

SGIM LAUNCHES NEW PROGRAM TO IMPROVE CARE OF OLDER AMERICANS

William Lyons, MD, C. Seth Landefeld, MD, and Christopher M. Callahan, MD

In his Presidential address at the 2002 Annual Meeting, Kurt Kroenke challenged the membership “to remember, to welcome, and to anticipate.” Anticipation demands that we identify future trends and recognize how these trends will challenge the role of the generalist physician. In anticipation of the dramatic societal changes triggered by the aging of the Baby Boomers, SGIM has embarked on a series of initiatives to improve and maintain the health care of older Americans. A new, three-year program, Increasing Education and Research Capacity to Improve Care of Older Americans, represents the latest step in a sequential, long-term plan to equip generalist physicians with the tools needed to provide excellent care to the growing population of older Americans. This program is supported by a \$2 million grant from the John A. Hartford Foundation. It builds upon work begun two years ago with a planning grant from the Hartford Foundation. Project Directors for the new program are C. Seth Landefeld and Christopher M. Callahan.

General internal medicine is key to meeting the challenges of caring for older Americans. In the United States most care of persons with complex, chronic illness is provided by general internists and by specialists who trained previously in internal medicine. Moreover, it has become clear that the supply of geriatricians

will not be able to provide the bulk of care for the tsunami of older Americans that is just over the horizon. The responsibility—and the opportunity—is the general internist’s. And, beyond the need for a generalist physician workforce to care for older Americans, it is essential to build the knowledge base to provide the best, most efficient care. Although these needs have been recognized for over a quarter century, the response remains inadequate. Increasing Education and Research Capacity to Improve Care of Older Americans will develop and test strategies to prepare for the future.

The initial planning grant sought to identify best practices and key stakeholder positions and experience in three areas: 1) geriatrics training for internal medicine residents, 2) geriatrics training for general medicine fellows, and 3) the development of geriatrically oriented generalist faculty. These three topic areas were chosen because they relate directly to the dual needs of the physician workforce to build the knowledge base and to put new knowledge into practice. In each topic area, a pair of “white papers” was commissioned to identify best practices through a systematic literature review and interviews with key opinion leaders and to suggest high priority strategies for moving training and research forward. Drafts of papers commissioned during the plan-

continued on page 7

Contents

- 1 SGIM Launches New Program to Improve Care of Older Americans**
- 2 SGIM Elects New Officers**
- 3 President’s Column**
- 4 Annual Awards Recognize Achievements of Members**
- 4 New England Region Holds Annual Meeting**
- 5 Research Funding Corner**
- 5 Soros Fellowship Strengthens Advocacy Skills**
- 6 SGIM Goes to Congress**
- 11 Classified Ads**

SOCIETY OF GENERAL INTERNAL MEDICINE

OFFICERS

PRESIDENT

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

PRESIDENT-ELECT

JudyAnn Bigby, MD • Boston, MA
jbigby@partners.org • (617) 732-5759

IMMEDIATE PAST-PRESIDENT

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

TREASURER

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

SECRETARY

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

SECRETARY-ELECT

William Branch, MD • Atlanta, GA
william_branch@emoryhealthcare.org • (404) 616-6627

COUNCIL

Christopher Callahan, MD • Indianapolis, IN
ccallahan@regenstrief.org • (317) 630-7200

Kevin Kovinsky, MD, MPH • San Francisco, CA
charney@aecom.yu.edu • (415) 221-4810

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

SGIM Elects New Officers

David R. Calkins, MD, MPP

S GIM elects new officers each spring. The outcome of this year's election was announced at the recent Annual Meeting in Atlanta. Brief biographical sketches of the new officers follow.

JudyAnn Bigby, MD, President-Elect

Dr. Bigby is Medical Director, Community Health Programs, Brigham and Women's Hospital, and Associate Professor of Medicine, Harvard Medical School. She also is Director, Center of Excellence in Women's Health, Harvard Medical School. JudyAnn is a graduate of Wellesley College (BA, 1973) and



Harvard Medical School (MD, 1978). She completed a residency in internal medicine (primary care) at the University of Washington and a fellowship in general internal medicine at Brigham and Women's Hospital and Harvard Medical School. She has been an attending physician at Brigham and Women's Hospital and a faculty member at Harvard Medical School since 1983.

As a medical educator, JudyAnn

has modeled problem-based, learner-centered teaching about difficult content areas: substance abuse; the contribution of social factors to health and well being; and the intersection of race, ethnicity, and gender. Her current work focuses on how to organize models of care to address these issues, especially for underserved women.

JudyAnn has been a member of SGIM since 1982. She previously served as Co-Chair, Task Force on Alcohol and Other Drug Abuse (1985-1992); Chair, New England Region (1986-1987); Council Member (1989-1992); Chair, Program Committee, Annual Meeting (1990); Project Director, Development of Instructional Competencies in Substance Abuse Education for General Internal Medicine and General Pediatrics Faculty (1991-1993); and Chair, Health Policy Committee (1994-1996). She is currently a member of the Editorial Board, JGIM, and Co-Chair, Disparities Task Force.

William Branch, MD, Secretary-Elect

Dr. Branch is the Carter Smith, Sr., Professor of Medicine; Director, Division of General Internal Medicine; and Vice Chairman for Primary Care, Department of Medicine, Emory University School of Medicine. He is a graduate of Vanderbilt University (BA, 1963) and the Medical College of Alabama (MD, 1967). He completed a residency in internal medicine at the Peter Bent Brigham Hospital and served for two years in the National Institutes of Arthritis and Metabolic Diseases, National Institutes of Health. In 1972 Bill joined the staff of the Brigham and Women's Hospital and the faculty of Harvard Medical School. He served there for 23 years before moving to Emory in 1995.

continued on page 8

PATIENTS I HAVE CHERISHED

Martin F. Shapiro, MD, PhD

Mr. P. was a 65-year-old man who smoked and developed lung cancer. He was inoperable at diagnosis and received some radiation therapy. The disease began to progress, and it was clear that he would die soon. He had metastases to his brain. He wanted to be with his family. I arranged for him to receive care at home. He was not too stable, so I visited him every other day for several weeks in a part of town that I had not visited before. His house was cluttered with the artifacts of his life, and I learned much more about him by visiting him there. His wife, kids, and grandkids were around. He would smile at me but said very little during my visits. Eventually, as expected, he died just before Christmas. I expressed my sympathy to the family and felt pretty good about what I had done to assure a good death. The next year, on the anniversary of his death, his wife called me and told me how much it had meant to them that he had been able to die at home. She also told me how much they appreciated my efforts and my visits. Twenty years later, I saw her name on a hospital room door. I went in and reintroduced myself. We hugged. I cried.

Mr. R. was a 28-year-old man who came to me with chest pain and supraclavicular adenopathy. He had a large anterior mediastinal mass, which proved to be Hodgkin's disease of the nodular sclerosing type. He also had bone involvement in the pelvis, making him stage IVA. His brother had died recently of complications of diabetes mellitus, and he was really scared. He was a political operative who liked to be in control of every situation and had a high degree of skepticism about medical therapies. I worried that he would bolt. We had long discussions about medical evidence and read articles together. We looked at his slides and discussed what

they showed. An oncologist and I proposed aggressive therapy, combining radiation with MOPP/ABVD chemotherapy. He accepted it and completed the course of radiotherapy and most of the chemotherapy, but stopped when a second oncologist whom he consulted told him that he had had enough. He stayed in close contact and calls me every year on the anniversary of his diagnosis, more than 15 years ago. We talk at length about what he will do with the life that medical treatment has helped to preserve.



Mrs. M. is a 90-year-old woman who came to me during my fellowship 24 years ago. She had bad osteoarthritis of the knees, hypertension, and mild congestive heart failure. I have seen her through two knee replacements, a lumpectomy and treatment for breast cancer, a

pacemaker, and a bad scare with weight loss and what appeared to be an irregular mass in her pancreas. (She declined surgery or biopsy and was resigned to her fate, until it went away!) She comes in each time with a different grandchild. Her daughter, who used to bring her in, died of lung cancer. She told me that you never get over the

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>

2002 ANNUAL MEETING: A LOOK BACK

Annual Awards Recognize Achievements of Members

David R. Calkins, MD, MPP

For many years SGIM has recognized the achievements of its members by the presentation of awards at the Annual Meeting. Several awards were announced at the recent Annual Meeting in Atlanta, including new awards for presentations by residents at regional meetings.

Robert J. Glaser Award

The Robert J. Glaser Award, the Society's highest award, was presented to **Lee Goldman, MD, MPH**, University of California, San Francisco School of Medicine. The Glaser Award is given to an individual for outstanding contributions to research, education, or both in generalism in medicine. It is supported by grants from the Henry J. Kaiser Family Foundation and the Commonwealth Fund, and by individual contributors.

Elnora M. Rhodes SGIM Service Award

The Elnora M. Rhodes SGIM Service Award was presented to **Carole M. Warde, MD**, Long Beach Memorial Medical Center. The Rhodes award was established in 1997 to honor Elnora Rhodes, SGIM's first Executive Director. The award is given to individuals for outstanding service to SGIM and its mission of promoting patient care, research, and education in general internal medicine. The award is supported by contributions from SGIM members and memorial donations from friends and family of Elnora Rhodes.

Herbert W. Nickens Award

The Herbert W. Nickens Award was presented to **David Satcher, MD, PhD**, Director, National Center for Primary Care, Morehouse School of Medicine. Established in 1999, the Nickens Award honors an individual or representative of an organization who has demon-

strated commitment to cultural diversity in medicine. The Nickens Award is named in memory and honor of the late Herbert W. Nickens, MD, former Director, Office of Minority Health, Department of Health and Human Services, and the first Vice President and Director, Division of Community and Minority Programs, Association of American Medical Colleges (AAMC).

Research Awards

The John M. Eisenberg National Award for Career Achievement in Research was presented to **John R. Feussner, MD, MPH**, Chief Research and Development Officer, Veterans Health Administration, Department of Veterans Affairs. This award recognizes a senior investigator whose innovative research has changed the way we care for patients, the way we conduct research, or the way we educate our students. The award is named for its first recipient, the late John M. Eisenberg, MD, MBA, because of his unique role as a researcher, mentor, and Director of the Agency for Healthcare Research and Quality. Contributions from SGIM members and the Hess foundation support this award.

Brian F. Gage, MD, MSc, Washington University School of Medicine, received the award for Outstanding Junior Investigator of the Year. This award recognizes junior investigators whose early career achievements and overall body of work to date have made a national impact on generalist research. Dr. Gage also received the award for Best Published Research Paper of the Year for his article "Validation of clinical classification schemes for predicting stroke: results from the National Registry of Atrial Fibrillation (NRAF) Project" (*JAMA* 2001;285:2864-70.).

continued on page 9

New England Region Holds Annual Meeting

C. Christopher Smith, MD

The New England Region held its Annual Meeting on March 8, 2002, at Beth Israel Deaconess Medical Center in Boston. To meet the broad interests of our members, this year, in addition to research abstracts and vignettes, we offered a selection of workshops on important clinical and educational topics.

Over 100 members, fellows, residents, and students participated in nine workshops covering clinical and educational issues, such as "Evaluation and Management of Common Breast Problems," "Office-Based Treatment of Chemically Dependent Patients," "Addressing Homeless Health Issues in Primary Care," "Geriatrics Office Assessment for Primary Care Physicians," and "Development and Implementation of Diversity Curriculum." Twelve outstanding research abstracts were presented concurrently with the workshops. In addition, throughout the day attendees were able to view poster presentations of research abstracts and clinical vignettes.

Following lunch and the National and Business Reports, there was a special Meet-the-Professor session dedicated to career development. David Bates, Brigham and Women's Hospital and Harvard Medical School; Michael Barry, Massachusetts General Hospital and Harvard Medical School; and Michele Cyr, Brown University, provided insights into how they were able to develop their respective careers. Charlie Hatem, Mount Auburn Hospital and Harvard Medical School, helped us understand how to achieve renewal within our careers.

The afternoon concluded with an insightful panel discussion on medical economics. Tom Delbanco, Beth Israel Deaconess Medical Center and Harvard Medical School, served as moderator of

continued on page 11

RESEARCH FUNDING CORNER

Joseph Conigliaro, MD, MPH

This month's Research Funding Corner highlights two unique opportunities for investigators: the Aetna Foundation Regional Community Grants Program and the Methodologic Think Tank at the Primary Care Research Methods and Statistics Conference.

Aetna Foundation Regional Community Grants Program

Aetna, a leading provider of health insurance and related group benefits, through the Aetna Foundation, its independent charitable and philanthropic organization, has issued a request for proposals (RFP) for the Regional Community Grants Program. The Regional Community Grants Program seeks to address critical health care issues in communities of importance to Aetna and the Aetna Foundation. A secondary aim is to develop strategic partnerships with nonprofit organizations. The Foundation is funding projects in selected geographic areas to address issues such as racial and ethnic health disparities, children's health, and women's health. Proposals submitted for funding may address issues such as prevention, early detection, and treatment programs for medical conditions; health promotion and education initiatives targeting specific populations; lack of access to care and information; and education programs designed to increase the cultural competency and diversity of providers. This RFP provides funds for programs that include a programmatic evaluation. The RFP does not seek to fund solely the evaluation of an existing program. Grants will range from \$10,000 to \$50,000, depending on geographic location. Nonprofit organizations within the selected geographic areas are eligible to apply (see Web site below). Proposals must be received by 5:00 p.m.

(EDT) on Friday, June 28, 2002. Grant recipients will be notified by telephone no later than October 1, 2002. More information is available at www.aetna.com/foundation/communitygrants/rfp.htm.

Methodologic Think Tank

Investigators are encouraged to submit research problems to be discussed during the Methodologic Think Tank at the Primary Care Research Methods and Statistics Conference in San Antonio, Texas, December 6–8, 2002. The Think Tank meets annually to assist in the development of new approaches to the study of complex primary care research questions. The Think Tank consists of one content expert (the applicant) and four methodologic experts. During the Conference, these experts review the proposed research problem and brainstorm in order to develop a methodologic approach. The Think Tank will help identify methodologic consultants and will pay their way to the meeting. Submissions should be no more than one page in length and should include a specific research question to be addressed as well as a summary of the methodologic problems it poses. The deadline for submission is August 31, 2002. Proposals should be submitted to David A. Katerndahl, MD, MA, Department of Family and Community Medicine, University of Texas Health Science Center at San Antonio, 7703 Floyd Curl Drive, San Antonio, TX 78229-3900. Questions about the Think Tank may be addressed to Dr. Katerndahl (telephone: 210-358-3998, fax: 210-220-3763, e-mail: katerndahl@uthscsa.edu).

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

Soros Fellowship Strengthens Advocacy Skills

Claudia Marie Calhoon, MPH

Physicians who are looking for a way to learn advocacy skills or participate in advocacy on behalf of their patients often have a difficult time fitting that work into the competing demands of professional and personal responsibilities. The Soros Advocacy Fellowship for Physicians provides funding to physicians that enables them to develop advocacy skills and carry out advocacy projects. A funding initiative of the Program on Medicine as a Profession (MAP) of the Open Society Institute, the Fellowship has two deadlines approaching: June 20, 2002, and January 14, 2003.

The Soros Advocacy Fellowship for Physicians enables physicians to develop or strengthen advocacy skills through collaboration with U.S.-based advocacy organizations during a 12–24 month fellowship period. Through the Fellowship, participating physicians design and implement projects that address health and health care delivery or other social issues such as racism, violence, environmental hazards, and education. Projects are focused within the United States and identify system or policy level changes as the outcome of the Fellowship work. The Fellowship does not fund direct service or research. Although the Fellowship welcomes projects that provide opportunities for role modeling, it does not encourage proposals that are solely devoted to training or curriculum development.

Applicants must apply for the Fellowship with the commitment of an advocacy organization that is prepared to house, mentor, and support them throughout the Fellowship period. A list of advocacy organizations that have expressed interest in participating in the Fellowship is available on the MAP Web site (www.soros.org/medicine). Applicants also may apply with organi-

continued on page 7

SGIM GOES TO CONGRESS

Robert Blaser and Jenn Jenkins

S GIM members visited more than 30 congressional offices during Capitol Hill Day, May 15, to educate legislators on issues of high priority to the Society. As reported in the April *Forum*, SGIM's advocacy efforts are critical this year. The Bush Administration's FY 2003 budget proposes a 16 percent cut to funding for the Agency for Healthcare Research and Quality (AHRQ) and a 75 cut in funding for the Title VII Health Professions Education programs. Further, a 15 percent reduction in the Indirect Medical Education (IME) adjustment and a 10 percent cut in Disproportionate Share Hospital (DSH) payments are scheduled for implementation on October 1, 2002, as mandated by the Balanced Budget Act of 1997.

Capitol Hill Day participants prepared for their appointments during a morning issue briefing. They spent the afternoon on Capitol Hill, providing members of Congress with SGIM's unique perspective on the potentially devastating impact of funding reductions on the quality of health care delivery, the primary care physician workforce, the national health care safety net, and health care research.

To help increase SGIM's presence on Capitol Hill, members received a Legislative Alert by e-mail asking them to participate in a "virtual" Capitol Hill Day. More than 200 messages were sent to Congress through SGIM's Advocacy Action Center as a result of the Legislative Alert. SGIM members can access the Advocacy Action Center directly at www.capwiz.com/sgim/ or through the SGIM Web page (www.sgim.org). The Advocacy Action Center provides the status of key legislative issues, Congress' schedule, and tips on communicating with legislators.

SGIM encourages members to build on the momentum of Capitol Hill Day

by participating in activities in Washington, DC, and at the local level to create and maintain relationships with members of Congress and their staff. These activities may include sending e-mail messages to legislators through the Advocacy Action Center, visiting legislators in their state or district offices during a congressional recess, or visiting legislators in their Washington offices.

Members may contact Jenn Jenkins, SGIM Government Affairs Representative, for more information on SGIM's

priority issues or on becoming a grassroots advocate. Jenn can be reached by e-mail at jjenkins@mail.acponline.org. **SGIM**



SGIM Capitol Hill Day participants included (back row, left to right) David Baker, Laura Sessoms, David Karlson, Mark Liebow, Gene Rich, (second row) Malathi Srivinasan, Liz Jacobs, Preston Reynolds, (front row) David Calkins, and Paul McKinney.

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>

[This program will] equip generalist physicians with the tools needed to provide excellent care to the growing population of older Americans.

ning process were reviewed and discussed at two national conferences in Baltimore in 2001. Each conference was attended by representatives of key stakeholder organizations, including professional groups (such as SGIM, the Association of Program Directors in Internal Medicine [APDIM], and the American College of Physicians-American Society of Internal Medicine [ACP-ASIM]), philanthropic and funding organizations, certifying and accrediting bodies, academic medical organizations, and federal agencies. In casting a broad net of collaboration from the outset, the leadership of this initiative hoped to forge new partnerships between SGIM and other national organizations committed to improving the care of older Americans. Final versions of the white papers, which incorporate the suggestions of a diverse array of opinion leaders, will be submitted for peer review and eventual publication in the medical literature.

Three priority areas to sustain continued momentum emerged from the collegial discussions at the national conferences. These priority areas serve as the specific aims for Increasing Education and Research Capacity to Improve Care of Older Americans. The first priority is to conduct a needs assessment among internal medicine program directors and recent graduates to understand current perceptions about unmet training needs in geriatric medicine. This priority will be addressed in partnership with APDIM. The second priority is to understand the role of certifying examinations in motivating and reinforcing training in geriatric

medicine for internal medicine residents. This priority, led by Gail Sullivan, will be addressed in partnership with the American Board of Internal Medicine (ABIM) and several other stakeholder organizations. The third priority is to facilitate

greater cooperation among the disciplines of general internal medicine and geriatrics at the level of local programs. This will be accomplished by funding 10 Collaborative Centers for Research and Education in the Care of Older Adults with grants of \$100,000 each. A call for proposals has been posted on the SGIM Web site (www.sgim.org) and may be obtained by contacting Nancy Woolard (nwoolard@wfubmc.edu).

The current grant also contains specific provisions and resources for building partnerships at the level of national organizations and for supporting a national network of the 10 Collaborative Centers. David Karlson, Executive Director, SGIM, and Kurt Kroenke, Immediate Past-President,

SGIM, already have laid the groundwork for collaboration with organizations such as the American Geriatric Society, ABIM, APDIM, and others. Seth Landefeld will lead the Collaborative Center program and organize annual meetings of the directors of these centers to facilitate exchange of ideas. Finally, the current grant also seeks to institutionalize this initiative at SGIM by establishing a Task Force on Improving Doctoring for Elder Americans (IDEA). Led by Chris Callahan and appointed by the President and Council, the IDEA Task Force will facilitate participation by interested

Geriatricians will not be able to provide the bulk of care for the tsunami of older Americans that is just over the horizon.

members, coordinate activities with the Geriatrics Interest Group, advocate and plan for additional resources, and identify factors important to the long-term success of this important program. SGIM members interested in participating in the IDEA Task Force may contact Dr. Callahan at ccallahan@regenstrief.org. *SGIM*

SOROS FELLOWSHIP

continued from page 5

zations other than those listed on the Web site.

The Fellowship accepts applications from physicians at all stages of their careers, but the most competitive applicants are practicing physicians. To date, nine of the 21 Soros Advocacy Fellows have been from internal medicine. Physicians who are completing residency training are encouraged to spend some time in practice before applying. Fellows are chosen based on their achievements, a demonstrated commitment to public interest work,

the strength of their proposed project, and the commitment of the participating organization. Projects are judged on the capacity of both the individual and the organization to implement the project successfully and on how well the project uses advocacy strategies to address the needs of the target population.

For more information on the Fellowship, visit www.soros.org/medicine or contact Claudia Calhoun at the Open Society Institute (telephone: 212-548-0343, fax: 212-548-4602, e-mail: ccalhoun@sorosny.org). *SGIM*

NEW OFFICERS

continued from page 2

Bill's research interests include the professional development of medical students and residents, and patients' experiences with serious illnesses. Bill is widely recognized for his leadership in medical education. He was the founding Director of the Primary Care Residency at the Brigham and Women's Hospital and a course director for the Patient-Doctor course at Harvard Medical School. In 1997 he received SGIM's Award for Career Achievements in Medical Education. He is currently editing the fourth edition of his textbook, *Office Practice of Medicine*.



Bill has been a member of SGIM since 1978. He previously served as a member of the Council (1994-1997) and as Leader, Task Force on the Clinician-Educator (1994-1997). He is currently a member of the Professional Balance Committee and the Development Committee.

**Christopher Callahan, MD,
Council Member**

Dr. Callahan is Associate Professor of Medicine, Indiana University School of Medicine; Scientist, Regenstrief Institute for Health Care; and Director, Indiana University Center for Aging Research. He is a graduate of the University of Missouri (BA, 1981) and



St. Louis University School of Medicine (MD, 1985). He completed a residency in internal medicine at Baylor College of Medicine and a fellowship in academic general internal medicine at Indiana University School of Medicine. He joined the faculty of the Indiana University School of Medicine and the staff of the Regenstrief Institute for Health Care in 1991.

Chris devotes the majority of his academic time to health services research on improving the quality of care for older adults in primary care settings. His research focuses on "systems-level" interventions in the care of older adults, such as case management strategies for patients with depression or dementia.

Chris has been a member of SGIM since 1989. He previously served as Co-Coordinator, Associates Interest Group (1989-1991); Co-Chair, Scientific Program, Midwest Regional Meeting (1992); Chair, Evaluations Committee, Annual Meeting (1995); and Chair, Program Committee, Annual Meeting (1998). He is currently a member of the Development Committee.

**Kenneth Covinsky, MD, MPH,
Council Member**

Dr. Covinsky is Assistant Professor of Medicine, University of California, San

Francisco (UCSF), and Staff Physician, San Francisco Veterans Affairs Medical Center. He is a graduate of the University of Illinois (BS, 1984), UCSF (MD, 1988), and the Harvard School of Public Health (MPH, 1994). He completed a residency in internal medicine at Johns Hopkins Hospital and a fellowship in general internal medicine at Beth Israel Hospital and Harvard Medical School. He joined the faculty of Case Western Reserve University in 1994. He served there for four years before moving to UCSF in 1998.



Ken's research has focused on understanding the determinants of outcomes in vulnerable elders, especially hospitalized and frail community-living elders. He has been particularly interested in research on functional status in older patients, including the relationship between depression and functional decline and the role of functional status measures in predicting mortality, cost, caregiver burden, and nursing home placement.

Ken has been a member of SGIM since 1991. He previously served as a member of the Editorial Board, *JGIM*. He is currently Chair, Research Committee. **SGIM**

ANNUAL AWARDS

continued from page 4

National Clinician-Educator Awards

The National Clinician-Educator Award for Career Achievements in Medical Education was presented to **Robert C. Smith, MD**, Michigan State University College of Human Medicine. This award recognizes an individual whose lifetime contributions have had a national impact on medical education.

Kenneth E. Rosenfeld, MD, **Karl A. Lorenz, MD**, and **M. Jillisa Steckart, MEd, PsyD**, Geffen School of Medicine, University of California, Los Angeles; **Eric Holmboe, MD**, Yale University School of Medicine; and **Nancy Rigotti, MD**, Massachusetts General Hospital and Harvard Medical School, received the National Clinician-Educator Awards for Innovation in Medical Education. These awards recognize individuals who have made major contributions to medical education in one or more of the following categories: scholarship of integration, scholarship in educational methods and teaching, and scholarship in clinical practice. Drs. Rosenfeld, Lorenz, and Steckart were recognized for scholarship of integration. Dr. Holmboe was honored for scholarship in educational methods and teaching. Dr. Rigotti was recognized for scholarship in clinical practice.

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

Creative Medical Writing Awards

The editors of the *Journal of General Internal Medicine* offer prizes for the best submission in each of two categories: Prose and Poetry. Submissions must address the experiences of patients, their family members, health care providers, medical researchers, or students. This year the Prose Award was presented to **Ilene Wong**, New Haven, Connecticut, for her essay entitled “Fold after fold.” No Poetry Award was given this year.

Grants and Career Development Awards

The Lawrence S. Linn Award was presented to **Shawn L. Fultz, MD, MPH**, University of Pittsburgh School of Medicine, and **Gwen Davies, PhD**, Emory School of Medicine. The Lawrence S. Linn Trust offers grants to one or more young investigators “to study or improve the quality of life for persons with AIDS or HIV infection.”

Research and Education Mentorship Program Awards were presented to three mentee-mentor pairs: **Chitra R. Uppaluri, MD**, St. Louis University School of Medicine, and **Diane S. Lauderdale, PhD**, University of Chicago; **Cheryl Rucker-Whitaker, MD, MPH**, Rush-Presbyterian-St. Luke’s Medical Center, and **Kate Lorig, DrPH**, Stanford School of Medicine; and **Catherine Kim, MD**, University of Michigan Medical School, and **Stephen Sidney, MD, MPH**, Kaiser Permanente, Oakland, California. This program, initiated with a grant from Hoechst Marion Roussel, fosters the professional development of junior faculty interested in clinical, health services, or educational research. The program supports longitudinal relationships between mentees and mentors who live at some distance from one another.

Regional Meeting Awards

This year SGIM introduced a new award program to recognize presentations by residents at regional meetings. Recipients received funding to participate in the Annual Meeting in Atlanta. Winners of this new award and the titles of their presentations follow.

- ◆ Northwest Region—**Judy T. Zerzan, MD, MPH**, Oregon Health Sciences University, “Prescription drug policy in Oregon”;
- ◆ California Region—**Eleanor Schwarz, MD**, University of California, San Francisco School of Medicine, “Advance provision of emergency contraception: a randomized controlled trial”;
- ◆ Midwest Region—**Samer Sader, MD**,

University of Illinois School of Medicine, “Why do they win? A survey of internal medicine residency programs”;

- ◆ New England Region—**Varalaksmi Venkatachalam, MD**, University of Connecticut School of Medicine, “Tale of two tumors”;
- ◆ Mid-Atlantic Region—**Stephen Williams, MD**, Mount Sinai School of Medicine, “Assessing medical errors related to the continuity of care from an inpatient to an outpatient setting”;
- ◆ Southern Region—**Keith Winfrey, MD**, Tulane School of Medicine, “Health profile of an urban, low-income clinic.”

Annual Meeting Awards

The Society gives several awards for outstanding presentations at the Annual Meeting. The Mack Lipkin, Sr, Awards recognize outstanding scientific presentations by Associates. Recipients this year were **Lisa Korn, MD**, Johns Hopkins University School of Medicine, “Is screening for osteoporosis associated with fewer hip fractures?”; **Eleanor Schwarz, MD**, University of California, San Francisco School of Medicine, “Advance provision of emergency contraception: a randomized controlled trial”;- and **Michael Steinman, MD**, University of California, San Francisco School of Medicine, “Changing use of outpatient antibiotics in the United States:1991–1999.”

The Milton W. Hamolsky Awards recognize outstanding scientific presentations by Junior Faculty. Recipients this year were **Christina Nicolaidis, MD**, Oregon Health Sciences University, “Could we have known? An in-depth look at stories of women who survived an attempted homicide by an intimate partner”;- Jeffrey Wiese, MD**, Tulane School of Medicine, “Cognitive impairment in the alcohol hangover”;
- Matthew Davis, MD**, University of Michigan Medical School, “Cost-effectiveness analysis of immunization

continued on page 11

PATIENTS*continued from page 3*

death of a child. She has strong political views, and we talk about current events a lot. She asked me to help her stay alive to be able to vote for her candidates in the next election. She always inquires about my kids, and I ask about her grandkids. Once, when she was ill and feeling weak, I danced with her around the examining room. That made her feel better. We always have a good time when she visits.

Mr. B., 33 years of age, was my first patient with AIDS. He was referred relatively early in the epidemic by another doctor for fever and an abnormal chest x-ray. He had *pneumocystis carinii* pneumonia. He was gay, having only had a few sexual encounters in his life. It didn't seem fair, but he approached his situation with courage and determination to use his time well. Zidovudine had become available, so I gave it to him. He progressed. Didanosine became available. He took it but nearly died from pancreatitis. He

Being a general internist is a wonderful vocation. The range of clinical experiences is unparalleled.

developed a progressive myelopathy. All the while, he continued as a graduate student and successfully defended his PhD. He lived for three more years, then died quietly at home, surrounded by a loving community, many of whom were in a church choir with him. I felt so helpless whenever I saw him. It seemed wrong that there was not more that I could do for him. HIV became a major focus of my research, and I often thought about him when formulating research questions. I always enjoyed listening to his stories about his life. A friend of his later told me that, when he was with me, he felt like he was the only patient that I had. It wasn't quite true, but I am glad that he felt that way.

It makes me want to be more attentive to every patient.

Mrs. S. was a ballet dancer in her youth in Eastern Europe. When I met her, she was in her late 50's and in pretty good health. She called me "honey" and would regale me with stories of a life much more interesting than my own. She would shower me with gifts (generally cologne and throw pillows that she knitted herself). One day, about 10 years later, I felt a mass in her lower abdomen. She had uterine cancer and it was metastatic. She had a resection and chemotherapy, but lived less than a year. She was upbeat and determined to conquer it. Only in the last two weeks did she acknowledge the hopelessness of her situation. She then turned on me, saying that her imminent death was my fault, and that she hated

me and never wanted to talk to me again. I helped her family manage her terminal care from a distance.

Our last words were not pleasant ones, yet my recollections of her are only affectionate. She needed to be angry with

someone, and I was the most reasonable target. Godspeed, Mrs. S.

Being a general internist is a wonderful vocation. The range of clinical experiences is unparalleled. We can see our patients through large crises and small ones. I sat down to write this without a preconception of which patients I would include. In retrospect, it is interesting that all of the anecdotes involved encounters with life-threatening illnesses. Not all of our patients have such disorders (and with the health insurance market the way it is, many will leave us before they ever do). Yet, it is frequently in the care of the patient with complex and serious illness that the internist's skills are most

It is frequently in the care of the patient with complex and serious illness that the internist's skills are most apparent.

apparent. I suppose that each of these five patients could have managed only with subspecialist care (and, of course, they all consulted subspecialists at one time or another), but I believe that their care was better because a general internist was involved. I also feel that I became a better person by being their doctor. What a great field we have! **SGIM**

SGIM National Office

Executive Director: David Karlson, PhD
KarlsonD@sgim.org

Director of Operations: Kay Ovington
OvingtonK@sgim.org

Director of Membership: Katrese Phelps
PhelpsK@sgim.org

Member Services Assistant: Shannon McKenna
MckennaS@sgim.org

Director of Regional Services: Julie Machulsky
MachulskyJ@sgim.org

Director of Education: Sarajane Garten
GartenS@sgim.org

Director of Communications: Lorraine Tracton
TractonL@sgim.org

Director of Development: Bradley Houseton
HousetonB@sgim.org

Project Administrator: Karen Lencoski
LencoskiK@sgim.org

ANNUAL AWARDS

continued from page 9

strategies regarding smallpox bioterrorism”; and **Alka Kanaya, MD**, University of California, San Francisco School of Medicine, “Association between overall abdominal obesity and coronary heart disease: the heart and estrogen/progestin replacement study.”

Two individuals received Clinical Vignette Awards: **Lesley Miller, MD**, Emory School of Medicine, “Simultaneous cases of iatrogenic thyrotoxicosis: a complication of treatment for ‘Wilson’s Thyroid Syndrome’”, and **Tracy M. Reittinger, MD**, University of Iowa Carver College of Medicine, “When the curative treatment becomes fatal: disclosure of another physician’s medical error.”

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

NEW ENGLAND REGION

continued from page 4

an expert panel that included Richard Vernick, Senior Vice President, The Hunter Group; David Chin, Medical Consultant, PriceWaterhouseCoopers; David Fairchild, Director of Primary Care Services, Brigham and Woman’s Hospital; and Roseanna Means, Founder, Women of Means. A lively discussion addressed a broad array of issues, including the future of capitation and managed care, the care of the disenfranchised patient, support for teaching and research, and the economic outlook for medicine regionally and nationally.

We had several outstanding nominations for the regional Medical Educator and Clinician-Scientist Awards. This year’s regional Medical Educator Award was presented to Angela Jackson, Boston Medical Center, and Eric Holmboe, Yale Medical School. Mary McNaughton

Collins, Massachusetts General Hospital and Harvard Medical School, was the recipient of the regional Clinician-Scientist Award. The first annual award for the resident with the most outstanding vignette or abstract was presented to Varalakshmi Venkatachalam, University of Connecticut, who also received funding to attend the Annual Meeting in Atlanta.

Along with the regional Co-Chairs, Carol Bates and Stewart Babbott, I would like to thank the many individuals who helped make the meeting such a success. We would especially like to thank Jeff Schnipper, Kevin Hinckey, Keith Vom Eigen, Francis Brokaw, and Bruce Landon. We also would like to thank Julie Machulsky for her tireless efforts. **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 ASSISTANT PROFESSOR. General Internal Medicine—Women’s Health Center. The University of Wisconsin-Madison invites qualified candidates to apply for a full-time clinical faculty position in the Department of Medicine, Section of General Internal Medicine at our Women’s Health Center. Position includes 8 clinic sessions per week, up to 6 weeks of ward attending, and a modest amount of teaching of medical students and residents. Candidates must be BE/BC in Internal Medicine. Please send letter of interest (identifying the Women’s Health Center position) and curriculum vitae to Juanita Halls, MD, Clinical Services Chief, Department of Medicine, Section of

General Internal Medicine, 2828 Marshall Ct., Suite 100, MC 9054, Madison, WI 53705. The University of Wisconsin is an EO/AA employer and is building a culturally diverse faculty. We strongly encourage applications from minority candidates. Unless confidentiality is requested in writing, information regarding applicants must be released upon request. Finalists cannot be guaranteed confidentiality.

DIRECTOR, EMORY CENTER ON HEALTH OUTCOMES AND QUALITY. The Department of Health Policy and Management in the Rollins School of Public Health, Emory University is seeking a tenured senior scholar. Candidates should have a distinguished record of funded research, teaching and service in the areas of U.S. health care policy, health care financing and insurance with a primary focus on clinical economics and outcomes research. Candidates with a doctoral degree in a field relevant to health services research, or an MD or LLB degree with an advanced professional degree in health services research are encouraged to apply. The successful candidate would develop multiple lines of extramurally funded clinical outcomes research. As Director of Emory’s new outcomes research center, the candidate would oversee and guide research for this multi-million dollar research effort. In addition, the candidate would teach in

school’s Master of Public Health program, as well as its advanced executive education offerings. Letters of application and or nominations are invited. Applicants should send a current curriculum vitae, letter of application and the names of three individuals who can serve as references. Please direct inquiries to: Attn: Kenneth E. Thorpe, Ph.D., Robert W. Woodruff Professor and Chair, Department of Health Policy and Management, Rollins School of Public Health, Emory University, 1518 Clifton Road, NE, Atlanta, GA 30322; E-Mail: kthorpe@sph.emory.edu. Emory University is committed to increasing the representation of women and minority members among its faculty and encourages applications among such candidates. AA/EOE

INTERNIST, WAYZATA INTERNAL MEDICINE. Park Nicollet Health Services is seeking a BE/BC Internist to join 8 physicians in a well-established, growing practice in Wayzata, a western suburb of Minneapolis. Wayzata Internal Medicine serves patients from the local community and western suburban Minneapolis. Supported by a great staff of dedicated professionals, on site x-ray and lab services, this attractive opportunity features benefits of both a small community based practice along with the advantages of a large multispecialty group. Nationally and locally recognized for its care

continued on next page

SGIM FORUM

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

CLASSIFIED ADS

continued from previous page

improvement initiative, Park Nicollet is one of the largest multispecialty clinics with nearly 500 physicians practicing in 45 medical subspecialties. The Minneapolis area is famous for its cultural attractions, healthcare and education systems, natural beauty and overall quality of life. Send CV and letter of inquiry to Jenny Bredeson, Clinician Recruitment, Park Nicollet Health Services, 3800 Park Nicollet Boulevard, Minneapolis, MN 55416; phone (952) 993-2804 or toll free (866) 874-3812; fax (952) 993-2819; email bredej@parknicollet.com. www.parknicollet.com

MEDICAL DIRECTOR OF COMPUTERIZED DECISION SUPPORT. The University of Wisconsin-Madison Medical School is seeking candidates for the Medical Director of Computerized Decision Support. The University of Wisconsin Hospital and Clinics (UWHC) has operated a highly successful electronic medical record system for 10 years. UWHC is now preparing to install software for computerized physician order entry. Candidates for this position should possess MD or DO degree, be eligible for Wisconsin licensure and have informatics training or experience; BC/BE in Internal Medicine is preferred. The incumbent will work with the UWHC programming team and with resident and faculty physicians as the POE software is installed. Initially, inpatient physician order entry will be implemented, then outpatient physician order entry and other decision support tools will follow. The individual in this position will be encouraged to perform research in computerized clinical decision support. The position will include responsibilities for software implementation, research, teaching and patient care at the UWHC. Apply

with letter of interest and current CV to: Joel Buchanan, M.D., UW Madison Medical School, Medical Director, Information Systems, University of Wisconsin Hospital and Clinics, H4/870 CSC (8310), 600 Highland Avenue, Madison WI 53792. The UW Madison is an EEO/AA employer and has an open records law. Wisconsin Caregiver Law applies.

PALLIATIVE CARE FELLOWSHIP. The Palliative Care Service at Massachusetts General Hospital offers BE/BC Physicians a one-year clinical fellowship in palliative care with options for additional research years. Positions available beginning July 2003 and 2004. Contact: Coleen Reid, MD, c/o Nan Lawless, Palliative Care Service, MGH/Founders 600, Boston, MA 02114, nalawless@partners.org.

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. Hartford 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