

## Contents

- 1 2000 Annual Meeting to Offer Choice of 53 Workshops
- 2 Members in the News
- 2 Research Mentorship Awardees Selected
- 3 President's Column
- 4 Geriatrics Interest Group
- 4 Striving for Excellence in Generalism: Precourses 2000
- 5 National Association of Inpatient Physicians Holds First Annual Southeastern Meeting
- 5 Robert Wood Johnson Foundation Offers Investigator Awards in Health Policy Research
- 6 Research Funding Corner
- 6 Soros Advocacy Fellowship Seeks Applicants
- 11 New Members: Southern Region
- 12 Classified Ads

### 2000 ANNUAL MEETING: A PREVIEW

## 2000 ANNUAL MEETING TO OFFER CHOICE OF 53 WORKSHOPS

*Gale H. Rutan, MD, and Hanna B. Rubins, MD*

**T**he Workshop Program for the 23rd Annual Meeting (May 4–6, 2000, in Boston) will offer an exciting array of opportunities to explore in depth topics of interest to the general internist. The four 90-minute workshop sessions will deal with such topics as conflicts of interest in managed care, outcomes research and effectiveness trials, geriatric assessment in the office, palliative care, women's health, alternative medicine, universal health insurance, computer applications for education and clinical care, medical writing, and many others. The very popular workshops on arthrocentesis and Update in General Medicine will again be featured.

To come up with the final program, the Workshop Committee reviewed 135 submissions and accepted 43. This 32% acceptance rate makes this year one of the most selective ever! Separate review groups reviewed and ranked submissions in each of seven areas: Clinical Medicine, Medical Education, Career Development, Special Populations, Humanities/Ethics, Research, and Health Policy and Management. Medical Education received the largest number of submissions (54), fol-

lowed by Clinical Medicine (32), and Career Development (22). Final decisions reflected our assessment of the content area's interest, the balance of offerings across the entire program, and the originality of the proposed format. Overall, the reviewers felt that the quality of the submissions was outstanding, and there were many tough choices to make.

In order to round out the program, we solicited 10 additional workshops, bringing the total number of workshop sessions to 53. The invited workshops were intended to fill gaps in the program. We made a particular effort, in response to feedback from last year's meeting, to increase the number and quality of offerings in Humanities/Ethics and Research.

Now that the program is in place, your hardworking Workshop Committee will not rest! We will be working with the workshop leaders to encourage innovative, interactive formats that will engage participants and enhance the educational experience. If you have questions or comments about the workshops, please E-mail us at [bloom013@tc.umn.edu](mailto:bloom013@tc.umn.edu) (Hanna) or [Gale.Rutan@med.va.gov](mailto:Gale.Rutan@med.va.gov) (Gale). See you in Boston in May! **SGIM**

**SOCIETY OF GENERAL INTERNAL MEDICINE**
**OFFICERS**
**PRESIDENT**

C. Seth Landefeld, MD • San Francisco, CA  
 sethL@medicine.ucsf.edu • (415) 750-6625

**PRESIDENT-ELECT**

Sankey V. Williams, MD • Philadelphia, PA  
 sankey@wharton.upenn.edu • (215) 662-3795

**IMMEDIATE PAST-PRESIDENT**

Stephan D. Fihn, MD, MPH • Seattle, WA  
 sfihn@u.washington.edu • (206) 764-2651

**TREASURER**

Kurt Kroenke, MD • Indianapolis, IN  
 Kroenke\_K@regenstein.iupui.edu • (317) 630-7447

**TREASURER-ELECT**

Brent G. Petty, MD • Baltimore, MD  
 bpetty@welchlink.welch.jhu.edu • (410) 955-8181

**COUNCIL**

Michael J. Barry, MD • Boston, MA  
 mbarry@partners.org • (617) 726-4106

James C. Byrd, MD, MPH • Greenville, NC  
 jbyrd@brody.med.ecu.edu • (919) 816-4633

Pamela Charney, MD, FACP • New York, NY  
 charney@aecom.yu.edu • (718) 918-7463

Martha Gerrity, MD, MPH, PhD • Portland, OR  
 gerritym@ohsu.edu • (503) 494-6656

Catherine R. Lucey, MD • Washington, DC  
 crll@MHG.edu • (202) 877-6749

Valerie Stone, MD, MPH • Providence, RI  
 Valerie\_Stone@mhri.org • (401) 729-2395

**EX OFFICIO**
**Regional Coordinator**

Bruce A. Chernof • Woodland Hills, CA  
 bruce.chernof@healthnet.com • (818) 823-4471

**Editor, Journal of General Internal Medicine**

Eric B. Bass, MD • Baltimore, MD  
 ebass@jhmi.edu • (410) 955-9868

**Editor, SGIM Forum**

David R. Calkins, MD, MPP • Boston, MA  
 david\_calkins@hms.harvard.edu • (617) 432-3666

**EXECUTIVE DIRECTOR**

David Karlson, PhD  
 2501 M Street, NW, Suite 575  
 Washington, DC 20037  
 KarlsonD@sgim.org  
 (800) 822-3060  
 (202) 887-5150, 887-5405 FAX

## Members in the News

**T**homas S. Inui, MD, Chair, Department of Ambulatory Care and Prevention, Harvard Medical School and Harvard Pilgrim Health Care, and Past President of SGIM, has been named President of the Fetzer Institute, in Kalamazoo, Michigan. The Fetzer Institute is a national foundation that supports research, education, and service programs exploring the integral relationships among body, mind, and spirit. The Institute has a special interest in how individuals and communities are influenced by the interactions among the physical, psychological, social, and spiritual dimensions of life, and how understandings in these areas can improve health, foster growth, and better the human condition. Dr. Inui will assume his new role at the end of the current academic year.

**John M. Eisenberg, MD**, Director, Agency for Health Care Research and Quality (AHRQ), and a Past President of SGIM, has announced the appointment of **Helen Burstin, MD, MPH**, as Director, Center for Primary Care Research (CPCR), AHRQ. As Director, CPCR, Dr. Burstin will lead AHRQ's efforts to stimulate high-quality research in the primary care area, including evaluations of the quality, cost, and effectiveness of primary care services and rural health care services and systems, and special populations. Dr. Burstin previously served as Director of Quality Measurement at the Brigham and Women's Hospital, Boston, Massachusetts. She is a past regional co-chair of SGIM. Dr. Burstin's appointment was effective January 3, 2000. **SGIM**

## Research Mentorship Awardees Selected

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

**S**GM created a new mentorship initiative this year to strengthen the research skills of junior faculty. A gift from Hoechst Marion Roussel pays for two mentorship programs: the SGIM Initial Mentorship Awards and the Follow-on Awards. These awards support longitudinal relationships between mentors and mentees that live at some distance from one another. A detailed description of the mentorship program appeared in the October 1999 *Forum*.

We received 11 applications for Initial Mentorship Awards. The Selection Committee rated applications based on several criteria, including: the reasons for choosing a given mentor, benefit to the mentee in helping launch or maintain a research program, clarity and rigor of the project proposal, and enthusiasm of the mentor in working

with the mentee. We were fortunate to have excellent proposals with participation from senior SGIM members throughout the country. Equally important, the proposals ranged from education research to clinical research to health services research, reflecting great creativity and diversity among the membership.

After much deliberation the Selection Committee chose five mentee and mentor awardees. The awardees are as follows:

- ◆ Somnath Saha, MD, MPH, Assistant Professor of Medicine, Portland VAMC, and Andrew B. Bindman, MD, Associate Professor of Medicine, UC-San Francisco, for their project, "Assessing the Impact of Oregon's Medicaid Expansion on Access to Primary Care";

*continued on page 8*

# THE END OF MEDICINE

C. Seth Landefeld, MD

**D**id you see the front-page article in today's (January 18) *New York Times*: "Doctors Eliminate Wrinkles, and Insurers"? Fascinating. Outrageous. Is this what doctoring is about? If wrinkle elimination and insurance avoidance become the ends of medicine, this will be the end of medicine. We can't let that happen.

## "Lifestyle Medicine"

The *Times* article describes the rapid growth of "lifestyle medicine" for "deep-pocketed consumers who feel their lives will be enhanced by having fewer wrinkles, perpetually hairless legs, and a face free of cumbersome eyeglasses." With the booming economy and the emergence of "me first" as the new golden rule, there is no shortage of patient-consumers. And there is no shortage of doctors eager to trade the diagnosis and management of illness for a liposucker or laser. No other group of physicians has been so immune to the virulent effects of "managed care" and the Balanced Budget Act. In modern corporate-speak, "lifestyle medicine" is a win-win. "Lifestyle medicine" not only satisfies the demands of patient-consumers in the lifestyle market; it also enhances the lifestyles of the doctor-purveyors, who make more for less work. "Doing well by doing good," indeed.

There may even be hope in "lifestyle medicine" for us general internists; for those who feel left behind, we can take comfort in the *Times*' observation that "when money cannot be made in procedures alone, there are products that can be sold." Who better to sell alpha-hydroxy creams to prevent skin aging and bleaching creams for brown spots than you or me? If these creams can "make up for overhead" in a plastic surgery practice, think what they could do for our teaching clinics!

The proliferation and embrace of "lifestyle medicine" may do more than blunt the wrinkle epidemic. A business consultant, Dr. David Friend, predicted that "the supply of low-profit services will decline." And we all know where generalist services fall on the profitability metric. Believing that the iron hand of the market rules medicine, Dr. Friend concluded that "the best doctors are doing the private stuff and doctors unable to succeed in those things will provide the public service care." Thus, embracing "lifestyle medicine" means



embracing the idea that talent follows money as night follows day, not need or mission.

## The Good, the Bad, and the Ugly

Do you find this news and views troubling? I do. The issues are complex, however. I will tell you

how I've untangled them.

First, I admit that I find much that is appealing about "lifestyle medicine." (No, I am not a devotee; I still have wrinkles, hair on my legs, and reading glasses.) I like the fact that "lifestyle medicine" seems to have incorporated the principles of patient-centeredness and responsiveness in the heart of its

*continued on page 7*

## SGIM FORUM

### EDITOR

David R. Calkins, MD, MPP • Boston, MA  
david\_calkins@hms.harvard.edu • (617) 432-3666

### EDITORIAL COORDINATOR

Stacy A. McGrath • Boston, MA  
stacy\_mcgrath@hms.harvard.edu • (617) 432-3667  
(617) 432-3635 FAX

### ASSOCIATE EDITORS

Jasjit S. Ahluwalia, MD, MPH, MS • Kansas City, KS  
jahluwal@kumc.edu • (913) 588-2774

James C. Byrd, MD, MPH • Greenville, NC  
jbyrd@brody.med.ecu.edu • (919) 816-4633

Giselle Corbie-Smith, MD • Atlanta, GA  
gcorbie@emory.edu • (404) 616-7490

David Lee, MD • Boise, ID  
lee.david@boise.va.gov • (208) 422-1102

Mark Liebow, MD, MPH • Rochester, MN  
mliebow@mayo.edu • (507) 284-1551

Jeannette M. Shorey, MD • Boston, MA  
Jeannette\_Shorey@harvardpilgrim.org • (617) 421-2625

Valerie Stone, MD, MPH • Providence, RI  
Valerie\_Stone@mhri.org • (401) 729-2395

Brent Williams, MD • Ann Arbor, MI  
bwilliam@umich.edu • (734) 936-5222

Ellen F. Yee, MD, MPH • Los Angeles, CA  
efyee@ucla.edu • (818) 891-7711 Ext. 5275

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>

## Geriatrics Interest Group

*Glenda Westmoreland, MD, MPH, and Gail Sullivan, MD, MPH*

**T**he Geriatrics Interest Group was begun in 1988 as the Task Force on Geriatric Medicine by then SGIM President Steven Wartman, MD, PhD. There were two purposes for creating the Task Force. The first was to enhance geriatrics activities at the Annual Meeting in the form of precourses, abstract sessions, and workshops. The second was to facilitate communication with other geriatrics groups, particularly the American Geriatrics Society (AGS). Rebecca Silliman, MD, PhD, chaired the Task Force until 1992, when Gail Sullivan, MD, MPH became the Chair. Beginning in 1998, Glenda Westmoreland, MD, MPH, joined Dr. Sullivan as Co-Chair. Since the Task Force had successfully completed the purposes for which it was created and because there was increasing membership and sustained interest in the Task Force, in 1999 it was renamed the Geriatrics Interest Group.

Membership in the Geriatrics Interest Group continues to increase. Currently, there are approximately 35 active members representing 15 states. Members are generalist and geriatrician faculty, including clinicians, educators, and researchers, as well as general internal medicine and geriatrics fellows.

The Interest Group meets twice annually. These meetings occur at the SGIM Annual Meeting and at the annual meeting of either AGS or the Gerontological Society of America. Additionally, the Interest Group corresponds by several conference calls per year and through electronic communications using a listserv.

Since its inception, the Interest Group has successfully presented several faculty development seminars in geriatrics. These seminars have included three precourses and four workshops at the SGIM Annual Meeting, three

symposia at the AGS Annual Meeting, and a variety of activities at regional and other meetings. The Interest Group also has collaborated with the Society of Teachers of Family Medicine (STFM) to present workshops at AGS and SGIM national meetings. The most recent precourse presented by the Interest Group was at the 1999 SGIM Annual Meeting and was entitled "Dementia, Delirium, Depression, What's New on the Horizon." This precourse featured presentations by Christopher Callahan, MD, David Gifford, MD, MPH, and Peter Pompei, MD. At the 2000 Annual Meeting, the Interest Group will present a precourse entitled "Geriatrics Office Assessment for Primary Care Physicians: A Practical Approach," that

will include presentations by other members of the Geriatrics Interest Group, Christine Richie, MD, and Steven Ryan, MD.

The Interest Group also has been at the forefront of publishing curricular guidelines in resident education in geriatrics. To that end in 1989–1990 the Interest Group surveyed SGIM members for their interests regarding geriatric issues. The survey confirmed the hypothesis of the Interest Group that much of resident education in geriatrics was delivered by generalists. The most common settings for resident education in geriatrics were acute care, home care, nursing homes, and clinics. Based on the results of the survey, a

*continued on page 8*

---

### 2000 ANNUAL MEETING: A PREVIEW

#### Striving for Excellence in Generalism: Precourses 2000

*Cheryl A. Walters, MD, and W. Scott Richardson, MD*

**D**o you want to give your professional skills a big boost? Do you ever feel that workshops are too short to intensively cover an area of interest to you? Do you want to learn about a whole new area of expertise from national leaders in the field? Would you like to collaborate on SGIM projects defining scholarship in education and primary care? If so, consider participating in this year's precourses on Thursday, May 4, 2000, in Boston.

The theme of the 2000 Annual Meeting is "Innovation in Generalism: Patient Care, Teaching, and Research," and we are privileged to preview precourses for you. Submissions were highly competitive and the 33 course offerings include invited courses and submissions ranked outstanding to

excellent on five criteria (importance to generalists, degree of participatory interaction of methods, clarity of goals and narrative, rigor of material in promoting understanding, and innovation in one of the theme areas). We wish to acknowledge the critical reviews by our Subcommittee members: Elizabeth Allen, MD (OSHU), Joshua Chodosh, MD (UCLA) Robert Goodman, MD (Columbia), Kenneth J. Mukamal, MD (Harvard), Walter A. Polashenski, MD (University of Rochester), and Anderson Spickard III, MD, MS (Vanderbilt).

In keeping with this year's meeting theme, course offerings promote excellence in the major professional roles of generalists: clinician, teacher,

*continued on page 9*

# NATIONAL ASSOCIATION OF INPATIENT PHYSICIANS HOLDS FIRST ANNUAL SOUTHEASTERN MEETING

Mark V. Williams, MD, FACP

**M**ore than 70 physicians, mid-level providers, and representatives from the pharmaceutical industry attended the first annual Southeastern Meeting of the National Association of Inpatient Physicians. The Emory University School of Medicine Inpatient Physician Program sponsored this successful inaugural meeting on November 5th and 6th in Atlanta, Georgia. Attendees from states as far away as Pennsylvania and Texas enjoyed keynote speeches by Robert Wachter, MD, FACP, and John Nelson, MD, FACP, at the reception dinner. A local contingent of pediatricians broadened the conversation. Bob and John adroitly answered many questions following their presentations on "Hospitalists in the New Millennium" and "Where is NAIP Headed?" These esteemed leaders of the hospitalist movement painted a bright picture of the future for inpatient physicians.

The first day of the meeting focused on a Perioperative Seminar with an opening presentation by Michael Lubin, MD, FACP, who reprised his national ACP presentation on "Perioperative Care of the Geriatric Patient." Later, new NAIP Board Member Jeanne Huddleston, MD, clearly showed how hospitalists can greatly assist in the care of patients with hip fractures, a "medical disease." The session ended with a thorough discussion of the "Preoperative Assessment of Patients with Pulmonary Disease" by the Director of Pulmonary Medicine at Emory, Professor Gerald Staton, MD, FACP, FACC. The following day focused on key issues in evidence-based hospital medicine. The J. Willis Hurst Professor of Medicine, Douglas Morris, MD, FACP, FACC, began the day by presenting a state-of-the-art review of the "Management of the Hospitalized Patient with Unstable Angina." Subsequent evi-

dence-based reviews by Inpatient Physicians at Grady Memorial Hospital kept everyone's attention and generated thoughtful question and answer sessions.

The second annual Southeastern Meeting of the National Association of Inpatient Physicians will be held in

Atlanta on September 22 and 23, 2000. Plans are now underway for a pre-course focused on teaching hospitalists the basic principles of evidence-based medicine and demonstrating resources that can allow them to have an evidence-based practice. I look forward to seeing many of you there. *SGIM*

---

## Robert Wood Johnson Foundation Offers Investigator Awards in Health Policy Research

Lorraine Tracton

**T**he Robert Wood Johnson Foundation has issued a call for applications for the next round of Investigator Awards in Health Policy Research. A brief description of this program follows.

### Purpose

The Investigator Awards in Health Policy Research program requests proposals to interpret, develop, or substantially advance ideas or knowledge that can improve health or health care policy in the United States. The program challenges investigators to think creatively about the most important problems affecting health and health care of Americans that have implications for future health policy.

### Selection Criteria

Applications are encouraged from investigators in diverse fields. Proposals will be reviewed taking into consideration the following:

- ◆ the potential impact of the work on the development or implementation of health policy;
- ◆ the contribution and potential significance of the proposed project to the underpinnings and knowledge base of the health, health care, and health policy fields;
- ◆ the extent to which the work repre-

sents an innovative perspective on health, health care, and health policy;

- ◆ the soundness of the project's conceptual framework and methodology;
- ◆ its feasibility;
- ◆ the likelihood that the findings can be useful to a variety of key decision makers, including some assessment by the applicant of who are the relevant audiences for the proposed work; and
- ◆ the capability of the investigator to undertake the project.

### How to Apply

Individuals interested in applying should submit an original plus six copies of a letter of intent (no more than four double-spaced pages), typed on the applicant institution's letterhead. Each letter must be accompanied by a copy of the applicant's curriculum vitae and should include:

- ◆ name, title, and discipline of the principal investigator;
- ◆ title of the proposed research project;
- ◆ a statement of objectives for the proposed research;
- ◆ a brief description of the problems being addressed and their significance;
- ◆ the specific questions and issues to be explored;

*continued on page 11*

**RESEARCH  
FUNDING CORNER**

*Jasjit S. Ahluwalia, MD, MPH, MS*

The Website <http://www.ahrq.gov/> describes the Agency for Health-care Research and Quality's (AHRQ) research agenda and the financial assistance mechanisms used for research projects. The focus is primarily on opportunities for investigator-initiated research grants, but brief information also is included on contracts. The renamed Agency was formerly known as the Agency for Health Care Policy and Research (AHCPR).

**Research Agenda**

AHRQ's research projects examine the availability, quality, and costs of health care services; ways to improve the effectiveness and appropriateness of clinical practice, including the prevention of disease; and other areas of health services research, such as services for persons with HIV infection. AHRQ uses mechanisms of grants, cooperative agreements, and contracts to carry out research projects, demonstrations, evaluations, and dissemination activities. AHRQ also supports small grants, conference grants, dissertation grants, and National Research Service Awards to institutions and individuals.

The vast majority of AHRQ grants and cooperative agreements are investigator-initiated. Areas of specific interest for grants and cooperative agreements are announced in the *NIH Guide for Grants and Contracts*. These may be areas of ongoing interest identified in program announcements (PAs) or targeted, one-time activities identified in requests for applications (RFAs).

**Grants Process**

AHRQ announces research grant opportunities through PAs and RFAs. A PA is a formal statement that invites applications on new or ongoing research activities, usually with multiple applica-

tion receipt dates. An RFA is a formal statement that invites grant or cooperative agreement applications in a well-defined scientific area, with one application receipt date.

A peer review group reviews grant applications for scientific and technical merit. Funding decisions are based on the quality of the proposed project, availability of funds, and program balance among research areas.

The following is a list of current contracts, grant announcements, and research training grants:

**Contract Solicitations**

- ◆ Small Business Innovation Research Program

**Grant Announcements**

- ◆ Primary Care Practice-based Research Networks (PBRNs)
- ◆ Making Quality Count for Consumers and Patients
- ◆ Systems-Related Best Practices to Improve Patient Safety
- ◆ Translating Research Into Practice II
- ◆ Mentored Clinical Scientist Development Award (K08)
- ◆ Understanding and Eliminating Minority Health Disparities
- ◆ Independent Scientist Award
- ◆ Building Interdisciplinary Research Careers in Women's Health
- ◆ Health Care Markets and Managed Care
- ◆ Research on Care at the End of Life
- ◆ Health Care Access, Quality, and Insurance for Low-Income Children
- ◆ Cancer Surveillance Using Health Claims-Based Data Systems
- ◆ Economic Studies in Cancer Prevention, Screening, and Care
- ◆ Economic Evaluation in HIV and Mental Disorders Prevention
- ◆ AHRQ Health Services Research - Program Announcement
- ◆ Effectiveness of Children's Mental Health and Substance Abuse Treat-

*continued on page 10*

**Soros Advocacy  
Fellowship Seeks  
Applicants**

*Lorraine Tracton*

The Soros Advocacy Fellowship for Physicians, an initiative of the Open Society Institute's program on Medicine as a Profession (MAP), seeks applicants for Cycle II of the program. The deadline for applications is March 21, 2000. Information about the program follows.

**Purpose**

The Fellowship fosters commitment by physicians to participation in civil society, service to the community, especially its most venerable members, and active engagement on behalf of the public interest. The program enables physicians to develop or strengthen advocacy skills through collaboration with advocacy organizations. Participating physicians are able to address concerns regarding health and health care or to confront other social issues, including racism, violence, education, human rights, and social justice. MAP facilitates communication and networking among fellows and organizes workshops and seminars in which fellows present their work.

**Awards**

The program selects up to 10 fellows a year for a 6- to 12-month fellowship period. Awards range from \$40,000 to \$80,000, plus fringe, depending on the fellows' time commitment and prior experience. The program also provides up to \$2,000 in funds for travel to MAP-sponsored meetings.

**Application Procedures**

A full application must include the following:

- ◆ A cover page that includes the applicant's name, institutional affiliation, mailing address, phone, fax, E-mail; the project's name; a one-sentence description of the project's

*continued on page 10*

---

## ...“lifestyle medicine” seems to have incorporated the principles of patient-centeredness and responsiveness in the heart of its practice.

---

practice. As one LMD (that’s Lifestyle Medical Doctor, not the old Local MD) said, she’s “in tune” with her patients’ needs. These nouveau LMDs have taken responsibility for designing practices that appear to respect their patients and their wishes at a high level. Few of us in academic medical centers or large group practices have accepted similar responsibility. I also like the cash flow and capital that “lifestyle medicine” generates; both are necessary to build a health care enterprise and to pay doctors, and both are in short supply in much of medicine today. Finally, I like the fact that it seems that doctors, not lay managers, are in charge at the lifestyle practices described in the *Times* article.

Despite these attractive features, “lifestyle medicine” and its embrace by our peers and society trouble me on more fundamental grounds. First, the practice of “lifestyle medicine” seems to have displaced caring from the altar of medicine and put greed in its place. Greed is nothing new in medicine, of course. I suspect all of us know its tugs. I remember offering patients a “routine electrocardiogram” when I first joined the faculty, knowing that most patients liked this test and it was likely to neither benefit nor harm them according to my measures while increasing my department’s revenues substantially. (That was long ago, when reading an ECG was paid nearly as well as performing a history and physical.) This was the gentle but pernicious tug of greed. Defining greed is problematic. In becoming doctors, we vowed to put our patients’ interests first, but none of us

vowed to abandon self-interest. So, who is to say what a doctor desires for his or her rewards is reasonable or greedy? Nonetheless, greed would seem to have reached an unacceptable level whenever a doctor’s self-interest surpasses the interests of

patients. This seems to have happened in much of what is described as “lifestyle medicine,” especially when one’s perspective is broader than a patient’s desire for wrinkle ablation.

The second fundamental problem with “lifestyle medicine” is that it creates, feeds, and panders to desires that might better go unmet—desires to be different than we are in ways that are not fundamentally important. In manipulating patient–consumer desires and responding to them so exquisitely, “lifestyle medicine” may twist the fundamental ethical underpinning of medicine—respect for persons. Traditionally, the end, or goal, of medicine has been to care for patients to relieve suffering, prevent or ameliorate disability, extend life, and promote health and happiness. “Lifestyle medicine” operates in another world, largely ignoring the ravages of disease and deprivation, focusing instead on narrow domains of patients’ happiness to attain more fully the LMD’s own goals. Yet in this narrow focus, “lifestyle medicine” may often transform the care of the patient from the end of medicine to the means by which the doctor will attain his own goals. Insofar as patients are the means to LMDs’ ends, “lifestyle medicine” is ethically problematic.

Third, embracing “lifestyle medicine” is associated with acceptance of the market paradigm for medical practice. The market paradigm leads to

pernicious conclusions about medicine. From the market paradigm, it follows that the best doctors will seek and find the best compensation and, therefore, the best paid doctors are the best doctors. The corollary is that “doctors unable to succeed...will provide the public service care,” as Dr. Friend put it in the *Times* article. Yet many of the most successful doctors, and many of the best, work in the public sector, indicating that the simple market paradigm does not apply well to medicine.

### What We Can Do?

As general internists, teachers, and investigators, we can do a lot to preserve and promote the true end of medicine. (And I don’t mean trying to corner the market for spot remover for aging patients.) First, we must find

---

## ...we should recognize the importance of patients’ expectations and desires, and seek to understand them better.

---

medical practice of the highest quality and advocate for its support; these dual goals of measurement and advocacy will both require substantial work by many. Unfounded statements about the quality of medical care, such as those of Dr. Friend, must be challenged. We might also examine the effectiveness of the procedures of “lifestyle medicine.” Second, learning from the success of “lifestyle medicine,” we should recognize the importance of patients’ expectations and desires, and seek to understand them better. Our patients are telling us something when they seek out care we don’t provide. We need to listen to them and explore with them the roots and relative importance of these expectations and desires. **SGIM**

**INTEREST GROUP**

*continued from page 4*

series of projects were initiated by the Interest Group to determine effective strategies to teach geriatrics content to residents in these settings. The Interest Group conducted a series of surveys of all internal medicine and family practice residency programs (approximately 800 total programs) to develop recommendations for objectives (knowledge, skills, and attitudes), sites, faculty, and materials for resident education in geriatrics. These recommendations were site-specific for nursing home, acute care hospital, home care, and clinics and were based on the separate surveys for each of these sites. The recommendations were developed and reviewed extensively by geriatrics teachers, the AGS Education Committee, and the STFM Geriatrics Task Force. The Interest Group collaborated with the Association of Home Care Physicians in creating a detailed home care curriculum for residents and with the American Medical Directors Association for the resident recommendations in nursing home care. Site-specific recommendations for resident education in nursing homes and home care have been published.<sup>(1-3)</sup>

Currently Interest Group members are writing a position paper in response to the revised Residency Review Committee requirements in geriatric medicine, which were effective July 1998. The position paper will present the Interest Group's position on the requirements and describe strategies to achieve these requirements, particularly in training programs where there are few geriatrics teachers.

The Geriatrics Interest Group recently received funding from a grant to the AGS by the John A. Hartford Foundation. This grant, entitled "Integrating Geriatrics into the Subspecialties of Internal Medicine," supports the design and implementation of a Website to present geriatrics education products. The Website initially will present education materials produced by the Interest Group (e.g., curricular guidelines, workshops,

precourses, cases, teaching files, etc.). Subsequently, it will include educational materials created by other geriatrics clinician-educators. The Website will be hosted on the SGIM Website. Michael Weiner, MD, an Interest Group member, will assume the leadership role of implementing the Website along with the co-chairs, who will oversee the content and management of the Website. Interest Group members will review all materials posted on the Website to insure high quality. The Website is the latest innovation of the SGIM Geriatrics Interest Group in geriatric education. It will provide a resource to teachers of geriatrics nationwide. It is hoped that the Website will improve geriatrics education and ultimately the care of older adults.

SGIM members interested in geriatrics are encouraged to join the Geriatrics Interest Group by contacting Glenda Westmoreland, MD, MPH ([gwestmor@iupui.edu](mailto:gwestmor@iupui.edu)), or Gail Sullivan, MD, MPH. Members also may join by attending the Interest Group session at the upcoming Annual Meeting in Boston. **SGIM**

**References**

1. Counsell SR, Katz PR, Karuza J, Sullivan GM. Resident training in nursing home care: Survey of successful educational strategies. *J Am Geriatr Soc.* 1994; 42:1193-9.
2. Counsell SR, Sullivan GM. Curriculum recommendations for resident training in nursing home care. A collaborative effort of the Society of General Internal Medicine Task Force on Geriatric Medicine, the Society of Teachers of Family Medicine Geriatrics Task Force, the American Medical Directors Association, and the American Geriatrics Society Education Committee. *J Am Geriatr Soc.* 1994; 42:1200-1.
3. Sullivan GM, Boling PA, Richie C, Levine S. Curriculum recommendations for resident training in home care. *J Am Geriatr Soc.* 1998;46:910-2.

**AWARDEES SELECTED**

*continued from page 2*

- ◆ T. Robert Vu, MD, Assistant Clinical Professor of Medicine, George Washington University, and Debra Litzelman, MD, Professor of Medicine, Indiana University School of Medicine, for their project, "Inpatient and Outpatient Teaching Skills as Rated by Trainees";
- ◆ Paul Haidet, MD, MPH, Assistant Professor of Medicine, Baylor College of Medicine, and Thomas Inui, ScM, MD, Professor of Ambulatory Care and Prevention, Harvard Medical School, for their project, "Patient-Centered Care and the Culture of Medical Education Through the Students' Eyes";
- ◆ Tom Gallagher, MD, Assistant Professor of Medicine, Washington University School of Medicine, and Wendy Levinson, MD, Professor of Medicine, University of Chicago, for their proposal, "Doctor-Patient Communication of Physicians' Conflicts of Interest"; and
- ◆ Sumit R. Majumdar, MD, Assistant Professor of Medicine, University of Alberta, and Jerry Gurwitz, MD, Professor of Medicine, University of Massachusetts, for their proposal, "Optimal Drug Use in the Elderly."

Each of the five mentees will receive funds to pay for two trips to work directly with their mentor, as well as start up funds for research project expenses. They are eligible to apply for one of three Follow-on Awards, which will provide additional funds for pilot research and travel.

Congratulations to the SGIM Initial Mentorship awardees. We're proud that innovations begin at SGIM! **SGIM**

**V I S I T  
T H E  
S G I M  
W E B S I T E**

<http://www.sgim.org>



## STRIVING FOR EXCELLENCE

continued from page 4

administrator, investigator. Some representative examples are highlighted.

Courses cover professional development across the career spectrum. The transitions from resident to fellow, and from fellow to junior faculty will be explored in “Minority Faculty Development” (sponsored by the Minority Faculty Interest Group) and “A General Internal Medicine Survival Course” (Steve Simon, et al.). Junior to mid-career faculty will benefit from participating in “Navigating Your Professional Course in a Changing World” (Sunita Mutha, et al.), “Change is Inevitable, Growth is Optional: Strategies for Successful Navigation of a Career in Internal Medicine” (sponsored by the Women’s Caucus), and “Academic Hospitalists: Career Options in a Changing Field” (Karen Hauer, et al.). Mid-career to senior faculty are invited to attend “General Internal Medicine Division Chiefs: Money and People” (Robert Centor, et al.).

A rich mix of courses focuses intensively on skills relevant to the practice of medicine. These include “What the Internist Should Know about Alternative/Complementary/Integrative Medical Therapies” (David Eisenberg, et al.), “Basic and Advanced Applications of Oral Contraceptive Use” (Tosha Wetterneck, et al.), “Spirituality and Medicine: From Research to Clinical Care” (Christina Puchalski, et al.), “Caring for the Woman of Child-bearing Age” (Jeffrey Pickard, et al.), “Preoperative Medical Consultation” (Steven Cohn, et al.), “Evidence-Based Patient-Centered Interviewing” (Robert Smith, et al.), “Facilitating Health Behavior Change in Primary Care: Introduction to Motivational Interviewing” (Richard Saitz, et al.), and “Evidence-Based Health Care” (Eduardo Ortiz, et al.). The care of special populations is addressed in “Practical Approaches to Geriatric Assessment” (Joshua Chodosh, et al.), “Optimizing HIV Management” (Frederick Hecht, et al.), and “The Quality of End-of-Life Care: Overcoming Barriers and Effect-

ing Change” (Mary Catherine Beach, et al.). Unique aspects of this year’s program include opportunities to attend two off-site courses with local faculty: “Under a Different Roof: Homelessness and Health Care in Boston” (Joshua Hauser, et al.), and “Women’s Health Clinical Skills” (Pam Charney, et al.).

Skills basic to excellence in scholarship are addressed in “Steering Your Paper to Press: Tips from the JGIM Editorial Team” (Eric Bass, et al.) and “Peer Review of Clinical, Teaching, and Research Practices” (sponsored by the Task Force on the Clinician Educator). Participants may contribute to important dialog and activities on defining standards for peer review and reporting of scholarly work by educators. Course proceedings will be incorporated in the position papers being written by working groups (with the support of a Zlinkoff Award to the Task Force project, “Broadening the Definition of Scholarship: Documenting and Recognizing the Scholarly Efforts of Clinician Educators”) on standards and methods for peer review of educational resources and for peer review of teaching skills. Members of the SGIM *UpToDate* Peer Review Cluster will provide hands-on training of participants to become SGIM reviewers of the primary care sections of a continually updated electronic medical textbook. Participants are also encouraged to attend a related interest group, “Exploring the Concept of the Master Teacher” (co-sponsored by the Task Force on the Clinician Educator and the Education Committee).

Members striving to become more effective educators are invited to attend a number of courses, such as “Curriculum Development for Medical Education: A Six-Step Approach” (Patricia Thomas, et al.), “Teaching and Evaluating with Standardized Patients—How Standardized Can They Be?” (Elizabeth Kachur), “Teaching Students and Residents to Care for Vulnerable Patients” (Margaret Wheeler, et al.), “A Curriculum in Ambulatory Teaching for

Residents” (Calvin Chou, et al.), “The Art of Bedside Teaching: Learning from Websites, CD-ROMs, and Tapes” (Linda Pinsky, et al.), “Teaching Physical Diagnosis” (Dale Berg, et al.), and “Studying What You Did While Changing What You Do: A Case-Based Approach to Education Research” (sponsored by the Education Committee). Emphasis on usefulness and innovation are captured in this quote from one of the leaders of the Education Committee’s course, Daniel R Wolpaw, MD: “We’re hoping to be where the rubber hits the road—only a little off to the side.”

Excellence in research methods is also taught in a broad range of courses including “Thinking About Change as an Outcome” (Pamela Williams-Russo), “Quality Improvement: Promoting Change” (Haya Rubin, et al.), and “Designing and Adapting Health-Related Surveys for Multicultural Research” (Leo Morales, et al.). In addition, in collaboration with the American Federation for Medical Research, we are able to offer outstanding research training in the course “Approaches for Improved Risk Adjustment in Observational Studies” (Michael Shwartz, et al.) and a plenary talk and sequential workshops led by Joseph Lau, a pioneer in meta-analysis and project director of the AHRQ Evidence-Based Practitioner Training Program within the course “Peer Review of Clinical, Teaching, and Research Practices.”

We encourage you to visit the SGIM Website. Preregistration for precourses is open through March 29, 2000. We look forward to seeing you in Boston at the Annual Meeting. **SGIM**

**Cheryl A. Walters, MD, is Chair and W. Scott Richardson, MD, is Co-Chair of the Precourse Subcommittee of the SGIM 2000 Program Committee.**

**RESEARCH FUNDING CORNER***continued from page 6*

- ment in the General Health Sector
- ◆ AHRQ Small Project Grant Program and Addendum
- ◆ Small Grant Program for Conference Support

**Research Training Grants**

- ◆ AHRQ-Supported Institutional Training Programs
- ◆ National Research Service Award: Individual Postdoctoral Fellowships
- ◆ Grants for Health Services Dissertation Research
- ◆ Preparing for a Career in Health Services Research: AHRQ Minority Health Program
- ◆ Innovation Incentive Awards

AHRQ grant application kits, including all currently active RFAs and PAs, may be obtained from the AHRQ Publications Clearinghouse, P.O. Box 8547, Silver Spring, MD 20907-8547. Telephone 800-358-9295; TDD service 888-586-6340; E-mail [info@ahrq.gov](mailto:info@ahrq.gov).

AHRQ grant announcements are available from AHRQ's InstantFAX, a fax-on-demand service that operates 24

hours a day, 7 days a week, and is accessible to anyone using a fax machine equipped with a touch tone telephone handset. Call 301-594-2800,

push "1," and then press the fax machine's start button for instructions and a list of currently available announcements. **SGIM**

**FELLOWSHIP SEEKS APPLICANTS***continued from page 6*

- main goal; and the name, address, and phone number of the participating advocacy organization.
- ◆ A full description of the project.
- ◆ A current CV, no more than three pages.
- ◆ Copies of no more than two of the applicant's publications that are relevant to the proposed project.
- ◆ A letter from the cooperating organization (no more than 1000 words) that describes how it will assist the applicant and how it will benefit the applicant's project. This letter must include an organizational contact, and a copy of the organization's tax determination letter.

- ◆ Two letters of recommendation (at least one from the applicant's home institution).

The deadline for applications for Cycle II is March 21, 2000.

**Information**

Complete guidelines for applicants are available on the MAP Website ([www.soros.org/medicine/](http://www.soros.org/medicine/)) under Guidelines. Information also may be obtained by contacting Julie McCrady, Program Manager, Medicine as a Profession, Open Society Institute. Telephone (212) 547-6987; Fax (212) 548-4677; E-mail [jmccrady@sorosny.org](mailto:jmccrady@sorosny.org). **SGIM**

## UpToDate Seeks Contributors

UpToDate is looking for authors to write on a variety of topics in primary care. All authors receive a small, yearly royalty (approximately \$100 per topic). In addition, authors who contribute three or more reviews receive a free subscription to UpToDate. Please contact Denise Basow at UpToDate (E-mail [dbasow@uptodate.com](mailto:dbasow@uptodate.com) or Phone (781) 235-3065 ext 229) if you are interested in writing on one of the following topics:

- ◆ Geriatrics (including retirement, dying, social problems)
- ◆ Evaluation of palpitations
- ◆ Personality disorders
- ◆ Medical ethics (including informed consent, patient confidentiality, abortion, managed care)
- ◆ Dermatology
- ◆ Passive smoking

Please visit UpToDate on the Web at <http://www.uptodate.com>.

**Calendar of Events****Annual Meeting Dates****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

**25th Annual Meeting**

May 1–3, 2002  
Hyatt Regency Hotel  
Atlanta, GA

**26th Annual Meeting**

May 1–3, 2003  
Vancouver, BC, Canada

# New Members: Southern Region

SGIM welcomes the following new members in the Southern Region:

## Alabama

Stuart J. Cohen, M.D.

## Florida

Heather E. Harrell, M.D.  
Ravi B. Masih, M.D.  
Betty A. Mincey, M.D.  
Thomas L. Weeks, M.D.

## Georgia

Chester Alexander, M.D.  
Rebecca Babcock, M.D.  
Lisa Bernstein, M.D.  
Shilpa P. Brown, M.D.  
Sanjukta R. Chatterjee, M.D.  
Kelly Cobb, M.D.  
Daniel Dressler, M.D.  
Byard F. Edwards, M.D.  
Sandre Adamson Fryhofer, M.D.  
Pam Girres, M.D.  
Nurcan Ilksoy, M.D.  
Neil Kripilani, M.D.  
Laura Martin, M.D.  
Darryll Patterson, M.D.  
Brian Rekus, M.D.  
Mary Rhee, M.D.  
Alexia Torke, M.D.  
Clyde Watkins, M.D.  
Allen Watson, M.D.  
Tanya Wiese, D.O.

## Kentucky

Jeremy Pripstein, M.D.

## Louisiana

Karen B. DeSalvo, M.D., M.P.H.  
Joseph R. Stremikis, P.A.

## North Carolina

Eric S. Baggstrom, M.D.  
Wendy B. Benedict, M.D.  
Clyde L. Brooks, M.D.  
James J. Cappola, M.D.  
Marisa D'Silva, M.D.  
James Kimberly, M.D.

James M. Preville, M.D.  
Amy Weil, M.D.

## South Carolina

Barbara Hildreth, M.D.  
Daryl A. Lapeyrolerie, M.D.

## Texas

Ronald T. Ackermann, M.D.  
Ko Ko Aung, M.D.  
Felicia L. Austin-Tolliver, M.D.  
Nancy Beran, M.D.  
Debbie Cardell, M.D.  
Bradford W. Duncan, M.D.  
Temple Howell-Stampley, M.D.  
Abdul Mateen Nagaria, M.D.  
Jane O'Rorke, M.D.  
J. Gabrielle Patterson, M.D.  
Brian Senger, M.D.  
Stephen J. Sibbitt, M.D.

## Virginia

John T. Chang, M.D., M.P.H.  
Matthew Mintz, M.D.  
Britt Newsome, M.P.H.  
Ozgur Ozkan, M.D.

## West Virginia

Niti Armistead, M.D.  
Shanthi Manivannan, M.D.

## INVESTIGATOR AWARDS

continued from page 5

- ◆ a summary of the key activities to be undertaken;
- ◆ the anticipated contribution of the proposed study to future health policy and the conceptual foundation on which it rests; and
- ◆ the length of time and total costs estimated for the project.

Applicants should mail the original plus six copies of the letter of intent and curriculum vitae to: Barbara Kivimae Krimgold, Deputy Director, Investigator Awards in Health Policy Research, Association for Health Services Research, 1130 Connecticut Avenue, NW, Suite 700, Washington, DC 20036. Telephone (202) 223-2477.

### Deadline

The deadline for receipt of letters of intent is 5:00 p.m. (EST), April 7, 2000.

### Inquiries

Applicants may obtain additional information, including a description of projects previously funded, by contacting the Deputy Director or visiting AHSR's Website ([www.ahsr.org/rwjf](http://www.ahsr.org/rwjf)). **SGIM**

### Chair, Department of Health Services Research

The University of Texas M. D. Anderson Cancer Center is seeking an exceptional individual to serve as Chair of the newly formed Department of Health Services Research. M.D. Anderson has a strong commitment to developing the theory and practice of health services research and would like to recruit an individual with a proven track record of funding, publication, and leadership in the field to build this department.

The ideal candidate for the Chair would have a doctoral degree (M.D. and/or Ph.D.) with appropriate formal training in one of the disciplines of health services research (e.g., clinical epidemiology, medical decision-making, etc.). The chair will participate in a full range of academic activities including the development of a thematic research agenda, faculty recruitment and mentoring, and the growth of educational programs. Candidates should have demonstrated effectiveness in teaching and advising. Experience in oncology is much preferred. Interested applicants should send a curriculum vitae to:

THE UNIVERSITY OF TEXAS  
MD ANDERSON  
CANCER CENTER

Bernard Levin, M.D.  
Vice President for Cancer Prevention  
The University of Texas M. D. Anderson Cancer Center  
1515 Holcombe Boulevard, Box 203  
Houston, Texas 77030-4095

*The University of Texas M. D. Anderson Cancer Center encourages applications from women and minority groups.*

# SGIM FORUM

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

## CLASSIFIED ADS

Positions Available and Announcements are \$50 per 50 words for SGIM members and \$100 per 50 words for nonmembers. These fees cover one month's appearance in the *Forum* and 2 month's appearance on the SGIM Website at <http://www.sgim.org>. Send your ad, along with the name of the SGIM member sponsor, to SGIM Forum, Administrative Office, 2501 M Street, NW, Suite 575, Washington, DC 20037. It is assumed that all ads are placed by equal opportunity employers.

**INSTRUCTOR/ASSISTANT PROFESSOR.** Rhode Island Hospital seeks a new faculty member for the Division of General Internal Medicine. Candidates must have completed a fellowship in General Medicine or Geriatrics, or have 5 years experience in general medicine including funded research. The candidate is expected to establish a program of independent investigation and will have significant protected time. Interest in health sciences research and chronic disease, specifically substance abuse or oncology, is desirable. Candidates should qualify for appointment as Instructor, Assistant Professor, or Associate Professor at Brown University contingent on criteria. Review of applications will begin immediately and continue until the position is filled or the search is closed. Rhode Island Hospital actively solicits applications from women, minority, and protected persons. Please send a CV to: Michael D. Stein, Associate Professor of Medicine, Division of General Internal Medicine, Rhode Island Hospital, 593 Eddy Street, Providence, RI 02903. AA/EOE

**GENERAL INTERNAL MEDICINE FELLOWSHIP.** Johns Hopkins University seeks candidates for 2-3 year fellowship in Clinical Research (emphasizing primary care, prevention, epidemiology, community health, minority health, technology assessment, quality of care, health economics, behavioral medicine, injury control, gerontology, and AIDS) or Medical Education (emphasizing teaching skills, curriculum development, administration, and medical journalism) starting July 2001. Minority candidates encouraged to apply. Contact Eric Bass, MD, 1830 E. Monument St., 8th floor, Baltimore, MD 21205. Telephone (410) 955-9869; E-mail [ebass@jhmi.edu](mailto:ebass@jhmi.edu).

**TRAINING IN FACULTY DEVELOPMENT.** The Stanford Faculty Development Program ([www.stanford.edu/group/SFDP](http://www.stanford.edu/group/SFDP)) is accepting applications for three, month-long, facilitator-training programs. The training prepares faculty to conduct a faculty development course in one of three content areas for faculty and residents at their home institutions: (1) The Clinical Teaching course introduces a seven-component framework for analyzing and improving teaching; (2) The Geriatrics in Primary Care course enhances primary care physicians' ability to care for older patients and teach geriatrics to medical trainees; and (3) a brand new course in End-of-Life Care is designed to increase physicians' competence in providing and teaching about end-of-life care. 2000 program dates: End-of-Life Care (September), Geriatrics in Primary Care (September), Clinical Teaching (October). Please contact: Georgette Stratos, PhD, Co-Director, Stanford Faculty Development Program, 1000 Welch Rd., Suite 1, Palo Alto, CA 94304-1812. Telephone (650) 725-8802; E-mail [gstratos@stanford.edu](mailto:gstratos@stanford.edu).

**ASSOCIATE CHIEF OF STAFF FOR AMBULATORY CARE.** The Iowa City Department of Veterans Affairs Medical Center and The University of Iowa College of Medicine, Department of Internal Medicine, are seeking an experienced internist and dynamic physician-leader to serve as Associate Chief of Staff for Ambulatory Care (ACOS/AC). Reporting to the Chief of Staff, the ACOS/AC is an integral part of the Medical Center's clinical leadership. Successful candidates will also have the opportunity to serve as Associate Director, Division of General Internal Medicine, University of Iowa College of Medicine, and to play an important academic role in generalist training at the University. Principal responsibilities of the position include strategic planning for the Medical Center's primary and preventative care programs and oversight of urgent care clinics and community-based outpatient clinics. The incumbent will be assisted by an accomplished administrative team to oversee clinical operations. The individual selected for this position must be a board-certified physician. Prior administrative experience is desirable. The VA Medical Center is located in Iowa City and is in close proximity to the University of Iowa health sciences campus. Iowa City also offers a wonderful college town lifestyle and renowned public school system. Please submit CV to Bradley Doebbeling, MD, MS, in care of Daniel Helle, Human Resources, VA Medical Center, 601 Highway 6 West, Iowa City, IA 52246. Women and minorities are strongly encouraged to apply. AA/EOE