

2002 ANNUAL MEETING: A PREVIEW

**THE FUTURE IS IN THE
PAST: LEARNING FROM THE
PROFESSORS**

Linda Pinsky, MD, and Eric Whitaker, MD, MPH

In 1978, when the Society of General Medicine was formed, SGIM's current president, Kurt Kroenke, was finishing his first year of residency, Jimmy Carter was President of the United States, and Muhammad Ali had lost and regained the heavyweight title for the third time.

The wisdom and knowledge that Dr. Kroenke's fellow SGIM members have gained during the past 25 years will be the vital core of the Meet-the-Professor sessions at this year's meeting.

In 2002, as SGIM turns to "The Next 25 Years: Emerging Issues for Generalists," it is clear that many of the pivotal events of the past 25 years define the future. The political landscape of the world has changed: apartheid has ended in South Africa, the Berlin Wall has fallen, the USSR has dissolved. Today we face challenges stemming from the September 11th terrorist attacks on the World Trade Center and on the Pentagon. Twenty-five years after the last "wild" case of smallpox infection was reported, there are concerns about smallpox bioterrorism.

During the past 25 years, the digital revolution has occurred. Medicine has used emerging technologies to map the genome. Technology also has helped to identify previously unknown bacteria and

viruses, such as Legionella, Hepatitis C, and HIV, and to redefine peptic ulcer disease as an infectious disease rather than a disease of stress. Continued advances in technology have led to the implantation of the first self-contained artificial heart. Issues of equal access to these technologic advances and to medical care itself continue.

In 1992, an article entitled "Evidence-based medicine. A new approach to teaching the practice of medicine" presented, to many for the first time, a conceptual framework that has produced a paradigm shift in the practice of medicine. In 2001, the *New York Times* declared EBM one of the "Ideas of the Year".

Muhammad Ali commented, "The man who views the world at 50 the same as he did at 20 has wasted 30 years of his life." For SGIM, many things look different after 25 years. We look to the past 25 years for perspective to face the coming challenges and to shape the future of medicine.

At this year's Annual Meeting, there will be more than 30 Meet-the-Professor sessions, addressing Emerging Issues for Generalists. The Professors will share their insights from the past and their vi-

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NEWS FROM ACGIM

Three Books for Leaders

Robert M. Centor, MD

Neither medical school nor residency prepared me for leadership roles in academic general internal medicine. Over the past 15 years, I have been a division chief at two institutions. During that time, I have made many mistakes and hopefully grown slowly but surely leaving myself yet much room to grow. During the last several years, I have focused more attention on reading books and articles related to leadership. This article will highlight three books that I find particularly helpful. An estimate of their helpfulness is that I return to these books regularly, as I continue to find great value in rereading

them or looking up individual areas. The three books are: *The 7 Habits of Highly Effective People* by Stephen Covey, *Influence: The Science of Persuasion* by Robert Cialdini, and *First, Break All the Rules* by Marcus Buckingham and Curt Coffman. I will try to review briefly the important features of each of these books. Hopefully, some of you will find reading these helpful in your own personal growth.

The 7 Habits of Highly Effective People

The 7 Habits of Highly Effective People is the most popular and well known of

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MAKE A DIFFERENCE!

JANUARY 2002

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TRANSITIONS

Kurt Kroenke, MD

"I'm announcing my retirement today, January 4, 2002, as head football coach at the University of Florida", reported Steve Spurrier in a hastily prepared press release. "I'm not burned out, stressed out, or mentally fatigued from coaching. I just feel my career as a college head coach, after 15 years, is complete, and if the opportunity and challenge of coaching an NFL team happens, it is something I would like to pursue."

The sudden resignation shocked players, university officials, and much of the sporting world. Spurrier's career shift, however, is just one example of the periodic transitions that confront each of us in our personal and professional lives. Some of these passages are predictable, while others ambush us. Some we pursue voluntarily—and even eagerly—while others are thrust upon us without our consent. Because the timing, controlling agent, and desirability of specific transitions are so variable, general advice is of limited value. Nonetheless, there are some common themes, which, reflected on in times of change, may provide consolation if not always affirmation.

Transitions personal and professional

Leaving home, moving to a new community, embracing a spouse or partner, accepting parenthood, becoming a caregiver, and losing a loved one are personal transitions. Medical school, residency, fellowship training in some cases, and graduation into practice are professional transitions nearly universal among physicians. For academic physicians, there is a migration from senior resident or fellow to ward attending, junior investigator to mentor, and mid-career faculty member to program director or division chief. There are also special transitions, such

as going from full-time to part-time practice in order to balance the competing demands of work and family. Professional transitions may be ascending (i.e., promotions), horizontal (e.g., a lateral move to a similar job in a new institution), or downsloping (e.g., stepping down from or being relieved of a particular job or leadership position). It is the ubiquitous albeit sporadic nature of transitions that makes them worthy of our contemplation.



changes, even the most longed for, have their melancholy; for what we leave behind us is a part of ourselves; we must die to one life before we can enter into another." Often, we leave behind activities in which we were highly competent for new roles that challenge our sense of

mastery. Shortly before becoming a resident, the intern at last feels self-assured in the role of intern. Just when a senior resident feels confident in leading work rounds, he or she graduates to a still higher level of independence. Those first months as a junior attending, a research fellow, a principal investigator, or an administrator can be

Transitional malaise

Anatole France wrote that, "All

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

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

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

RESEARCH FUNDING CORNER

Colorectal Cancer Screening in Primary Care Practice

Joseph Conigliaro, MD, MPH

On December 20, 2001, the National Cancer Institute (NCI) and the Agency for Healthcare Research and Quality (AHRQ) issued a new program announcement (PA): Colorectal Cancer Screening in Primary Care Practice (PAR-02-042). This grant program will have four cycles. The deadlines for letters of intent are May 16, 2002; September 18, 2002; January 16, 2003; and May 16, 2003. Applications must be received by June 20, 2002; October 23, 2002; February 20, 2003; and June 20, 2003.

Colorectal cancer is the second leading cause of cancer death in the United States. Colorectal cancer mortality could be greatly reduced through appropriate screening. Unfortunately, less than half of adults aged 50 and older have ever been screened. The NCI and AHRQ are interested in research on colorectal cancer screening delivery, utilization, and outcomes in primary care practice. This program will use the R21 grant mechanism to fund exploratory/developmental studies designed to improve delivery of colorectal cancer screening in primary care practice and to evaluate the short-term outcomes of such screening.

Screening tests for the detection of colorectal cancer differ in their costs, risks, administration, and level of evidence to support their use. Results from randomized trials and case-control studies demonstrate mortality reductions associated with the fecal occult blood test (FOBT) and sigmoidoscopy, but the efficacy of colonoscopy and double-contrast barium enema has been less well studied. Little is known about patient or provider perspectives on colorectal cancer screening, or the short- or long-term impact of such screening in primary care practice. What are the facilitators of or barriers to the delivery of screening services in

primary care practice? What characteristics of the primary care setting influence provider recommendations regarding screening? What factors influence patient compliance?

What factors facilitate the adoption of colorectal cancer screening guidelines by clinicians, and how does this affect screening rates? Sensitivity, specificity, and predictive value data also are needed for the various screening approaches in community practice. Similarly, data on the acceptability of and adverse events associated with various screening strategies as delivered in community practice would make an important public health contribution.

Research topics falling within the scope of this grant program include:

- ◆ Interventions to improve compliance with screening and follow-up;
- ◆ Evaluation of the impact of risk assessment for colorectal cancer;
- ◆ Strategies to improve patient decision making;
- ◆ Methods to obtain data while minimizing disruption to practices;
- ◆ Instruments to assess knowledge, attitudes, and practices of patients and providers regarding screening;
- ◆ Measures to assess the use of screening and adherence to screening guidelines;
- ◆ Assessment of the feasibility and acceptability of screening technologies from the patient perspective, in community practice;
- ◆ Evaluation of the utilization, efficiency, and effectiveness of screening in community practice;
- ◆ Determination of the sensitivity, specificity, and predictive value of various screening modalities in community practice;
- ◆ Identification of factors (such as

Colorectal cancer is the second leading cause of cancer death in the United States.

population group, provider type, and practice organization) that may influence performance of screening procedures in community practices; and

- ◆ Development of approaches that integrate the delivery of colorectal cancer screening with other preventive health services in primary care.

Since this program uses the R21 funding mechanism, the total project period for an application cannot exceed two years and will be limited to \$100,000 in direct costs. The complete PA can be found at grants.nih.gov/grants/guide/pa-files/PAR-02-042.html.

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

Calendar of Events

Annual Meeting Dates

25th Annual Meeting

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

26th Annual Meeting

May 1–5, 2003
Vancouver Convention and
Exhibition Centre
Vancouver, BC, Canada

27th Annual Meeting

April 21–24, 2004
Sheraton Chicago Hotel
and Towers
Chicago, Illinois

TRANSITIONS

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colored by disturbing feelings of insecurity and incompetence. We long for our previous comfort zone.

Transitional malaise may not be solely due to feelings of hypocompetence. It may also be an inevitable response to change itself, an admixture of nostalgia for one's "hometown" and incomplete acclimation to a new environment. For an immigrant, the reasons are concrete: different language, customs, food, currency, and culture. When transitioning within the same society, a newcomer experiences

second party is not affected, relinquishing what one has done well can be difficult. A transition in jobs or roles may mean seeing less patients, teaching fewer students, or writing a smaller number of protocols or papers. The actor who becomes a director and the athlete who moves to the sidelines in order to coach experience similar "transition pains".

Being a generalist can both help and hinder letting go. On the one hand, the spirit of general internal medicine is collaborative and interdisciplinary. We

espouse learner-centered education, patient-centered clinical care, and consultation with subspecialty colleagues as dictated by the boundaries of our own knowledge and skills. On the other hand, we also like doing as much as we can. We strive to be the primary care provider for

most of our patients' problems, the master teacher, or the investigator whose research can encompass any disease and multiple disciplines. When letting go is hard, diagnosing the reason is critical if a successful transition is ultimately to occur.

Holding on

Paradoxically, transitions benefit from holding on as well as letting go. What is held on to are not one's previous roles and responsibilities but rather the intrinsic values and relationships. G.K. Chesterton wrote: "The fatal metaphor of progress, which means leaving things behind us, has utterly obscured the real idea of growth, which means leaving things inside of us." Change can be cumulative rather than substitutional. Despite transitions, collaboration and mentorship and mutual support can continue. While the intensity and frequency of contacts may diminish, former colleagues—like family—are there when you need them.

Likewise, values acquired in

previous roles endure. The avid teacher sustains a devotion to education even if his or her personal teaching hours decline. The clinician keeps patient care a priority independent of the number of his or her clinic sessions and ward months. The investigator cherishes research regardless of the degree of current funding or active protocols. Graduation produces alumni who may migrate yet remain faithful to their alma mater. Academic transition involves surrendering old tasks while staying connected to first creeds and first cousins.

Change—and failure to change—may backfire

Transitions are at least a moderate-risk venture. A former physician in the military, I was told that only half of those who transition to civilian jobs find their first job after leaving the military satisfactory. I don't know what the comparable statistics are for graduating residents and fellows entering their first practice opportunity or taking their first faculty position. I do know one can't be 100% certain but must simply weigh the pros and cons and make an educated guess. It may take a year or two to determine whether a transition has failed, allowing time for the transitional malaise to resolve and the letting go to be completed. Indeed the person who finds every professional or personal transition a success is either very fortunate or, alternatively, risking too few changes.

Just as a given transition may go awry, so also the reluctance to change can backfire. Fearful of change, a person may stay in a particular role too long. The flame dwindles, inspiration and innovation diminish, and passion declines into burnout. Methodist ministers used to have to change congregations at six-year intervals, and certain political offices come with term limits. While such compulsory transitions may not always be optimal, they are probably grounded in the concern

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subtler culture shock. In *The Temple of the Golden Pavilion*, Yukio Mishima writes: "Whenever one starts in a new school or university, it is the same: though one arrives each day with a fresh feeling, one is conscious of a certain vague, incoherent quality in things." Although the sense of foreignness gradually declines, a slight distance from those persons who have been "native born" to a particular institution or community may linger indefinitely.

Letting go

Transitions require letting go. Ideally, the resident refuses to play intern, the attending avoids micromanaging the ward team, and the research mentor does not clone the junior investigator. Failure to let go is mutually disadvantageous. The person in transition is spread too thin trying to occupy both the new and old positions, while successors are allowed inadequate leeway in the way things are accomplished.

Letting go does not always involve a colleague or subordinate. Even if a

THREE BOOKS

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these books. It was first published in 1989. For those of you who have not read the book, the 7 Habits are:

1. Be proactive.
2. Begin with the end in mind.
3. Put first things first.
4. Think win/win.
5. Seek first to understand, then to be understood.
6. Synergize.
7. Sharpen the saw.

Listing the 7 habits does not do justice to the depth of the text or the audio version. I have seen Covey in person, and he is an exciting speaker. Covey uses anecdotes to make his points, and, while I agree with his

I find Cialdini’s work fascinating and helpful in understanding the techniques that... I might use to influence other people.

philosophy, he rarely uses supportive data. Nonetheless, reading this book and trying to understand his principles has helped me both at work and personally. One principle that I find most important is habit #7, Sharpen the Saw, which Covey subtitles the principle of balanced self-renewal. Each time I listen to the tapes or reread the book, he reminds me that taking care of my own physical and mental health makes me a better physician and a better leader. His examples have stimulated me to work hard on my own physical fitness as well as to spend some intellectual time not involved in medicine each week.

Influence: The Psychology of Persuasion

The second book that I read was *Influence: The Psychology of Persuasion* by Robert Cialdini. I read it after attending a three-and-one-half-hour talk given by Cialdini, a social psychologist at Arizona State University.

Cialdini studies the psychology of influence. His research has included fieldwork on selling. Using data gathered through such fieldwork, he has developed a conceptual framework of persuasion. A short introduction to this topic can be found in “Harnessing the Science of Persuasion” in the October 2001 issue of the *Harvard Business Review* (www.hbsp.harvard.edu/products/hbr/oct01/R0109D.html). Cialdini also has a Web site (www.influenceatwork.com), where you can read much more about his work.

Much that we do in academic medicine involves persuasion. I find Cialdini’s work fascinating and helpful in understanding the techniques that other people use to influence me as well as the techniques that I might use to influence other people. Cialdini spends considerable time

discussing the ethical use of the psychology of persuasion.

First, Break All the Rules

Most recently, I read *First, Break All the Rules* by Marcus Buckingham and Curt Coffman. I found this to be the best of the three books, perhaps because it is based on a large research project. Sometimes those of us who are division chiefs, as well as those who are program directors, want to call ourselves leaders rather than managers. “Manager” often has a negative connotation. However, the management part of our jobs has great importance. This book puts management into perspective quite well.

Buckingham and Coffman identify 12 elements of excellent management, each highlighted by a specific question. These questions are grouped into four levels.

The first level asks: “What do employees get?” This level includes two

questions.

1. Do I know what is expected of me at work?
2. Do I have the materials and equipment I need to do my work right?

The second level asks: “What do employees give?” Here, there are four questions.

3. At work do I have the opportunity to do what I do best everyday?
4. In the last seven days have I received recognition or praise for doing good work?
5. Does my supervisor or someone at work seem to care about me as a person?
6. Is there someone at work who encourages development?

The third level asks: “Do I belong here?” Again, there are four questions.

7. At work do my opinions seem to count?
8. Does the mission of my company make me feel my job is important?
9. Are my coworkers committed to doing quality work?
10. Do I have a best friend at work?

The last level asks: “How can we all grow?” There are two questions.

11. In the last six months has someone at work talked to me about my progress?
12. This last year, have I had opportunities at work to learn and grow?

This book defines how managers make a difference. You can relate these questions to your own career as a medical student, intern, resident, and faculty member. These questions are appropriate for individuals in any position, including division directors reporting to department chairs.

These three books continue to influence me and may be valuable to you. For that reason, I share them with you as potential resources for personal growth, whether you currently have a leadership position or may have one in the future. **SGIM**

TRANSITIONS

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that leaving too late may be worse than premature departure.

None of this is to argue that transition for transition's sake is the primary goal. G.K. Chesterton cautioned: "Progress does not consist in looking for a direction in which one can go on indefinitely. True progress consists in looking for a place where one can stop." While Napoleon claimed that "One must change one's tactics every ten years if one wishes to maintain one's superiority", Lord Falkland offered an opposing view by stating, "When it is not necessary to change, it is necessary not to change." Still, some transitions are inevitable. And some of us will have more transitions than others. What is essential is that one recognize the feelings and phases that are integral to transitions in order to navigate them successfully. **SGIM**

LEARNING

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sions for the future on issues of preparedness, patient care, personal and professional development, policy, professionalism, and publication. Sign up for an intriguing hour over lunch on Thursday, May 2, and/or Saturday, May 4, to discuss topics such as:

- ◆ Bioterrorism: response to 9-11,
- ◆ Dementia—then and now—a 25 year perspective,
- ◆ Career development for clinician-educators,
- ◆ Minority faculty development,
- ◆ The hospitalist movement in 2002: key issues for academic general internal medicine,
- ◆ HIV/AIDS in women,
- ◆ One editor's advice about publishing

The Professors will share their insights from the past and their visions for the future.

manuscripts, and

- ◆ Teaching the human dimension of care at the bedside.

Space precludes listing all Meet-the-Professor sessions, so we urge you to look to the preliminary program, coming in February, for a complete description. Capacity in some sessions is limited, so be sure to sign up early. **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.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.

CLINICAL INVESTIGATOR WITH FELLOWSHIP TRAINING, DIVISION OF GENERAL INTERNAL MEDICINE. The Division of General Internal Medicine at Creighton University Medical School is seeking a Clinical Investigator to begin as soon as possible. Candidates should be board certified, and interested in an academic career. This is a new position working in a newly established Center for Women's Health with a special emphasis in Minority Health and Aging. Academic rank will be Assistant Professor, 70% protected time. The position offers full time faculty status and opportunity for promotion. Teaching activities include outpatient clinics in general medicine. Send letter of interest and CV to: Dr. Anna Maio, Department of

Medicine, Creighton University, 601 North 30th Street Suite 5850, Omaha, NE 68131.

CLINICIAN-INVESTIGATORS. Research positions (limited clinical responsibilities) in large Mid-South city with "small-town-neighborhood" feel! Join growing, dynamic team in the Division of General Internal Medicine, University of Tennessee Health Science Center, Memphis, TN. Candidates with interest/experience in minority/community-based health promotion and health services/outcomes research encouraged to apply. Opportunities for plan-wide intervention research in large (>200,000 enrollee) Medicaid health-plan with disease focuses in diabetes/obesity/hypertension/AIDS. BC/BE-Internal Medicine required. MPH or PhD preferred. Support available for advanced training in research methodology. Academic rank (Assistant to full Professor) based on qualifications. Excellent benefits package. Send CV/cover letter to Deborah Gibson, Research Coordinator (Fax 901/448-7041, email dgibson@utm.edu). The University of Tennessee is an EEO/AA/Title VI/Section 504/ADA/ADEA employer.

FELLOWSHIP, GENERAL INTERNAL MEDICINE. The Johns Hopkins University seeks candidates for a fellowship in Clinical Research or Medical Education starting in July 2002 or 2003. Research areas include epidemiology, prevention, urban health, minority health, technology assessment,

primary care, quality of care, health economics, behavioral medicine, gerontology, injury control, AIDS, and ethics. Training in education includes teaching skills, curriculum development, program evaluation, administration, and editorial skills. Training in public health includes an M.P.H. degree. Fellows are eligible for student loan repayment. We encourage applications from minority candidates. Contact Eric B. Bass, M.D., M.P.H., 1830 East Monument Street, Room 8068, Baltimore, Maryland 21205; 410-955-8294; ebass@jhmi.edu.

FELLOWSHIP, GENERAL INTERNAL MEDICINE AT MOUNT SINAI MEDICAL CENTER NEW YORK. Mount Sinai Medical Center, Division of General Internal Medicine offers a two-year fellowship program in preparation for a career in academic general internal medicine, in either research or education. While not restricted to these areas, current and past fellows, have had focuses in women's health, health services research, informatics, palliative care, care for the home bound, and evidence based medicine. All candidates receive a masters from department of community medicine, Mount Sinai School of Medicine. Inquires to Dr. Albert Siu, albert.siu@mssm.edu or Dr. Thomas McGinn, thomas.mcgin@mssm.edu. For applications contact Ms. Sheryl Russell at sheryl.russell@mssm.edu or 212 241-0859.

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SGIM FORUM

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CLASSIFIED ADS

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INTERNISTS, GENERAL INTERNAL MEDICINE. The Department of Internal Medicine at the University of New Mexico of Medicine and the New Mexico Veterans' Administration Health Care System (NMVAHCS) is seeking Internists for the General Internal Medicine Section. Must be Board Certified in General Internal Medicine. These faculty positions are based at the NMVAHCS. Full and part-time work available. Must have clinical, administrative and teaching experience. Salary and academic rank based on training and experience. Preference will be given to candidates with advanced general internal medicine training and research experience. Opportunities exist for research and collaboration with members of this active, dynamic division. Position open until filled. Not a J-1 visa opportunity. Applicant selected is subject to random drug testing. Send inquires and CV to Robert E. White, M.D., MPH., Chief, General Internal Medicine Section (111GIM), 1501 San Pedro SE, Albuquerque, NM 87108 or rew@unm.edu. The NMVAHCS is an EEO employer.

JUNIOR FACULTY PHYSICIAN RESEARCHER IN ADDICTION MEDICINE. Boston University School of Medicine seeks academic general internist committed to developing a research career. Faculty position is provided with goal to develop independent researcher investigating substance abuse related health problems and/or health services research. Require board certification in internal

medicine and fellowship training. Experience in clinical trials, HIV clinical care, and/or health services research, and an M.P.H. preferred. Submit a letter of interest and a curriculum vitae to Jeffrey Samet, M.D., M.A., M.P.H., Section of General Internal Medicine, Boston Medical Center, 91 East Concord Street, Suite 200, Boston, MA 02118. Boston University School of Medicine is an affirmative action and equal opportunity employer and educator.

MEDICAL DIRECTOR. McKesson Health Solutions, in Broomfield, Colorado, is one of the leaders in providing disease management services. Our programs combine evidence-based medicine, telephonic nurse care management, and advanced information technology to measurably improve health status and outcomes of chronically ill patients. We provide healthcare services to 54 million members in the United States. We have an exciting opportunity for a Board-Certified physician to oversee outcomes research and clinical development of disease management programs. We are seeking a minimum of 3-5 years expertise in health services research and evidence-based medicine. Business degree desired; publication history and experience required. Exceptional interpersonal, communication and writing skills required. Join our high-energy, professional Disease Management team, located within our corporate headquarters and enjoy a dynamic environment with a staff dedicated to

improving lives. Position is located in Broomfield, CO between Boulder and Denver. We offer highly competitive compensation plus an outstanding benefits package to include: Profit sharing investment plan; Discount employee stock purchase plan; Ongoing training and career development; Tuition reimbursement; Adoption Assistance; Employee Assistance Plan; Comprehensive Health, Dental and Vision plans; Group Life & AD&D Plan; Escalating PTO Plan; PC Purchase Program; 10 Paid holidays per year. For immediate consideration, please submit your resume in confidence to: betty.hines@mckesson.com. We are an equal opportunity employer.

RESEARCH POSITION, GIM. The Division of GIM & HSR of the Dept of Medicine, University of California Los Angeles, invites applications for a faculty position at the Clinical Instructor or Assistant Professor level. Position requires an M.D. with a strong background in independent scholarly work and an interest in clinical care. Collaborative research with UCLA HSR faculty and/or investigators at RAND Health a possibility. Teaching requirements include teaching medical students & residents. Send CV, bibliography, and names/addresses of three references to Carol Mangione, MD, Chair, GIM/HSR Search Committee, UCLA Dept of Medicine/GIM&HSR, 911 Broxton, Los Angeles, CA 90024. UCLA AA/EOE.