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**FROM DREAM TO REALITY:  
THE HORN SCHOLARS  
PROGRAM**

*Carole Warde, MD*

**S**GMIM is proud to announce the request for applications for the first Mary O'Flaherty Horn Scholar in General Internal Medicine. This new program seeks to create an alternative career track for academic general internists. The intent of the Horn Scholars Program is to make it easier for busy physicians with growing family needs to balance their work, family, and social responsibilities. SGIM is seeking interested academic general internists who choose to work half time in order to meet this frequently overwhelming challenge.

The dream began with a role model who had the courage to follow her heart. At one point in her full-time career as a clinician-educator and director of the indigent outpatient clinic, Mary Horn came to the realization that she could no longer continue her busy work schedule and be the mother to her three young children that she wanted to be. Her colleagues would not accept her resignation and instead created a new position for her that allowed her to cut her work in half and share her full-time academic position.

Mary lived her dream of a more balanced lifestyle. In her half academic position, she was able to participate actively in family activities, to continue her productive career and her work with the medically indigent, and eventually to obtain academic promotion at UCLA. Not

only did she and her family benefit from her new position; so too did her patients, colleagues, students, hospital, and university. Unfortunately, Mary was only able to live out her dream for seven years before succumbing to ALS in 1998.

Through the generous gifts of Mary Horn's family and friends, her dream and eventual reality of a balanced lifestyle as an academic general internist will live on. Since the spring of 1999, the SGIM Council has been actively working with Mary's family and close friends to develop the Horn Scholars Program. Recently, Mary's mother, Louise O'Flaherty, made a generous gift to the Program, enabling SGIM to award the first Horn Scholar at our next Annual Meeting. The Selection Committee has been busy preparing the application, which will be available online in mid-November at [www.sgim.org](http://www.sgim.org). Applications will be due by January 31, 2001. Please help spread the word!

Our careers as academic general internists are a blend of patient care, teaching, and research. Our lives outside of medicine are similarly an intricate mix of core relationships with mates, children, parents, and friends. SGIM's recent needs assessment indicates that the blending of these two central aspects of our lives is a continual challenge for most of us. An important goal of SGIM is to help mem-

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# SGIM Invites Applications for Research Mentorship Awards

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

Last year SGIM launched a new mentorship initiative to strengthen the research skills of junior faculty. Initial Mentorship Awards and Follow-on Awards support longitudinal relationships between mentors and mentees who live at some distance from one another. A detailed description of the research mentorship award program appeared in the October 1999 *Forum*. The first five Initial Mentorship Awards were announced in the February 2000 *Forum*.

The Selection Committee now seeks applications for the 2001 Initial Mentorship Awards. Applications may be up to 10 pages, double-spaced. Proposals should include several sections:

- ◆ Introduction—statement of the research question(s) to be addressed.
- ◆ Methodology—description of the research methods to be learned or used.
- ◆ Mentorship relationship—statement of the reasons for selecting a specific mentor and previous experience working with this individual.
- ◆ Career development—description of how this award will enhance the applicant’s career potential in research.
- ◆ Budget—costs of travel for up to two trips to work with the mentor, \$1,000 for project costs, and \$500 for

honorarium for the mentor.

All applications must include a letter from the mentor in support of the mentee and project application. Applicants and mentors should collaborate in developing the project proposal. Proposals should be sent to Preston Reynolds, MD, PhD, Chair, Selection Committee, Research Mentorship Awards, c/o SGIM, 2501 M Street, NW, Suite 575, Washington, DC 20037. The deadline for applications is January 15, 2001.

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

**DREAM TO REALITY**

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bers incorporate their core values into their daily professional lives. The Mary O’Flaherty Horn Scholar in General Internal Medicine is an important first step in this direction. A new interest group has been formed to address the whole area of personal-professional balance in General Internal Medicine. Please plan on attending the interest group’s first meeting in San Diego. Bring your experience and ideas and help change our future. Follow your heart, live your dreams. **SGIM**

## Member News

**If you have news to share about yourself**, such as a career change, job promotion, new appointment, or receipt of an honor, award, or grant, please let us know! Send your news by e-mail to Lorraine Tracton, Communications Director, SGIM, at [TractonL@sgim.org](mailto:TractonL@sgim.org). Space permitting, a summary of member news will appear in the *Forum* each month.

# DIFFERENT STROKES FOR DIFFERENT FOLKS

Sankey V. Williams, MD

**M**y wife is a politician. Yes, I know. Thanks for your sympathy.

She's a member of the state legislature. As I write this, it is two days before the election, and she's running again. Until she ran the first time, I'd never been inside a campaign. It's a frenzy, at least toward the end.

In this state, legislators like my wife are always running. It's a full-time job with a two-year term, so the campaign doesn't so much begin as it accelerates. It's hard to know what she likes best about campaigning. One of her favorites is going door to door, because she talks with people who don't show up elsewhere. Some are sick, others down on their luck, and still others are working at home or have retired early because of good fortune. They tell amazing stories.

Another favorite is working with the people in the district's volunteer fire companies, because it takes a special kind of person to volunteer. I don't think she has missed the christening of a single new fire truck, and last night she was made an honorary fire chief.

Still another is attending services in all the churches, because the churches embody the district's cultural variety. She also says it brings her the same peace she experiences when she goes to temple.

Campaigning is mostly hard work, however. Raising money, constantly explaining issues in endless meetings, talking with commuters on train platforms before daybreak, and giving up family and social life are central to the campaign. Worst of all are the attack ads, which are emotionally draining. They began last week and are the cause of the current frenzy.

My wife loves her job and especially the campaigns that make it possible. Although I'm happy for her, there are not many jobs that would be worse for

me, and I wouldn't be surprised if she felt the same way about my job. That's the point of this column—different strokes for different folks.

The reason this idea is important now is that some of my colleagues are worried about recent information reporting who is not going into primary care, and I think they're overreacting. Last week the Association of American Medical Colleges (AAMC) announced that the number of individuals applying to U.S. medical schools for the current school year decreased 3.6 percent. Also, the



Association of Program Directors in Internal Medicine (APDIM) recently announced that the percentage of positions in categorical internal medicine programs filled by U.S. graduates decreased 3.2 percentage points. Moreover, the fill rate by U.S. graduates in

primary care internal medicine positions decreased 1.5 percent despite a substantial decrease in the number of positions offered. These changes are trends, not simply one-year aberrations. Being a doctor, being an internist, and being a primary care internist are not as popular as they used to be.

I think some of my colleagues are

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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>

**2001 ANNUAL MEETING: A PREVIEW**

# Theme Plenary to Feature Research on Disparities in Health

Eliseo J. Pérez-Stable, MD, and Rodney Hayward, MD

All SGIM members, as well as non-members, are encouraged to submit abstracts for presentation at our upcoming 24th Annual Meeting in San Diego, May 2–5, 2001. Addressing disparities in health by ethnicity, race, social class, gender, age, nationality, language use, education, and other factors is the theme of the meeting. Generalists have been involved in research on health disparities for years, and our work has led to major innovations in health policy, medical education, and clinical services to address these disparities. The Annual Meeting has become the premiere place to present our scholarly work. We urge all members to submit their own work and to encourage fellows and colleagues to submit work to the upcoming meeting.

In addition to the plenary session, we plan to have four simultaneous abstract sessions at four different times during the program. These sessions will be in larger rooms. We will invite senior SGIM investigators to attend these sessions and stimulate discussion. The popular poster sessions will continue and be slightly expanded. Overall, we expect to accept an estimated 450 abstracts for presentation. We are requesting abstracts in the following categories.

- ◆ Patient-Centered Research, referring to work for which individual patients, people, or participants are the focus.
- ◆ Clinician/Organization-Centered Research, referring to work for which the focus is clinicians or health care organizations.
- ◆ Learner/Teacher-Centered Research, referring to work focused on learners and/or teachers in a general internal medicine context.
- ◆ Medical Humanities and Qualitative Research, to include history of medicine, literature, ethical analysis, political science, ethnography,

grounded theory, phenomenology, sociological case studies, and medical biography.

Formats for presentation at this year's meeting will include:

- ◆ Plenary Session Oral Presentations, featuring six of the very highest-rated abstracts.
- ◆ Theme Plenary, featuring four of the best abstracts consistent with the theme of the meeting.
- ◆ Special Scientific Symposia, each featuring four to six related abstracts followed by a moderated discussion.
- ◆ Simultaneous Oral Abstract Presentations, featuring 10-minute oral presentations followed by a 5-minute question and answer period.
- ◆ Poster Sessions, designed to facilitate intense interaction between colleagues in a relaxed, social setting.

Submitted abstracts will be published in the *Journal of General Internal*

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## The Annual Meeting has become the premiere place to present our scholarly work.

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*Medicine*; about 50 percent will be presented at the meeting. This year, researchers are strongly encouraged to submit their abstracts via the Internet ([www.sgim.org](http://www.sgim.org)). All abstracts must be received by 4:30 PM EST on January 8, 2000.

We look forward to another great meeting of sharing our science! **SGIM**

*Editor's note—Dr. Pérez-Stable (eliseops@medicine.ucsf.edu) is the Chair of the Abstract Selection Committee for the 2000 Annual Meeting. Dr. Hayward (rhayward@umich.edu) is the Co-Chair.*

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## One-on-One Mentoring Program

JudyAnn Bigby, MD, and Marshall H. Chin, MD, MPH

Very few successful individuals limit themselves to one mentor throughout their professional lives. It is better to build a personal mosaic of influences, experts, and guides, as one can learn different things from each mentor. Mentors can serve as coaches, counselors, sponsors, protectors, and role models and can provide friendship, validation, and opportunities for exposure.

The One-on-One Mentoring Program at the SGIM Annual Meeting gives individuals the opportunity to develop one of the many relationships that can help shape their careers.

Mentors and mentees are matched based upon mutual interests and expectations. The mentor-mentee pair meets in person during the Annual Meeting, with the option of continuing the relationship beyond that time. While mentoring is often viewed as an ongoing relationship with an individual in close proximity, past participants in SGIM's program have found this opportunity to be worthwhile and important in helping them sort out important career decisions and dilemmas. The program can help students, residents, fellows, junior faculty, or mid-

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# FUNDING OPPORTUNITIES IN SUBSTANCE ABUSE RESEARCH

Joseph Conigliaro, MD, MPH

This month's Research Funding Corner highlights opportunities in the study of substance abuse.

Alcohol and substance abuse is a major public health problem and responsible for a significant number of preventable deaths. The morbidity and mortality from tobacco use, alcohol abuse, and illicit drugs are staggering, as are the direct and indirect costs to society. The economic burden of substance abuse was estimated at \$110 billion in 1995.

These costs include violence, crime, reduced productivity, increased utilization of health services, and higher health care costs. Two recent program announcements may be of interest to SGIM members.

## Substance Abuse Policy Research Program 2000—Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation is requesting proposals for research on public and private policy interventions to reduce the harm caused by tobacco, alcohol, and drugs, including the advantages, disadvantages, and potential impact of these policies. This is the sixth round of funding for this program intended for experts in public health, law, political science, medicine, sociology, criminal justice, economics, and other behavioral and policy sciences. The total funding for this program is \$54 million over 10 years.

Projects will be funded in four areas: tobacco, alcohol, illicit drugs, and combinations of tobacco, alcohol, and/or illicit drugs. Projects can address public-sector policies at the national, state, or local levels or private-sector policies within companies, associations, unions, or trade groups. There is an emphasis on collaborative research projects including community organizations or policymaker organizations.

Funding for this research is avail-

able in two ways. Projects requesting under \$100,000 will be accepted at any time. This option is for projects that are time sensitive, of shorter duration, and involve analysis of current or emerging policies or secondary data analysis. Projects requesting \$100,000–\$400,000 should follow the following timetable.

- ◆ Letter of Intent Due Date: March 5, 2001
- ◆ Notification to Complete a Proposal: May 4, 2001
- ◆ Proposal Due Date: June 29, 2001
- ◆ Notification of Awards: October, 2001

Additional information about this program is available on the Robert Wood Johnson Foundation website ([www.rwjf.org/grant/jgrant.htm](http://www.rwjf.org/grant/jgrant.htm)).

## Economics of Drug Abuse Treatment and Prevention Services—National Institute on Drug Abuse

This Program Announcement (PA-01-013), supported jointly by the Services Research Branch and the Prevention Research Branch of the Division of Epidemiology and Prevention Research, encourages research on the economics of drug abuse treatment and prevention services. This research includes studies of resource allocation and studies to enhance efficiency and equity of drug treatment. The use of microeconomic principles in applied research involving alternative payment systems, public and private financing systems, and the design of insurance are emphasized. This is also an opportunity to build on existing treatment and prevention effectiveness studies or on randomized clinical trials using cost-benefit, cost-effectiveness, and cost-utility analyses. Finally, economic research on HIV/AIDS as it relates to treatment and prevention of drug use, abuse, and dependency is highlighted as a high

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## Research Committee Seeks Nominees for Best Paper of 2000

Amy Justice, MD

The SGIM Research Committee was pleased to initiate a new award this past year: Best Generalist Research Paper. The 2000 award recognized papers published in 1999. To be eligible, the first author of the paper must have been a member of SGIM. Nine very noteworthy papers were nominated<sup>1-9</sup>. As noted in the July 2000 issue of the *Forum*, first place recognition went to John Ayanian and colleagues, who demonstrated that patient preferences explain only a small proportion of racial differences in access to renal transplant<sup>2</sup>. A close second-place recognition went to Eric Thomas and colleagues, who described the substantial cost of preventable medical injuries among inpatients in Utah and Colorado<sup>9</sup>.

The Research Committee would like to thank all those people who nominated papers this past year and encourage everyone in SGIM to nominate papers for next year's prize. All papers published in 2000 for which the first author is a member of SGIM are eligible. To nominate a paper, simply e-mail Amy Justice, Chair, SGIM Research Committee, at [amy.justice@med.va.gov](mailto:amy.justice@med.va.gov). Include the full reference for the paper and your reason for nominating it. **SGIM**

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# Getting the Most from National Conferences

*H. Liesel Copeland, PhD, J. Harry Isaacson, MD, Mariana G. Hewson, PhD, Marie Budev, DO, and William Land, MD*

**A**cademic medical conferences are a time-honored tradition in medicine, but their value has been questioned<sup>1</sup> because of increasing budgetary constraints and because of discouraging results in a few educational outcome studies. Though conferences are expensive in both time and costs,<sup>1,2</sup> with planning they can be a rewarding and positive experience. Physicians should be well-informed consumers in choosing educational venues that best

several objectives, which should be prioritized. These may include increasing medical knowledge, networking, gaining exposure, and/or searching for a new position.

## **Increasing Medical Knowledge**

If your goal is to get an update on medical content, review the program in advance for specific topics that interest you and can be applied to your practice setting. Helpful questions to ask in

focusing your efforts include: are there any weak areas in my knowledge base, are there new or alternative techniques I'd like to learn or procedures I'd like to review, and are there any new educational techniques or reviews from which my teaching could benefit?

Program guides for meetings often have different sessions coordinated by content area. Some meetings have coordinated sequential sessions that involve two or more parts and are best taken together to achieve the desired goal. Conference attendance presents opportunities to discuss and clarify information and new findings<sup>3-5</sup>.

Additionally, conference presentations can offer you insight into whether or not your own work is on track and in line with developments in the field.

Selecting sessions based on well-known presenters is often a good approach. For example, do the presenters have a track record in the field? Do they have interesting publications? Have you heard good things about them from other colleagues?

Take notes during or at the end of the session. Presenters often provide novel summaries or succinct reviews of complex topics. These offer new ways to

think about old problems and provide insight into future directions. Make sure you obtain handouts, when available. Visit conference websites to read abstracts and papers from the meeting sessions you may have missed.

Document and clarify ideas that occur to you during a talk. These ideas may involve new directions for your own research, different ways of handling your existing data, people you would like to contact, or publications you should read. These notes can provide you with an agenda for your own research and teaching plans. Take time on your return flight to record some ideas from the meeting, lists of tasks to accomplish, and people to contact. It's beneficial to do this while the ideas are still fresh and there is a constrained time that can be used.

Ask yourself, "How can I apply material from this session in my home environment?" Consider applying your new knowledge and skills by assembling a group of interested colleagues, including residents and medical students. Consider giving an update to colleagues at your home institution who have not attended the meeting. This can be a way of reinforcing what you have learned and demonstrating the value of attending conferences to your department. Another option is to write a summary note to a colleague or for a department newsletter/update, outlining the "take home" points and "bottom lines." The newly gathered information can also be applied to updating or developing a new curriculum or talk. You can also identify presentations or presentation methods that did not work well, thereby learning what pitfalls to avoid when you give a presentation.

## **Networking**

Networking and gathering contacts  
*continued on next page*

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## **Physicians should be well-informed consumers in choosing educational venues that best promote their learning objectives.**

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promote their learning objectives. Conferences differ in objectives and formats, requiring participants to critically assess which conferences will best match their needs. In this article we share observations, suggestions, and strategies to maximize the benefits of attending conferences. The conferences we focus on are not continuing medical education courses, but rather those national meetings that offer a variety of opportunities, such as to present and learn research, improve teaching, and learn new clinical developments.

We will focus on planning before a meeting to enhance your overall experience. To plan for the conference, it is helpful to decide on your primary purpose for attending the meeting. Most major medical meetings offer an extensive menu of activities from which to choose, and it is important to realize that one can seldom attend all facets of every meeting. Often attendees have

## GETTING THE MOST

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for your own professional directory can be one of the most important aspects of a national meeting. If your priority is to meet with colleagues with similar interests, seek opportunities during the conference for less formal sessions that enable such meetings. Personal interactions during conferences provide opportunities to compare your own ideas and projects with those of others, receive feedback on your own work, and try out new ideas<sup>2,6</sup>. Additionally, networking can lead to collaborations on future projects and may provide leads for funding<sup>2,3</sup>. Also, conference attendance presents an occasion for young clinicians to meet leaders whose work they have admired.

Interest groups and task forces usually welcome new participants and offer an excellent venue for meeting colleagues with similar interests. Some meetings offer poster sessions with receptions, or receptions for new attendees and new members of the organization. These settings can provide access to and contacts with people in organizational leadership positions. Opportunities to serve on working committees are invaluable, and business meetings provide an opportunity to volunteer your help. Consider volunteering for tasks such as working on program selection committees or helping to organize task forces or interest groups.

Remember that networking may occur in an informal and unplanned manner simply by getting involved in small groups whose members share your interests. The Internet and electronic mail facilitate easy communication with colleagues after meetings. Make sure to bring and distribute business cards with your address, phone number, and e-mail address. Make a point of contacting people you have met within a few weeks after the meeting.

### Gaining Exposure

To gain regional and national exposure, submit proposals for workshops or research abstracts for presenta-

tion at the meeting. These proposals require planning and meeting deadlines. Many organizations now encourage participants to apply for workshops, submit abstracts, and join interest groups on-line.

For workshop or interest group submissions, consider collaborating with a senior mentor at your own or another institution who has successful conference experience. Regional meetings offer a less formal atmosphere for presenting workshops and abstracts and are excellent venues to learn conference protocol. With every presentation, provide written copies or handouts that include your contact information.

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## National meetings and conferences are a good resource for professional development that, when used well, provide value above the cost and time requirements.

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### Searching for a New Position

Many meetings will have either job search forums or bulletin boards that advertise available positions. They may also provide job seekers with the opportunity to meet with potential employers in person. This can be an excellent way to explore potential job opportunities. You can pursue these by seeking additional information or visiting at a later date.

### Other Considerations

Plan to use some of your conference time to meet people or gather with a group to advance your research or instructional planning goals. Be sure to set up meeting times (breakfasts, lunches, and dinners) well in advance to ensure that the people you want to meet will be available.

A beneficial strategy is to develop a personal goal and set your deadline to

meet this goal by the next national meeting. This provides a working idea (concerning research, teaching, or clinical practice) that evolves from meeting to meeting and reflects your ongoing professional development. Additionally, be open to new ideas that occur to you during talks and informal conversations. Be sure to write them down.

If other colleagues from your institution are attending the meeting, consider traveling with them. Because of the pressure of clinical and academic duties, it is often difficult to find time in your own institution to meet with colleagues. Shared plane flights offer

uninterrupted opportunities for discussion, which can allow remarkable progress in projects that may otherwise be stalled. Often several members of the same department attend the same conference. Planning ahead and selecting a “group topic” before leaving can be a valuable strategy.

This allows for wide exposure to the topic and facilitates discussion and possible incorporation of that idea upon returning home from the meeting. For example, at a conference on women’s health, members of our institution selected domestic violence as the group topic of interest. Members of the group attended various lectures and workshops on this topic. We reconvened upon returning home and used our newly obtained ideas and information to revamp our resident curriculum on domestic violence. The group topic not only allowed us to concentrate on a common goal, but also enhanced and promoted collegial interaction in a setting outside of the workplace.

Although many meetings schedule events for up to 16 hours a day, participants should not be tempted to “do it all.” The penalty is conference fatigue,

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**DIFFERENT STROKES**

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**Some of my colleagues are worried about recent information reporting who is not going into primary care, and I think they're overreacting.**

overreacting to this information for two reasons. First, the news is not all bad. The number of current applicants to medical school remains more than twice the number of available positions. Also, the applicants' grade point averages and Medical College Admission Test (MCAT) scores are higher than in previous years, so the quality of applicants probably has increased as the number has decreased. Perhaps similar changes are occurring among applicants to categorical and primary care internal medicine residency programs. We simply don't know.

Second, declining popularity doesn't matter as much as some of my colleagues think. When it comes to medical manpower, the past suggests that long-term cycles are more powerful

than short-term trends. In this case, a booming economy is offering potential medical school applicants other choices, and their numbers may change once the economy does. And, as I constantly reminded myself in high school, popularity isn't as important as it appears, even if it is real and

durable. I didn't become a general internist because it was popular, and I don't think you did either. Primary care doctors like us are needed, regardless of our popularity, just as specialists and subspecialists are needed. No one, whatever the discipline, can take proper care of patients without clinicians in the other disciplines. So we're in this together for the long run, and popularity has little to do with it.

I like what I do. So does my wife and so do my specialist and subspecialist colleagues. It's OK that none of us would be happy doing the other's job and that the popularity of jobs waxes and wanes. That's the way it is. Maybe that's the way it should be. **SGIM**

**BEST PAPER OF 2000**

*continued from page 5*

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**GETTING THE MOST**

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which reduces the effectiveness of the entire conference. It is important while attending a meeting to give yourself some time away from the meeting to relax and reinvigorate yourself. Meetings are often held in cities with outside attractions; allow some time to take advantage of these sites and attractions.

Though there can be many goals for attending a meeting, to gain the most benefit it is imperative to prepare carefully for the meeting, engage in the conference, and summarize one's ideas afterwards<sup>3,7,8</sup>. Attending national conferences provides an opportunity for

further inspiration from role models. Conferences represent current work and theories and showcase the foremost advances in medicine and education. National meetings and conferences are a good resource for professional development that, when used well, provide value above the cost and time requirements. **SGIM**

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## ONE-ON-ONE MENTORING

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### The One-on-One Mentoring Program...gives individuals the opportunity to develop one of the many relationships that can help shape their careers.

life faculty looking for a new challenge or change in career.

Mentees should prepare for their meeting with their mentors by developing a clear agenda for the session. Clarity will enable mentees to avoid vague, general responses to their requests. Are you looking for someone to review your CV in a constructive way? Do you need help meeting key individuals in your field of interest? Do you need advice on a specific project or paper? Do you have a conflict in your

current setting that an outsider can evaluate objectively? Are you at one of the natural transition points in your career and need some advice about which path to explore? What further training and skills do you need for your career path? How can you

negotiate for the time and opportunity to pursue your interests? How can you be more efficient? What academic goals should you establish as a clinician-educator? How can one raise a family and achieve one's professional goals? As a person of color, how do you motivate your institution to address some of your unique concerns? When is it time to consider changing institutions? These are the types of questions you can bring to the SGIM One-on-One Mentoring Program.

Don't be shy. Almost all of us can benefit from mentoring. Look for the One-on-One Mentoring materials in the Annual Meeting program announcement package or check the SGIM website ([www.sgim.org](http://www.sgim.org)). Many enthusiastic, generous mentors are eager to get to know you! If you are interested in being a mentor contact Sarajane Garten ([garten@sgim.org](mailto:garten@sgim.org)) in the national office to receive the appropriate materials. **SGIM**

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## RESEARCH FUNDING CORNER

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priority.

Applications will be accepted at the standard National Institutes of Health (NIH) application deadlines. Further information can be found on the NIH website ([grants.nih.gov/grants/guide/pa-files/PA-01-013.html](http://grants.nih.gov/grants/guide/pa-files/PA-01-013.html)).

Please contact me by e-mail at [joseph.conigliaro@med.va.gov](mailto:joseph.conigliaro@med.va.gov) for any comments, suggestions, or contributions to this column. **SGIM**

## GETTING THE MOST

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Impact of formal continuing medical education: do conferences, workshops, rounds, and other traditional continuing education activities change physician behavior or health care outcomes? *JAMA*. 1999;282:867-74.

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### Mary O'Flaherty Horn Scholars in General Internal Medicine

A Program of the Society of General Internal Medicine



**T**his is a new three-year career development award offered by SGIM to clinician-educators who want to fill half of a full-time academic position. This program is intended to create a new career track for physicians centering on scholarship, advocacy, and creativity in the balance of work, family, and social responsibility. It will provide new role models, promote diversity, and strengthen generalist physician faculty in the nation's medical schools and internal medicine residency programs.

The Call for Proposals will be available in November  
**Application deadline:** January 31, 2001

Check the Nominations Packet and [www.sgim.org](http://www.sgim.org)

# New Members: Mountain West, Northwest, California, and International

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**CLASSIFIED ADS**

Classified ads are \$100 per 50-word increment. SGIM members receive a 50% discount (classifieds only). Display advertisements are \$300 (1/4 page) and \$500 (1/2 page vertical—9" high x 3.5" wide or horizontal—4.5" high x 7.25" wide). These fees cover one month's appearance in the *Forum* and on the SGIM Website at <http://www.sgim.org>. Contact SGIM Communications Coordinator, Lorraine Tracton at [TractonL@sgim.org](mailto:TractonL@sgim.org) or 2501 M Street, NW, Suite 575, Washington, DC 20037 (800-822-3060) for more information, or to place an ad. Electronic files in Microsoft Word are preferred. Requests to advertise must include a contact name and telephone number, as well as the SGIM member sponsor's name when applicable. It is assumed that all ads are placed by equal opportunity employers.

FELLOWSHIP IN UNDERSERVED CARE—The University of Pittsburgh and the Program for Healthcare for Underserved Populations seeks fellowship candidates with a specific interest in under-served populations to join its Fellowship Program in General Internal Medicine. In addition to learning advanced skills in clinical epidemiology, statistics and health services research, fellows will teach, conduct research, or participate in the development and administration of programs directed towards homeless care, victims of domestic violence and substance abuse. Fellows will work with an established network of clinicians who provide clinical care, safety net, behavioral health, and addiction and rehabilitation services to under-served communities. Positions available for July 2001 and July 2002. Contact Mark Roberts, MD, MPP, Division of General Internal Medicine, 200 Lothrop Street, Room W933, Montefiore University Hospital, University of Pittsburgh School of Medicine, Pittsburgh, PA 15213-2582; 412-692-4824.

ACADEMIC GERIATRICIAN/CLINICIAN-EDUCATOR—The Department of Medicine at Indiana University School of Medicine is currently seeking an outstanding clinical geriatrician for full or part-time faculty appointment. Potential opportunities exist in affiliation with an excellent public teaching hospital, the only university hospital in Indiana, and a VA medical center. The successful candidate will possess leadership and teaching skills that will allow him or her to make significant and immediate contributions to our rapidly growing geriatrics program. Practice and teaching opportunities exist in multiple settings and include primary care and consultative geriatric medicine. Our clinical

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**Calling All SGIM Members**

Two "Calls" are coming to you by mail — **Why answer these Calls?**

Because they are **QUICK, EASY** ways to participate in SGIM and give colleagues well-deserved recognition.

**1 Call for Nominations for Officers and Council**

Nominating someone for Office (President-Elect and Treasurer-Elect) or Council (two at-large members) is a simple way to be involved in an important Society activity—Elections—that requires very little of your time. Plus, the leaders *you* recommend are highly likely to reflect the scope of *your* interests, activities, and background.

**2 Call for Awards Nominations and Grant Proposals**

Recognizing your colleagues' work and contributions to SGIM honors them, and inspires others to improve the profession and help fulfill the Society's mission. Awards nominations have been *simplified* this year to encourage submissions!

**So Please...**

- ☛ Watch your mailboxes
- ☛ Submit your nominations

**These opportunities only come along once a year.** Don't miss your chance to be involved in SGIM's leadership and recognition programs.

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cal faculty members provide training in geriatrics to medical students, residents, and fellows; and participate in clinical and health services research. Candidates must be board certified or fellowship-trained in geriatric medicine. Send cover letter and curriculum vitae to: Steven R. Counsell, M.D., Director of Geriatrics, Indiana University School of Medicine, 1001 West 10th Street, WOP M200, Indianapolis, IN 46202 (phone: 317 630-6911, fax: 317 630-7066, e-mail address: scounsell@iupui.edu). Indiana University is an Equal Opportunity Employer.

**ACADEMIC GENERAL INTERNIST**—General Medicine Section, Department of Internal Medicine at Yale University School of Medicine seeks a Clinician Scholar at the Assistant Professor level to join our Primary Care Faculty Group. Responsibilities include research in the field of general internal medicine along with teaching of house staff/students, and patient care. Applicants should have completed fellowship or equivalent training in areas related to academic general internal medicine such as clinical epidemiology or health services research. Please send CV to: Patrick O'Connor, MD, c/o Lisa Gray, Department of Internal Medicine, 333 Cedar Street – PCC, P.O. Box 8025, New Haven, CT 06520-8025, by January 1, 2001. Yale University is an Affirmative Action/Equal Opportunity Employer. Women and minorities are encouraged to apply.

**RESEARCH SCIENTIST**—The Department of Medicine, Yale University School of Medicine is seeking a research scientist to join our Clinical Research Unit in our Program in Primary Care medicine in the Section of General Internal Medicine. Ph.D. with training in epidemiology, health services research, medical sociology, behavioral medicine, or a closely affiliated field required. Successful candidates will collaborate on and co-author studies involving clinical epidemiology, general health services research, medical education, health outcomes, quality management, and medical decision analysis. Additional responsibilities include design, implementation, and statistical analysis of research data, teaching of medical residents and faculty in research methodology and statistics; training and supervision of research staff in data collection and data management; statistical and methodological support to researchers, faculty and research staff. Please send CV to: Patrick O'Connor, MD, c/o Lisa Gray, Department of Internal Medicine, 333 Cedar Street – PCC, P.O. Box 8025, New Haven, CT 06520-8025, by January 1, 2001. Yale University is an Affirmative Action/Equal Opportunity Employer. Women and minorities are encouraged to apply.

**INTERNIST FOR KAUAI, HAWAII**—Rural Kauai has an opening for a second internist interested in establishing a practice in a small oceanside community located on West Kauai. The position is with a general hospital-based clinic, with both out-

patient and inpatient responsibilities. The nearly new medical office building and hospital are fully wired for telemedicine activities, currently functioning. Call is shared with FPs. Contact: Gerald Tomory, MD, Regional Medical Director, 808-338-9424 or geraldth@hpsc.org

**CLINICIAN RESEARCHER**—The Section of Palliative Care and Medical Ethics within the Department of Medicine at the University of Pittsburgh is seeking a clinician-researcher with a career interest in palliative care. Responsibilities include attending on an in-patient palliative care consult service, and developing an independent research program in palliative care. Board certification is required. Academic rank and salary will be commensurate with qualifications. Send letter of interest and C.V. to Robert Arnold, M.D., University of Pittsburgh, 933W-MUH, 200 Lothrop Street, Pittsburgh, PA 15213 (412-692-4810) or e-mail rabob+@pitt.edu. The University of Pittsburgh is an Affirmative Action, Equal Opportunity Employer. Starting date is July 2001.

**PROFESSOR AND CHIEF, DIVISION OF GENERAL INTERNAL MEDICINE**—The Department of Medicine, University of Oklahoma Health Sciences Center, is recruiting an academic internist to lead the research, clinical and educational programs in general internal medicine. We seek an accomplished internist with experience in clinical research and education. The selected individual will possess accomplishments allowing for appointment at the Associate Professor or Professor level. Opportunities exist to conduct research that complements departmental programs in vascular and coagulation biology, immunology, congestive heart failure, geriatrics and hypertension. Interested candidates should submit their curriculum vitae to Michael S. Bronze, MD, Professor and Chair of Medicine, PO Box 26901, WP2080, Oklahoma City, OK 73190. E-mail: Michael-Bronze@ouhsc.edu. OUHSC is an equal opportunity institution.

**FELLOWSHIP IN MEDICAL ETHICS AND GENERAL INTERNAL MEDICINE**—The Division of General Internal Medicine at the University of Pittsburgh invites applications for a one or two-year fellowship designed to prepare academic internists with research and teaching skills in clinical ethics and general internal medicine. Applicants will work closely with the University of Pittsburgh's Center for Bioethics and Health Law and may apply to the Master's Program in Bioethics. Send CV to Mark Roberts, MD, MPP, Fellowship Director, Division of General Internal Medicine, 933W Montefiore University Hospital, Pittsburgh, PA 15213; 412-692-4824.

**FELLOWSHIP IN PALLIATIVE CARE AND GENERAL INTERNAL MEDICINE**—The Division of General Internal Medicine at the University of Pittsburgh invites applications for a one or

two year fellowship designed to prepare academic internists to conduct research and teaching in palliative care. Clinical experience on a consultative service as well as community hospices is available. Fellows will obtain strong research training through the Center for Research on Health Care and exposure and training in clinical ethics through the Center for Bioethics and Health Law. Send CV to Mark Roberts, MD, MPP, Fellowship Director, Division of General Internal Medicine, 933W Montefiore University Hospital, Pittsburgh, PA 15213; 412-692-4824.

**AHRQ NRSA POSTDOCTORAL FELLOWSHIPS IN CLINICAL CARE/ HEALTH SERVICES RESEARCH, TUFTS-NEW ENGLAND MEDICAL CENTER, BOSTON**—New England Medical Center invites applications for two-year fellowship positions for physicians who have completed clinical training. This program aims to train those who will be leaders and innovators in clinical and health services research. Fellows are trained to evaluate, develop, and apply research methods to improve patient health and care. Fellows participate in our on-campus Clinical Research MS/PhD Program at Tufts University School of Medicine's Sackler School. Fellowships begin July 1, 2001. Contact: Harry Selker, MD, MSPH, Director: (617) 636-5009, hselker@lifespan.org.

**ASSISTANT PROFESSOR**—The University of Kentucky Department of Internal Medicine, Division of General Internal Medicine, has positions available at the level of assistant professor. Post-residency training with experience is required. This position will focus on clinical and didactic instruction in general internal medicine with our medical students and residents. Protected time will be available for educational program development and for research. Send CV to T. Shawn Caudill, MD, Division Chief, Division of General Internal Medicine, University of Kentucky Medical Center, K512 Kentucky Clinic, Lexington, KY 40536-0284. (859) 257-5499. An Equal Opportunity Employer

**ACADEMIC GENERAL INTERNISTS**—Brigham and Women's Hospital's Division of General Internal Medicine and Primary Care seeks academic general internists with interest in clinical epidemiology and health services research. These positions will be structured to provide 50-80% protected time to conduct research. Academic rank and salary will be commensurate with qualifications. Review of applications will begin immediately and continue until positions are filled. Send letter of interest and CV to David Bates, MD, Division of General Internal Medicine, PBB-A3, Brigham and Women's Hospital, 75 Francis St, Boston, MA, 02115. Brigham and Women's Hospital is an affirmative action, equal opportunity employer.

**CHIEF, INTERNAL MEDICINE**—The University of California, San Francisco - Fresno is seeking a *continued on next page*

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## CLASSIFIED ADS

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Chief of Medicine for the Internal Medicine Residency Program in Central California. This is an endowed chair position and as such requires a strong leader to ensure overall quality education, service and research of the supervised faculty. The Chief is responsible for faculty recruitment and development for the provision of superior undergraduate, graduate and postgraduate medical education. Excellent clinical and educational skills as well as demonstrated fiscal expertise and administrative leadership are essential. The position offers abundant research opportunities as well as the opportunity to collaborate with other leaders in the medical community. The type of faculty appointment will depend on qualification and experience. Please send your cover letter and CV to: Search Committee, UCSF-Fresno Medical Education Program, 2615 E. Clinton Ave., Fresno, CA 93703-2223. For more information about this position, please contact Deborah Stewart, MD, Associate Dean. Email: [deborah.stewart@ucsfresno.edu](mailto:deborah.stewart@ucsfresno.edu) Phone: (559) 243-3601

**GIM OUTCOMES RESEARCH POSITIONS**—The University of Cincinnati Medical Center and the Cincinnati Veterans Affairs Hospital are seeking general internists with clinical research training in outcomes research, health decision sciences, clinical epidemiology, health services research, or clinical practice improvement to conduct collaborative outcomes research with both internal institutional and extramural grant funding. The VA position is a 5/8<sup>th</sup> position, enabling the faculty member to be eligible for VA funding. Send CV

and cover letter to: Joel Tsevat, MD, MPH Director, Section of Outcomes Research Division of General Internal Medicine University of Cincinnati Medical Center Box 670535 Cincinnati, OH 45267-0535 e-mail: [Joel.Tsevat@UC.Edu](mailto:Joel.Tsevat@UC.Edu) The University of Cincinnati and the VA are AA/EOEs.

**CLINICIAN INVESTIGATORS WITH FELLOWSHIP TRAINING**—The Division of General Internal Medicine, Department of Medicine at the University of Pittsburgh is seeking clinician investigators with fellowship training. Candidates' research focus should be racial disparity and underserved care, studying errors in medical care, decision science, primary care or other area of outcomes and health services research. Academic rank will be Assistant or Associate Professor level in the tenure stream. Salary commensurate with qualifications. Send letter of interest and C.V. to Wishwa Kapoor, M.D., University of Pittsburgh, 933W-MUH, 200 Lothrop Street, Pittsburgh, PA 15213 (412-692-4821) or email [kapoorwn@msx.upmc.edu](mailto:kapoorwn@msx.upmc.edu). The University of Pittsburgh is an Affirmative Action, Equal Opportunity Employer.

**MEDICINE PEDIATRIC-TRAINED PHYSICIAN**—The Division of General Internal Medicine, Department of Medicine at the University of Pittsburgh is seeking a medicine pediatric-trained physician. The applicant should be experienced in teaching and curriculum development for a newly developed medicine pediatric resident training program. Candidate should be board certified in General Internal Medicine as well as Pediatrics. Aca-

ademic rank will be at the level of Assistant Professor of Medicine. Salary will be commensurate with qualifications. Please send C.V. to Michael Elnicki, M.D., UPMC Shadyside, S.O.N. Rm 309 5230 Centre Avenue, Pittsburgh, PA 15232 or email [Elnickim@msx.upmc.edu](mailto:Elnickim@msx.upmc.edu). The University of Pittsburgh is an Affirmative Action, Equal Opportunity Employer.

**FACULTY OPPORTUNITIES, GENERAL INTERNAL MEDICINE**—Mount Sinai School of Medicine is a leader in medical education and research. The Samuel Bronfman Department of Medicine seeks a limited number of M.D. faculty to join the Division of General Internal Medicine. The Division has benefited from strong institutional support and resources to expand academic general medicine. The Division oversees a large primary care practice, training 110 Residents. Faculty are actively involved in medical education, evidence-based medicine, clinical epidemiology, geriatrics, palliative care, home-based physician care, informatics, and health services research. The Division seeks faculty interested in academic careers as either clinician-educators or clinician-investigators. Candidates with training beyond residency are preferred. Academic rank will depend upon candidate's background. For consideration, please send c.v. and letter of interest to Albert L. Siu, M.D., Chief, Division of General Internal Medicine, Box 1087, Mount Sinai School of Medicine. One Gustave L. Levy Place, New York, NY 10029-6574. We are an equal opportunity employer fostering diversity in the workplace.