

NATIONAL COALITION DEVELOPS CORE COMPETENCIES IN GENETICS

P. Preston Reynolds, MD, PhD, FACP

In recent years there has been a tremendous expansion of scientific knowledge in human genetics. As a result, there is a growing need for education in genetics for health professionals. In recognition of this need the American Medical Association, the American Nurses Association, the National Human Genome Research Institute, and other organizations joined forces in 1996 to establish the National Coalition for Health Professional Education in Genetics (NCHPEG). NCHPEG now has representatives from over 100 organizations, including professional societies (such as SGIM), certifying boards, consumer and voluntary groups, and government agencies. Its mission is to promote education in genetics for health professionals and the development of educational tools and information resources to facilitate the integration of genetics into practice. Its key operating principles are: 1) to build on the collective perspectives and strengths of its member organizations, and 2) to create high-quality, credible networks for collaboration and cooperation. Administratively, the Coalition seeks to minimize bureaucracy, reduce duplication of effort,

ensure coordination, and engender frequent and open communication.

To date, NCHPEG has held three meetings on the campus of NIH. Representatives of over 70 organizations attended the most recent meeting on February 14 and 15, 2000. During the plenary session, Francis Collins provided an update on the status of the human genome project and its anticipated impact on health care delivery. Workshops addressed the questions that confront health care professionals as they incorporate genetics into their clinical activities. Topics included genetics and cultural diversity, genetic risk assessment and management of common adult disorders, and the use of computer information technology in clinical care and health professions education. The business meeting focused on reports from task forces and discussion of the overall financial and organization structure of the Coalition. With funding from the Robert Wood Johnson Foundation, NCHPEG is well positioned for the next several years.

I have been SGIM's representative to NCHPEG for the past 2 years. In this role

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NEWS FROM THE REGIONS

Mid-Atlantic Region Holds 20th Annual Meeting

Frederick Williams, MD, and Redonda Miller, MD

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The Mid-Atlantic Region held its 20th Annual Meeting on March 10, 2000, at the Johns Hopkins University in Baltimore, Maryland. Regional President Eileen Reynolds welcomed the audience of 160, which consisted of members, fellows, residents, and students. Longtime member and friend of SGIM, John Eisenberg, MD, gave the keynote address. Dr. Eisenberg is Director of the newly renamed Agency for Healthcare Research and Quality. His speech, entitled “Defining Quality in the New Millennium,” was both entertaining and enlightening. It provided the perfect beginning to a day filled with research presentations, workshops, and plenty of time for collegial interactions.

The lunchtime business meeting saw the passing of the baton from current Regional President Eileen Reynolds, MD, Beth Israel Deaconess Medical Center, and Secretary-Treasurer Joseph Cofrancesco, MD, Johns Hopkins University, to incoming President Thomas McGinn, MD, Mount Sinai Medical Center, and Secretary-Treasurer Scott Wright, MD, Johns Hopkins University. Results of this year’s elections were also announced. Congratulations go to Joseph Cofrancesco, MD, President-Elect, and Redonda Miller, MD, Secretary-Treasurer-Elect, Johns Hopkins University.

This year’s Regional Clinician-Educator Award was presented to Randol Barker, MD, Johns Hopkins Bayview Medical Center, in recognition of his teaching and mentoring role over

the years.

Lunch was followed by a panel discussion on “The Role of Alternative and Complementary Medicine in the New Millennium.” Bimal Ashar, MD, Johns Hopkins University, served as moderator for a panel of experts that included Paul Coates, PhD, Director, Office of Dietary Supplements, NIH; William Loeliger, MD, Medical Director, Alternative and Complementary Care Center, Greater Baltimore Medical Center; Felice Milan, MD, Associate Professor of Medicine, Montefiore Medical Center; and Sharon Montes, MD, Clinic Director, Complementary Medicine Center for Healing, University of Maryland. Cases were

presented for discussion by both panelists and audience members.

The Program Committee wishes to recognize this year’s award winners:

- ◆ Judith Long, MD, University of Pennsylvania—Junior Faculty Research Abstract Award for her presentation “A Job of One’s Own: Predicting Mortality in Elderly Women.”
- ◆ Jeanne Clark, MD, Johns Hopkins University—Trainee Research Abstract Award for her presentation “Does Early Breast Cancer Influence Utilities Relevant to Hormone Replacement Therapy?”
- ◆ Edith Vargo, MD, Johns Hopkins University—Clinical Vignette Award for her presentation “A Lupus Patient with ‘Atypical’ Pneumonia.”
- ◆ Randol Barker, MD, Johns Hopkins Bayview—Best Workshop Award.

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Current Mid-Atlantic SGIM President Thomas McGinn, MD (right) presents this year’s Mid-Atlantic Clinician-Educator Award to Randol Barker, MD (left).

GOAL NUMBER ONE

Sankey V. Williams, MD

I made a house call yesterday. I've made house calls before. My father was a general practitioner in a small town in Kentucky, and sometimes I'd ride along to keep him company, usually in the evenings after dinner. He had a spotlight on the side of his car to find house numbers in town, but we usually went out in the county, often to small houses away from the paved roads. My father would go in while I waited in the car or sat on the porch. His black bag was big and heavy and hard for me to carry. It was full of needles, glass syringes, rubber tubing, and shiny metal devices that I didn't understand—but most of all pills. On leaving, he'd open a bottle, shake a dozen or so colored tablets into a little paper envelope and, ignoring the printed lines, scrawl "2 every 6 hrs" across the front.

On the way home he would tell me what the problem was and what he had done in words I could understand. These trips were special because he made hospital rounds in the neighboring town every morning, did house calls every evening, held office hours every Saturday, and often was called out during the night to deliver a baby. This schedule did not allow us much time together.

The patient I saw yesterday morning in her Philadelphia row house will be 100 this year, if she makes it to her birthday. Her diabetes and congestive heart failure are stable. She has limited short-term memory, but she's happy most of the time, and she's lost none of her grace and politeness. She was 88 pounds the last time we weighed her, but that was months ago. She's thinner now and she needs help getting from bed to bedside commode.

Her daughter, who lives with her, is 70 years old. Her breast cancer is in remission, but her hip makes her take the stairs to the second-floor bedroom

one at a time. The only other occupant is a tiny, hyperactive blur that must be a dog because it barks.

One way they manage is by keeping a strict schedule. I come precisely at 8:30, because the daughter is up and dressed by then, and I don't interfere with the home health aide who arrives at 9:00 to help wash and dress the mother.

A lot can be learned by simply being there. I can tell what they eat by seeing the groceries, and I understand their politics by looking at magazine clippings on the wall. They indirectly



tell me which children are involved in their lives when I ask who is in the framed photographs. They reveal their daily routines when they talk about what they did yesterday and plan to do today.

I asked the mother about symptoms, took a blood pressure, listened to lungs, and examined skin. The daughter and I talked about the mother's medicines, mental status, breathing, diet, and bowel movements, and we decided to leave everything unchanged, except to try replacing some laxatives with a diet higher in fiber.

I didn't practice a lot of evidence-based medicine during the house call,

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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>

UPTODATE OFFERS NEW PROGRAM FOR PROGRAM DIRECTORS AND TRAINEES

Lorraine Tracton

S GIM leaders have been working with *UpToDate in Adult Primary Care and Internal Medicine*, an official educational vehicle of the Society, to make the program more affordable for and therefore more accessible to program directors, residents, and fellows.

We believe that broad access to *UpToDate*, the official educational program of the Society of General Internal Medicine, can aid medical education and will improve patient care over the long term. That's why we are pleased to make two exciting announcements.

New Low Price and Trainee Group Discount Offer

UpToDate has agreed to reduced the individual trainee subscription price of its program from \$245 to \$195—a 20% discount—making it more feasible for physicians in training and their program directors to have their own copies of *UpToDate*. The company also has introduced a Trainee Group Discount. During the months of July and August 2000, medical trainee groups of 10 or more can get \$50 off each personal trainee subscription, making the new group rate \$145 per person. Program directors will need to organize the residents or fellows in their programs and place group orders by August 31, 2000, to qualify for these additional savings.

To place a Trainee Group order, 10 or more residents or fellows in any one institution must participate in the program and subscribe to *UpToDate* together. Each trainee will need to fill out a special order form. These forms will be sent to program directors, chief residents, and trainees in June. The form also will be available on the *UpToDate* Website at www.uptodate.com/traineegroup for the duration of

the program. Trainee status and payment verification will be required.

Impact on Medical Practice and Training

Research suggests that *UpToDate* can improve patient care. In a recent survey at Harvard Vanguard in Boston, 79% of physicians reported that *UpToDate* shortened the time required to answer specific clinical questions, and 85% agreed that it helped them provide

better patient care. More than two-thirds said they had changed patient care decisions as a result of using it.

Physicians in training should realize similar benefits. *UpToDate* can provide residents and fellows with quick answers to clinical questions, along with authoritative advice on complex patient problems. In this way, *UpToDate* can contribute significantly to medical education and thus improve patient care over the long term. **SGIM**

U.S. Campaign to Ban Landmines Plans July Event

P. Preston Reynolds, MD, PhD, FACP

Landmine injuries and deaths remain a major worldwide medical and public health problem. On December 3, 1997, leaders from 122 nations around the world signed the International Treaty to Ban Landmines (ITBL). The ITBL bans the use, production, stockpiling, and transfer of antipersonnel landmines. Since 1997, 137 countries have signed the ITBL, and 94 countries have ratified the Treaty. The ITBL took effect on March 1, 1999, making it the most rapidly accepted international treaty in history. To date the United States stands outside the circle of signers.

As part of the Iowa Caucuses this spring, the U.S. Campaign to Ban Landmines (USCBL) launched a public awareness lobbying effort to get the Presidential candidates to take a position in favor of signing the ITBL. Only Bill Bradley publicly endorsed U.S. support of the Treaty.

On July 9–11 the USCBL will host a series of events to increase support among members of Congress for U.S. signature of the ITBL. On Sunday, July 9, there will be a full day of training on the ITBL and political activism.

Sessions will address the rationale for eliminating landmines, mine action, survivor assistance, de-mining, and the medical consequences of landmine use. Sessions also will prepare participants for visits to members of Congress and enhance skills in grassroots networking.

On Monday, July 10, and Tuesday, July 11, participants will visit members of Congress and key legislative staff. On Monday, July 10, there will be press briefings with major newspapers and a national press conference. Students Against Landmines will provide an orientation to basic organizing activities. The day will end with a reception and awards to the winners of the best USCBL posters.

If you are interested in learning more about the International Campaign to Ban Landmines, visit the Website: [www@ICBL.org](http://www.ICBL.org). If you want to participate in some or all of the USCBL activities July 9–11, contact Gina Coplon-Newfield at Banmines@phrusa.org. Funds may be available to support travel and hotel costs depending on the size of your state delegation. **SGIM**

Research Supplements for Underrepresented Minorities

Jasjit S. Ahluwalia, MD, MPH, MS

This month's column focuses on a unique and underutilized mechanism to obtain supplemental NIH funding: Research Supplements for Underrepresented Minorities. The program announcement (PA) can be found at <http://grants.nih.gov/grants/guide/pa-files/PA-99-104.html>.

Background

During 1987 and 1988, the Director of the National Institutes of Health (NIH) and the Advisory Committee to the Director held a series of regional meetings throughout the United States. At these meetings, concerned individuals and organizations presented testimony regarding the underrepresentation of minorities in biomedical and behavioral research. Although the NIH provides opportunities for minorities through the traditional research grant programs and through special initiatives supported by various components of the NIH, the testimony indicated that efforts of the NIH should be increased.

The NIH recognizes the need to increase the number of underrepresented minority scientists participating in biomedical and behavioral research. Accordingly, the NIH provides administrative supplements to attract underrepresented minorities into biomedical and behavioral research. This program has been endorsed by all the awarding components of the NIH. It provides support for research experiences at grantee institutions for minorities from high school to the faculty level.

General Provisions

The proposed research experience must be an integral part of the approved ongoing research of the parent grant. As part of this research experience, the minority individual must be given the opportunity to interact with individuals

on the parent grant, to contribute intellectually to the research, and to enhance her/his research skills and knowledge regarding the particular area of biomedical science. Furthermore, the Principal Investigator must demonstrate an understanding that the purpose of the award is to enhance the research capability of the minority student or faculty member and that the research experience is intended to provide opportunities for minority individuals to develop as independent, competitive research investigators. Supplemental awards will be consistent with the goal of strengthening the existing research program and with the overall programmatic balance and priorities of the funding component of the NIH.

Eligibility

Principal Investigators at domestic institutions who hold an active R01, R10, R18, R22, R24, R35, R37, P01, P20, P30, P40, P41, P50, P51, P60, U01, U10, U19, U41, or U42 grant are eligible to submit a request for an administrative supplement. The parent grant must have support remaining for a reasonable period at the time of a supplemental award (usually 2 years or more). The purpose of the application is to request support for an underrepresented minority high school student, undergraduate student, graduate research assistant, individual in postdoctoral training, or a staff or faculty member to participate in an ongoing research project. A request for a supplement may be submitted at any time. The decision to fund a supplement will take approximately 8 weeks from receipt of a complete application.

Description of the Individual Research Supplement Programs

◆ High School Students: The purpose of this program is to provide minority

high school students an opportunity to obtain a meaningful experience in various aspects of health-related research to stimulate their interest in careers in biomedical or behavioral science. This supplement is not to exceed \$2000 per student in direct costs, including supplies, for a summer experience.

- ◆ Undergraduate Students: This supplemental program provides an opportunity for minority undergraduate students interested in biomedical or behavioral research to participate in a research project at a research institution during the summer months and/or during the school year. This experience will be separate from any requirement of the regular academic program. The salary for an undergraduate student should be consistent with the institutional salary policies.
- ◆ Graduate Research Assistants: The objective of this program is to reach out to minority graduate students already in biomedical and behavioral sciences and provide an opportunity to further develop their research capabilities. Students who are supported on research or training grants may not be supported on research supplements. The NIH will provide salary support in addition to other necessary expenses, such as supplies and travel, to enable the individual to participate as a graduate research assistant in funded research projects. The total amount requested for salary, tuition, and fringe benefits can be up to \$26,000. Additional funds of up to \$3000 per year may be requested for supplies and travel. Funds may not be used to purchase equipment.
- ◆ Individuals in Postdoctoral Training: These supplements provide research support to permit minority individuals

continued on next page

RESEARCH FUNDING CORNER*continued from previous page*

in the postdoctoral phase of their training to participate in ongoing research projects as a means of assisting them in their development into independent biomedical or behavioral researchers. Postdoctoral fellows who are supported on research or training grants may not be supported on research supplements. Toward the end of the supplement award, candidates should be encouraged to apply for fellowships, research grants, and other sources of independent support. The NIH will provide support for salary in addition to other necessary expenses, such as travel and supplies, to enable the minority individual to participate as a postdoctoral research assistant or associate on the funded research project. The requested salary and fringe benefits must be in accordance with the salary structure of the grantee institution, must be consistent with the level of effort, and may not exceed \$40,000 per year. Amounts requested above current NRSA stipend levels must be justified. Additional funds of up to \$6000 may be requested for supplies and travel. Support may not be used to purchase equipment.

- ◆ **Investigators Developing Independent Research Careers:** These supplements provide either short- or long-term research support for minority staff or faculty members to enhance their research skills leading to an independent research career.
- ◆ **Short-term Minority Investigator Research Supplement:** This supplement provides short-term support for minority staff or faculty members to conduct full-time research for 3 to 5 months each year during the summer or another portion of the academic year, over a maximum period of 4 years.
- ◆ **Long-term Minority Investigator Research Supplement:** This supplement provides long-term research support for minority staff or faculty members to conduct research in the

biomedical or behavioral sciences. Support is provided for up to 4 years at a minimum of 30% effort during each 12-month period. The salary limit of \$50,000 per year in direct cost for the minority investigator supplemental award has been removed. The requested salary and fringe benefits for an investigator must be in accordance with the salary structure of the grantee institution and consistent with the level of effort. Additional funds of up to \$10,000 may be requested for supplies and travel.

This will be my last column since two major changes are occurring in my life. First, I am now the Acting Chair of my department. Second, I am about to become a father! It was a delight to have the privilege to write this column for the past year and I wish all of you the best for obtaining funding. Remember—no pain, no gain! **SGIM**

Editor's Note: *The Editor wishes to thank Dr. Ahluwalia for his contributions to the SGIM Forum this past year.*

NEWS FROM THE REGIONS*continued from page 2*

Student Committee Chairperson, Emanuel Kokotakis, MD, Washington Hospital Center, organized a panel discussion, "Exploring Career Opportunities in Internal Medicine," for the 28 medical students who attended this year's meeting.

As Co-Chairs of this year's meeting, we would like to thank the committee chairs who helped make the meeting such a success: Ethan Halm, MD, Mount Sinai School of Medicine, Research Abstracts; Robert Goodman, MD, Columbia-Presbyterian Medical Center, Clinical Vignettes; Kevin Fosnocht, MD, University of Pennsylvania, Workshops; Thomas McGinn, MD, Mount Sinai Medical Center, Clinician-Educators; and Emanuel Kokotakis, MD, Washington Hospital Center, Students. **SGIM**

COMPETENCIES IN GENETICS*continued from page 1*

I have served as a member of the core competency task force. The task force is interdisciplinary, with representatives from the fields of medicine, dentistry, nursing, social work, psychology, and genetic counseling. The task force has developed core competencies in genetics for all health professionals. It began by reviewing relevant documents from medical, nursing, and genetic counseling publications. It then developed proposed competencies, which were circulated for comment to various professional organizations and to the advisory board of the Genetics in Primary Care Initiative, a faculty development program. After reviewing comments from these organizations the task force prepared a final document, which was discussed and approved by NCHPEG at the February meeting. The core competencies will guide the development of curricula in genetics, as well as the inclusion of relevant material in licensing and certifying examinations. For further information visit the NCHPEG Website (www.nchpeg.org) or contact me at preynold@jhmi.edu. **SGIM**

Calendar of Events**Annual Meeting Dates****24th Annual Meeting**

May 3–5, 2001
 Sheraton San Diego Hotel
 and Marina
 San Diego, CA

25th Annual Meeting

May 2–4, 2002
 Hyatt Regency Hotel
 Atlanta, GA

26th Annual Meeting

May 1–3, 2003
 Vancouver, BC, Canada

GOAL NUMBER ONE

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but when I left the daughter said she was relieved and I felt good. Perhaps it was knowing I had helped someone, or perhaps it was the connection with my father.

Why am I telling you this? I make only a few house calls a year. Some of you make house calls every day. Others run home-care programs, so you know better than I do what house calls are like and what they're worth.

I suppose I'm trying to make a connection. I've known this mother and daughter so long I can't remember when we first met. Maybe it was during my residency; probably later. Several years ago when the daughter started having trouble bringing her mother to my office, we tried shifting care to a doctor who lives in the neighborhood. That didn't work out and the house calls began. All of us make special arrangements for patients in need. Sometimes it's free drugs, sometimes it's sympathetic listening at inconvenient hours, and sometimes it's house calls. Finding

others who share these values is one reason we joined SGIM.

I'm also trying to remind you how important SGIM and its members are to each other. In my father's world people talked about patients, doctors, and hospitals. In my world they talk about covered lives, providers, and vertically integrated health care systems. Also in my world, for-profit corporations buy teaching hospitals and medical schools declare bankruptcy, at least in Philadelphia. Although some of us still make house calls, times have changed. As a result, figuring out what's good and right seems harder, and doing what's good and right seems harder still.

SGIM is helping. The Society's leadership has determined that goal number one in our strategic initiatives is to "support our members." We know that change has made life tougher, and we know that helping you understand and manage change is the most important reason for the Society's existence.

We have specific objectives for

achieving this goal, for example, identifying your needs with a survey, making information in JGIM more convenient by putting it on the Internet, and increasing the Society's ability to influence health policy through strategic alliances. You can read more about these goals, initiatives, and objectives by going to the Society's Web page and clicking on "strategic initiatives." To ensure that intentions are realized, twice a year during its retreats SGIM's Council examines the Society's progress, and this attitude continues during the Council's monthly conference calls and the Executive Committee's biweekly conference calls.

SGIM can do these things because of what you contribute to the Society, and what you contribute is marvelous—imagination, idealism, and hard work. It's a great partnership. Thanks for what you've done. Thanks in advance for what you will do. **SGIM**

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.

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 CVs to: Robert Safford, MD, PhD, Chair, Internal Medicine, Mayo Clinic, 4500 San Pablo Road, Jacksonville, FL 32224. AA/EOE

MAYO CLINIC PRIMARY CARE INTERNIST. Mayo Clinic is seeking board-certified internists to provide primary care and participate in its Internal Medicine training program in Jacksonville, Florida. Mayo's integrated, multispecialty practice is equipped with a full complement of computerized medical record, practice management, laboratory, and digital radiology systems. Teaching experience is desired. Mayo Clinic provides competitive salaries and an excellent benefit package. Applicants should send their CVs to: Mark A. Parkulo, MD, Section Head, Community Internal Medicine, Mayo Clinic, 4500 San Pablo Road, Jacksonville, FL 32224. AA/EOE

ACADEMIC GENERAL INTERNIST. Seeking outstanding clinician/academician, committed to training internal medicine residents for primary care practice, to join division of general medicine at a university-affiliated, community-based program. The full-time faculty consists of ten general internists and two nurse practitioners. The milieu emphasizes skills in teaching, role modeling excellence, educational creativity, independent scholarship, and interpersonal warmth. Primary responsibilities include resident and medical student education in inpatient and outpatient settings plus direct patient care in combined resident-faculty practice with state-of-the-art information and an electronic medical record systems. 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.

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Geriatric Educational Tools for Primary Care Residency Programs

Innovative educational resources are available for enhancing the geriatric content in primary care residency training programs.

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The John A. Hartford Foundation
Geriatric Consortium for Residency Training

CLASSIFIED ADS

continued from previous page

ranges, exceptionally diverse recreation, including hiking, biking, rock climbing, camping, fishing, hunting, sports, aquatic recreation, and of course skiing and snow boarding! We truly do have the... "Best Snow on Earth"! Utah is an excellent place to work and play! Come join our fabulous team and experience Utah. Contact: Emergency Physicians Integrated Company, LLC (E.P.I.C.), 2120 South 1300 East #200, Salt Lake City, UT 84106. Telephone (801) 463-7415; Fax (801) 463-7341; E-mail robert.parker.eph.86@aya.yale.edu.

DIRECTOR, CENTER FOR PRACTICE IMPROVEMENT AND OUTCOMES RESEARCH. Creighton University is recruiting a new Director for the Center for Practice Improvement and Outcomes Research to be appointed at the Associate Professor/Professor level. This interdisciplinary Center presently has 13 core faculty from Medicine, Pharmacy and Allied Health, and Nursing. The Center Director will also lead a new initiative in cardiovascular clinical research at the Creighton Cardiac Center, a free-standing facility providing total outpatient cardiovascular care. Candidates should be experienced physician-investigators in

clinical epidemiology, patient-oriented research, or health care delivery research, who can lead the Center in developing a nationally recognized, extramurally funded research program. Substantial resources will be available to support recruitment of additional clinician and nonclinician investigators in clinical epidemiology and health care delivery research. Interested candidates should send a CV to: M. Roy Wilson, MD, Interim Vice President for Health Sciences and Dean, School of Medicine, c/o Wendy Taylor, Center for Practice Improvement and Outcomes Research, 601 N. 30th St., Suite 5850, Omaha, NE 68131-2197. AA/EOE