

**Contents**

- 1 SGIM to Form Anticoagulation-Thromboembolism Research Consortium**
- 2 Foundation Gift Provides Endowment for Nickens Award**
- 3 President's Column**
- 4 Precourses Offer Something for Everyone**
- 4 Great Workshops Planned for Annual Meeting**
- 5 Research Funding Corner**
- 5 American Medical Informatics Association Seeks Papers for Fall Symposium**
- 6 Federal Efforts to Eliminate Disparities: A Call to Arms for Academic Generalists**
- 6 The Minority Health and Health Disparities Research and Education Act of 2000**
- 7 SGIM Invites Nominees for National Clinician-Educator Awards**
- 11 Classified Ads**

**SGIM TO FORM  
ANTICOAGULATION-  
THROMBOEMBOLISM  
RESEARCH CONSORTIUM**

*Sankey V. Williams, MD*

**O**n December 1, SGIM's Council approved the acceptance of \$200,000 from AstraZeneca, a pharmaceutical company, to form an Anticoagulation-Thromboembolism Research Consortium (ATRC). Subsequent funding for the research is expected from a variety of external sources, including federal agencies, private foundations, and other private corporations. Six members of Council voted in favor of the proposal (Byrd, Kroenke, Lucey, Nattinger, Petty, and Williams), four opposed (Charney, Landefeld, Morales, and Selker), and one abstained (Barry).

The purpose of the consortium "...is to conduct collaborative research using web-based technologies, drawing together members of SGIM with common interests to study clinical outcomes and provide evidence-based results." SGIM's Council approved creation of the software and website that will be used for collecting and analyzing data. It also approved the development of the policies and procedures that will form the protections needed for conducting research. Council must approve these policies and procedures before research can begin.

The proposal for the Consortium grew from ideas discussed by members of

the Anticoagulation-Thromboembolism Interest Group during the 22nd SGIM Annual Meeting in San Francisco in 1999. Since then, members of the Interest Group, led by Richard White, developed a proposal to create the consortium, which was further refined with ideas from members of SGIM's Development Committee, led by Jack Peirce.

SGIM's Council began discussing the proposal during its strategic planning retreat in June 2000 and continued its discussions during monthly conference calls. Council members considered whether the consortium would be consistent with SGIM's mission, strategic initiatives, and policies. SGIM's mission is "improving patient care, education, and research in primary care and general internal medicine." Goal number one of SGIM's strategic initiatives is to "support our members," in part by facilitating the acquisition and dissemination of knowledge with our interest groups. Council also discussed whether acceptance of the funding is consistent with the Society's "Policy on Acceptance and Disclosure of External Funds" and with the Society's "Principles and Procedures for SGIM's Participation in Externally-Funded Research Projects."

*continued on page 9*

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

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

**PRESIDENT-ELECT**

Kurt Kroenke, MD • Indianapolis, IN  
[Kroenke\\_K@regenstrief.iupui.edu](mailto:Kroenke_K@regenstrief.iupui.edu) • (317) 630-7447

**IMMEDIATE PAST-PRESIDENT**

C. Seth Landefeld, MD • San Francisco, CA  
[sethl@medicine.ucsf.edu](mailto:sethl@medicine.ucsf.edu) • (415) 750-6625

**TREASURER**

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

**SECRETARY-ELECT**

Ann B. Nattinger, MD, MPH • Milwaukee, WI  
[annatting@mcw.edu](mailto:annatting@mcw.edu) • (414) 456-6860

**COUNCIL**

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

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

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

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

Susana R. Morales, MD • New York, NY  
[srm2001@mail.med.cornell.edu](mailto:srm2001@mail.med.cornell.edu) • (212) 746-2909

Harry P. Selker, MD, MSPH • Boston, MA  
[hselker@lifespan.org](mailto:hselker@lifespan.org) • (617) 636-5009

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

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

**Editor, *Journal of General Internal Medicine***

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

**Editor, *SGIM Forum***

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

**HEALTH POLICY CONSULTANT**

Robert E. Blaser • Washington, DC  
[rblaser@mail.acponline.org](mailto:rblaser@mail.acponline.org) • (202) 261-4551

**EXECUTIVE DIRECTOR**

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

# Foundation Gift Provides Endowment for Nickens Award

Lisa A. Cooper, MD, MPH

In November 2000, SGIM received a generous gift from The Hess Foundation, Inc., to endow the Society's Herbert W. Nickens Award. The Nickens Award was proposed by the Minorities in Medicine Interest Group and approved by Council in 1998 to honor an individual or representative of an organization who has demonstrated outstanding commitment to cultural diversity in medicine. The Hess funding, arranged by current President Sankey Williams, will cover expenses associated with the Award, including the participation of the recipient in the Annual Meeting.

The Nickens Award was named in honor of the late Herbert W. Nickens, MD, former Director, Office of Minority Health, Department of Health and Human Services, and the first Vice President and Director of the Division of Community and Minority Programs, Association of American Medical Colleges (AAMC). Dr. Nickens devoted much of his career to establishing programs that address the critical need for training of physicians from underrepresented minority groups as a mechanism to improve access to health care for underserved groups. The inaugural award was given to Jordan M. Cohen, MD, President, AAMC, at SGIM's 23rd Annual Meeting. A more detailed discussion of Dr. Nickens' achievements appeared in the September 1999 *Forum*. An announcement of the first Nickens Award was in the September 2000 *Forum*.

Having known Herbert Nickens as a personal friend when they were both fellows at the University of Pennsylvania, and valuing many of the same ideals Dr. Nickens worked for throughout his career, Sankey Williams was committed to establishing an endowment for the Nickens Award. The endowment allows the Society to

demonstrate its commitment to the Award and to realize one of the Council's ongoing strategic initiatives: "to consciously promote diversity (of racial/ethnic background, gender, career, and lifestyle) at every level of the organization."

I was fortunate to have met Dr. Nickens as a Fellow in the AAMC's Health Services Research Institute for minority faculty, one of the programs that Dr. Nickens established. Many aspects of my personal and professional life were enhanced as a direct result of that experience.

This year, I have the honor of serving as Chair of the Herbert W. Nickens Award Committee. As most of you know, the theme of this year's Annual Meeting is "Addressing Disparities in Health." The Minority Health and Health Disparities Research and Education Act of 2000 (P.L. 106-525), described elsewhere in this issue of the *Forum*, expands research and data collection pertaining to health disparities that affect minorities and medically underserved populations. This act provides additional evidence of the high national priority that has been placed on promoting diversity and reducing disparities in medicine. The Minorities in Medicine Interest Group requests that you nominate individuals who you believe have demonstrated exceptional commitment to cultural diversity in medicine. A Call for Nominations was mailed to SGIM members. Additional copies can be obtained through the national office or the SGIM website ([www.sgim.org](http://www.sgim.org)). The deadline for nominations is January 31, 2001. **SGIM**

# MAYBE YOU DESERVE AN AWARD

Sankey V. Williams, MD

**M**y department's committee on appointments and promotions meets each month to talk about which proposals to endorse. I used to look forward to these meetings, because we made decisions that helped people at critical times in their careers. I don't look forward to them as much anymore, because the school and university committees that review our recommendations are using tougher criteria, especially for clinician educators.

Dissatisfaction with the quality of some faculty scholarship is the official explanation for the change. Also, the recent increase in the size of the medical faculty threatens the rest of the university's faculty. To compensate for the changes in existing faculty tracks, a new track is being created for faculty who want to be clinicians and teachers but do not want to meet the new standards for scholarship. Until the new track is more available and we know the criteria for all the tracks, those of us on the departmental committee feel like we're working in the dark. From what I've heard from friends in other medical schools, many of you have similar problems.

Until things improve, we should concentrate on the basics. One of the central problems is that faculty who are not general internists decide whether general internists will be appointed and promoted, because some of the committees include many more basic scientists and social scientists than patient-oriented researchers and clinician educators. Because these people don't understand what we do, they rely on what people who understand us think about what we do. That information is available in predictable places. For example, promotions committees ask our colleagues to write letters evaluating our accomplishments. They also determine whether experienced editors

publish our manuscripts and whether people in our discipline invite us to give presentations about our work in local, regional, and national meetings. They look to see whether our colleagues appoint and elect us to leadership positions and give us awards. They want to know whether funding agencies that rely on peer review give us money to support our work.

One of the reasons SGIM was created was to help members establish records of these accomplishments. *JGIM* is a good place for publishing members'



manuscripts, and the regional and national meetings are good places for inviting them to give presentations.

SGIM's national meeting also is a place where awards are given, and we're reviewing all the awards this year to make sure we have the right

number addressing the right areas. Not enough of you take advantage of these awards, however, because every year there are too few nominations for some awards. Also, several new awards will be given for the first time during the national meeting in San Diego, May 2-5, 2001. By the time this column is published, you will have received a

*continued on page 8*

## SGIM FORUM

### EDITOR

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

### EDITORIAL COORDINATOR

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

### ASSOCIATE EDITORS

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

Joseph Conigliaro, MD, MPH • Pittsburgh, PA  
joseph.conigliaro@med.va.gov • (412) 688-6477

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

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

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

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

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

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

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

*SGIM Forum* welcomes submissions from its readers and others. Communication with the Editorial Coordinator will assist the author in directing a piece to the editor to whom its content is most appropriate.

The SGIM World-Wide Website is located at <http://www.sgim.org>

**2001 ANNUAL MEETING: A PREVIEW**

**PRECOURSES OFFER SOMETHING FOR EVERYONE**

Jean S. Kutner, MD, MSPH, and Robert B. Baron, MD, MS

**A**re you interested in furthering your clinical knowledge in a particular area? Are you seeking curricular innovations or an opportunity to sharpen your teaching skills? Do you want information important to career development in general internal medicine? Are there issues in leadership, policy, or research that you've been meaning to explore in more depth, when you had the time? Do you want to interact with colleagues with similar interests while advancing your own knowledge? If you answered "yes" to any of these questions, then the precourses at the 2001 Annual Meeting are for you.

Precourses are opportunities for participants to gain state-of-the-art knowledge and skills in general internal medicine and primary care. This year's precourses focus on compelling clinical, educational, and methodological topics and take full advantage of the longer teaching format. Given the expanded meeting schedule, full-day precourses will begin on Wednesday afternoon, May 2, and continue on Thursday morning, May 3; half-day precourses will take place either Wednesday afternoon or Thursday morning. The precourse selections on this year's program offer something for everyone, from residents and fellows just beginning their careers to seasoned clinicians, educators, investigators, and administrators.

Several precourses will explore the theme of this year's Annual Meeting, "Addressing Disparities in Health: Roles for General Internists". Annual Meeting participants who are looking to enhance their clinical skills may select from sessions addressing common clinical issues, such as women's health, end-of-life issues, and other evolving primary care topics.

Precourses relevant to career

development will address manuscript publication and faculty development, including promotion. Educators may be interested in precourse offerings that share curricular innovations and focus on teaching skills. Precourses addressing quality improvement and institutional change may appeal to those in administrative or leadership roles.

Look for a complete description of

precourses to be offered at the 2001 Annual Meeting in the preliminary program, coming in February. Capacity in some precourses is limited, so be sure to sign up early.

*Editor's Note—Dr. Baron is Precourse Chair for the 2001 Annual Meeting. Dr. Kutner is Precourse Co-Chair. **SGIM***

---

**Great Workshops Planned for Annual Meeting**

Eric E. Whitaker, MD, MPH, and Valerie E. Stone, MD, MPH

**T**hose of us who are in areas of the country pummeled by snow (e.g., Chicago, Providence) are daydreaming about the upcoming 24th Annual Meeting in San Diego, California, May 2–5, 2001. To that end, the Workshop Committee recently completed its contribution to the Meeting by selecting 62 workshop sessions from among 132 submitted. This number of sessions represents nearly a 15% percent increase from the number offered last year. As always, there were a number of excellent workshops submitted which could not be included in the final program because of time and space constraints. We relied on significant peer input to make these tough decisions. Nearly 100 SGIM members assisted in the process of reviewing workshop submissions and choosing the best ones for the Annual Meeting.

In choosing the workshops, the Committee aimed to represent the expressed desires of SGIM members from previous Annual Meetings. In particular, we worked hard to respond to the sentiment expressed by members on their evaluations of workshops presented at last year's Annual Meeting. Based on these evaluations, many members were asking for more clinical

workshops as well as an overall increase in the number of workshops. So we have increased the number of Clinical Medicine workshops by nearly 25%. In addition, many workshops in other categories, such as Special Populations, are also clinical in content and focus. A final way in which the clinical offerings at the Annual Meeting have been increased is a wonderful new innovation introduced by the Program Chair, Eileen Reynolds. For the first time, we will have a series of Clinical Updates presented in key areas of interest to academic general internists, including Women's Health, Geriatrics, HIV/AIDS, and General Internal Medicine. These updates are in addition to the 62 workshop offerings, many of which are also clinical in content.

For the first time ever, we created a new workshop category for the meeting theme, "Addressing Disparities in Health: Roles for General Internists." We received a record 34 submissions in this special category. While we could not accept all of them, 13 workshops about Disparities in Health will be presented. These workshops address a variety of important topics, including educating residents about disparities,

*continued on page 8*

## Funding Opportunities in Telehealth

Joseph Conigliaro, MD, MPH

To highlight the experience of investigators with the funding opportunities in this column, we introduce you to investigators who have been successful in obtaining funding. In the November 2000 issue of the *Forum*, we highlighted opportunities for funding in Telehealth. Nancy R. Reynolds, PhD, RN, C-NP, is Assistant Professor of Nursing at the Ohio State University College of Nursing and has been successful in obtaining funding in this area. Nancy's work has focused on symptom management, particularly on how it relates to adherence to antiretroviral medications.

### Research Funding Corner: Why did you apply for this award?

Nancy R. Reynolds: I am interested in promoting the health of HIV+ persons. NIH supports basic, applied, clinical, and health services research. Different funding mechanisms are available for small and large grants. Each institute within the NIH has a mandate with well-defined priorities that address science and health from a specific perspective. I keep track of these via the NIH list serve and responded to a Program Announcement that specified interest in my particular area of research concentration (HIV adherence).

### RFC: How many times did you have to revise and resubmit?

NRR: I revised and resubmitted once. I initially submitted my proposal in May 1999. I received my scores and summary sheets during the summer of 1999. I revised and resubmitted on January 1, 2000.

### RFC: What advice would you give others interested in applying for this award?

NRR: There are several important grant writing tips that can be found in different publications and on the NIH website ([grants.nih.gov/grants/grant\\_tips.htm](http://grants.nih.gov/grants/grant_tips.htm)). These can be very helpful, especially to those going through the application process for the first time. The NIH scientific review process is rigorous. The proposal must be regarded as scientifically significant, and the methods must be very carefully thought through. I think advice I would emphasize would be the importance of maximizing resources or support available at one's institution to develop and execute the research as well as the importance of advice from persons with a track record of success during the development of the proposal. It can also be very helpful to look at a successful grant proposal. It's important to get feedback from other investigators in the early stages of development as well as when the proposal is nearly finalized.

### RFC: Describe the application process.

NRR: Application forms are available electronically and can be prepared electronically, but a hard copy must be submitted. There are many different components to the application that must be prepared. I read the NIH instructions on the website carefully to be certain I would follow necessary specifications and deadlines and spoke to a NIH program official in the scientific area in which I planned to submit the proposal. Once the proposal is submitted, it undergoes a two-level process of peer review before becoming eligible for funding. First, each application is assigned to both an initial review group and a NIH institute or center (the funding component). The review group is composed of scientists and others with expertise in a given subject

*continued on page 7*

## American Medical Informatics Association Seeks Papers for Fall Symposium

David Little, MD

The American Medical Informatics Association (AMIA) Primary Care Informatics Working Group is seeking manuscripts to be submitted for the 2001 Fall Symposium. AMIA is a national organization dedicated to developing and using information technologies to improve health care. (For further details, see [www.amia.org](http://www.amia.org)). Much of the work of AMIA is conducted through its working groups.

At the recent 2000 Fall Symposium, the Family Practice/Primary Care Working Group elected to change its title to the Primary Care Informatics Working Group (PCIWG). This change reflects the commitment of the group to expand its focus to include all areas of primary care medicine.

The PCIWG has been working for over a year to develop a national strategic plan for primary care informatics. A critical outcome was holding the first Primary Care Informatics Summit at AMIA 2000, led by PCIWG Chair John Zapp, MD. The Summit was attended by high level representatives from the American Academy of Pediatrics, the American Academy of Family Physicians, the Society of General Internal Medicine, the North American Primary Care Research Group, the International Medical Informatics Association, AMIA, and the Agency for Healthcare Research and Quality. The Summit agreed on the vision of every primary care provider using information technology that includes electronic health records with the ability to access and communicate needed clinical information to achieve high quality, safe, and affordable health care. Summit members will pursue creating a centralized, coordinating group made up of key partnerships, serving as "One Voice for

*continued on page 11*

# Federal Efforts to Eliminate Disparities: A Call to Arms for Academic Generalists

Joseph R. Betancourt, MD, MPH

In the latter half of the 20th century, this country has witnessed dramatic improvements in health due to initiatives in health promotion and disease prevention. Our ability to detect and treat medical conditions in their early stages has been the hallmark of this progress and has allowed us to prevent premature and costly morbidity and mortality. Despite interventions that have improved the overall health of the majority of Americans, racial and ethnic minorities have benefited less from these advances. Data from the National Center for Health Statistics have consistently shown that racial and ethnic minorities suffer worse health outcomes from preventable and treatable conditions such as cardiovascular disease, diabetes, cancer, and HIV/AIDS. In addition, recent articles in medical journals have described racial/ethnic disparities in quality of care in such areas as cardiac procedures, surgical treatment of lung cancer, treatment of pneumonia and congestive heart failure, renal transplantation, analgesia use, and general services covered by Medicare (such as immunizations and mammograms).

In recognition of the increasing diversity of our nation and the significant differences in health outcomes and quality of care between majority and minority Americans, the federal government has launched several programs to eliminate racial and ethnic disparities in health and health care. These include the President's Initiative to Eliminate Racial and Ethnic Disparities in Health, a recent Executive Order extending protection to patients with limited English proficiency under Title VI of the Civil Rights Act, and the Minority Health and Health Disparities Research and Education Act of 2000 (P.L. 106-525). An article in the September 2000 issue of the *Forum*

described the President's Initiative to Eliminate Racial and Ethnic Disparities in Health. This article updates the status of that initiative, provides brief descriptions of the Executive Order and P.L. 106-525, and discusses the role of academic generalists in the national effort to eliminate disparities.

## President's Initiative

In February 1998, President Clinton set forth the goal of eliminating racial and ethnic disparities in cardiovascular

---

**First, we must *identify* the disparities.... Second, we must determine *why* they exist.... Finally, we must determine *how* to *intervene*.**

---

disease, diabetes, cancer screening and management, HIV/AIDS, infant mortality, and immunization rates by the year 2010. This initiative focused the Department of Health and Human Services on the target of eliminating

*continued on page 10*

---

## The Minority Health and Health Disparities Research and Education Act of 2000

Elizabeth Jacobs, MD, MPP

On November 11, 2000, President Clinton signed "The Minority Health and Health Disparities Research and Education Act of 2000" (P.L. 106-525). This legislation, which was introduced by Sen. Edward M. Kennedy (D-MA) and Rep. Bennie G. Thompson (D-MS), amends the Public Health Service Act to expand federal research and education efforts to address health disparities. This new law is good news for many SGIM members who care for minority patients or conduct research or educational programs in this area, because it elevates the federal focus on minority health disparities.

The Act attempts to improve minority health through research by establishing a Center for Research on Minority Health and Health Disparities within the National Institutes of Health (NIH) and increasing the focus of

funding in this area. The new NIH Center will develop a comprehensive plan for minority health research at NIH, establish an information system to track minority-related research and training, identify areas where there is insufficient minority health research at NIH, and provide grants for innovative projects that address high priority areas of minority health research. Under the new law NIH will make grants or contracts to support centers of excellence and "biomedical and behavioral research training for individuals who are members of minority health disparity populations or other health disparity populations." The Act also establishes a loan repayment program for health professionals who agree "to engage in minority health disparities research or other health disparities research." It will

*continued on page 9*

# SGIM INVITES NOMINEES FOR NATIONAL CLINICIAN-EDUCATOR AWARDS

Gordon Noel, MD

The Education Committee strongly encourages SGIM members to respond to the Call for Nominations for the National Clinician-Educator Awards for Innovation in Medical Education and for Career Achievements in Medical Education. The proposals for both awards have been made simpler to encourage broad participation in the nomination process.

The National Awards for Innovation in Medical Education bring attention to the many types of innovative work that SGIM members perform to improve medical education in their medical schools and at a national level. Awards for Innovation in Medical Education are given in three areas: scholarship of integration, scholarship in educational methods in teaching, and scholarship in clinical practice. An individual or team may write the nomination. Individuals may nominate themselves or the nomination may be

made by another member. The initial nomination consists of a one- or two-page letter, describing the nominee's (or the group's) work in a particular area of scholarship, and a one-page abstract describing the particular piece of work for which the award is sought.

The National Award for Career Achievements in Medical Education is intended for a senior general internist to recognize his or her lifetime contribution to medical education. Candidates are judged according to how innovative they have been, how effective they were in conducting their work, and how well their work was disseminated. In order to encourage broad consideration of SGIM members for this award, the selection committee will first review brief, initial nomination materials, including a one-

---

**The proposals for both awards have been made simpler to encourage broad participation in the nomination process.**

---

or two-page letter of recommendation from the nominee or a colleague describing the nominee's major contributions and a curriculum vitae. After initial review, the selection committee will ask for additional materials from some nominees.

We encourage SGIM members to suggest members of their own divisions for these awards. Self-nomination is perfectly appropriate. *SGIM*

---

## FUNDING OPPORTUNITIES

*continued from page 5*

area. Most investigator-initiated grant applications are reviewed by standing committees, which are known as "study sections" or "initial review groups (IRGs)." Each of these committees meets three times a year to evaluate the scientific/technical merit of each application. The conclusions of the committee are recorded in a summary statement, and applications whose quality is considered to be in the upper half of applications are assigned a priority score (a quantitative description of the reviewers' opinion of the proposal). A percentile score is also calculated to indicate the ranking of the application in relation to the other applications reviewed by that review group. The summary statement and

scores are sent to the applicant and to officials in the institute or center to which the application has been assigned. In most NIH institutes scored applications then receive a second level of review carried out by the institute/center's National Advisory Council. Once Council has approved an application, it becomes eligible for funding. Funding decisions are made by institute staff and take into account factors such as scientific merit, program relevance, and the budget of the institute. For the typical research grant it takes at least nine months from the time an application is received until the time a grant award can be made. Awards are usually only made to proposals ranked in the upper percentiles.

**RFC: How long did it take you to put together an application?**

NRR: I worked on my first proposal over a period of eight months. I worked on the revision for three to four months. The critique of my first submission was very helpful. In my revision I followed the suggestions of the reviewers *very* carefully.

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

**MAYBE YOU DESERVE AN AWARD***continued from page 3*

detailed announcement describing these awards. You can find additional information about the awards on SGIM's website by clicking the buttons along the top of each page labeled "funding" and "professional development." I think you should pay special attention to several of the awards.

SGIM's clinician-educator awards recognize two types of accomplishment. Up to three awards are given each year to people in their early or mid careers for innovative work that improves medical education. One additional award is given each year for lifetime achievement in medical education. Similar awards are given during some of SGIM's regional meetings.

SGIM's award for junior investigator of the year will be given for the first time during the San Diego meeting, where additional nominees will be recognized with designations of "honorable mention." Nominees should have faculty ranks no higher than assistant

professor, and the selection committee encourages nominees who will be proposed for promotion during the next two years. The award will recognize a body of work more than a single effort.

---

## **SGIM's award for junior investigator of the year will be given for the first time during the San Diego meeting...**

---

Only a curriculum vitae is required for nomination, but the selection committee may ask finalists for additional information, such as letters of recommendation, a statement about career plans, and the identity of the nominee's more important publications.

The Mary O'Flaherty Horn Scholars Program also will announce its

first award during the San Diego meeting. This award will provide a three-year stipend for an SGIM member who practices academic general internal medicine half time and spends the rest of the time caring for dependent family members. The selection committee expects that the recipient will promote creativity and scholarship about the balance of work and family and also provide medical care to the indigent. Nominations

require an institutional and an individual commitment.

Maybe a colleague of yours deserves one of these awards or one of the other awards that will be given during the San Diego meeting. Maybe you do. In either case, now is the time for the nomination. **SGIM**

**GREAT WORKSHOPS PLANNED***continued from page 4*

implementing programs to reduce disparities, and performing research to measure and examine the causes of disparities in health.

---

## **...we created a new workshop category for the meeting theme, "Addressing Disparities in Health: Roles for General Internists."**

---

Overall, the 2001 Annual Meeting workshops cover a broad range of topics from Career Development to Health Policy to Research Methodology. They were selected within nine categories (below), offering something for everyone in our increasingly diverse member-

ship. A sampling of workshop titles in each of the nine categories follows.

- ◆ Disparities in Health: "Examining Our Own Biases: Physicians' Role in Health Care Disparities"
- ◆ Health Policy: "Keeping Up on Health Policy"
- ◆ Special Populations/Geriatrics: "Death and Dying Across a Cultural Perspective"
- ◆ Medical Education: "Fast On Your Feet: Precepting Residents in the Ambulatory Setting"
- ◆ Clinical Medicine: "Arthrocentesis and Injection Technique Workshop," "Medical Applications of the Palm Pilot"
- ◆ Conceptual Ethics: "Can We Teach Virtue? Approaches to Moral Education of Medical Students and Resi-

dents"

- ◆ Administration: "Measuring and Rewarding Faculty Teaching Productivity"
- ◆ Research: "Primary Care Research: How Clinician-Educators Can Make It Happen"
- ◆ Career Development: "Medical Writing: What Editors Look for and How to Improve Your Writing"

We look forward to seeing you in San Diego. There are educational sessions that will provide learning for everyone. We also hear that the weather in San Diego may not be bad that time of year! **SGIM**

*Editor's Note—Dr. Stone is Workshops Chair for the 2001 Annual Meeting. Dr. Whitaker is Co-Chair.*



## MINORITY HEALTH

continued from page 6

provide up to \$35,000 per year to repay the principal and interest of education loans.

The Act also provides additional funds for the Agency for Healthcare Research and Quality (AHRQ) to conduct and support research on health disparities. The funds are specifically targeted for (1) research dedicated to identifying populations for which significant health disparities exist and the causes of and barriers to reducing these disparities; (2) demonstration projects that identify, test, and evaluate strategies for reducing disparities; and (3) the development of measures and tools for assessment and improvement of the outcomes, quality, and appropriateness of health care services provided to health disparity populations. AHRQ must implement this research agenda in a manner “that will enhance the involvement of individuals who are members of minority health disparity or other health disparity populations” and that will examine specifically the practices and outcomes of providers who have a record of reducing health disparities or have experience in providing culturally competent care.

The Act attempts to improve minority health through education by providing funds for educational activities aimed at reducing minority health disparities. It authorizes funds for up to 20 grants and contracts for “research and demonstration projects which develop curricula to reduce disparity in health care outcomes, including cultural competency in graduate and undergraduate health professions education.” It directs the Secretary of the Department of Health and Human Services (HHS) to convene a national conference on continuing health professions education as a method for reducing health care disparities. It calls for establishment of an advisory committee

to advise HHS “on matters related to development, implementation, and evaluation of graduate and continuing medical education curricula for health care professionals” and for a clearinghouse for curricula to reduce racial and ethnic health care disparities.

---

## The Act [establishes] a Center for Research on Minority Health and Health Disparities within NIH and [increases] the focus of funding in this area.

---

Under the provisions of this Act, the National Academy of Sciences (NAS) will conduct a comprehensive study of HHS data collection systems and practices relating to the collection of data on race or ethnicity. This study will identify the data needed to support efforts to evaluate the effects of socioeconomic status, race, and ethnicity on access to health care and other services, and the data needed to enforce existing protections for equal access to health care. NAS also will make recommendations on how to improve the collection of these data.

Finally the Act authorizes the funding of a national campaign to inform the public and health care professionals about health disparities in minority and other underserved populations by disseminating information and materials on specific diseases affecting these populations and programs and activities to address these disparities.

For the full text of the Act, visit [thomas.loc.gov](http://thomas.loc.gov) and search under S. 1880. **SGIM**

## RESEARCH CONSORTIUM

continued from page 1

During its discussions, Council asked for advice and information from others. The Chairs of SGIM’s Research and Ethics Committees reviewed the proposal and provided written comments. Eric S. Marks, MD, Associate Dean for Faculty Affairs, Uniformed Services University of the Health Sciences, and Barbara Bennet, a partner in Hogan & Hartson, LLP, answered questions about the Society’s potential liability. Council members reviewed information about similar efforts, including the American College of Cardiology’s National Cardiovascular Data Registry.

Development of the consortium’s policies and procedures will be led by a steering committee that includes Richard White, Steve Fihn, Brian Gage, Scott Kaatz, Dan Singer, Andrew Dunn, Peter Kaboli, John Spandorfer, and Carlos Estrada. There also will be one member from SGIM’s Development Committee and at least one member to be appointed by SGIM’s President.

SGIM members interested in more information about the consortium should contact Richard White ([rhwhite@ucdavis.edu](mailto:rhwhite@ucdavis.edu)). SGIM members who want to comment about the Council’s decision should contact me ([sanke@wharton.upenn.edu](mailto:sanke@wharton.upenn.edu)). Future articles will describe the reasons for the Council’s decision. Additional information will be available on the SGIM website ([www.sgim.org](http://www.sgim.org)). **SGIM**

---

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

<http://www.sgim.org>

---

**A CALL TO ARMS**

*continued from page 6*

disparities through research and programmatic grant making. Perhaps among the most notable of these efforts thus far have been the Centers for Disease Control's (CDC) "Racial and Ethnic Approaches to Community

ranging from none at all, to the use of the ATT language line, to the use of ad hoc interpreters (e.g., other health care staff, family members). Research has clearly shown that language barriers compromise the quality of care received

**Demographic changes that are anticipated in the future magnify the importance of addressing and eliminating these disparities...**

Health" (REACH) grants and the Agency for Healthcare Research and Quality's (AHRQ) "Excellence Centers to Eliminate Ethnic/Racial Disparities" (EXCEED) grants. In fiscal year (FY) 1999 REACH grants provided \$9.4 million dollars for community-based programmatic efforts to eliminate racial/ethnic disparities in health; FY 2000 awards totaled \$19 million. On November 9, 2000, AHRQ awarded EXCEED grants to nine institutions: Baylor College of Medicine, Mount Sinai School of Medicine, University of Colorado Health Science Center, Morehouse School of Medicine, University of Pittsburgh, UCLA, Medical University of South Carolina, University of North Carolina, and UCSF. These grants will provide \$45 million dollars over five years to establish "Centers of Excellence" for the study of strategies to eliminate racial and ethnic disparities in health care.

**Executive Order**

In August 2000, President Clinton signed an Executive Order clarifying Title VI of the Civil Rights Act, which states that no one should be discriminated against based on "race, color, language, or national origin." Previously, limited English proficient (LEP) patients were provided with varying degrees of oral and written translation,

by LEP patients. Hence, federally funded health care organizations (including hospitals, long-term care facilities, and mental health centers) are now required to assess patients' language needs, write policies on how they will provide oral and written translation, and monitor the implementation of these policies and their impact on the patient populations they serve.

**The Minority Health and Health Disparities Research and Education Act of 2000**

In November 2000, Congress passed and President Clinton signed "The Minority Health and Health Disparities Research and Education Act of 2000" (P.L. 106-525). This important legislation has as its major mission the improvement of the health status of minority and disadvantaged Americans. This will be accomplished by:

- ◆ Elevating the Office of Research on Minority Health at the National Institutes of Health (NIH) to "Center" status.
- ◆ Repaying the federal education loans of researchers, regardless of race, who conduct studies on understanding and eliminating racial and ethnic disparities in health.
- ◆ Awarding grants to nonprofit entities to develop curricula to reduce disparities in health care outcomes, including curricula in cultural competency for health professions students.

This Act is discussed in more detail in a separate article in this issue of the *Forum*.

**A Call to Arms for Academic Generalists**

Eliminating racial and ethnic disparities in health is a three-step process. First, we must *identify* the disparities. To date, racial and ethnic disparities in health outcomes and quality of care have been well defined. Second, we must determine *why* they exist. Although there are many viable hypotheses as to why disparities persist—ranging from provider bias to patient preferences to poor doctor-patient communication—the underlying reasons, or root causes, for these disparities have yet to be fully elucidated. Finally, we must determine how to *intervene*. Interventions to eliminate disparities have been and are in the process of being piloted; however, they have yet to be rigorously evaluated from the standpoint of health outcomes and quality of care.

Academic generalists must play a key role in this national effort to eliminate disparities. As researchers, we can begin to study and define root causes for disparities and strategies for intervention. As educators, we can teach our students and residents about the existence of disparities and provide them with tools and skills to deal with these inequities openly and aggressively. As practitioners, we can assure that all our patients are treated fairly and equally, allowing them the chance to benefit from all modern medicine has to offer. Finally, as opinion leaders, we can help shed light on this crisis and develop public awareness of this critical issue.

The demographic changes that are anticipated in the future magnify the importance of addressing and eliminating these disparities, as groups currently experiencing poorer health status are expected to grow as a proportion of the total U.S. population. Hopefully, these efforts by the federal government, in collaboration with strong efforts from academic medicine, can facilitate this process. *SGIM*

## AMIA SEEKS PAPERS

continued from page 5

Primary Care Informatics” and providing strategic leadership, guidance, and support in the development and implementation of a dynamic strategy for the use of information technology in primary care.

The PCIWG is now preparing for the 2001 AMIA Fall Symposium, to be held in Washington, DC, on November 3-7. As Chair of the group’s Scientific Program Committee, I invite any primary care physician or educator to consider a submission for the symposium. We aspire to have a strong representation of primary care projects included in the scientific program. These projects may involve clinical, educational, research, or administrative applications of information technology in health care settings.

Manuscripts may be submitted electronically via the AMIA website

any time between January 4 and March 8, 2001. Members of the PCIWG will be glad to review any potential project ahead of time, if you would like to have some feedback before submission. Please contact me at [david.little@wright.edu](mailto:david.little@wright.edu) if you would like to discuss the possibility of having a manuscript reviewed by the PCIWG. We would like to receive manuscripts by January 15, so that we may provide timely feedback by February 8 and give the authors plenty of time to meet the final deadline. I would also like to hear from anyone who will

be submitting a paper to AMIA, even if you do not plan to ask for our feedback. We can advertise your presentation to members of the PCIWG and encourage their attendance at relevant sessions within the program.

If you would like to learn more about AMIA and the Primary Care Informatics Working Group, please contact myself or John Zapp, MD, Chair, Primary Care Informatics Working Group ([jzapp@chw.edu](mailto:jzapp@chw.edu)) for more details. **SGIM**

### SGIM Communications

David Karlson, Executive Director • [KarlsonD@sgim.org](mailto:KarlsonD@sgim.org)  
Kay Ovington, Operations Coordinator • [OvingtonK@sgim.org](mailto:OvingtonK@sgim.org)  
Lorraine Tracton, Communications Coordinator • [TractonL@sgim.org](mailto:TractonL@sgim.org)  
Janice Clements, Membership Coordinator • [ClementsJL@sgim.org](mailto:ClementsJL@sgim.org)  
Sarajane Garten, Education Coordinator • [GartenS@sgim.org](mailto:GartenS@sgim.org)

## 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.

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.

FELLOWSHIP (GENERAL INTERNAL MEDICINE). The Johns Hopkins University seeks candidates for a fellowship in Clinical Research or Medical Education starting July 2002. Research areas include epidemiology, prevention, urban health, minority health, technology assessment, primary care, quality of care, health economics, behavioral medicine, gerontology, injury control, and AIDS. Training in education includes teaching skills, curriculum development, program evaluation, and administration. We encourage applications from minority candidates. Contact Eric B. Bass, M.D., M.P.H., 1830 E. Monument Street, Room 8068, Baltimore, MD 21205; 410-955-8294; [ebass@jhmi.edu](mailto:ebass@jhmi.edu).

FELLOWSHIP (GENERAL INTERNAL MEDICINE). The University of Pittsburgh seeks candidates for its Fellowship Program in General Internal Medicine. The Division of General Internal Medicine is the largest division in the department, composed of over 60 clinician-investigators and clinician-educators, all actively engaged in patient care, teaching and research. The program provides advanced training and experiences for internists planning careers either as clinician-educators or clinician-investigators. Advanced training in clinical epidemiology, health services research and education are available. Fellows will develop teaching, research, or administrative programs directed towards their field of concentration which may include under-served care, medical ethics, palliative

care, analytic methods, women’s health, and several other fields in health services research. 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.

FELLOWSHIP (GENERAL INTERNAL MEDICINE). A joint program of the teaching hospitals of Harvard Medical School invites applicants for a two-year, research-oriented fellowship to begin July 1, 2002. Most fellows complete an M.P.H. degree program during the Fellowship. The program has trained over 160 fellows during the past twenty years. For information and application forms, contact: Beverly MacMillen, The Faculty Development and Fellowship Program in General Internal Medicine, Beth Israel Deaconess Medical Center, 330 Brookline Ave., LY-330, Boston, MA 02215, Phone (617) 667-5384, email [bmacmill@caregroup.harvard.edu](mailto:bmacmill@caregroup.harvard.edu). Deadline for applications is March 15, 2001. The participating institutions are equal opportunity employers. Underrepresented minority candidates are encouraged to apply.

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  
*continued on next page*

---

# SGIM FORUM

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

---

## CLASSIFIED ADS

*continued from previous page*

sician. 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. Academic 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.

**OUTCOMES RESEARCH POSITIONS (GIM):** 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.

**PHYSICIAN INVESTIGATORS:** The Division of General Internal Medicine at the University of Iowa seeks creative physician-investigators with expertise in clinical epidemiology and health services research for tenure track positions at the Assistant Professor or Associate Professor levels. Successful candidates will join a growing multi-disciplinary research group with substantial federal and non-federal funding and with expertise in variety of quantitative and qualitative methodologies. Faculty will have opportunities for joint appointments in the Center for Health Policy and Research in the College of Public Health and the University of Iowa Public Policy Center, as well as eligibility for VA

HSR&D funding. Positions will include substantial protected time for independent investigation and allow faculty to spend 25% of their effort in hospitalist or ambulatory-based clinical activities. Candidates at the Associate Professor level should have 6 or more years of experience and an established track record in obtaining extramural funding. Academic rank and tenure will depend on candidates' qualifications and expertise as is consistent with University policy. The Division resides in the heart of the University of Iowa Health Sciences campus in Iowa City, which offers a renowned public school system and wonderful college-town lifestyle. Interested candidates should send a letter expressing their interest in the position and a current CV to Gary E. Rosenthal, MD, Director, Division of General Internal Medicine, University of Iowa Hospitals and Clinics SE618 GH, 200 Hawkins Drive, Iowa City, IA 52242. The University of Iowa is an Equal Opportunity/Affirmative Action Employer. Women and minorities are strongly encouraged to apply.

---