only one foolish enough to test the claim. Before breakfast I jumped in, only to be jolted awake by the discovery that the water temperature of heated pools without heating drops to the ambient temperature, which was about 45°. The mirage of Las Vegas seemed to collide with cold reality in our motel pool as well at every street corner and slot machine.

Where Next?

So all of us attending the coming Winter Retreat look forward to something a little different. But where should it be?

My choice would be an informal, comfortable but inexpensive retreat rather than resort, somewhere easy to get to in the western United States. I'd love to have it close enough to Marin, just north of San Francisco, to have those attending over for dinner. Belmont in Marin would be great, but such a place may not exist.

The SGIM office staff rounded up a dozen of the "usual suspects" for corporate retreats in the west. Working with a budget of $300 a night for room and board, two places were recommended: La Costa Resort and Spa, 30 miles north of San Diego, and SunBurst Resort in Scottsdale. With deep discounts negotiated by our staff, both would come in just under budget, for a total of roughly $12,000 for two nights for the estimated 20 Council members, staff, and committee chairs. Transportation was estimated to cost roughly $3,000 wherever the retreat was located.

LaCosta and SunBurst are nice digs, no doubt about it. Check out their Websites: **www.lacosta.com** and **www.sunburstresort.com**. Picturesque, sun and comfort, and no shortage of things to do. When you catch the pictures of luxurious poolside leisure, though, just don't try to imagine how the unsunned skin of your Council members would stand out. Not a pretty picture! Both resorts offer golf, spa, romance, and shopping packages. SunBurst boasts "over 2,500 boutiques, shops and regional malls within 3 miles" and six of the top 100 American golf courses in its neighborhood, where "golf is more than just a game…it's an identity." La Costa has two 18-hole golf courses on its property, San Diego weather in February, and princely retail rates (starting at $315/night for a room alone!) that make SGIM's negotiated deal that much sweeter to us Costco shoppers.

But are these the right spots? They make me just a bit uncomfortable. Maybe I'm just being a curmudgeon. Maybe growing up where my hair froze walking to class after afternoon sports in February addled my brain, permanently depleting my winter resort-enjoyment receptors. Maybe my discomfort merely reflects a geosocial fact of life, the northern California–southern California fault line. But I don't think so. I'm just uncomfortable staying in a place that costs SGIM more for me than I'd generally pay for myself or my family. If LaCosta and SunBurst are all that's available other than Las Vegas, okay. But I wondered, isn't there something suitable but less dear? A place of value that fits our values by giving us what we want—no more, no less—for a fair price?

I've been in California only 2 years, but isn't this the mother lode of alternative everything? There must be an alternative that fits SGIM, I thought. I asked some of my SGIM friends at UCSF and Stanford. We came up with three.

Some Alternatives

Green Gulch Farm (**www.sfzc.com/Pages/Site_Controls/centers.html**) is intriguing. A Zen farm with a small conference center and a couple of guest houses, Green Gulch is nestled in a valley running down Mt. Tam to the ocean, a few miles north of San Francisco and a world away. And the price is good: roughly $110/night for room and board for each of us, a total of $4,500 for 20 attendees, a potential saving of nearly $7,500 compared to the resorts. But Green Gulch is definitely not usual fare. Guests can join the Zen community for chores and activities before breakfast, but needn't do so. The food is vegetarian (we could make up for this a bit with dinner at our home, since Green Gulch was the only place close enough to have people over), and the accommodations are modest. Green Gulch has two guest houses with a total of 15 rooms, so some of us (depending on how many come) would need to share two-bed rooms, and one guest house has one shower shared between 12 rooms. Resort it is not! I could ease the rooming situation, of course, by staying at home and having one or two friends stay with us, but this might disrupt the karma of the retreat experience by gaining unfair access to a shower. Green Gulch would be memorable, the complete northern California experience sans Napa—in fact, my division's faculty chose it as the perfect place for our day-long retreat later this fall, although we won't be staying the

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…where would you—our friends, colleagues, and constitutents who pay for the retreat—like us to meet?

LITTLE FISH

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"Presidential Advisory Panel." I feel truly honored to have the opportunity to be led by such outstanding role models.

The strength of our SGIM constituency lies in its heterogeneity. Though united in the purpose of advancing academic general internal medicine, we come from different parts of the country, have different clinical or research interests, have cultivated different skills, and come from different levels of the academic stepladder. The descriptive passage for SGIM in the program for the 22nd Annual Meeting states that SGIM members are "the primary care internal medicine faculty of every medical school and major teaching hospital in the United States."[1] This seems to be the case; the leadership of SGIM tends to be from big "U" places—ivory tower institutions, that are generally flagship tertiary care centers for medical schools whose halls, now and even decades before, echo with the voices of the greatest teachers and researchers in American medicine. But SGIM comprises many other members who come from other places: private practices, urban clinics, and community hospitals that may be neither "major" nor even "teaching." Does SGIM adequately represent these groups of physicians?

As a new faculty member of a community hospital residency program, I was excited to find a new SGIM interest group for clinician–educators. We shared stories about our aspirations, exchanged ideas, and commiserated about our frustrations as enthusiastic fledgling doctors who felt slightly lost in the tangled and uncertain trajectory of academic general internal medicine. Interestingly, out of a group of about 20, I was the only community hospital-based clinician–educator. It became clear that despite our similar origins and ambitions, university hospital-based faculty seemed to face different challenges and expectations from that of their community-based counterparts.

I don't know what percentage of faculty is based at community hospital programs, or what percentage of internal medical residents is being trained at community hospitals. I don't know if, compared to those from tertiary care centers, residents from community-based programs are better prepared to practice medicine in the next century. I wonder if community hospital faculty differ from their tertiary hospital-based counterparts in their clinical and teaching skills. Do community hospital faculty feel disenfranchised from their parent institutions, with less access to big research grants and fewer like-minded persons with whom to exchange ideas? Do full-time community hospital faculty feel disdain from the larger population of internists in private practice because they spend less time "in the trenches" seeing patients? And what will be the fate of community hospital residency programs whose housestaff are mostly international medical graduates? Despite communication with organizations like SGIM, APM, and APDIM, I haven't been terribly successful at finding answers to the questions above. The lack of data suggests that there are opportunities for research and information sharing in this area.

Over 25 years ago, Robert E. Mack wrote about conflicts between what he called "faculty physicians" and "practicing physicians" at community teaching hospitals.[2] Even at that time, a "changing socioeconomic environment" necessitated the formation of partnerships between community hospitals and medical schools in order to increase the clinical exposure for students and secure a larger referral base for full-time subspecialist faculty. Mack acknowledged the problems that were created as a result of this growth and declared a need for academic and private physicians to understand and appreciate their different roles and responsibilities. I would assert that, given the present socioeconomic environment, university and community-based faculty should also share experiences and ideas. One way to accomplish this may be through the General Internal Medicine Faculty Development Program jointly sponsored by SGIM, APM, APDIM, and other groups.

In the spirit of "drawing colleagues together from even the farthest ideological and geographical fringes," I would like to propose a new interest group to enjoin SGIM members who are full-time faculty based at community hospitals to discuss issues facing them in research, education, and career advancement. I don't believe medical faculty based anywhere are immune to the economic forces that threaten the relationship we have with our patients and now also the medical students and residents. As a young faculty member, I am very thankful to have a job which lets me do the things I love to do, like curriculum development and teaching. But as university teaching programs show signs of buckling under new financial pressures, I worry what the future has in store.

We are indeed fortunate to have people like John Noble and Christine Cassel at the helm of our organization; we need "big fish" who have the vision and experience to lead us through muddy waters. However, like my friend the biology professor, I am a little fish in a little pond, who still has influence over a small but enthusiastic group of students and residents. I wish to maintain a strong and active voice in the larger academic sea, and I hope that others will join me in this effort. ***SGIM***

David Kuo, MD, is a member of the Department of Medicine, Morristown Memorial Hospital, Morristown, New Jersey.

References

1. Preliminary program, 22nd Annual Meeting. Washington, DC: SGIM, p. 3.
2. Mack RE. The university and community hospital. Arch Intern Med. 1972;129:653–4.

Editor's Note: *SGIM members who wish to be part of an interest group for community hospital-based faculty should contact Dr. Kuo at (973) 971-4102.*

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years the VA has faced numerous "unfunded mandates," most generated internally. This has reminded some of Abraham Lincoln's story of the child who killed his parents and then threw himself on the mercy of the court because he was an orphan. Publicity about waiting lists for enrollment in the Pacific Northwest and national demonstrations by veterans groups on Memorial Day weekend underscored the VA's current budget problems. In response to concerns about the VA budget, Dr. Kizer stated what was technically correct, that Congress controlled the appropriation. Many felt he should have been a stronger advocate for the system and its patients.

[During his] tenure of nearly four and a half years…veterans' health care saw dramatic changes.

Changes Induced by the VERA System

The Veterans Equitable Resource Allocation (VERA) system distributes the VA's overall appropriation among the 22 Veterans Integrated Service Networks (VISNs). The largest portion of each VISN's budget is a capitation-like allocation, which is based on the number of veterans served. About one third of each VISN's budget is for the care of specific, usually high-cost patients with special needs. The impact of this system has been to move resources from the northeast and the Chicago area to the south and west. Although the VERA system has been praised by outside auditors, it has caused significant concern in areas losing resources. This may have been a factor in Senator Kerry's "hold."

Changes Resulting from Local Consolidations and Closures

During Dr. Kizer's tenure the VA's workload expanded and the quality of its services increased despite static to declining inflation-adjusted resources. These results were achieved in part by reorganizing, consolidating, and/or changing the mission of local facilities. The VA has increased its emphasis on service to patients and populations, and decreased its emphasis on physical facilities. However, in the minds of many, fixed bricks-and-mortar institutions are still important. Concern about the Ft. Lyon VA Medical Center in Colorado was the stated major reason for Sen. Campbell's "hold."

Opposition from Organized Veterans Groups with Special Needs

With a decline in VA resources and a transfer of decision making to the VISN level, some have concluded that strapped local managers are using resources intended for veterans with special needs (e.g., those with spinal cord injuries) to maintain other parts of the operation. The Paralyzed Veterans of America (PVA) expressed this concern when Dr. Kizer's renomination was submitted in the fall of 1998.

What implications does this change in leadership have for the VA's many stakeholders? While Dr. Garthwaite, the new acting Under Secretary, has stated his intention of following the basic philosophy established by Dr. Kizer, it is possible that the pace of change may slow. An official search committee will be convened to select Dr. Kizer's successor. That will be challenging. Dr. Kizer's own experience has highlighted the political nature of the job. Managers with similar responsibilities in most other medical organizations are more highly paid. And an election and a new administration are close at hand. In the meantime, the current administration has proposed an increase in its original VA budget of more than one billion dollars, and Congress may increase that amount further. Additional funding would help the VA considerably in meeting the expectations of its patients, its stakeholders, and the nation. Additional funds also would ease the task of a new leader, once selected and confirmed, in shaping veterans health care in the new millennium. ***SGIM***

SGIM Joins Court Effort Supporting Access to Methadone Treatment

SGIM has signed on to a friend-of-the-court (*amicus curiae*) brief, filed in an important federal case. The court case, Bay Area Addiction Research Treatment, Inc. (BAART) vs. the City of Antioch, concerns Antioch's attempts to keep BAART from opening a methadone clinic in its community. The purpose of the amicus brief, co-signed by SGIM and several other medical organizations, is to insure that methadone treatment is recognized as an integral part of medical care and remains accessible to patients who need it.

As the brief states, "SGIM is deeply concerned about policies and practices that effectively limit access to quality substance abuse treatment due to an erroneous belief that such services are different from or not part of essential medical care." Additional co-signers' *amici curiae* statements offer institutional expertise, experience, and research findings intended to educate the court about how methadone works and about the efficacy and benefits of methadone treatment for opiate dependent persons and their families.

It is hoped that this brief will support BAART's case by correcting misunderstandings and misperceptions about methadone treatment and by allaying communities' fears about having clinics in their neighborhoods.

RESEARCH FUNDING CORNER

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to $50,000 each will be awarded in 2000. Candidates may propose to use the award over the course of 1 or 2 years as justified by the proposed research. Funding will begin July 1, 2000. The deadline for receipt of applications and all supporting materials is December 15, 1999. Application forms may be secured from the American Federation on Aging Research, 1414 Avenue of the Americans, New York, NY 10019. **http://www.afar.org/afar99.html**

AFAR/Pfizer Research Grants in Age-Related Neurodegenerative Diseases

AFAR, in partnership with Pfizer, created the AFAR/Pfizer Research Grants to address specific areas of research that relate to the care of an aging population. The AFAR/Pfizer Research Grant Program invites applications that focus on age-related research in the neurosciences. Projects may involve basic, clinical, or epidemiological research. The program provides support for junior faculty (MDs and PhDs) with a commitment to the field of aging. Preference is given to investigators in the first or second year of a junior faculty appointment. Four grants of up to $50,000 will be awarded in 2000. Candidates may propose to use the award over the course of 1 or 2 years as justified by the proposed research. Funding will begin July 1, 2000. The deadline for receipt of applications and all supporting materials is December 15, 1999. Application forms may be secured from AFAR at the address provided above. **http://www.afar.org/pfizer.html**

Merck/AFAR Fellowships in Geriatric Clinical Pharmacology

Two Fellowships will be awarded in 2000. Each will provide $60,000 annually for 2 years. No less than $50,000 of the annual grant must be applied to the salary and related benefits of the Merck/AFAR Fellow. The balance may be applied to research, travel, and other direct costs associated with the Fellowship. The candidate must be board certified or eligible in a primary specialty by July 1, 2000. Proof of board eligibility must be submitted with the application. At the time of application, the candidate must be within 3 years of having completed postdoctoral or fellowship training. Previous training in geriatrics or clinical pharmacology is not required, but one or the other is highly desirable. The candidate must be a citizen or a permanent resident of the United States. Completed applications must be received no later than November 1, 1999. Applications may be requested from AFAR at the address provided above. **http://www.afar.org/merck.html**

Paul Beeson Physician Faculty Scholars in Aging Research Program

This program provides 3-year grants of up to $150,000 per year for support of promising individuals at the junior-faculty level. Ten scholars are selected annually. Scholars must devote at least 75% of their time to research. Up to $100,000 may be used each year for salary and benefits, with the remainder available for research support. A senior faculty member at the scholar's institution serves as a mentor. The mentor guides the scholar's research and career development and provides access to organizations, programs, and colleagues helpful to the scholar's efforts. The program convenes an annual meeting of scholars, mentors, and other leaders in academic medicine to review the research progress of the scholars, encourage dissemination of their findings, and enhance development of scholarship and leadership. The deadline for the receipt of applications is November 1, 1999. For more information contact the Alliance for Aging Research, 2021 K Street NW, Suite 305, Washington, DC 20006. Telephone (202) 293-2856; Fax (202) 785-8574. **http://www.beeson.org/about/main.htm**

Project on Death in America Faculty Scholars Program

This is a faculty development program in which scholars work together on professional development activities. Five to eight scholars are appointed each year. They establish individualized professional development plans to enhance their effectiveness as leaders in caring for the dying and their families. Scholars carry out clinical, research, educational, or advocacy projects at their home institution. Two-year awards of up to $70,000 per year (depending on academic rank, seniority, and salary) are made to these institutions on behalf of the scholars. A joint award may be made to two individuals applying as a team from within one institution; funding is shared by the two individuals. Fellowship funds may be used to support 60% of the scholar's salary and benefits, up to a maximum of $65,000, and to provide up to $5,000 in travel funds for national meetings, research assistance, summer stipends, and other costs related to work on the scholar's project. Additional information may be obtained by contacting the Open Society Institute, 400 West 59th Street, New York, NY 10019. **http://www.soros.org/death/fs_announcement.htm** *SGIM*

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RETREAT OR RESORT?

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night. But what might seem colorful to some might seem beyond the pale for others.

The second possibility is the Jesuit Retreat House (**http://retreat.scu.edu/jesuit/** or **www.elretiro.org/**), recommended by a SGIM member at Stanford, who had used it for small faculty retreats. Located on 45 undeveloped acres on top of a hill in the heart of Silicon Valley, looking east to the hills across San Francisco Bay, the Retreat House offers accommodations that are luxurious compared to Green Gulch—individual rooms with private baths—and a more traditional menu than Zen vegetarian. Moreover, the place is a steal: $90/night for room and board for each of us, a total of $3,600 for 20 attendees, a potential saving of roughly $8,400. It sounded so promising that I visited. The setting is spectacular and peaceful, and the facilities included an old mansion that would accommodate the SGIM retreat perfectly. Unfortunately, a group of Jesuits from across the country got first dibs and already had the mansion reserved for exactly the days of our Council retreat. The other accommodations were sparkling but spartan, and the two available meeting rooms were adequate but not particularly inviting. And the environment was very definitely Catholic, which I was concerned might be disquieting to even one of our attendees.

The third possibility is Asilomar, a meeting site in Pacific Grove on the tip of the Monterey Peninsula. Built early this century for the YWCA by Julia Morgan, who also designed several buildings at UC Berkeley and William Randolph Hearst's castle at San Simeon, Asilomar is now owned and operated by the State of California. Asilomar offers the best of the commons, natural grandeur, sociocultural neutrality, and reasonable prices—about $125/night for room and board for each of us, a total of $5,000 for 20 attendees, a potential saving of $7,000. It is a popular site for retreats among faculty at UCSF and Stanford. The problem with Asilomar is that it's tougher to get to, both electronically and physically. I can't tell you as much about Asilomar because I have yet to find its Website. Moreover, it takes a good 90 minutes to get there from SFO in good weather and reasonable traffic, both of which can be in short supply in February.

Shall We Retreat to a Resort, or Resort to a Retreat?

Which of these sites is the best value for SGIM, best reflecting our values and promoting the work of Council in putting those values into action? There isn't a right or wrong answer to that question. It's not as simple as deciding, Shall we retreat?—give me that Green Gulch hair shirt while I wait for the shower!, or Shall we resort?—see you in the hot tub! But it is a question that deserves our consideration. I'd appreciate hearing your opinions. And in a future column, I'll let you know where Council ends up in February. ***SGIM***

Residency and Fellowship Directories Are Visited Frequently on the Web…Is Your Institution Listed?

SGIM has been remarkably successful in moving its Residency and Fellowship Directories to its web page **http://www.sgim.org**. By publishing these comprehensive guides to internal medicine residency and fellowship programs online, SGIM has made them much more convenient and accessible to everyone, thus expanding the audience immensely. SGIM is further enhancing the directories' usefulness by making the listings as complete and current as possible. Please take a moment to check the SGIM webpage to see if your institution is listed. If not, we encourage you to stop by your residency or fellowship director's office and suggest that they call (800-822-3060) or email (PetersonL@sgim.org) the SGIM National Office for information on how your institution's program can gain invaluable exposure.

CLASSIFIED ADS

Positions Available and Announcements are $50 per 50 words for SGIM members and $100 per 50 words for nonmembers. Ads also appear on the SGIM Website at http://www.sgim.org. 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.

GIM OUTCOMES RESEARCH POSITIONS. The University of Cincinnati Medical Center and the Cincinnati Veterans Affairs Hospital are seeking general internists with clinical research training in outcomes research, health decision sciences, clinical epidemiology, health services research, or clinical practice improvement to conduct collaborative outcomes research with both internal institutional and extramural grant funding. The VA position is a 5/8ths position, enabling the faculty member to be eligible for VA funding. Send CV and cover letter to: Joel Tsevat, MD, MPH, Director, Section of Outcomes Research, Division of General Internal Medicine, University of Cincinnati Medical Center, Box 670535, Cincinnati, OH 45267-0535. E-mail Joel.Tsevat@UC.Edu. AA/EOE

GENERAL INTERNAL MEDICINE FELLOWSHIP. The Uniformed Services University of the Health Sciences and the Washington VA Medical Center invite applicants for a 2- or 3-year research-oriented fellowship to begin July or August 2000. Most fellows complete an MPH degree program during the fellowship. Currently in its 15th year, the fellowship curriculum emphasizes clinical research, teaching, and public policy, taking advantage of numerous local opportunities for interdisci-

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SGIM
FORUM

Society of General Internal Medicine
2501 M Street, NW
Suite 575
Washington, DC 20037

Classified Ads

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plinary collaboration. Please direct inquiries to: Jeffrey Jackson, MD, Medicine/EDP, Uniformed Services University of the Health Sciences, 4301 Jones Bridge Rd., Bethesda, MD 20814. Telephone (202) 782-4039; E-mail jejackson@usuhs.mil.

FACULTY POSITION. Hennepin County Medical Center, a University of Minnesota affiliated hospital, is seeking an internist to join the General Internal Medicine Division in the Department of Medicine. Responsibilities will include providing primary care to a panel of patients, precepting residents and students in the continuity clinic and walk-in clinic, and serving as an attending in the inpatient service. Other responsibilities could include teaching flexible sigmoidoscopy, working in an International Clinic, and covering a long-term care facility. Depending on experience and qualifications, the physician would be eligible for a full-time, renewable term University academic appointment. Direct inquiries to: Craig R. Garrett, MD, Chief, Division of General Internal Medicine, Hennepin County Medical Center, 701 Park Avenue, Minneapolis, MN 55415. Telephone (612) 347-2082; Fax (612) 904-4262. AA/EOE

GENERAL INTERNAL MEDICINE FELLOWSHIP. The University of Pittsburgh seeks candidates for its Fellowship Program in General Internal Medicine. The program has a funded focus in care to the underserved and provides several opportunities for clinical, teaching, and research experiences in care to the underserved. Additionally, advanced skills in clinical epidemiology, health services research, and education are available. Fellows have an opportunity to develop teaching, research, or administrative programs directed toward their field of concentration, which may include underserved care, medical ethics, analytic methods, women's health, and several other fields in health services research. Positions available for July 2000 and July 2001. Contact Mark Roberts, MD, MPP, Division of General Internal Medicine, 200 Lothrop Street, Room 820E, Montefiore University Hospital, University of Pittsburgh, School of Medicine, Pittsburgh, PA 15213-2582. Telephone (412) 692-4826.

THE ROBERT WOOD JOHNSON CLINICAL SCHOLARS PROGRAM has positions available beginning July 2001 for young physicians committed to careers in clinical medicine to acquire new skills and training for broader careers in medicine. The program is open to applicants in any of the medical/surgical specialty fields including psychiatry, pediatrics, obstetrics/gynecology, and family medicine. The program offers physicians who plan to complete the clinical requirements of residency/fellowship training by the time of appointment an opportunity to pursue graduate-level study and research in one of the priority areas designated at a participating institution in the nonbiological sciences important to medical care. The 2-year program is offered at UCLA, the University of Chicago, Johns Hopkins University, the University of Michigan, the University of North Carolina, the University of Washington – Seattle, and Yale University. Applications for appointment July 1, 2001, should be submitted January–February 15, 2000, with on-site interviews conducted by April 1. Scholars will be selected in June 2000. For further information contact: Annie Lea Shuster, Director, RWJ Clinical Scholars Program, CORE, University of Arkansas for Medical Sciences, 5800 West 10th Street, Suite 605, Little Rock, AR 72204. Telephone (501) 660-7551; E-mail Ferguson MarilynM@exchange.uams.edu, or visit our Website at www.uams.edu/rwjcsp.

THE UNIVERSITY OF VERMONT COLLEGE OF MEDICINE is seeking two new full-time faculty for their Division of General Internal Medicine. The successful candidate will embark on a program of independent investigation in health services research, technology assessment, clinical outcomes, or related areas. Applicants should have a MD degree and anticipate 25% clinical service. Clinical activity may take place in an area of the University outside General Internal Medicine for candidates with another clinical specialty. Appointments will be made as Instructor or Assistant Professor on the tenure track or as Associate or Full Professor with tenure as appropriate. The University offers excellent salary and benefits, a friendly and supportive working environment, a superior environment for family and recreation, and substantial intramural resources to support research. Interested candidates should contact Benjamin Littenberg, MD, Professor of Medicine, Henry and Carleen Tufo Chair of General Internal Medicine, University of Vermont College of Medicine, 1 South Prospect Street, Burlington, VT 05401. Telephone (802) 847-8268; Fax (802) 847-3974; E-mail benjamin.littenberg@vtmednet.org. The deadline for application is January 3, 2000. AA/EOE