

SGIM LAUNCHES NATIONAL EVIDENCE- BASED MEDICINE PROJECT

Rosanne M. Leipzig, MD, and Martha S. Gerrity, MD, MPH, PhD

In December 1998, Drs. Bill Branch and Wendy Levinson, then co-chairs of the Clinician-Educator Task Force of the SGIM Education Committee, obtained a \$50,000 grant from the Merck Foundation to develop a plan to train clinicians in the principles of Evidence-Based Medicine (EBM) and promote the use of EBM in day-to-day clinical practice. The Education Committee identified leaders in the EBM movement and asked them to form a working group to develop this plan for SGIM. Recently, the Merck Foundation generously agreed to fund phase II, the SGIM National Evidence-Based Medicine Project, at \$150,000 per year for 2 years.

Over the past year, meetings and conference calls of the SGIM EBM Working Group have been characterized by vigorous discussions about the problems clinicians encounter in answering questions that arise in their clinical practice, how much a practicing clinician can be expected to learn about searching for evidence, and how best to develop a cadre of clinicians who could both practice and teach EBM. We decided upon two project goals: 1) to provide resources and training to clinicians so that they can efficiently answer clinical questions using evidence-based resources, and 2) to assist educators in becoming effective practitioners and teachers of EBM so that they may serve as role models for trainees.

The Working Group is developing a 1-day workshop, "Learning How to Prac-

tice EBM: Understanding and Using Evidence-Based Resources," to enhance the ability of clinicians to use evidence-based resources (e.g., Best Evidence) to answer clinical questions. We are writing a series of clinical cases addressing diagnosis, therapy, and overviews. The workshop will focus on asking clinical questions related to the cases; searching evidence-based resources; understanding the presentation of results from studies about therapy, diagnosis, and overviews; and applying the results to patients. The workshop will be taught in small groups of approximately eight participants with two tutors per group. All discussions will be case-based. Participants will work through several cases after the workshop under the guidance of their tutors. These cases will be posted on the SGIM website, and participants will communicate their answers to others in their group using conferencing software.

The workshop and follow-up web-based case discussion will be piloted with members of SGIM and the National Association of Inpatient Physicians (NAIP). Members of these organizations have different work characteristics: most SGIM members are clinician-educators while most NAIP members are clinicians. The workshop will be offered as a pre-course at the SGIM Midwest Regional Meeting and the NAIP Southeast Regional Meeting. Both workshops will occur on September 21, 2000. Each workshop will ac-

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SGIM Working to Diversify Committee Membership

Valerie E. Stone, MD, MPH

S GIM is an organization that has long been comfortable with diversity and has welcomed members of differing race/ethnicities, genders, career paths, and lifestyles. However, this year SGIM is making an unprecedented commitment to diversity within the Society by addressing this issue in SGIM 2000, the Society's strategic initiatives. SGIM 2000 was published in full in the January issue of the *Forum*. This document states that it is an objective of SGIM to "consciously promote diversity (of racial/ethnic background, gender, career, and lifestyle) at every level of the organization." As a sign of how serious the organization is about diversity, the Society's President, Seth Landefeld, MD, discussed this initiative at length in his President's Column in the March issue of the *Forum*.

To help turn this objective into reality, SGIM's Committees are looking for new members, particularly members from underrepresented minority groups, women, and members with nontraditional lifestyles or career paths. Committees in search of new members include the Communications Committee (specifically, the Website Cluster), the Membership Committee, the Health Policy Committee, the Research

Committee, and the Education Committee. You may join a committee by attending an organizational meeting at the Annual Meeting in May or by contacting the Chair to let them know of your interest. The Chairs of the Committees mentioned above and their E-mail addresses are listed below.

Committees regularly assign work to their members and expect members to be active and productive. It is important that you have the necessary time and commitment to fulfill these responsibilities if you join a committee. The hard work pays off, though—committee membership is great way to become more involved in SGIM, contribute to the Society, and assure that your perspective is represented and heard.

You also can contribute to SGIM by joining the Program Committee for the 2001 Annual Meeting. There are many different needs and ways to get involved. You should express your interest and indicate the specific role you would like to take on by completing the form distributed at the 2000 Annual Meeting in May or by contacting Eileen Reynolds, Chair, Program Committee, 2001 Annual Meeting (**ereynold@caregroup.harvard.edu**). **SGIM**

Committee	Chair	E-mail Address
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Membership Committee	Alan Prochazka	Allan.Prochazka@med.va.gov
Health Policy Committee	Mark Liebow	mliebow@mayo.edu
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IT SHOULDN'T BE THIS WAY

Sankey V. Williams, MD

I keep a box of tissues on my desk. To understand why, you need to know what is going on at the University of Pennsylvania, where I work. Life is interesting, in the sense of the Chinese curse that says, "May you live in interesting times." There are good things at work and other things. Let's start with the good things.

I am proud of the patient care we provide. Penn's health system won four national awards for the quality of its patient care during the last 2 years. If you believe *US News and World Report*, our university hospital ranked with 13 other hospitals in the national "honor role" category this year.

I also am excited about our educational programs. We started a primary care residency 3 years ago, and it was an instant success. The Department of Medicine recently expanded its traditional residency, and we just filled it in the match with terrific candidates. Our new hospitalist service has become a popular part of the inpatient teaching program. The School of Medicine is implementing a revised medical student curriculum that does all the right things by putting more emphasis on clinical correlation, population-based medicine, self-directed learning, individualized research and study, and net-based, virtual learning.

Our research programs are flourishing. Most departments are setting new records each year for external funding. One way to measure progress is to measure how much funding comes from federal sources. When this measure ranks schools of medicine, we have moved up a lot in recent years. We are, in fact, increasing the number of federal dollars faster than our nearest competitors and are beginning to think about aiming for the top rank. It doesn't get much better.

The other news, however, is that

we are losing money, a lot of money, despite seeing more outpatients, admitting more inpatients, and decreasing the average length of a hospital stay.

The official explanation is that we are getting paid less for doing more. Like almost every other academic health center in the country, we are getting fewer dollars from Medicare because of the federal Balanced Budget Act of 1997. Like other hospitals in Pennsylvania, we are getting fewer dollars from Medicaid because of changes in the State's reimbursement policies. Like other



health systems in Philadelphia, we find it difficult to negotiate favorable payment rates and to fix problems when HMOs deny or delay payments because two HMOs dominate the marketplace.

One result is that we are reducing the number of employees in our health

system this year. Because these reductions are concentrated in "corporate services," like marketing and public relations, we do not expect them to affect patient care or educational programs. This change, and other changes, should put us close to the break-even point at the end of the year. If we reach this goal, as we expect,

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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>

RESEARCH FUNDING CORNER

NIH Career Development Awards

Jasjit S. Ahluwlia, MD, MPH, MS

In this month's Research Funding Corner we revisit the NIH Career Development Awards, known more commonly as the K Awards. The work that many of us do in general internal medicine is relevant to and fundable by these awards. A table summarizing the K Awards was published in the August 1999 issue of the *Forum*. More information can be found on the NIH Website at <http://grants.nih.gov/training/careerdevelopmentawards.htm>.

The table below provides the funding rates for the various K Awards in 1998. The take-home message is that these awards are being underutilized. Relatively few applications are being submitted, and often the funding rate can be quite high. The programs likely to be of most interest to SGIM members

are the K08, K23, and K24 awards. The K08 (Mentored Clinical Scientist Development Award) and K23 (Mentored Patient-Oriented Research Career Development Award) programs are designed for new clinical investiga-

tors. The K24 (Midcareer Investigator Award in Patient-Oriented Research) program is for midcareer investigators. Since the K24 program is new, data on its funding rate are not yet available. **SGIM**

Award	Applications	Funded	% Funded
K01	266	90	33.8%
K02	111	63	56.8%
K05	28	20	71.4%
K07	88	39	44.3%
K08	536	311	58.0%
K12	42	19	45.2%
K22	8	0	0.0%
K23	1	1	100.0%
All	1,080	543	50.3%

John Eisenberg Honored in Washington, DC

Lorraine Tracton

AHRQ Director and SGIM Past President John Eisenberg was honored at a reception recognizing the 10th Anniversary of the Agency for Health Care Policy and Research, and its reauthorization by Congress as the Agency for Healthcare Research and Quality. Congressmen from both sides of the aisle—Representative Sherrod Brown and Senator William Frist—remarked on the accomplishments of the Agency.

SGIM was a major sponsor and host of the March 22 event on Capitol Hill. Among the guests helping Dr. Eisenberg celebrate were SGIM President Seth Landefeld, Immediate Past President Steve Fihn, Treasurer Brent Petty, 23rd Annual Meeting Co-Chair Gary Rosenthal, and members Bud Williams, Arlene Bierman, Preston Reynolds, and Helen Burstin. Executive Director

David Karlson, Development Coordinator JoJo Clark, and Communications Coordinator Lorraine Tracton also represented SGIM, as did Rich Trachtman, SGIM's health policy consultant from Medical Advocacy Services, Inc.

AHRQ is a true example of advocacy in action. Flourishing bumper stickers with the slogan, "Put the Brakes on Medical Errors," Dr. Eisenberg introduced the Agency's campaign to build a safer health care system. As Dr. Eisenberg capped the evening by unveiling the organization's new logo, he quipped about the pros and cons of being called,

"John of AHRQ" (pronounced "Arc"), saying one particular lesson to keep in mind was to "stay away from large piles of wood." **SGIM**



Steve Fihn (left) and John Eisenberg display bumper stickers announcing AHRQ's campaign to reduce medical mistakes.

SGIM LAUNCHES EBM PROJECT

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commodate 24 physicians for a total of 48 physicians participating in the pilot. Formative and summative evaluations of the workshop will be done.

Phase II of this project includes five components:

1. Develop evidence-based resources for SGIM members and course participants that are easy to access and use.
2. Enhance the ability of clinicians to use evidence-based resources to answer clinical questions encountered in day-to-day practice ("putting evidence-based medicine into practice"). This is essentially the workshop described above.
3. Enhance the ability of educators and some clinicians to critically appraise medical literature. Another one-day course is envisioned, similar to that in component 2, where emphasis is on validity, results interpretation, and application of articles focusing, again, on diagnosis, therapy, and overviews.
4. Enhance the ability of educators to teach evidence-based medicine including the critical appraisal of medical literature. This will be a 3–5 day course focusing on diagnosis, therapy, prognosis, harm, and overviews so participants will be able to 1) practice EBM and 2) teach EBM as outlined in components 2 and 3. This component will be piloted by the ACP-NY/New York Academy of Medicine EBM Working Group. The upcoming series of *JGIM* articles, "Tips for Teaching Evidence-Based Medicine," will be integrated into the course. This workshop will be an important resource for the dissemination of the overall project. The teaching EBM workshop will serve as the "train the trainer" workshop for individuals facilitating any of the project workshops and as a faculty development resource for residency training programs and medical schools.
5. Provide CME credit to clinicians for using evidence-based resources to answer clinical questions. We envision incorporating in the SGIM

website a secured area where member can record clinical questions and proceed to answer those questions using evidence-based resources.

Providing CME credit should positively reinforce the use of evidence-based resources to answer clinical questions and, hopefully, increase the proportion of clinical questions that are answered by clinicians.

seems to be exponential rates, while there continues to be a serious time gap between research discoveries and their integration into routine clinical practice. SGIM is now poised to take the lead in faculty development for internists in this area, hopefully resulting in quicker translation of scientifically sound evidence into practice and a better understanding, for



Members of the SGIM-EBM working group explore ways to make evidence-based resources accessible on the internet (www.sgim.org). Seated clockwise from the computer are Mark Wilson, David Karlson (SGIM's Executive Director), Rosanne Leipzig (Group Leader), and Mark Williams. Avery Hart and Cheryl Walters are standing.

Once all three workshops have been developed and piloted, the EBM Working Group and the Council will consider whether SGIM should establish two to three regional coordinating centers for EBM workshops. Studies of the impact of workshops on clinicians' behavior in their day-to-day practice and patient outcomes also will be considered.

EBM is designed to facilitate access to and recognition of clinically important research and to enhance the ability of practitioners to judge the value of this research in the care of individual patients. The volume of published medical research is increasing at what

both doctors and our patients, that all evidence is not created equal.

The members of the EBM Working Group are Martha S. Gerrity, MD, MPH, PhD, Oregon Health Sciences University, Avery S. Hart, MD, Rush Medical College, Rosanne M. Leipzig, MD, Mt. Sinai School of Medicine, Catherine R. Lucey, MD, Uniformed Services University of the Health Sciences, Cheryl Walters, MD, Columbia University College of Physicians and Surgeons, Mark V. Williams, MD, Emory University Medical School, Mark C. Wilson, MD, MPH, Wake Forest University, and David Karlson, PhD, Executive Director, SGIM. **SGIM**

IT SHOULDN'T BE THIS WAY*continued from page 3*

patient care, faculty salaries, and essential programs will remain unaffected.

Another result, however, has been to intensify the pressure on faculty members to see more patients and get more grants without decreasing the pressure on them to publish more articles. These pressures are especially difficult for junior faculty members. In this respect, I suspect that we are not much different from other health systems in the country.

Some people say these pressures are more intense now, but I remember occasional panic, frequent heartburn, and sleepless nights when I was a member of the junior faculty and the pressures were arguably less intense. My theory is that people like us, who have competed successfully throughout our careers, turn the internal pressure up to maximum, whatever the external pressure.

Which brings me back to the box of tissues on my desk. Since I have been a division chief, the most rewarding part of my job has been helping junior faculty members figure out what to do with their careers. Often my contribution is simply to listen to a thoughtful plan, endorse it, and suggest someone else who can help. At other times, my contribution is to explain the rules, many of which are not in writing.

Sometimes, however, when a junior faculty member comes into my office to talk, the emotions are intense. Unfortunately, I've learned the physical signs—choppy sentences, a shifting position, and mottled coloring in the neck. Often there are tears, which is why I keep the box of tissues handy. I'm often not sure exactly what the emotions are. Sometimes it's more anger, sometimes frustration, and sometimes desperation. When things go right, my contribution is to help the person understand how things can work out, after all.

Even when the discussion ends all right, it shouldn't be this way. These people are talented, accomplished, and full of promise. They are delivering

more and better patient care, improving the quality of medical education, and accelerating the creation of knowledge. The institution they work in should do a better job recognizing and valuing them.

It's the same all over the country. For general internists, times are interesting and life is challenging. SGIM and its individual members are trying to help. Not long ago, *JGIM* published a series of articles that addressed the problems of clinician educators (vol. 12, suppl. 2, April 1997). More recently, Wendy Levinson and Arthur Rubinstein recommended fundamental changes in how clinician-educators should be promoted (*N Engl J Med*. 1999;341:840-3). Still more recently, SGIM's Council directed the relevant committees to review and revise existing guidelines for the promotion of clinician-educators and physician-scientists. SGIM's Health Policy Committee is constantly monitoring

federal developments for opportunities to make a difference. Finally, SGIM has focused many of its strategic initiatives on supporting SGIM members in their faculty roles (<http://www.sgim.org/about/strategicinitiatives.html>).

My university may be headed in the right direction. During the past year, a faculty task force has been revising our promotion guidelines. The task force's current recommendations include some changes that SGIM and its members have been advising, although it probably is not accurate to say that SGIM is responsible for these recommendations. I know that similar changes are occurring at other universities. I hope yours is among them.

Until things are better everywhere, I encourage you to read the materials that SGIM's members have written, participate in SGIM's initiatives, and advocate reform in your institution. Maybe someday I can do without that box of tissues. **SGIM**



Department of Veterans Affairs

General Internist Women's Health Director

PHYSICIAN: The Durham VA Medical Center is seeking a director for their Women Veterans Comprehensive Health Center. The director will lead a multidisciplinary team of clinicians and conduct independent research through the Center for Health Services Research in Primary Care. Must be a U.S. citizen, accomplished clinician and teacher with fellowship training, or equivalent experience with demonstrated academic productivity in women's health. Must be BE/BC in Internal Medicine and qualify for academic appointment at the affiliate Duke University. Send letter and CV to David L. Simel, MD, MHS, Associate Chief of Staff/Ambulatory Care (11C), 508 Fulton Street, Durham, NC 27705; Telephone (919) 286-6936. EOE

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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.

CHIEF, DIVISION OF GENERAL INTERNAL MEDICINE AND GERIATRICS. Loyola University Chicago, Stritch School of Medicine is seeking a full-time faculty member to head its Division of General Internal Medicine and Geriatrics. This tenure-track position will provide leadership to clinical programs and provide oversight for all clinical and educational programs serving medical students, residents, and fellows. In addition, the candidate will have direct patient contact in both in-

patient and outpatient settings. Board certification in General Internal Medicine and Geriatric Medicine is required. Geriatric fellowship training and expertise in long-term care preferred. Salary will be commensurate with experience. Please send an introductory letter and CV to: Patrick Fahey, MD, Professor and Chairman, Department of Medicine, Loyola University Medical Center, 2160 South First Avenue, Bldg. 102, Room 7604C, Maywood, IL 60153. Female and minority candidates are encouraged to apply. AA/EOE

MAYO CLINIC INTERNAL MEDICINE HOSPITALISTS. Mayo Clinic is seeking board-certified internal medicine hospitalists to practice at St. Luke's Hospital, its inpatient facility in Jacksonville, Florida. The hospitalist will have significant teaching responsibilities for Mayo's Internal Medicine residency program. Experience in a hospitalist role with teaching experience is required. Mayo Clinic provides competitive salaries and an excellent benefit package. Applicants should send their CV to: Robert Safford, MD, PhD, Chair, Internal Medicine, Mayo Clinic, 4500 San Pablo Road, Jacksonville, FL 32224. AA/EOE

ASSISTANT/ASSOCIATE PROFESSOR. The Division of General Internal Medicine at the University of Washington is seeking applicants for a full-time faculty position in the Section of General Internal Medicine at VA Puget Sound Health Care System, Seattle Division. The appointment is in the physician-scientist pathway at the Assistant or Associate Professor level, depending on the applicant's qualifications, to begin late 2000. The person who occupies this position will be expected to develop an independent research program in epidemiology or health services research, or another field related to the delivery of primary care. Applicants should have demonstrated potential for research as shown by direct experience or relevant fellowship training. Protected time for research will be provided. Remaining time will be spent providing direct clinical care in general internal medicine, clinical teaching, and administrative activities. The closing date for applications is May 31, 2000. Send CV to Edward J. Boyko, MD, MPH, VA Puget Sound Health Care System (S-111-GIMC), 1660 S. Columbian Way, Seattle, WA 98108. The University of Washington is building a *continued on next page*

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culturally diverse faculty and strongly encourages applications from women and minority candidates. AA/EOE

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tronic medical record. Send CV to: Marian Hodges, MD, Section Head, General Internal Medicine, Department of Medical Education, Providence Portland Medical Center, 5050 NE Hoyt, Suite 540, Portland, OR 97213. Telephone (503) 215-6600; Fax (503) 215-6857. Applications will be reviewed immediately and accepted until position is filled.

DIRECTOR
DIVISION OF GENERAL AND GERIATRIC MEDICINE

The University of Kansas School of Medicine is recruiting a Director to lead the clinical, research, and educational programs for the Division of General and Geriatric Medicine in the Department of Internal Medicine. Considerable resources have been given to the new chair to build the department, and growth and expansion of this Division is a high priority. The candidate will receive significant institutional resources with the ability to recruit additional faculty to promote the academic and clinical missions of the Division. The ideal candidate should possess outstanding leadership and administrative skills, be experienced as an educator, and be recognized for extramurally funded patient-oriented research programs. Candidates should be at the rank of, or eligible for the rank of, Associate or full Professor.

Significant opportunities exist with the University-affiliated Kansas City VA Medical Center. Particularly strong inter-departmental programs exist in cancer prevention and control, epidemiology, and biostatistics. Opportunities exist to affiliate with a nationally recognized Center on Aging, with a federally funded Claude D. Pepper Center grant, and a Hartford Center of Excellence grant. There also are departments of Preventive Medicine (with a certified MPH Program), History and Philosophy of Medicine, and Health Policy and Management (with a certified MHA Program).

Interested candidates should send a cover letter, CV, and the names of three references to:

University of Kansas Medical Center
Department of Preventive Medicine
3901 Rainbow Boulevard
Kansas City, KS 66160-7313
Attn: Jasjit S. Ahluwalia, MD, MPH, MS

AA/EOE