

**Contents**

- 1 John M. Eisenberg, MD, MBA:  
Leader, Mentor, Friend**
- 2 Missy McNeil Named Editor of *Forum***
- 3 President's Column**
- 4 John Eisenberg: His Glass Was  
Always Half Full**
- 4 Remembering John Eisenberg:  
Reflections from a Few of His Friends**
- 5 Research Funding Corner**
- 5 SGIM and *UpToDate*: An Update on Our  
Collaboration**
- 6 Record Attendance at 18th Midwest  
Regional Meeting**
- 6 Republic of Texas Chapter Holds 11th  
Annual Meeting**
- 7 Mountain West Region Meets in Santa Fe**
- 7 Northwest Region Holds Successful  
Annual Meeting**
- 8 Mid-Atlantic Region Meets in  
New York City**
- 8 California Region Holds 20th Annual  
Meeting**
- 15 Classified Ads**

**JOHN M. EISENBERG, MD,  
MBA: LEADER, MENTOR,  
FRIEND**

*David R. Calkins, MD, MPP*

**J**ohn M. Eisenberg, MD, MBA, died at his home in Potomac, Maryland, on March 10, 2002, after a yearlong illness caused by a brain tumor. He was 55 years old.

John was born in Atlanta, Georgia, and raised in Memphis, Tennessee. He was a graduate of Princeton University (AB, 1968) and Washington University (MD, 1972). In 1972 John began a 20-year career at the University of Pennsylvania, first as a resident in internal medicine, then as a Robert Wood Johnson Clinical Scholar and MBA student at the Wharton School, and finally as a member of the Department of Medicine and founding Chief of the Division of General Internal Medicine. In 1992 John moved to Georgetown University as Chairman of the Department of Medicine and Physician-in-Chief. In 1997 he was named Director of the Agency for Healthcare Research and Quality (AHRQ), a position he held until his death.

John's contributions to medicine and health care were numerous. He was a founding commissioner and past Chairman of the Physician Payment Review

Commission, a past President of the Association for Health Services Research, a former Regent of the American College of Physicians, and a past member of the American Board of Internal Medicine. He also was a member of the Institute of Medicine.



John's leadership role in SGIM was especially important. He was a founding member of the organization (then known as the Society for Research and Education in Primary Care Internal Medicine) and the Project Director for SREPCIM's initial grant from the Robert Wood Johnson Foundation. He served as President from 1982 to 1983. In 1995 John received the Robert J. Glaser Award for outstanding contributions to research, education,

or both in generalism in medicine. Last year he received SGIM's National Award for Career Achievement in Research, which was named in his honor. In presenting this award to John, SGIM President Sankey Williams made the following comments:

The Council decided to give John this award for three reasons.

*continued on page 11*

**SOCIETY OF GENERAL INTERNAL MEDICINE**

**OFFICERS**

**PRESIDENT**

Kurt Kroenke, MD • Indianapolis, IN  
 KKroenke@regenstrief.org • (317) 630-7447

**PRESIDENT-ELECT**

Martin F. Shapiro, MD, PhD • Los Angeles, CA  
 mfshapiro@mednet.ucla.edu • (310) 794-2284

**IMMEDIATE PAST-PRESIDENT**

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

**TREASURER**

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

**TREASURER-ELECT**

Eliseo Pérez-Stable, MD • San Francisco, CA  
 eliseops@medicine.ucsf.edu • (415) 476-5369

**SECRETARY**

Ann B. Nattinger, MD, MPH • Milwaukee, WI  
 anattng@mcw.edu • (414) 456-6860

**COUNCIL**

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

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

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

Eileen E. Reynolds, MD • Boston, MA  
 ereynold@caregroup.harvard.edu • (617) 667-3001

Gary E. Rosenthal, MD • Iowa City, IA  
 gary\_rosenthal@uiowa.edu • (319) 356-4241

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

**EX OFFICIO**

**Regional Coordinator**

Jane M. Geraci, MD, MPH • Houston, TX  
 jmgeraci@mdanderson.org • (713) 745-3084

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

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

**Editor, *SGIM Forum***

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

**HEALTH POLICY CONSULTANT**

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

**EXECUTIVE DIRECTOR**

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

# Missy McNeil Named Editor of *Forum*

David R. Calkins, MD, MPP

The SGIM Council has selected Melissa (Missy) McNeil, MD, MPH, to be the next Editor of the *SGIM Forum*. She will succeed David Calkins, whose three-year term ends this summer. As Editor of the *Forum*, Missy also will be an *ex officio* member of the Council.

Missy is a graduate of Princeton University (BA, 1976) and the University of Pittsburgh (MD, 1980; MPH, 1993). She completed an internship and residency at the University of Pittsburgh, where she is currently Associate Professor of Medicine. Missy plays key leadership roles in clinical medicine, education, and research at the University of Pittsburgh, particularly in the area of women's health. She is Chief, Section of Women's Health, Division of General Internal Medicine; Director, Women's Health Services, Department of Medicine; and Director, Comprehensive Women's Health Program, University Drive Veterans Administration Medical Center. Missy also is Co-Director of Teaching Programs, Department of Medicine; Director, Women's Health Residency and Women's Health Fellowship; and Director, Clinical Skills Course, School of Medicine.

In her application to become Editor of the *Forum*, Missy wrote: "The vision of the *Forum* should be one of promoting innovation and dialogue, especially about areas of change or uncertainty within the field of general medicine. Issues discussed within the pages of the

*Forum* should be timely, focused, and sometimes even contentious.... New and emerging directions have been and should continue to be discussed. Issues may include diverse topics such as the future of internal medicine as a specialty; the hospitalist movement; new domains of expertise for general internists, such as women's health, palliative care, and substance abuse; the role of the clinician-educator as a researcher; and, finally, issues of lifestyle management so necessary for physician career satisfaction in the long run. The *Forum* offers an opportunity to express debate, share new ideas, explore innovations, reflect on our accomplishments, and envision our future goals. It should be a place for discussion and dialogue, where policy of the organization can be stated and put forward."

Missy's Division Chief, Wishwa Kapoor, describes her as a "highly accomplished clinician-educator, a high-energy person who brings innovation, enthusiasm, and vigor to all of her activities,... the [type of] person that SGIM should seek for the Editorship [of the *Forum*]." The Council obviously agreed. Missy will begin her three-year term as Editor with publication of the August 2002 issue of the *Forum*. **SGIM**



# THE TASK AT HAND

Martin F. Shapiro, MD, PhD

*If I am not for myself,  
then who will be for me?  
If I am not for others, what am I?  
If not now, when?*  
—Rabbi Hillel

The Society of General Internal Medicine is in a position to play a pivotal role in American medicine. We can have a very considerable impact on the way in which medicine is practiced; on what is taught in undergraduate, postgraduate, and continuing medical education; on the research that is conducted; and on the policies that are formulated to govern these activities.

The Society was founded by a group of idealists, who really wanted to make American medicine look different, and a quarter of a century later, it does in some respects. Academic institutions are not the exclusive domain of the subspecialist and the biomedical scientist. Students are not regarded as failures if they opt for primary care specialties. Much outstanding investigation is conducted on a range of topics related to the provision of medical care, and general internists are prominent among those engaged in that scholarship.

Unfortunately, there can be no resting on our laurels. All of the areas in which we have made progress are vulnerable to a variety of forces. Furthermore, the tasks undertaken a quarter century ago are far from completed. General internal medicine has a strong presence in some teaching institutions, but there are many where its presence is barely felt. This is reflected in the SGIM membership roster, which includes few or no members at far too many institutions. Public hospitals often have a hard time hiring general internists into roles in which any of their time is protected

from direct patient care, because of the service needs and budgetary problems that these institutions face. In other academic sites where generalists may once have been protected and supported, they face new requirements to be economically self-sufficient as their hospitals or group practices deal with declining revenues. Medical schools and hospitals that would not hesitate to invest in a weak or struggling cardiology division often do not give similar consideration to general internal medicine.

Accordingly, it frequently is



difficult for young faculty to launch careers in places that have not had a tradition of supporting general internal medicine. They may step into jobs that are not structured to allow them to succeed. They may not have mentors who can guide them through the pitfalls

of career development. If they are researchers, they may not have the kinds of collaborators nearby who can increase the quality of their scholarship.

SGIM is going to address these issues in the coming year. We are creating a Career Support Program. A task force is being established to plan it comprehensively, but as currently

*continued on page 10*

## 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  
byrdja@mail.ecu.edu • (252) 816-4633

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

Giselle Corbie-Smith, MD • Chapel Hill, NC  
gcorbie@med.unc.edu • (919) 962-1136

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

P. Preston Reynolds, MD, PhD, FACP • Baltimore, MD  
preynold@welch.jhu.edu • (410) 283-0927

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>

# John Eisenberg: His Glass Was Always Half Full

Nancy Foster, Gregg Meyer, MD, and Carolyn Clancy, MD

**Editor's Note**—This article, written by three of Dr. Eisenberg's colleagues at the Agency for Healthcare Research and Quality, first appeared in the program for Dr. Eisenberg's memorial service in Washington, DC, March 17, 2002.

**J**ohn Eisenberg was an exceptional human being, husband, father, doctor, thinker, mentor, and friend. But, John would never have accepted that statement on its face. He would have demanded to know, as he always did, "What's the evidence?" Well, here it is.

Sitting in his office, it was easy to see what was important to John. On the wall above his desk were pictures of his wife and sons. He often reached up and touched the corner of one, a momentary reconnection with those he loved most dearly. Around the room there was an array of interesting trinkets from his many trips to bring research to policy-making in other countries. On one wall was a framed *New Yorker* magazine cover showing a half glass of water, which John convinced everyone, by word and example, was a glass half-filled, a powerful example of his persistent optimism.

## The Doctor's Doctor

John was a doctor's doctor, as intent on practicing good medicine as he was on finding ways to help all patients and clinicians achieve better outcomes. His bookshelves overflowed with medical texts, books on improving patient-physician relationships, and professional journals with the latest knowledge from research, as well as books on politics and policy, history, organizational theory, and effective leadership. It was clear he had read them all.

His walls were covered with plaques recognizing his leadership of numerous health services research, health care

policy, and medical organizations. But far more cherished were the pictures of his medical school classmates, his colleagues from the Robert Wood Johnson Foundation's Clinical Scholars program, several classes of interns who studied under him, and colleagues from all stages of his career.

His computer "pinged" frequently to announce the arrival of e-mails from friends and colleagues. The e-mails competed for attention with the frequent phone calls seeking urgent advice. John, a multitasking master, answered them all with such clarity and insight that every e-mail correspondent and caller felt as if he or she had



captured John's undivided attention.

Near the center of his desk was a stack of draft papers sent by residents, colleagues, and staff, who hoped to get his sage advice on their work. At the ready was the famous red pen, which John used for edits that would tighten the language, to note articles that would more fully explicate a point, and to mark areas where clarity was needed. John's propen-

sity for editing documents was legendary. He joked that he never saw a document that couldn't be improved, including his own writing, so he edited everything. Eventually, his staff learned

*continued on page 9*

---

## Remembering John Eisenberg: Reflections from a Few of His Friends

**W**e are all colleagues of John Eisenberg, and we all miss him personally as well as professionally. In itself, it is a tribute to John that he was as personable with his colleagues as he was the consummate and successful professional in his work.

John Eisenberg kept us focused on improving health and health care, rather than our turf. His reach spanned many groups, while his vision kept us focused on cooperating on behalf of people. He had a mission but was not quixotic. He rolled with the political tides to preserve that mission and brought us along with him, instilling in us his passion. He was quietly persuasive, able to work well even with those who did not understand his vision.

It never seemed to be about him. It

was about changing the federal balance of research funding to emphasize primary care. Prior to that it was about changing the balance of federal funding through graduate medical education payment policy to encourage ambulatory-based generalist training.

Rarely was there so effective a federal administrator whom we will all miss so personally.

**Norman B. Kahn Jr., MD**

*Vice President for Science and Education  
American Academy of Family Physicians*

One of the wonderful legacies that John left was to multiply and enrich the research careers of many primary care physicians. In the early 1990s while he was at Georgetown, John served as the

*continued on page 12*

# RESEARCH FUNDING CORNER

Joseph Conigliaro, MD, MPH

This month's Research Funding Corner highlights the Robert Wood Johnson Foundation's Generalist Physician Faculty Scholars Program.

Citing that the proportion of generalist physicians in the United States is below that of other industrialized nations, the Robert Wood Johnson Foundation is continuing recruitment for the Generalist Physician Faculty Scholars Program through 2004. Many SGIM members have competed successfully for these awards. The program offers career development awards to outstanding junior faculty in four-year, fully accredited U.S. medical school departments/divisions of family medicine, general internal medicine, and general pediatrics, who are nominated by their respective deans. The Foundation has granted 130 awards in the first nine years of the program (1993–2001). These awards help cover the scholars' salary and research costs.

The program's goal is to strengthen generalist physician faculty in medical schools by improving their research capacity while maintaining their clinical and teaching competencies. Of equal importance is increasing the number of trainees selecting generalist careers and improving the quality of generalist education through the development of innovative mentoring programs for medical students and the design and implementation of primary care education initiatives. Scholars are required to spend at least 40% of their time in research and other scholarly pursuits. Scholars typically have pursued research on topics relevant to generalism, including medical education, health services research, and primary care.

Scholars have a unique opportunity to receive career and research mentoring from leading academicians from

family medicine, general internal medicine, and general pediatrics, who serve on the program's National Advisory Committee.

The Foundation will grant up to 15 four-year awards of \$300,000 in 2003. Nomination packets will be available in May 2002. The deadline for nominations is September 20, 2002.

---

## SGIM and *UpToDate*: An Update on Our Collaboration

Elizabeth Eckstrom, MD, MPH

In 1999, as part of SGIM's strategic initiative to "regularly assess members' needs and interests, and respond with appropriate new services and programs," SGIM began a collaboration with *UpToDate* to provide peer review of the primary care internal medicine section and expand chapters relevant to primary care and screening. Among other benefits, the effort would allow SGIM members, particularly junior clinician-educators, to work with senior SGIM members to provide high caliber and clinically relevant information for their colleagues. We are now over two years into this collaboration, and I'd like to update members on what is happening between SGIM and *UpToDate*.

Bob Badgett and Cindy Mulrow were the first Co-Chairs of the SGIM *UpToDate* Peer Review Cluster, and they, along with the other original Cluster members, created a process to review carefully the primary care "cards" written for *UpToDate*. They created a standardized review form, coached SGIM members who became "regular reviewers," and established a database to

For more information, including eligibility and application guidelines, visit the program's Web site at [www.gpscholar.uthscsa.edu](http://www.gpscholar.uthscsa.edu).

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

track the reviews and provide feedback to *UpToDate*. At the time of this writing, SGIM members have reviewed 383 of *UpToDate*'s primary care cards. Each of these reviews involved a

---

### ...SGIM members have reviewed 383 of *UpToDate*'s primary care cards.

---

literature review and a critique of the evidence presented in the card, as well as comments on applicability to primary care practice and the structural organization of the material. This has been an incredible effort on the part of the Cluster and the reviewers, and they all deserve a tremendous thank you!

So, is the collaboration meeting SGIM's original goal to "regularly assess members' needs and interests, and respond with appropriate new services and programs"? Our reviewers have developed expertise in many clinical areas. They have enhanced their skills in evidence-based medicine. And, most important, they have received feedback on their critiques from senior SGIM

*continued on page 11*

# Record Attendance at 18th Midwest Regional Meeting

Mary McGrae McDermott, MD

**A** record number of attendees participated in the 18th annual Midwest Regional Meeting, held September 6–8, 2001, at the Drake Hotel in Chicago. The total number of attendees was 141, up from 109 in 2000. As in recent years, the Midwest Regional Meeting was held jointly with the Central Society for Clinical Research (CSCR), the American Federation for Medical Research (AFMR), and the Midwest Society for Pediatric Research (MSPR).

The program committee was chaired by Mary M. McDermott, the 2001 Midwest President. Program committee members included councilors Steven Borowsky (Workshop Chair), David Baker (Abstract Chair), Brent Williams (Innovations in Medical Education Chair), and Immediate Past-President Marshall Chin (Nominations Chair). In addition, Paul Fine chaired Clinical Vignettes, Halina Bruckner chaired the Clinician-Educator Award, and Ahsan Arozullah chaired One-on-One Mentoring.

The meeting began on Thursday, September 6, with a precourse entitled “Evidenced-Based Medicine for the Practicing Clinician” led by Christopher Smith of Cook County Hospital in Chicago. This day-long course was held at the computer laboratory at Rush Medical College in Chicago. A shuttle bus transported participants from the Drake Hotel to the computer laboratory.

The meeting opened officially on Friday, September 7, with a plenary session held jointly with CSCR, AFMR, and MSPR entitled “The Academic Industrial Interface: Perils and Prospects.” Speakers in this session included William N. Kelley, University of Pennsylvania School of Medicine; C. Thomas Caskey, Cogene Biotech, Houston, Texas; and Larry Stanberry, University of Texas Medical Branch,

Galveston. Midwest SGIM’s speaker was Robert L. Goodman, Columbia University College of Physicians and Surgeons.

The Midwest SGIM keynote speaker was Catherine DeAngelis, Editor, *Journal of the American Medical Association*. Dr. DeAngelis spoke on “Integrity in Medicine.” She described her experiences as *JAMA* Editor and her leadership at *JAMA* in the face of pressures from outside interests, including pharmaceutical companies.

For the second year, clinical vignettes were a part of the Midwest

Regional Meeting. Innovations in medical education were solicited and presented for the first time. Of 29 submitted workshops, 16 were selected for the meeting. Forty-seven research abstracts, 23 clinical vignettes, and three innovations in medical education also were presented. Five mentors and mentees were paired for the One-on-One Mentoring session.

Prizes for best research abstract presentation went to Elbert Huang of the University of Chicago and Chitra

*continued on page 14*

---

## Republic of Texas Chapter Holds 11th Annual Meeting

Jane M. Geraci, MD, MPH

**S** GIM’s Republic of Texas Chapter held its 11th Annual Meeting in Austin, Texas, on October 6, 2001. Attendees journeyed from as far as Galveston and Odessa, in some cases through driving rain, to attend this meeting of illustrious Texas academic generalists. The themes of the morning program were the future of general internal medicine and faculty development. Presenters included Andy Diehl, University of Texas Health Science Center (UTHSC), San Antonio; Jim Wagner, University of Texas Southwestern Medical Center, Dallas; Karen Szauter, University of Texas Medical Branch (UTMB), Galveston; and KoKo Aung,

Texas Tech University Health Sciences Center, Odessa. The first morning block concluded with a presentation by Isabel Hoverman, ACP-ASIM Board of Regents, on the Texas General Internal

Medicine State-wide Preceptorship Program, which she chairs.

After the morning break Bob Badgett and Vineeta Kumar, UTHSC, San Antonio, presented their current curriculum development work in teaching learners informatics to enhance evidence-

based medicine. Paul Haidet then herded attendees into small groups to participate in a workshop demonstrating team learning, an alternative to the

*continued on page 11*



**KoKo Aung of Texas Tech University in Odessa discusses faculty development initiatives at his institution.**

# MOUNTAIN WEST REGION MEETS IN SANTA FE

Bruce Horowitz, MD

The brilliant blue New Mexico skies were a perfect backdrop for this year's Mountain West Regional Meeting, February 15–17, 2002. For the second consecutive year, the meeting was held at The Bishop's Lodge, Santa Fe, nestled in the Sangre de Cristo Mountains. The meeting featured a variety of topics of interest for academic general internists and clinician-educators.

Mark Earnest, University of Colorado, welcomed the audience to New Mexico. The meeting opened with Bruce Horowitz, University of New Mexico (UNM) and New Mexico Veterans Affairs Medical Center (NMVAMC), discussing "Low Molecular Weight Heparin in Internal Medicine: An Update." Tom MacKenzie, University of Colorado, gave an enlightening lecture, "Communicating Risk to Patients," highlighting the difficulties inherent in discussing risk-related issues with patients. Bob Rashke, University of Arizona, discussed, "Errors in Medicine from the Perspective of Complex Adaptive Systems," comparing strategies used by various industries and systems to deal with errors.

After the opening day session adjourned, participants took advantage of the excellent high-desert weather to hike, shop in Santa Fe, or explore the historical ruins of Bandelier National Monument. For dinner, Santa Fe's world-class restaurants beckoned, and attendees sampled some of the best in Southwestern cuisine.

On the second day, Jane Kinne, UNM and NMVAMC, discussed "Insomnia." She was followed by Liz Lawrence, also from UNM and NMVAMC, who introduced us to some of her more challenging patients in an interesting talk, "Somatization, Hypochondria, and Factitious Disorders." Following these two clinical presenta-

tions, former SGIM Council member Alan Prochazka, Denver VAMC, led an update, "Research Ethics," highlighting potential implications of new legislation, including HIPAA.

The meeting then adjourned until the evening program, held in conjunction with the New Mexico Thoracic Society. This session was a sort of homecoming for the keynote speaker, Lori Arviso Alvord, New Mexico native and author of *The Scalpel and the Silver Bear*, a memoir of the first Navajo woman surgeon. Dr. Alvord is currently Associate Dean of Students and Multicultural Affairs, Dartmouth Medical School. In her entertaining and enlightening lecture, she educated us a bit about traditional Navajo culture and medical practices and illustrated how some of these traditional practices could make for better patient care in surgery and in medicine. Many of these traditional practices emphasize the environment of care, support groups, and the role of the family, aspects of care that now are receiving increasing attention in conventional medical practice, as we find that they affect patient well being, adherence to treatment, and patient outcomes.

The final day of the conference opened with our special guest, former SGIM President Stephen Fihn, University of Washington and Puget Sound VAMC. He outlined an evidence-based approach to the "Management of Stable Angina." This was followed by what has become an SGIM Mountain West tradition, a slide show by Steve and Sylvia Obeler, Denver VAMC, entitled "A Photographic Tour of Colorado." Their presentation included many striking images, some of which have appeared in the *New England Journal of Medicine*, illustrating the natural beauty of Colorado. Visiting us from Texas, Council representative Jane Geraci,

*continued on page 14*

## Northwest Region Holds Successful Annual Meeting

D.C. Dugdale, MD, and  
Elizabeth Eckstrom, MD, MPH

The Northwest Region held its Annual Meeting on February 8, 2002, at the lovely Center for Urban Horticulture in Seattle, Washington. Thirty-seven faculty, fellows, residents, and students attended the meeting, up from 30 in 2001 and 20 in 2000. Eric Larson and Judy Bowen presented plenary addresses on "Reconstructing Primary Care of the Elderly" and "Coaching Learners in their Cognitive Development." Just before Dr. Bowen gave her presentation, we were pleased to present her with our Regional Clinician-Educator Award, of which she immediately proved herself worthy. An exciting new addition to this year's program was structured feedback from senior SGIM members to fellows and residents who gave oral presentations and had submitted abstracts for presentation at the national meeting. Judy Zerzan of Oregon Health and Science University received the first Northwest Regional Best Resident Presentation Award for her abstract entitled "Prescription Drug Policy in Oregon." These are only a few of the many highlights of this stimulating and challenging meeting.

As Co-Chairs of this year's meeting, we would like to thank the committee members who helped make the meeting such a success: Dawn DeWitt, University of Washington, and Rebecca Harrison and Som Saha, Oregon Health and Science University. We also would like to recognize Julie Machulsky, SGIM's fabulous Director of Regional Services. We truly enjoyed planning and participating in this meeting and look forward to much more interaction with the small but dynamic Northwest Region. **SGIM**

## Mid-Atlantic Region Meets in New York City

*David C. Thomas, MD, MS, and Peter N. Marchese, MIA*

**T**he Mid-Atlantic Region held its 22nd Annual Meeting on March 15, 2002, at the Mount Sinai School of Medicine in New York City. The conference took on a very special tone in light of the recent events of 9/11. Meeting chair, David C. Thomas, opened the meeting with an introductory address welcoming an audience of 217 attendees. Albert L. Siu, Chief, Division of General Internal Medicine, Mt. Sinai School of Medicine, addressed all on behalf of the institution. In honor of those lost in the 9/11 attacks and in memory of John Eisenberg—a longtime member and friend of SGIM—Regional President Joseph Cofrancesco, Jr., called for a special moment of silence. He then introduced the keynote speaker, Mack Lipkin, Jr., New York University School of Medicine. Dr. Lipkin’s speech, entitled “General Internal Medicine in the 21st Century,” was both entertaining and challenging. All the above kicked off an exciting day filled with educational advances, research presentations, workshops, a panel discussion, and plenty of time to talk with old friends and meet new ones.

Lunch provided time for the regional business meeting, where this year’s Regional President, Joseph Cofrancesco, Johns Hopkins University, transitioned his role to Olveen Carrasquillo, College of Physicians and Surgeons, Columbia University. Redonda Miller, Johns Hopkins University, also relinquished her role as Secretary-Treasurer to Katrina Armstrong, University of Pennsylvania. The Clinician-Educator Award was bestowed upon David Kern, Johns Hopkins University at Bayview, for his outstanding teaching of ambulatory medicine and his mentorship of countless residents and fellows.

After lunch, Eva Metalios moder-

ated a panel discussion on “Volunteerism—Challenges and Solutions for the 21st Century.” Panelists included Helen Burstin, Director, Center for Primary Care Research, Agency for Healthcare Research and Quality; Judith Long, Senior Fellow, Leonard Davis Institute of Health Economics, University of Pennsylvania School of Medicine; and Gerald Paccione, Director, Primary Care and Social Medicine Programs, Montefiore Medical Center, Albert Einstein College of Medicine. This panel stimulated much discussion, both among the panelists as well as with the audience, regarding a physician’s responsibility to communities at the local, national, and international level.

The day concluded with the Program Committee’s recognition of this year’s award winners:

Junior Faculty Research Abstract - Kevin Volpp, University of Pennsylvania School of Medicine, “Market Reform and Disparities in Quality of Care.”

Trainee Research Abstract - Lisa Korn, Johns Hopkins University School of Medicine, “Is Screening for Osteoporosis Associated with Fewer Hip Fractures?”

Trainee Clinical Vignette—Shari Blumenthal, Mt. Sinai School of Medicine, “Complete Oculomotor Nerve Palsy: A Neurological Emergency.”

Resident Presentation of the Year - Stephen Williams, Mt. Sinai School of Medicine, “Assessing Medical Errors Related to the Continuity of Care from an Inpatient to an Outpatient Setting.” Dr. Williams’ award included support to attend the Annual Meeting in Atlanta.

We would like to thank all those attendees who supported the meeting in New York City. We would like to give special mention and thanks to the committee chairs who helped make the

*continued on page 14*

## California Region Holds 20th Annual Meeting

*Mitchell D. Feldman, MD, MPhil, and Sunita Mutha, MD*

**T**he California Region held its Annual Meeting on March 29, 2002, at the Laurel Heights Conference Center, University of California, San Francisco (UCSF). California Regional President Mitch Feldman and meeting co-chair Sunita Mutha welcomed an enthusiastic audience of 65 registered attendees, making this one of the best attended meetings in recent years. The attendees were a diverse group of members, fellows, residents, and students, including members who traveled up from southern California to participate. SGIM President-Elect Martin Shapiro gave us a preview of things to come with an address entitled “Looking to the Future of SGIM and Academic General Internal Medicine.” We also were treated to an entertaining and sobering talk by John Brown on “Bioterrorism and Resource Allocation in the City and County of San Francisco.”

The Plenary Session was chaired by Ralph Gonzales and featured six impressive research abstracts and two clinical vignettes. Following this session, attendees viewed almost 30 posters, reflecting a diversity of research and clinical topics. The lunchtime business meeting included a “State of the Region” update and presentation of two awards. Eleanor Schwartz, a primary care resident at UCSF, was selected as the “Resident of the Year” from the California Region on the basis of her outstanding research and abstract on emergency contraception. Alicia Fernandez was selected as the “Clinician-Educator of the Year” for her impressive accomplishments as a teacher.

Lunch was followed by a panel discussion on “Navigating a Career in General Internal Medicine.” Robert Baron served as moderator of a panel that also included Peter Rudd, Albert

*continued on page 14*



## HIS GLASS WAS HALF FULL

*continued from page 4*

to attach notes to final copies of documents imploring, “DO NOT EDIT. JUST SIGN!” With wry good humor, John would accept such comments.

### **Nurturing the Growth of Others**

In addition to seeking advice on draft papers, students, residents, staff, and friends sought career advice from John. John was able to inspire others to improve themselves. He would suggest ways in which people could strengthen their skills or use their talents differently. Over the past few months, noted physicians and researchers have written to John’s family describing how his suggestions led them in new directions and inspired them to think more deeply,

fullness.... John’s influence is of the most lasting kind. It is based on respect for what the other can be. It lasts a lifetime. It opens doors, creating previously unimagined possibilities.”

John acknowledged how much he, himself, had benefited from his mentors, colleagues, and students. In particular, John credited the sage advice of Professors Anne and Herman Somers from Rutgers and Princeton, respectively. He learned from internal medicine giants like Sam Thier, Gerald Perkoff, Helen Smits, Bud Relman, and Sam Martin. During the development of the Society of General Internal Medicine, he relied heavily on the advice of his friends Sankey Williams, John Noble, Bob Lawrence, and Tom Delbanco.

## **John was a doctor’s doctor, as intent on practicing good medicine as he was on finding ways to help all patients and clinicians achieve better outcomes.**

work harder, make new connections, or develop new skills. As a result, their lives were changed and enriched. John’s friend and colleague, Larry Beck, said, “One of John’s great talents was to nurture the growth of talented people.”

While many teachers and clinicians can rightfully claim to have inspired several people, Sandy Schwartz, observed that:

“A list of the nation’s most respected and productive health services researchers is notable for the disproportionate number for whom John has been a mentor, advisor, close colleague and friend.”

His influence was summed up eloquently by one of his former residents, Lorna Lynn, who said:

“Perhaps the most important gift John gave to so many of us is this: he helped us to see our potential in its

contained contact information on folks from his childhood in Memphis, his college days at Princeton, his medical school and residency, as well as those he had met throughout his career and through his wife and sons.

John remembered his friends and found ways to help them. His former college roommate, Bill Davis, recalled the time during Freshman Week when everyone had to pass a swim test, which involved treading water for five minutes. Bill was not a swimmer, but John had been a star on his high school team and swam for Princeton. Bill arranged to take his test at the same time as John. He stayed afloat by treading water with one hand and hanging on to John’s swim trunks with the other. Similar stories are told by many of John’s friends, whom he graciously allowed to draw on his great strengths when they

needed support.

Hal Sox, John’s friend for 25 years, remembered their mutual affection and respect. Hal reflected, “Most of the time we were just loyal friends, working largely in our separate worlds. Then, for a brief time, we would use this wonderful trusting relationship to reach a specific goal.” Hal and John knew that each could turn to the other for help and the answer would always be, “yes!”

John loved to talk with people. When he got in a taxi, he would always ask the driver: “Do you have health insurance? What are your concerns about your medical care?” While waiting for a meeting, at a sporting event, at Starbucks, or on an airplane, he would strive to learn something about and something from whomever was next to him.

### **Developing Relationships**

Once people were connected to John, he worked hard to develop those relationships. John often brought together friends with different expertise to stimulate creative thinking. For instance, he linked his friends from the world of art with colleagues in health care to see how art might be used to improve patient outcomes. He brought friends from the business community together with clinicians to explore how purchasing might foster improved care, and researchers together with policy makers to discover how research might influence policy. At the request of the Secretary of the Department of Health and Human Services, John brought together federal agencies under the Quality Interagency Coordination (QuIC) Task Force. He inspired them to enhance their ability to improve health care by working together.

When he was able to use research to inform a discussion, his joy in his work was readily apparent. He was always willing to take a phone call or go to Capitol Hill to help policy makers think through complicated issues. Working with colleagues to provide

*continued on page 14*

**TASK AT HAND**

*continued from page 3*

envisioned it will have four components:

*Development of guidelines for appointment as a clinician-investigator or clinician-teacher.* This should give prospective and junior faculty a yardstick against which to measure positions that they are evaluating or occupying, and a tool to assist with their negotiations within the institution;

*Site visit program.* SGIM members will visit institutions, when invited, to assess the situation of general internal medicine and to offer concrete suggestions as to how to improve the prospects for it to contribute meaningfully to institutional missions;

*Comprehensive mentorship program.* Building on efforts to date, we will proactively identify individuals with a need for mentorship outside of their institutions and will seek to match them up with others who can provide them with that kind of ongoing support, generally through regular, scheduled telephone meetings; and

*Collaboration facilitation program.* This program will set up a system to make it easy for SGIM members to identify collaborators for their scholarly efforts, including participants in grant proposals, sites for studies, specialized expertise, and the like. It also will actively promote the development of cross-institutional collaborative efforts in selected areas.

The goal of the Career Support Program will be to achieve a vigorous presence for general internal medicine and its activities in every teaching institution. We will leave no division or section behind, and we will promote the development of the linkages and relationships that will increase the likelihood of career success for all academic generalists, regardless of where they work.

A second challenge that faces us might best be characterized as the “domain of our field.” Unlike most of medicine’s specialties and subspecialties, there is no component of clinical care in which we possess exclusive knowl-

edge, no procedure over which we possess exclusive franchise, and no demographic group for whom we are the only candidate providers. That is the nature of generalism. General internists are particularly adept at the care of the chronically ill adult and are extremely well trained to manage complex patients with multiple diseases. We are also well suited to the provision of primary care and general hospital care across a broad age range. Many of us have very substantial knowledge about and experience in the care of particular diseases, such as HIV, diabetes, and depression, and in the provision of preventive services, and the like.

The role that we play in care is a product of the historical evolution of American health care, of the settings in which we practice, and of our own clinical proclivities. Yet, our clinical domain now faces challenges from all sides. Intensive care has been largely ceded to the intensivists. Hospital care in many settings is becoming a function of hospitalists, who are not necessarily generalists. Ambulatory care of diabetes, HIV disease, depression, and even hyperlipidemia is being sequestered more and more, while growing specialties of geriatrics, adolescent medicine, women’s health, and others leave the undifferentiated generalist pondering what payers, patients, and the institutions in which they work will be willing to let them do.

In the educational domain, the general internist faces similar challenges. As academic institutions are challenged financially, they may not see it as worth the expense to run large resident practices. They may not provide meaningful institutional support for educational activities in areas they regard as less essential, such as clinical ethics, clinical epidemiology, psychosocial dimensions of care, and a host of other areas in which many generalists have a niche. In terms of research, again there is no research area which generalists own, but there are many in which we practice. Support for

development of research programs has been inconsistent at best across our medical schools, and federal funding for many of these areas lurches from crisis to crisis. We need to make sure that the research activities of general internists are supported by academic institutions with hard, institutional dollars and by federal funders with research dollars.

The totality of our clinical, educational, and research activities constitutes the domain of general internal medicine. We need to nurture this domain and advocate vigorously for the centrality of our role in it. In order to do so, we need a clear articulation of what that domain is. In Bob Dylan’s words, “I’ll know my song well before I start singing.” We also need to understand comprehensively the challenges to these activities. In the case of the clinical domain, we need to evaluate evidence and identify data needs that will help us plan for our role in the context of evolution in knowledge and in the health care system. Educationally, we need to assure that general internists are well equipped to play the role that we envision. In terms of research, we must not only advocate for infrastructure and funding but also assure that training programs can sustain development of new scholars in the relevant areas.

The SGIM Council currently is considering a proposal to establish a task force on the domain of the field to delineate it, ponder its current status, and develop a strategy that will enable us to advocate successfully with individual institutions, with medical organizations, and with policy makers, to assure that the domain is nurtured and that the field can thrive.

These two tasks are high priorities for SGIM and for our specialty. SGIM can proactively promote the conditions for success of academic generalists within their institutions and can define and nurture the domain of the field within the larger health care system. If we do, we will be playing a role in American health care that is entirely

*continued on page 14*

## LEADER, MENTOR, FRIEND

*continued from page 1*

One reason is that his research career has been extraordinarily productive. He has published well over 100 articles in peer-reviewed journals describing original research about how doctors make decisions and especially about how economic issues affect those decisions. Most people recognize him as the world's leading authority in these areas.

We also are honoring John for his role as a research teacher and career mentor. Through his work in research programs at Penn and Georgetown, his involvement with the Robert Wood Johnson Clinical Scholars Program, Generalist Physician Faculty Scholars Program, and the International Clinical Epidemiology Network, and his leadership at AHRQ, John has made a difference in the lives of hundreds of students, residents, fellows, and junior faculty at critical points in their research careers.

The third reason we chose to honor John was for his leadership.

John has been an articulate and effective spokesman for academic general internal medicine and its research programs at critical times. Let me give you two examples. He was one of a handful of people who imagined this Society, arranged for foundation support to create it, and shepherded it through its initial years. Also, when he became Director of AHRQ, the Agency was under political attack, its budget had been slashed, and many people were predicting it would soon go out of business. Under John's leadership, the Agency's budget has been restored, new programs are being started, and the future looks bright once again.

John's death creates a large void in the SGIM family. He will be greatly missed by his many friends and colleagues. This issue includes several tributes to John. Additional tributes will be presented at the Annual Meeting in Atlanta. **SGIM**

## SGIM AND UPTODATE

*continued from page 5*

members. A few reviewers subsequently have written chapters for *UpToDate*. Current and former members of the Cluster have had the opportunity to develop leadership skills and work closely with a broad group of SGIM members, again with fabulous mentorship from SGIM leaders. From a personal perspective, as a regular reviewer for over two years and now as the new Chair of the Cluster, I have observed these benefits in others and can answer the question with a resounding "yes."

I'd like to thank Stephen Fihn and the SGIM leadership for creating this excellent opportunity. I'd also like to thank Bob Badgett, Bob and Suzanne Fletcher, Cindy Mulrow, Dawn DeWitt, Scott Richardson, and Mark Aronson for moving it forward and all our current Cluster members and reviewers for their continuing commitment to peer review for *UpToDate*. If you are interested in becoming a reviewer for *UpToDate*, please contact me at [eckstro@lhs.org](mailto:eckstro@lhs.org). **SGIM**

**Editor's Note**—Current members of the *UpToDate* Peer Review Cluster are Elizabeth Eckstrom (Chair), Mark Aronson, Denise Basow, Erica Brownfield, Hollis Day, Bob Fletcher, Suzanne Fletcher, Catherine Lucey, and David Tanaka. Reviewers include Ron Ackermann, John Andrilli, David Arterburn, Debbie Cardell, Carol Chou, Steven Cohn, Michelle Conde, Matthew Davis, Evelyn Fang, Shawn Fultz, Mary Ann Gilligan, Debbie Greenberg, Paul Haidet, Ava Hansen, Mark Henderson, Richard Hoffman, Tom Houston, Nathaniel Hupert, Keels Jorn, Vineeta Kumar, Hui Lee, Claudia Leonard, Roger Luckman, Jamaluddin Moloo, Eric Mortensen, Rachel Murkofsky, Kathryn Myers, Larissa Nekhyudov, Jane O'Rorke, Doug Paauw, Richard Pinckney, Anne Pereira, Scott Ramsey, Shak Rehman, Brian Rekus, Bill Rifkin, Jodi Segal, Bob Smith, and Edwin Tamayo.

---

## TEXAS CHAPTER MEETING

*continued from page 6*

lecture as a means of teaching. If he can teach these Republic of Texas characters, he can teach anyone anything!

Following a lively but brief business meeting, during which it was determined that the Republic of Texas Chapter would meet only and exactly as often as it d— well pleased, two original research projects were presented. Umair Shah, Veterans Administration Medical Center, Houston, gave a timely, if sobering, presentation on the epidemiological capacity of local health departments in southeastern Texas. (Recall that this was October 2001, shortly after the anthrax attacks.) Next, KoKo Aung presented a study of patient flow in resident clinics at Texas Tech. Kathy Smalky, Baylor College of Medicine, Houston, and Jane O'Rorke, UTHSC, San Antonio, followed with presenta-

tions on curriculum projects that they are directing at their institutions on medical genetics and musculoskeletal medicine, respectively.

The concluding theme of the afternoon was humanism in medical education. Joey Weiner, Katie McQueen, and Michelle Schmidt from Baylor presented their work in merging psychosocial topics into the traditional medical curriculum. Gene Boisubain and Karen Szauter, UTMB, Galveston, reviewed their efforts in teaching, assessing, and remediating professionalism.

This year's meeting of the Republic of Texas Chapter was a great success. We are all looking forward to our next Annual Meeting. **SGIM**

**REFLECTIONS FROM FRIENDS**

*continued from page 4*

first National Program Director of the Generalist Physician Faculty Scholars Program, funded by the Robert Wood Johnson Foundation. John excelled as a role model and mentor, and he was a perfect choice to lead a program that emphasizes career and research mentoring.

In its nine-year history, the Generalist Physician Faculty Scholars Program has helped launch 123 research careers. The program that John shepherded is prestigious and competitive. The scholars who are funded include the “cream of the crop” of generalist researchers. In 1999, graduates of the program reported the following accomplishments: nearly a third had joined an editorial board of a medical journal; 78% had been principal investigators for a major grant; 61% had assumed new leadership roles at their institutions; 59% had been promoted; and two had been elected to the Institute of Medicine. The scholars are clearly leaders in academic medicine at the institutional and national levels.

John provided a lasting and positive influence on the budding research careers of many primary care physicians. His spirit is alive and well among many who have had their careers invaluabley nourished by his ideas, intellect, dedication, and support.

**Cindy Mulrow, MD, MSC**

*Program Director*

*Generalist Physician Faculty Scholars*

*Program*

I first met John Eisenberg while I was a chief resident in internal medicine in the University of Minnesota program. I attended both the Society for Medical Decision Making and the Society for Research and Education in Primary Care Internal Medicine (now SGIM) meetings in 1981, curious about the emerging discipline of academic

general internal medicine. I was already aware of John’s research; indeed his articles on physician responsibility for the cost of unnecessary medical care (*New England Journal of Medicine* 1978), sociocultural influences on decision-making by clinicians (*Annals of Internal Medicine* 1979), and cost containment and changing physicians’ practice behavior (*Journal of the American Medical Association* 1981) resonated deeply with my interests and concerns for health care in America.

I trained in a department of medicine where the Chair, typical for 1981, was a basic science-oriented sub-

---

**Throughout my career I have found John’s writings to be my guide to the important issues for improving medical care in the U.S.**

---

**—Gene Rich**

---

specialist, skeptical about the importance of “academic” general internal medicine. I timidly approached John (already a “superstar” published in *NEJM*, *JAMA*, and *Annals*) and asked him a question regarding some research I was considering. He was encouraging and supportive. Clearly, he viewed the investigation of such questions a worthy goal, demanding a level of scholarship as sophisticated as that conducted in the famed laboratories of Washington University (our shared *alma mater*). Furthermore, he made clear that he considered teaching cost-efficient medical practice an essential yet challenging undertaking.

Invigorated by this encounter, I went back home to Minnesota, undertook additional training, and initiated research projects and educational programs along the lines we had discussed. My work progressed slowly, and John was increasingly busy with his

own research as well as nurturing the fellows and young faculty at Penn for whom he was responsible. But he always recognized me at meetings and expressed encouragement and appreciation for my own modest work.

Throughout my career I have found John’s writings to be my guide to the important issues for improving medical care in the U.S. Although we spoke only briefly at Annual Meetings, I have always viewed him as my intellectual mentor and my guide for the proper role of the “academic” general internist in our teaching hospitals and in our nation. Whatever good I have accomplished thus far in research, medical education, public policy, clinical practice management, indeed whatever I will do in the future, will have been because of John Eisenberg. I am just one among the thousands of physicians John has subtly, positively influenced to the betterment of all our patients, students, and colleagues.

**Eugene C. Rich, MD**

*Tenet Professor and Chair*

*Department of Medicine*

*Creighton University*

Although immensely sad at John’s death before his time, my strongest memories of him evoke feelings of joy, warmth, happiness, and humor. I can’t recall the first time I met John, but it was sometime in the mid-1980s when I was a Robert Wood Johnson Foundation Clinical Scholar. John was then a charismatic and engaging division chief, health services researcher, and emerging policy maven. I also viewed him as one of the leading “young Turks” in health services research and in general internal medicine. He was younger by years than many other leaders, but beyond that, he had and retained an astonishing, empathic enthusiasm for the work of others. He never really “crossed over” to the land of “gray hairs,” but retained the vitality, cockiness, and playfulness (enjoyed typically by the young), yet exhibited extraordinary maturity

*continued on next page*

## REFLECTIONS FROM FRIENDS

*continued from previous page*

and wisdom.

In the early 1990s, as an officer of the Robert Wood Johnson Foundation, I had the great fortune to work closely with John, while he was at Georgetown, to develop the Foundation's Generalist Physician Faculty Scholars Program. John served as the Program's first National Program Director, and launched it, and many scholars, on an extraordinarily successful trajectory. John was particularly attuned to the importance of mentoring. Not only did he practice what he preached, he also helped create a culture of mentorship and comradeship that continues to this day. He has had a major impact on both generalism and generalist research.

John's ascension to the leadership of the Agency for Health Care Policy and Research, now the Agency for Healthcare Research and Quality (AHRQ), created new opportunities for collaboration. Although I did not have as many opportunities to work as closely with John in his new role, the Foundation and the Agency found common ground in important areas of health and health care, including smoking cessation, quality of care, and promoting stronger connections between research, policy and practice. John relished his role as a public servant and brought his sharp intellect, his engaging manner, and his fundamental optimism to the task.

John was an extraordinary intellect, a caring mentor, a wise counselor, and a person with the highest character and values. He cared deeply about others, and about improving the world. But unlike many, he never lost his sense of humor and perspective while fighting the good fight. I feel my life, and my approach to it, has been enriched by seeing how John lived his. I, along with so many others, will miss him.

**Lewis G. Sandy, MD**

*Executive Vice President*

*Robert Wood Johnson Foundation*

John was a great colleague and friend, and I will miss him. I first met

John in the late 1970s, and we both shared much in common (the development of general internal medicine as an academic discipline, the Presidency of SGIM, and... tennis). In the 1980s I brought him to Brown as a visiting professor, and later, in the 1990s he invited me to Georgetown when he was Chairman. I always felt he was perfect for the job at AHRQ. I am confident that his contributions to generalism and health care delivery will stand the test of time.

**Steven A. Wartman, MD, PhD**

*Executive Vice President for Academic*

*and Health Affairs*

*Dean, School of Medicine*

*University of Texas Health Science*

*Center at San Antonio*

When I first met John, we were medical residents at the University of Pennsylvania. He was hard to overlook. He had a swimmer's body, thick dark hair, and powerful glasses that made his eyes look goofy. More recently, as illness drained John of his energy, I realized for the first time that he always seemed bigger physically than he actually was.

The reason, of course, was all that personality. John delighted in so many things—gospel music, Mozart, barbecue, rock and roll parties, history, all sports.

John was most enthusiastic about the people around him. Family came first, as they should. I never had a better friend. I doubt anyone has.

John's personality turned every trip into an adventure. In Kenya for vacation, we went on hospital rounds and a tour of the American embassy. In Thailand for a conference, John found a huge restaurant/supermarket combination where we shopped for food, specified how it should be cooked, and joined a multitude for dinner. He once talked me into going to Cherry Hill, New Jersey, for a girls' regional gymnastics competition. I had little interest in

---

**John was most enthusiastic  
about the people around him....  
I never had a better friend. I  
doubt anyone has.  
—Sankey Williams**

---

the sport, but John's enthusiasm could not be ignored, and I remember the evening fondly now, some 25 years later.

As wonderful as it was, John's enthusiasm sometimes took him in unexpected directions. Once we were evaluating a research training program at an Egyptian university in a small city near the Suez Canal. At the end of the day, one of the staff members guided us around town for dinner and shopping. John was eager to find something for his wife and more eager to test his skills bargaining in the Middle Eastern style. We came across a street vendor with a silver bracelet. Maybe it was jet lag, complications with the translation, or the Egyptian beer with dinner, but John began bargaining the price up instead of down. By the time I got his attention, the deal was done. When I pointed out what had happened, John said it didn't matter—DD would like it anyway.

And now it's time to say goodbye. John, wherever you are, thank you for making us more than we were without you. Thanks for the love, the friendship, and the good times. Thanks even for the bad jokes. But most of all, thanks for being just who you were. Goodbye.

**Sankey V. Williams, MD**

*Chief, Division of General Internal  
Medicine*

*University of Pennsylvania School  
of Medicine **SGIM***

**MOUNTAIN WEST REGION***continued from page 7*

M.D. Anderson Cancer Center, updated attendees on new developments in the Council, including her new role as Regional Coordinator. In a final invited presentation, "A History of Opium," Henry Claman, Professor of Medicine, Division of Allergy and Immunology, University of Colorado, led us on a fascinating tour, from Afghanistan to Europe and America, in a profile of the colorful history of this useful and often misused drug.

The meeting wrapped up with the annual business meeting. Appreciation was expressed to all those who helped make this year's meeting possible, including Mark Earnest, University of Colorado, Program Chair and President, Mountain West Region; Richard Hoffman, UNM and NMVAMC, former President, Mountain West Region; Elizabeth Lawrence, UNM and NMVAMC; and Julie Machulsky, Director of Regional Services, SGIM National Office. Bruce Horowitz was elected President of the Mountain West Region for the 2002-2004 term. Planning was initiated for next year's Regional Meeting, which will again be held at The Bishop's Lodge, Santa Fe. **SGIM**

**CALIFORNIA REGION***continued from page 8*

Martin, Elaine Batchlor, and Alicia Fernandez. Kelly Skeff and Martin Shapiro also shared their reflections and advice with the attendees in what turned out to be a lively and rich discussion. (Kelly Skeff was heard to say: "We should have recorded this discussion; the collective wisdom here is priceless.")

The meeting co-chairs thank Julie Machulsky, Director of Regional Services, SGIM National Office, for her assistance in organizing the meeting. We also thank our committee members (Abstract Selection: Jeff Tice, Lars Osterberg, and Jennifer Haas, MD; Clinician-Educator Award: David Irby, Molly Cooke, and Rich White). **SGIM**

**MID-ATLANTIC REGION***continued from page 8*

meeting such a success: Judith A. Long, University of Pennsylvania School of Medicine, Research Abstracts; Eva Metalios, Montefiore Medical Center of the Albert Einstein School of Medicine, Clinical Vignettes; Bimal Ashar, Johns Hopkins School of Medicine, Workshops; Olveen Carrasquillo, College of Physicians and Surgeons, Columbia University, Clinician-Educators; and Todd Simon, Mt. Sinai School of Medicine, Medical Students. Moreover, a note of thanks is also due to the countless members throughout the Region who participated on these committees.

A record-breaking attendance, an undying show of support for New York City, and a significant exchange of ideas encompassing clinical care, medical education, and research all made the 22nd Annual Mid-Atlantic Regional Meeting of SGIM an overwhelming success. The day was filled with challenges and insights; but, most of all, it was filled with friends! **SGIM**

**HIS GLASS WAS HALF FULL***continued from page 9*

evidence-based information on issues ranging from the case for defibrillators in federal buildings to needle exchange programs to critical workforce issues, he would often remark, "Isn't this great? Can you believe we get paid to do this?"

**The Greatest Evidence**

John Eisenberg will be remembered for his optimism, energy, leadership, passion, keen insight, and innate intelligence. But perhaps the best evidence he was an extraordinary human being is apparent here today. The epitaph of the great architect, Sir Christopher Wren, carved in the dome in St. Paul's Cathedral, applies equally here. It reads: "Lector, si monumentum requiris, circumspice" or "Reader, if you seek his monument, look around." Today, in this room, if you look around, you will see John's most enduring legacy. **SGIM**

**MIDWEST REGIONAL MEETING***continued from page 6*

K. Jaipaul of the University of Iowa. The prize for best clinical vignette went to Robert C. Bussing of the Southern Illinois University School of Medicine. In addition, a new award was given for the best resident presentation. The winner of this award was Samer Sader of the University of Illinois College of Medicine for his abstract entitled, "Why Do They Win? A Survey of Internal Medicine Residency Programs." Dr. Sader will receive an all-expenses-paid trip to the 2002 Annual Meeting in Atlanta to be recognized with other regional winners. The annual Clinician-Educator Award was presented to Glenda R. Westmoreland of the Indiana University School of Medicine for her development of a comprehensive geriatrics curriculum, as well as her ability to evaluate and disseminate her curriculum in a most effective manner.

The 2002 Midwest Regional Meeting will again be held at the Drake Hotel in Chicago, September 25-28. Midwest President, Steve Hillson, will be the program chair. Other Midwest Region council members for 2002 include David Baker, Glenda Westmoreland, Brent Williams, and Mary M. McDermott (Immediate Past-President). **SGIM**

**TASK AT HAND***continued from page 10*

consistent with the vision of the founders of our Society, and one that serves the best interests of our patients and of society as a whole.

To pursue these key issues to our field, we need the involvement of many of you. We'd also like to know your perspective on these issues. If you want to help SGIM make a difference in these and other areas, please e-mail me ([mfshapiro@mednet.ucla.edu](mailto:mfshapiro@mednet.ucla.edu)) or SGIM's Executive Director, David Karlson ([karlsond@SGIM.org](mailto:karlsond@SGIM.org)). **SGIM**

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.

**ACADEMIC GENERAL INTERNIST.** The University of Kentucky, Department of Internal Medicine is recruiting clinically oriented general internists for the Division of General Internal Medicine at all ranks. Physicians recruited into this program will have full clinical faculty appointments, competitive compensation and benefits and the advantages of practice in our academic multidisciplinary group. Candidates must be board eligible or board certified in internal medicine. Send CV to Shawn Caudill, MD, Chief, Division of General Internal Medicine, University of Kentucky, K512 Kentucky Clinic, Lexington KY 40536-0284. 606-257-5499. The University of Kentucky is an Equal Opportunity and Affirmative Action Employer.

**CHIEF OF MEDICINE.** The VA Medical Center, Boise, Idaho, a Dean's Committee hospital affiliated with the University of Washington, seeks a BC Internist to direct the Medicine Service, supervise the medicine faculty, work closely with the Internal Medicine training program, provide some patient care, and teach residents and medical stu-

dents. Candidates must have substantial administrative experience, strong academic credentials, and excellent interpersonal and clinical skills. Research expertise, active research or research interest are desirable. The selected candidate will be appointed to the clinical faculty at the University of Washington or the full-time regular faculty at the rank of Associate or Full Professor, commensurate with qualifications. The VA and the University of Washington are building a culturally diverse faculty and strongly encourages applications from female and minority candidates. The VA and the University are Equal Opportunity \ Affirmative Action employers. Boise is a family-oriented smaller city in the beautiful mountain west with an abundance of cultural and year-round outdoor recreational activities. Applications must be submitted by July 15, 2002. Contact: C. Scott Smith, MD, Medicine Service (111), VAMC, 500 W. Fort St., Boise, ID, 83702. Telephone (208) 422-1325. Email [scott.smith2@med.va.gov](mailto:scott.smith2@med.va.gov)

**EPIDEMIOLOGY / OUTCOMES RESEARCH POSITION.** The Division of General Medical Sciences at Washington University in St. Louis is seeking MD or PhD candidates for a tenure-track faculty position. Successful candidates will have clinical research training and experience in outcomes research, clinical epidemiology, or health services research. The School of Medicine is currently expanding its programs in clinical research, presenting opportunities for researchers to take advantage of existing clinical and research programs in areas such as cardiovascular diseases, cancer, genetics, and musculoskeletal diseases. Preference will be given to those with an established record of funding and publications, though outstanding junior candidates will also be considered. The faculty member's pri-

mary responsibility will be to conduct research with both institutional and extramural grant funding. In addition, the faculty member may be involved in clinical teaching programs and in part-time clinical practice. Salary and academic rank will be based on experience and background. We encourage applications from women and minorities. Send CV, cover letter, and names of three references to Bradley Evanoff, MD, MPH, Director, Division of General Medical Sciences, School of Medicine, Washington University in St. Louis, Campus Box 8005, 660 South Euclid Avenue, St. Louis, MO 63110, phone: 314/454-8638, fax: 314/454-5113, e-mail: [bevanoff@im.wustl.edu](mailto:bevanoff@im.wustl.edu).

**TRAINING IN FACULTY DEVELOPMENT.** The Stanford Faculty Development Center (<http://sfdc.stanford.edu>) is accepting applications for three, month-long, facilitator-training programs. The training prepares faculty to conduct a faculty development course in one of three content areas for faculty and residents at their home institutions. (1) The Clinical Teaching course introduces a 7-component framework for analyzing and improving teaching. (2) The End-of-Life Care course is designed to increase physicians' competence in the delivery and teaching of end-of-life care. (3) The Geriatrics in Primary Care course enhances primary care physicians' ability to care for older patients and teach geriatrics to medical trainees. 2002 program dates: End-of-Life Care (September 3-27), Geriatrics in Primary Care (September 3-27), Clinical Teaching (September 30-October 25). Application deadline: June 15, 2002. Please contact: Georgette Stratos, PhD, Co-Director, Stanford Faculty Development Center, 700 Welch Rd., Suite 310B, Palo Alto, CA 94304-1809. Telephone (650) 725-8802; E-mail [gstratos@stanford.edu](mailto:gstratos@stanford.edu).


## Geriatric Educational Tools

**18 Resources for Primary Care Residency Programs ▼**

- Consultation services
- Stand-alone teaching aids
- Geriatric curriculum manuals
- Faculty development programs
- Packaged methods for teaching geriatric skills

**Developed by ▼**

- Baylor College of Medicine • Harvard University
- Johns Hopkins University • Stanford University
- University of California, Los Angeles
- University of Chicago • University of Connecticut
- University of Rochester
- American Academy of Family Physicians



The John A. Harford Consortium for Geriatrics in Residency Training

Now Available  
<http://sugerc.stanford.edu>

Online Ordering  
and  
Digital Distribution

**order from ▶** Stanford University Geriatric Education Resource Center  
phone: 650.723.8559 fax: 650.723.4312

## SGIM National Office

Executive Director: David Karlson, PhD  
**[KarlsonD@sgim.org](mailto:KarlsonD@sgim.org)**

Director of Operations: Kay Ovington  
**[OvingtonK@sgim.org](mailto:OvingtonK@sgim.org)**

Director of Membership: Katrese Phelps  
**[PhelpsK@sgim.org](mailto:PhelpsK@sgim.org)**

Member Services Assistant: Shannon McKenna  
**[MckennaS@sgim.org](mailto:MckennaS@sgim.org)**

Director of Regional Services: Julie Machulsky  
**[MachulskyJ@sgim.org](mailto:MachulskyJ@sgim.org)**

Director of Education: Sarajane Garten  
**[GartenS@sgim.org](mailto:GartenS@sgim.org)**

Director of Communications: Lorraine Tracton  
**[TractonL@sgim.org](mailto:TractonL@sgim.org)**

Director of Development: Bradley Houseton  
**[HousetonB@sgim.org](mailto:HousetonB@sgim.org)**

Project Administrator: Karen Lencoski  
**[LencoskiK@sgim.org](mailto:LencoskiK@sgim.org)**

---

**SGIM**  
**FORUM**

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

**YOU'RE INVITED TO VISIT**  
**THE SGIM WEBSITE**

Portal & Pathway  
TO  
Professional Effectiveness & Satisfaction

---

**KNOWLEDGE ❖ NETWORKING ❖ CAREER DEVELOPMENT**

*Featuring Links to Resources & Tools*

INCLUDING:

*Meetings ❖ Publications ❖ Job Listings ❖ Funding Sources*  
*❖ Residency & Fellowship Directories ❖*  
*Government Agencies ❖ Search Engines*

---

Located at <http://www.sgim.org>

---