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ANNUAL AWARDS RECOGNIZE ACHIEVEMENTS OF MEMBERS

David R. Calkins, MD, MPP

For many years SGIM has recognized the achievements of its members by the presentation of awards at the Annual Meeting. Several awards were presented at the recent Annual Meeting in San Diego, including new awards for achievements in research, a new career development award for faculty who work part-time, and new grants for training in geriatrics.

Robert J. Glaser Award

The Robert J. Glaser Award, the Society's highest award, was presented to **Robert H. Fletcher, MD**, of Harvard Medical School. The Glaser Award is given to an individual for his or her outstanding contributions to research, education, or both, in generalism in medicine. It is supported by grants from the Henry J. Kaiser Family Foundation and the Commonwealth Fund, and by individual contributors.

Elnora M. Rhodes SGIM Service Award

The Elnora M. Rhodes SGIM Service Award was presented to **Mark Linzer, MD**, of the University of Wisconsin Medical School. The Rhodes award was established in 1997 to honor Elnora Rhodes, the Society's first Executive Director. This award is given to individuals for outstanding service to SGIM and its mission of promoting patient care, research, and education in general internal

medicine. The award is supported by contributions from SGIM members and memorial donations from friends and family of Elnora Rhodes.

Herbert W. Nickens Award

The Herbert W. Nickens Award was presented to **James R. Gavin, III, MD, PhD**, Senior Scientific Officer, Howard Hughes Medical Institute. Established in 1999, the Nickens Award honors an individual or representative of an organization who has demonstrated commitment to cultural diversity in medicine. The Nickens Award is 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, Division of Community and Minority Programs, Association of American Medical Colleges (AAMC).

Research Awards

The National Award for Career Achievement in Research was presented to **John M. Eisenberg, MD, MBA**, Director, Agency for Healthcare Research and Quality. This new award recognizes a senior investigator whose innovative research has changed the way we care for patients, the way we conduct research, or the way we educate our students. In presenting this award to Dr. Eisenberg,

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SGIM Elects New Officers

David R. Calkins, MD, MPP

At the recent Annual Meeting in San Diego, Sankey Williams, Immediate Past-President, announced the outcome of the balloting for new officers. Brief biographical sketches of the new officers follow.

Martin F. Shapiro, MD, PhD, President-Elect

Dr. Shapiro is Chief, Division of General Internal Medicine and Health Services Research, and Director,



Primary Care Research Fellowship Program, University of California-Los Angeles (UCLA) School of Medicine. He is a graduate of McGill University (BSc, 1969; MD, CM, 1973) and UCLA (MPH, 1978; PhD (History), 1983). He completed a residency in internal medicine at Royal Victoria Hospital, Montreal, and at UCLA, and was a Robert Wood Johnson Clinical Scholar at UCLA. Dr. Shapiro joined the faculty at UCLA in 1980 and was promoted to Professor of Medicine in 1992.

Dr. Shapiro's research has focused on access to medical care, particularly

for disenfranchised populations, on assessment of quality and outcomes, and on ethical conduct in research. In recent years he has been particularly interested in issues in HIV care. Dr. Shapiro is a member of the American Society for Clinical Investigation and the Association of American Physicians. In 2000 he received the Article-of-the-Year Award from the Association for Health Services Research.

Dr. Shapiro has been a member of SGIM since 1981. He previously served as Chair, Abstract Selection Subcommittee, 1983 Annual Meeting; Chair, Research Committee (1986-1988); and Member, SGIM Council (1988-1991).

Eliseo J. Pérez-Stable, MD, Treasurer-Elect

Dr. Pérez-Stable is Chief, Division of General Internal Medicine, and



Director, Center for Aging in Diverse Communities, University of California-San Francisco (UCSF) School of Medicine. He is a graduate of the University of Miami (BS, 1974; MD

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VACATION

Kurt Kroenke, MD

June. School's out. Family vacations begin. Extra daylight in the evening hours for children to play games after supper or for grownups to unwind outdoors. A good time to reflect on vacation in our lives. Or rather, as is too often the case, an absence of vacation. Vacation can represent chunks of time – days off, weekends away, a week or two at the beach. Vacation can also symbolize, in a broader sense, the balance of work and non-work in our daily lives.

As children, the concept of vacation was more straightforward – school days occupied the majority of the year, but an important fraction of time was reserved for a summer “sabbatical.” It used to be three months, clearly demarcated by Memorial Day at the front end and Labor Day as the closing. These borders have eroded a bit with school spilling over into June and/or taking over parts of August. Universities are a bit gentler: my oldest son comes home from college in early May, which irritates my two younger children who have over a month of school remaining.

I worry about too little vacation in our lives – both at a macro (days or weeks) as well as a micro (hours in a day) level. Let me pose several example questions:

- ◆ Do you feel satisfaction in being the first at the office in the mornings, the last to leave, or at being the only one there on the weekend?
- ◆ Conversely, do you feel guilty when, heading for the elevator at 4:00 p.m., you are sighted by a co-worker who exclaims: “Leaving early today?”
- ◆ How do you feel when an e-mail from a colleague is sent at 3:00 am? Do you feel better if you are the nocturnal sender rather than the sleeping recipient?
- ◆ Is your laptop computer as essential to your vacations as your luggage?
- ◆ Do you schedule catch-up days after

being away, or is the aftermath of a vacation a pressured week of double and triple booking?

If you're like me, many of these feelings are familiar. The tone of this column is intended to be confessional rather than sermonizing. Pondering questions like these compels us to review the intrinsic and independent value of vacation in our lives.

Although these circumstances may be a modern and global phenomenon, I do wonder if a deficiency or devaluation of vacations is even more prominent in the United States. I sometimes hear



American colleagues almost proudly declaim, “I haven't taken a real vacation in years.” Our academic counterparts in Europe, who seem no less productive, build a holiday period (summer or otherwise) rather ritualistically into their calendar. Even on vacation, we may be

connected to our laptops, check e-mail twice a day, and log into conference calls. Indeed, the laptop is an umbilical cord for many professionals nowadays, like its companion, the cell phone. And after vacation, there is the overwhelming backlog of paperwork, e-mails, meetings, and things that no one but us apparently can do.

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SGIM FORUM

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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 LOOK BACK

Presidential Address: More Than a Meeting and a Journal

Sankey V. Williams, MD

I work in a remarkable place where miracles happen every day. Dying people are given new lives. Nature's secrets are revealed, little by little. Ordinary people learn how to be healers and scientists. It's a privilege to be part of what goes on there. It's a place, I imagine, very much like the place you work.

We've had tough times recently. The marketplace has not been kind to us. Every year for several years we've been paid less for doing more, and two years ago we lost more money than I thought possible. As a result, we fired many non-professional staff, and ever since we've been scrambling to maintain quality and preserve essential programs. Performing miracles every day just wasn't enough.

We're getting beyond those times. We've learned how to be more efficient, and we're making money again. We expect more change and hard work, and we need some luck, but the future is beginning to look good again. I hope all those who've had tough times are doing as well.

I'm telling you this because I learned some important things about general internal medicine during those times. With new accounting systems, we could measure for the first time just how much an academic general internist costs. It's a lot, if you include support staff, the dean's tax, teaching time, and all the other expenses, in addition to salary. It's so much that it is difficult, maybe impossible, for many general internists to cover the cost from clinical revenues. I always knew this was true, but seeing real numbers was sobering. This was scary information in an institution desperately looking for ways to cut costs. When I discussed the numbers with the Chairman and the Dean, they said, "We didn't realize how big a problem this is. How can we help?" So, the first thing I learned was

that general internists are absolutely essential to teaching institutions like mine, and thoughtful leaders understand that.

I also learned that many others at the place I work are not so enlightened. There are several reasons, but the most important reason is that they do not understand what we do and how important it is. I am reminded of this at nearly every meeting of the division chiefs or the Committee on Appointments and



Promotions. Some days it seems I spend all my time justifying my faculty.

It's quite obvious what's going on. I don't always understand what other people at my institution are up to either. What do all those academic radiologists do anyway? Our provost recently said that he's spent most of his career working out the molecular biology of a mutant, voltage-dependent sodium channel that affects an estimated 20 people among the world's population. We don't always understand the specialists and basic scientists, and they don't understand the generalists. Our

problem is that there are more of them than there are of us.

That is one of the main reasons for this society. I know that my provost's work is important, because his peers, who understand it, have honored him for it. SGIM is the place where we define our discipline. It also is the place where we measure the importance of the work that people do and recognize those who do it especially well. Back home, if I propose a candidate for promotion who has published articles in *JGIM*, given abstracts at our national and regional meetings, had a leadership role in the Society, or received a teaching award from the Society, the non-generalists on the promotions committee recognize the importance of the candidate's work, because it is valued by peers, who understand the work better than they do.

Of course, there are other reasons for this society. It's a place to learn, to find mentors, to advance causes, and much more. The additional point I want to make is that individual members are to some extent defined by what they do in the Society. For all these reasons, I think you should care a lot about the health of this society, which is excellent, and about the Society's future, which is being created.

SGIM's Council is responsible for planning the Society's future. We meet twice a year for a retreat that lasts several days. We determine whether we have achieved the goals identified during the last retreat, and we set future goals. We try to plan far into the future, but in reality, that is difficult, because our world is changing so fast.

We have only recently identified an overriding issue. The issue became clear to me when someone said, "SGIM is a meeting and a journal. Do we want to be more than that?" We are more. We have a newsletter, a website, three task

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RESEARCH FUNDING CORNER

Joseph Conigliaro, MD, MPH

This month's Research Funding Corner features mechanisms available through the National Institutes of Health (NIH) for supplementing grant resources.

Research Supplements for Underrepresented Minorities

NIH offers principal investigators holding NIH research grants supplemental funds for the support and recruitment of underrepresented minority investigators and students. The Research Supplements for Underrepresented Minorities program (PA-01-079), originally announced in 1989, was established to address the need to increase the number of underrepresented minority scientists participating in biomedical research and the health-related sciences.

A request for a supplement may be submitted at any time. At the time of a supplemental award, the parent grant must have support remaining for a reasonable period (usually two years or more). The purpose of the application is to request support for an underrepresented minority high school student, undergraduate student, post-baccalaureate student, post-masters degree student, graduate student, individual in postdoctoral training, or a staff or faculty member to participate in an ongoing research project. Specific eligibility requirements relative to each level of award are set forth in the description of the individual supplement programs. For more information see grants.nih.gov/grants/guide/pa-files/PA-01-079.html.

Research Supplements for Individuals with Disabilities

In response to a documented very low participation rate for Americans with disabilities in the science and engineering work force, the NIH and its

awarding components have developed an initiative designed to extend opportunities to individuals with qualifying disabilities who are capable of entering or resuming research careers. Under the Research Supplements for Individuals with Disabilities initiative (PA-01-080) the NIH will offer supplemental awards to certain ongoing research grants to encourage individuals with disabilities to pursue biomedical, behavioral, clinical, or social science research careers. The availability of support for research experiences at several different stages in a research career may substantially increase the number of individuals with disabilities in the health-related sciences. Principal Investigators may request supplements to existing grants for the recruitment of students with disabilities into research careers. In addition, this program provides support to accommodate the disabilities of established investigators

who become disabled.

As with the minority supplement, the parent grant must have support remaining for a reasonable period at the time of a supplemental award (usually two years or more). Usually, each parent grant may have only one supplement for a person with a disability. Appointment of more than one individual to a single grant depends on the nature of the parent grant, the circumstances of the request, and the program balance of the awarding component. The receipt of a supplemental award under this program does not preclude a request for a separate supplement to support an underrepresented minority. For more information see grants.nih.gov/grants/guide/pa-files/PA-01-080.html

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

NIMH Seeks Grants on Co-Morbidity

Peter Muehrer, PhD

The Health and Behavioral Science Research Branch of the National Institute of Mental Health (NIMH) encourages research grant applications focused on co-morbid mental and medical disorders (e.g., depression and heart disease, anxiety disorders and cancer, panic disorder and asthma, etc.) across the lifespan. Branch staff are happy to discuss ideas for new proposals by telephone or comment on rough drafts. Investigators seeking comments on draft proposals should send these proposals to NIMH at least one month before the planned submission date. This allows applicants enough time to make revisions based on staff suggestions, if they choose to do so. For most

grant mechanisms, applications are received on a rolling basis with receipt dates of February 1, June 1, and October 1.

Grant mechanisms support research at all stages of a research career, from pre- and post-doctoral fellowships to early-, mid-, and senior-level career development awards (K Awards). Small grants (R03s, two years of support at up to \$50,000 direct costs per year) and exploratory/developmental grants (R21s, three years, up to \$125,000 average direct costs per year) are available for pilot research and the development of intervention protocols. Regular research grants (R01s) provide

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Supreme Court Rejects Drug Testing Program

David R. Calkins, MD, MPP

Last year SGIM joined with nearly two dozen other medical, public health, and social services organizations in filing an *amicus curiae* brief with the U.S. Supreme Court in the case of *Ferguson v. City of Charleston* (see April 2000 *Forum*). This case challenged a policy established by the Medical University of South Carolina (MUSC) in cooperation with police in Charleston, South Carolina, under which pregnant women treated at a local public hospital were subjected to drug testing without a search warrant and without their consent. The suit was brought by 10 former MUSC patients, who were arrested after testing positive for cocaine. In 1999 the U.S. Court of Appeals for the Fourth Circuit (Richmond, Virginia), invoking the “special

needs” exception to the Fourth Amendment, ruled that warrantless drug testing was justified by the special needs of stopping drug use by pregnant women and getting the women into treatment. In its *amicus* brief SGIM had argued that such drug testing would discourage pregnant women who were using drugs from seeking prenatal care.

On March 21st, the Supreme Court, by a six-to-three majority, overturned the decision of the Appeals Court. The Supreme Court ruled that “a state hospital’s performance of a diagnostic test to obtain evidence of a patient’s criminal conduct for law enforcement purposes is an unreason-

On March 21st, the Supreme Court...overturned the decision of the Appeals Court.

able search if the patient has not consented to the procedure.” Furthermore, the Court held that “the interest [of the state] in using the threat of criminal sanctions to deter pregnant women from using cocaine cannot justify a departure from the general rule that an official nonconsensual search is unconstitutional if not authorized by a valid warrant.” The lower courts must now determine whether any of the 10 women actually consented to the tests. **SGIM**

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ANNUAL AWARDS

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Sankey V. Williams, MD, announced that henceforth the award will be known as the John M. Eisenberg National Award for Career Achievement in Research.

Mary McGrae McDermott, MD, Northwestern University Medical School, and **Laura A. Petersen, MD, MPH**, Baylor College of Medicine, shared the award for Outstanding Junior Investigator of the Year. This award, also in its first year, recognizes junior investigators whose early career achievements and overall body of work to date have made a national impact on generalist research.

Wendy Levinson, MD, Pritzker School of Medicine, University of Chicago, received the award for Best Published Research Paper for her article “A study of patient clues and physician responses in primary care and surgical settings” (*JAMA* 2000; 284:1021-7). Now in its second year, this award recognizes a member whose work, published during the preceding year, has made a significant contribution to generalist research. Three members received honorable mention in this category: **Rebecca Beyth, MD**, Baylor College of Medicine; **Charles Griffith, MD**, University of Kentucky College of Medicine; and **Mary Tinetti, MD**, Yale University School of Medicine.

National Clinician-Educator Awards

The National Clinician-Educator Award for Career Achievements in Medical Education was presented to **Lee Randol Barker, MD, ScM**, Johns Hopkins University School of Medicine. This award recognizes an individual whose lifetime contributions have had a national impact on medical education.

Deborah Burnet, MD, Pritzker School of Medicine, University of Chicago, **Michael Green, MD, MSc**, Yale University School of Medicine, and **Deborah G. Kwolek, MD**, University of Kentucky College of Medicine, received the National Clinician-Educator Awards for Innovation in

Medical Education. These awards recognize individuals who have made major contributions to medical education in one or more of the following categories: scholarship of integration, scholarship in educational methods and teaching, and scholarship in clinical practice.

The National Clinician-Educator Awards are supported by contributions from Merck US Human Health and Dartmouth College.

Creative Medical Writing Awards

The editors of the *Journal of General Internal Medicine* offer prizes for the best submission in each of two categories: Poetry and Prose. Submissions must address the experiences of patients, their family members, health care providers, medical researchers, or students. This year the Poetry Award was presented to **Dagan Coppock**, New Haven, Connecticut, for his work “The destruction of urban-day market: the medics’ arrival.” The Prose Award was presented to **Leslie Cohen**, Jamaica Plain, Massachusetts, for her essay “Just doing my job.”

Grants and Career Development Awards

Chinazo Cunningham, MD, Albert Einstein College of Medicine, was named the first Mary O’Flaherty Horn Scholar in General Internal Medicine. The Horn Scholars Program provides a three-year career development award to an outstanding junior faculty member who is seeking to balance career, family, and social responsibilities by working part-time. By providing partial support for such individuals, the program seeks to strengthen generalist physician faculty, promote diversity, and provide new academic role models.

The Lawrence S. Linn Award was presented to **Carol E. Golin, MD**, University of North Carolina School of Medicine. The Lawrence S. Linn Trust offers grants to one or more young investigators “to study or improve the quality of life for persons with AIDS or

HIV infection.”

Research and Education Mentorship Program Awards were presented to four mentee-mentor pairs: **Donald Barnett, MD**, University of Kentucky College of Medicine, and **Charles Griffith, MD, MSPH**, University of Kentucky College of Medicine; **Kenneth Langa, MD, PhD**, University of Michigan Medical School, and **Eric Larson, MD, MPH**, University of Washington School of Medicine; **Cynthia Ledford, MD**, Ohio State University College of Medicine and Public Health, and **Lou Pangaro, MD**, F Edward Hébert School of Medicine, Uniformed Services University of the Health Sciences; and **Steven R. Simon, MD, MPH**, Harvard Medical School, and **Kelley Skeff, MD, PhD**, Stanford University School of Medicine. This program, initiated with a grant from Hoechst Marion Roussel, fosters the professional development of junior faculty interested in clinical, health services, or educational research. The program supports longitudinal relationships between mentors and mentees who live at some distance from one another.

Training General Internists in Geriatrics: Planning for Sustained Improvement is a new program, established with a grant from the John A. Hartford Foundation. The program supports the development of strategies to make “Every general internist—a competent geriatrician.” Three proposals were funded this year: **Rosanne Leipzig, MD, PhD**, **Gail Sullivan, MD, MPH**, and **Larry Smith, MD**, Mt. Sinai School of Medicine and University of Connecticut School of Medicine, “Geriatric training of internal medicine residents”; **Steven R. Simon, MD, MPH**, and **Anne Fabiny, MD**, Harvard Medical School, “Geriatrics training for general medicine fellows”; and **Craig Rubin, MD**, and **Lynne Kirk, MD**, University of Texas, Southwestern, “Development of geriatrically oriented generalist faculty.”

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ANNUAL AWARDS

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Annual Meeting Awards

The Society gives several awards for outstanding presentations at the Annual Meeting. The Mack Lipkin, Sr, Awards recognize outstanding scientific presentations by Associates. Recipients this year were **Jeffrey A. Linder, MD**, Massachusetts General Hospital, "Antibiotic treatment of sore throat by primary care physicians: a national survey, 1989-1998"; **Stacey L. Sheridan, MD**, University of North Carolina, "Communicating treatment benefit information to patients: number needed to treat (or trick?)" and **Kathleen McTigue, MD**, University of North Carolina, "The natural history of obesity: weight change in a large US longitudinal survey."

The Milton W. Hamolsky Awards recognize outstanding scientific presentations by Junior Faculty. Recipients this year were **Stephen M. Salerno, MD, MPH**, Uniformed Services University of the Health Sciences, "Can faculty development seminars improve feedback in ambulatory teaching encounters?"; **Steven R. Simon, MD, MPH**, Harvard Medical School, "How well do second-year medical students' OSCE scores predict USMLE scores?"; and **Peter J. Kaboli, MD**, University of Iowa and Iowa City VAMC, "Length of stay as a source of bias in comparing performance of VA and private sector hospitals: lessons from a regional evaluation of intensive care outcomes."

Two individuals received Clinical Vignette Awards: **Amjad Al-Mahameed, MD**, Cleveland Clinic Foundation, "A 55-year-old physician with lymphocytosis, fever, abdominal pain, and profound thrombocytopenia", and **Stavroula Christopoulos, MD**, McGill University, "Life-threatening mesenteric ischemia in a chronic ergotamine user."

Awards for outstanding precourses and workshops will be presented after the Program Committee has reviewed evaluations submitted at the Annual Meeting. **SGIM**

PRESIDENTIAL ADDRESS

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If you think we should do more, tell the Council, because strong voices are telling us we shouldn't. If you think we should focus on doing what we do better, tell the Council, because some of us think you want us to do more.

forces, seven regional organizations, 12 standing committees, and 35 interest groups.

But, how much more do we want to be? Should we, for example, help our members create and run research projects? The answer affects everything, from the size of the staff and the number of square feet of office space to the character of the organization.

The problem with doing more is the price of doing more. Finding more support is a challenge. Most of our budget comes from your dues and meeting fees. If we raise them, we must

be sure you get the value you deserve. The rest of our budget comes from individual contributions, private foundations, federal agencies, and for-profit corporations. We can get more support from these sources, but doing so could change us, despite the policies and procedures we have to prevent that from happening.

If you think we should do more, you should tell the Council, because strong voices are telling us we shouldn't. If you think we should focus on doing what we do better, you should tell the Council, because some of us think you want us to do more.

SGIM is so successful because of what you put into it, and what you put into it is marvelous: imagination, idealism, and hard work. Thanks for what you've done. Thanks in advance for what you will do. Thanks for letting me help you accomplish this year all that you have accomplished. **SGIM**


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NEW OFFICERS

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1978). He completed a residency in internal medicine (primary care) and fellowship in general internal medicine at UCSF. He has been a member of the faculty at UCSF since 1983 and was promoted to Professor of Medicine in 1996.

The goal of Dr. Pérez-Stable's research has been improving the health of Latino populations, with special emphasis on tobacco control, cancer screening, and aging. Health disparities continue to drive his research agenda. He has been the principal investigator on 10 research grants totaling \$15 million in direct costs over the past 15 years. He is a member of the American Society for Clinical Investigation.

Dr. Pérez-Stable has been a member of SGIM since 1983. He previously served as Chair, Committee on Representation of Minorities in Medicine; Chair, Precourse Committee, 1992 Annual Meeting; Chair, Academic General Internal Medicine in Latin America Interest Group (1993-present); and Chair, Abstract Selection Subcommittee, 2001 Annual Meeting.

Eileen E. Reynolds, MD, Council Member

Dr. Reynolds is Assistant Professor of Medicine, Harvard Medical School (HMS). She serves as Co-Director,



Educational Programs, Division of General Medicine and Primary Care; Associate Firm Chief, Department of Medicine; and Institute Scholar and Co-Director, Faculty Development, Shapiro Institute, Beth Israel Deaconess Medical Center (BIDMC), Boston, Massachusetts. She also is Associate Editor, Clinical Crossroads, JAMA.

Dr. Reynolds is a graduate of Harvard University (AB, 1986; MD, 1990). She completed a residency in internal medicine at UCSF and fellowship in general internal medicine, University of Pennsylvania. Before joining HMS and BIDMC, Dr. Reynolds was Assistant Professor of Medicine, University of Pennsylvania, where she served as Program Director, Primary Care Residency; Associate Program Director, Categorical Residency; and Director, General Medicine Fellowship Program.

Dr. Reynolds is a clinician-educator, whose interests include women's health and preventive cardiology. Her research has focused on methods of giving quantitative feedback to residents in the outpatient setting.

Dr. Reynolds has been a member of SGIM since 1991. She previously served as Co-Chair, Special Programs Subcommittee, 1999 Annual Meeting; President, Mid-Atlantic Region (1999-2000); and Chair, Program Committee, 2001 Annual Meeting.

Gary E. Rosenthal, MD, Council Member

Dr. Rosenthal is Director, Division of General Internal Medicine and Geriatrics, University of Iowa School of Medicine and the Iowa City VA Medical Center, and Director, Iowa Geriatric Education Center. Dr. Rosenthal is a graduate of Johns Hopkins University (BA, 1978) and the University of Pennsylvania (MD, 1983). He completed a residency in internal medicine and fellowships in general internal medicine and geriatrics at Case Western Reserve University. From 1990 until 1998 he was a member of the



faculty of Case Western Reserve University, where he served as Associate Professor of Medicine and Associate Professor of Epidemiology and Biostatistics. He also served as HSR&D Associate Investigator, Department of Veterans Affairs. Dr. Rosenthal has been a faculty member at the University of Iowa since 1998. In 2001 he was promoted to Professor of Medicine and Professor of Health Management and Policy.

Dr. Rosenthal's research has focused on developing approaches for measuring quality and on designing innovative, patient-centered strategies for improving health care delivery to patients in teaching hospitals. He is currently Senior Quality Scholar, Department of Veterans Affairs.

Dr. Rosenthal has been a member of SGIM since 1988. He previously served as Co-Chair, Evaluations Subcommittee, 1995 Annual Meeting; Chair, Evaluations Subcommittee, 1996 Annual Meeting; President, Midwest Region (1997-1998); and Chair, Program Committee, 2000 Annual Meeting. **SGIM**

VACATION*continued from page 3*

Ironically, we even use work as an occasional excuse for not getting work done. A favorite statement among academic clinicians is: “I am attending on the wards this month.” This implies that some of our work – caring for patients and teaching – interferes with our “real” work. We can’t even enjoy a few idle moments at the dentist’s office, riding in the car, or waiting in the airport. When we get places early, or have to wait, or experience some down time, we feel anxious unless our fingers are on the keyboard, or we are putting pen to paper, or we are dictating something for our secretary. Even the books on tape I use to occupy my commuting hours are partly to minimize the amount of wasted, unproductive

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time.

Because work can be habit-forming, vacation time needs to be intentional, scheduled, and accompanied by a no-cancellation policy. Recently, the Miami Heat lost to the Charlotte Hornets in the first round of the NBA playoffs, their third such early elimina-

tion in as many years. Pat Riley, Miami’s coach, confessed: “I’m like a basketball coach-aholic that bottoms out. I need to find a 12-step program.” While laudable, would Coach Riley’s insight have surfaced if he had won rather than lost? Is failure or a crisis necessary to trigger respite?

Vacation can be a metaphor for many things beyond the prototypical summertime or holiday week away. Hobbies. Meditation. Jogging. Family time. Reading a novel. Yes, even watching television or taking a nap. “Not enough time” is the usual alibi for shortchanging such leisure-time activities. But it may be more realistic to view professional accomplishments in a longitudinal rather than cross-sectional context, as the fruits of sequential harvests rather than products of a single growing season. When asked how she

balances family and career, Maria Shriver replied, “The secret is not to do it all at once, but rather over the entirety of a lifetime.”

This column is not without risk. It may lead some members to say “no” when asked by SGIM to serve on a committee or task force or in an elected capacity. It may precipitate a few more

Age, unique circumstances, specific relationships, and the particular stage in one’s career all can influence an individual’s perspective on the proper balance of work and vacation. But there is a balance.

“let me think about it and get back to you” responses to requests by division chiefs, department chairs, soccer leagues, churches, or community organizations. Still the risk-benefit ratio is worth it. Most of us do not need incentives to work hard or to say “yes.” We will continue to respond affirmatively to a myriad of appeals and balance numerous competing demands. It is vacation time that remains the hardest to protect, the easiest to sacrifice.

On a final note, the quality of vacation time may be more important than the quantity. The simple ability to turn work on and off, take a recess, chat with a friend in person rather than by e-mail may be what counts. Many of you may do this. Some may struggle harder than others. Age, unique circumstances, specific relationships, and the particular stage in one’s career all can influence an individual’s perspective on the proper balance of work and vacation. But there is a balance. And there is no better time than June to do our “annual review” of vacations. **SGIM**

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NIMH SEEKS GRANTS

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support for up to five years at funding levels commensurate with the science proposed.

The Co-Morbidity Research Program supports descriptive research on processes and mechanisms underlying co-morbid mental and medical disorders, symptoms, and related disabilities (e.g., depression and heart disease, anxiety disorders and cancer) and research to develop and conduct preliminary tests of preventive, therapeutic, and rehabilitative interventions for co-morbid mental and medical

disorders, symptoms, and related disabilities. Interventions may be pharmacologic, behavioral, or psychosocial. For intervention research grant applications, the mental disorders or symptoms must be among the primary outcomes of interest. For example, an intervention aimed at reducing depression or anxiety disorders among medical patients would be supported by NIMH; conversely, an intervention aimed at treating depression as a way of improving adherence to a medical regimen, where improvement in the medical

disorder is the primary outcome of interest, would be supported by the NIH Institute focusing on that particular medical disorder.

For more information see Program Announcement (PA) 99-071, "Research on Co-Morbidity: Etiology and Prevention" at grants.nih.gov/grants/guide/pa-files/PA-99-071.html or contact Peter Muehrer, PhD, Chief, Health and Behavioral Science Research Branch, at (301) 443-4708 or pmuehrer@mail.nih.gov. **SGIM**

CLASSIFIED ADS

Positions Available and Announcements are \$50 per 50 words for SGIM members and \$100 per 50 words for nonmembers. These fees cover one month's appearance in the *Forum* and appearance on the SGIM Website at <http://www.sгим.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.

CLINICAL AFFAIRS, VICE CHAIR—EXCELLENT OPPORTUNITY. The nation's first academic department of geriatric medicine, the Brookdale Department of Geriatrics and Adult Development at the Mount Sinai School of Medicine in New York City, is seeking a Master Clinician-Educator and program leader as Clinical Vice Chair. The position involves leadership and coordination of all the clinical programs in the Department, which include the Coffey Ambulatory Care Practice, in-patient consultation services, Acute Care for the Elderly (ACE) in-patient Unit, and the clinical relationship with our affiliates. Responsibilities include development of creative approaches to care delivery for older adults, oversight of an integrated program of service delivery, support and mentorship of junior faculty and fellows, and collaboration with leaders of departmental educational and research programs. Faculty are eligible for a joint appointment with the Department of Medicine. A search committee has been established and will be chaired by Diane E. Meier, MD. Interested applicants should submit a CV to Ella Foster, Administrative Director, Department of Geriatrics and Adult Development, Mount Sinai School of

Medicine, Box 1070, New York, NY 10029; Telephone (212) 241-0925, FAX (212) 426-9108.

CLINICAL EDUCATOR, WOMEN'S HEALTH. General internist sought for unique position at the University of Wisconsin (UW) which includes 6 clinical sessions per week at UW Women's Health Center and remainder of time for educational activities including integrating women's health into Medical School curriculum, directing on-site women's health electives, establishing a library/resource center and coordinating lectures on women's health. Individual will be based in Department of Medicine and UW National Center of Excellence in Women's Health. A shared position, with two candidates working 50% effort will also be considered. Send your CV to: Mark Linzer, MD, University of Wisconsin, 2828 Marshall Court, Suite 100, Madison, WI 53705. The UW is building a culturally diverse faculty and strongly encourages applications from minority candidates. We are an equal opportunity, affirmative action employer. Open records law and Wisconsin caregiver law applies.

IMs FOR A BEAUTIFUL WYOMING COMMUNITY. Progressive, growing hospital seeks 1-2 IMs (preferably one a Med Peds) for guarantee with incentives. Practice independently with MSO support or in employee/employer relationship. Excellent benefits including loan repayment. Easy access to larger cities. Outstanding recreational opportunities. Contact Phyllis Vajda phylblan@aol.com at 303/369-0566 or fax: 303/369-7310.

INTERNAL MEDICINE PROGRAM DIRECTOR. St. John Oakland Hospital, a 220 bed community-based osteopathic teaching hospital affiliated with Michigan State University, is recruiting a board certified general internist to become the full-time Director of its Internal Medicine Resi-

dency. St. John Oakland Hospital, an integrated member of the St. John Health System, is located in Oakland County, Michigan. Successful candidates must be board certified by the American Osteopathic Board of Internal Medicine, have prior experience in medical education, and have an enthusiastic desire to work with residents, interns and students. Administrative skills will be required. The position will offer a minimum of 50% time supervising residents and providing clinical care in the hospital's internal medicine ambulatory training clinic, with remaining time split between administrative, teaching, and faculty development activities. Interested candidates should contact Richard Butler, DO, FACC, at St. John Oakland Hospital, 27351 Dequindre, Madison Heights, MI 48071, (248) 967-7795. Butlerr@msu.edu.

PHYSICIAN PRIMARY CARE MANAGER. Milwaukee VA Medical Center is recruiting for a proven physician leader and academician to serve as Division Manager of Primary Care. Individuals who have success in managing complex clinical operations, are an accomplished teacher, and have interest in health services research are encouraged to apply. Faculty hold joint appointment with Medical College of Wisconsin and may serve as VA Section Chief in the Division of General Internal Medicine. Position requires Board Certification in medicine and US citizenship. Milwaukee VA offers a full spectrum of comprehensive healthcare including oncological, specialty surgical, mental health, and geriatrics. Milwaukee VA and the Medical College of Wisconsin are equal opportunity employers. Send resume and cover letter to: Michael D. Erdmann, MD, Chief of Staff, VA Medical Center, 5000 W. National Ave., Milwaukee, WI 53295. Telephone (414) 384-2000 ext. 42600. FAX (414) 382-5279. E-mail Michael.Erdmann@med.va.gov.

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