

TWO NEW INITIATIVES UNVEILED

Melissa McNeil, MD, MPH

Two new task forces have been commissioned under the leadership of our President, Dr. Martin Shapiro. The task forces are aimed at the heart of several controversies surrounding the field of general internal medicine, and are directed at clarifying issues that most of us struggle with on a daily basis. The first task force, The Domain of General Internal Medicine, will be chaired by Dr. Eric Larson and is charged with identifying the unique characteristics that define the field of general internal medicine. The second task force, Promoting the Careers of General Internists, will be chaired by Dr. Sankey Williams and is charged with defining and promoting the career development of general internists.

This issue of the Forum presents the position statements for these task forces that were used to issue the charge to the committee chairs. We are interested in your opinion regarding these issues. We hope to develop the Forum as a vehicle for dialogue about issues important to the Society. Please e-mail your thoughts to ForumEditor@sgim.org about these two new exciting endeavors. Comments may be selected for publication in the September issue of the Forum in a new Letters to the Editor section.

Defining and promoting the domain of the field for general internal medicine

Statement of the Problem: Unlike most of medicine's specialties and subspecialties, there is no component of clinical care in which general internists pos-

sess exclusive knowledge, 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.

In an unconstrained marketplace, generalists can compete, often very successfully, for patients who may have no other providers with as broad a grasp of their problems and their needs, nor anyone as committed to spending time with them addressing their many health problems. 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 among

continued on page 5

Contents

- 1 Two New Initiatives Unveiled**
- 2 Research Funding Corner**
- 3 President's Column**
- 4 SGIM to Fund 10 Collaborative Centers for Research and Education in the Care of Older Americans**
- 4 Upcoming Midwest Regional Meeting**
- 7 Classified Ads**

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Research Funding Corner

Joseph Conigliaro

The American Cancer Society has a remarkable number of programs to support training, research, and career development in primary care that should interest many SGIM members. **Physician Training Awards in Preventive Medicine:** These grants support physicians in accredited residency programs that will lead to eligibility for certification in preventive medicine. Programs must provide cancer prevention and control research and practice opportunities. Awards are made to the institution for four years in the total amount of \$300,000 based on an average of \$50,000 per resident training year. Annual Application Deadline: April 1

Cancer Control Career Development Awards for Primary Care Physicians: These awards are designed to assist in the development of primary care physicians who will pursue academic careers in cancer control. This award will provide opportunities to acquire skills in primary care practice, education, and research related to cancer control. Awards are made for three years with progressive stipends of \$50,000, \$55,000, and \$60,000 per year. Annual Application Deadline: October 1

Clinical Research Training Grants for Junior Faculty: These support the training of junior faculty within the first four years of their faculty appointment to conduct mentored clinical, epidemiological or health services research. Awards are made for up to three years for up to \$120,000 per year, plus 20% indirect costs. Grants may be renewed once for a two-year period. Annual Application Deadlines: October 1 and March 1

Research Scholar Grants for Beginning Investigators: These awards support independent, self-directed researchers in the first eight years of their independent research careers to

support basic, preclinical, clinical or epidemiologic research projects. Initial awards are made for up to four years and for up to \$200,000 per year, plus 20% indirect costs. Annual Application Deadlines: October 15 and April 1

Research Scholar Grants in Psychosocial and Behavioral Research for Beginning and Senior Investigators: These are awarded to independent investigators at any stage of their careers to support research on the psychosocial and behavioral aspects of cancer. Senior principal investigators are strongly encouraged to include an individual at an early career stage as co-principal investigator. Initial awards are made for up to five years and for up to \$400,000 per year, plus 20% indirect costs. Annual Application Deadlines: October 15 and April 1

Research Scholar Grants In Health Services And Health Policy And Outcomes Research for Beginning and Senior Investigators: These are similar to number 6 above but support research projects centered on health services and health policy and outcomes. Initial awards are made for up to four years and for up to \$200,000 per year, plus 20% indirect costs. Annual Application Deadlines: October 15 and April 1

Postdoctoral Fellowships: This award is to support the training of researchers who have just received their doctorate to enable them to establish an independent career in cancer research (including basic, preclinical, clinical, psychosocial, behavioral, and epidemiologic research). Awards are made for one to three years with progressive stipends of \$35,000, \$37,000, and \$40,000 per year, plus a \$2,000 per year institutional allowance. Annual Application Deadlines: October 1 and March 1

All of these can be applied electronically. Applications can be submitted

continued on page 7

THE YEAR AHEAD AT SGIM

Martin F. Shapiro, MD, PhD

This is going to be an exciting year for SGIM. Some of the initiatives that we have been developing for awhile are gathering momentum. New task forces are beginning their work on important problems facing our discipline. We are implementing recommendations of two task forces that have completed their work. We are pondering some additional, far-reaching initiatives. Finally, we are looking forward to a very interesting annual meeting in one of North America's most beautiful cities.

- ◆ The External Funds Task Force has completed its work and the Council is in the process of finalizing an external funds policy that is thoughtful and should allow us to proceed with coherence. The new policy will be distributed to members in the coming weeks and discussed in the next newsletter.
- ◆ The Electronic Communications Task Force has produced an ambitious agenda of recommendations to improve the capacity of the society to respond to the needs of our members for information. The new Communications Committee Chair, Jeff Jackson, will be working with his group to make sure that our website becomes more useful and that our members' needs are better met in this regard.
- ◆ The Disparities Task Force, led by JudyAnn Bigby, was formed last year, but really got rolling at the meeting in Atlanta. They have planned a special supplement to JGIM on disparities issues. They will be holding a retreat this fall to further elucidate their agenda and advance SGIM's broad interests in this set of issues.
- ◆ The Council has created a new Career Support Task Force. We expect this to become an ongoing program of the Society. The task force is being led by Sankey Williams, and

will hold a retreat in the fall to plan its work for the year. Broadly, the Task Force is expected to develop (1) a site visit program, which will send SGIM members to Divisions/Sections that are having difficulties; site visitors will analyze their situations and make recommendations to the institution about how to address the problems (2) a program to promote ongoing long distance mentorship for both clinician-investigators and clinician-educators (and possibly for clinician administrators) to help our members



succeed in sites where they have not had much support or many models for success as academic generalists (3) a program to facilitate cross institutional collaboration in both research and educational programs and (4) guidelines (already under development by a group

led by David Calkins) for the job descriptions of clinician educators and clinician investigators. Taken together, these activities, when fully formed, should do much to support the career development and prospects for success of academic general internists. No member should be without the mentorship that he or she

continued on page 6

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

SGIM Forum welcomes submissions from its readers and others. Communication with the Editorial Coordinator will assist the author in directing a piece to the editor to whom its content is most appropriate. The SGIM World-Wide Website is located at <http://www.sgim.org>

SGIM to Fund 10 Collaborative Centers for Research and Education in the Care of Older Americans

Seth Landefeld, MD

S GIM will fund 10 Collaborative Centers for Research and Education in the Care of Older Americans, each with a 2-year \$100,000 grant. The Request for Applications has been mailed to all SGIM members and is available at www.sgim.org/hartford.cfm. Applications are due October 1, 2002. It is anticipated that roughly 20 applications will be received for the 10 grants.

Each Collaborative Center will promote the collaboration of academic programs in General Internal Medicine and Geriatrics, with two long-term

aims: (1) to develop the generalist physician-educators needed to transform education and training, and (2) to develop the physician-investigators needed to build the knowledge base needed to advance the care of older adults.

To be eligible, a university or health care institution must have a general internal medicine program that trains fellows and/or junior faculty and a geriatrics program with one or more faculty member with the Certificate of Added Qualifications in Geriatrics. The Principal Investigator must be a leader

in the general internal medicine program. The Co-Principal Investigator must be a leader in the geriatrics program. The applicant institution must match grant funds with in-kind or other support. (See the Request for Applications for eligibility criteria and required program components.)

The Collaborative Center Program is supported as part of SGIM's new, three-year program, Increasing Education and Research Capacity to Improve Care of Older Americans, supported by a \$2 million grant from the John A. Hartford Foundation. **SGIM**

Upcoming Midwest Regional Meeting

Steven Hillson

- ◆ 19th Annual Regional Meeting
- ◆ The Drake Hotel, Chicago
- ◆ September 26–28
- ◆ Website with registration and hotel info: www.sgim.org/midwest.cfm
- ◆ Two half-day precourses held at Northwestern
 1. Breast Health Precourse
 2. Precepting Skills Development
- ◆ Fourteen Workshops
 1. Teaching Women's Health
 2. Ethical and Legal Dilemmas in Caring for the Uninsured and Underinsured
 3. Update in General Internal Medicine
 4. Making Sense of Diagnostic Meta-Analysis Through Visual Displays
 5. Medical Risk Management and Error Reduction
 6. Using Clinical Vignettes to Foster Scholarly Pursuits Among Residents and Medical Students
 7. Teaching the Clinical Breast Exam
 8. Genetics in Primary Care
 9. Teaching Cross-Cultural and

- Alternative Medicine
10. Contraceptive Update
 11. An Evidence-Based Method for Teaching Patient-Centered Interviewing
 12. Tools for Assessing and Teaching Common Geriatric Problems
 13. Approaches to Improving Health in Refugees and Immigrants
 14. A Review of Methods for Conducting Health Disparities Research: Problems, Pitfalls, and

- Opportunities
- ◆ Abstract and Vignette Sessions
 - ◆ Innovations in Medical Education Session
 - ◆ Four Meet the Professor Sessions
 1. Kurt Kroenke
 2. Bill Tierney
 3. Halina Brukner
 4. Karen Margolis
 - ◆ One-on-One Mentoring Session
 - ◆ New Member Orientation
 - ◆ Keynote Speaker: Nicole Lurie, MD

TWO NEW INITIATIVES

continued from page 1

others leave the undifferentiated generalist pondering what payers, patients and the institutions in which they work will be willing to let them do.

The educational challenge. 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.

The research challenge. In terms of research, again there is no research area that generalists own, but there are many in which we practice. Support for development of research programs has

continued on next page

TWO NEW INITIATIVES

continued from previous page

been inconsistent at best across our medical schools, and federal funding for many of these areas lurches from crisis to crises. 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. 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 not only need to advocate for infrastructure and funding, but also to assure that training programs can sustain development of new scholars in the relevant areas.

Proposal. To establish a task force to evaluate the current circumstances of the domain of the field of general internal medicine. This group should:

- 1) delineate the clinical, educational and research domain of general internal medicine;
- 2) ponder the challenges that the domain currently faces; and
- 3) develop a strategy that will enable us to:
 - a) advocate successfully with individual institutions, with other medical organizations and with policy-makers, to assure that that domain is nurtured, so



Eric Larson, MD, MPH

that the field can thrive; b) promote and develop educational programs needed to sustain that vision; and c) partner as appropriate with other organizations to accomplish these goals.

Conclusion. SGIM can play a pivotal role in defining and promoting the domain of general internal medicine by the

strategies outlined above. In so doing, the future success of the field can be enhanced.

Defining and providing career support for the general internist

Statement of the problem: While academic general internal medicine has grown over the last two decades, its growth has been inconsistent across the medical schools and other academic training programs. Some institutions never have had a substantial presence of researchers and educators in General Internal Medicine (GIM). The problem is notable in many public hospitals, where resources are continually stressed, and it is difficult to get protected time for generalist clinicians, but is not limited to them. Generalists have neither high-paying procedures that can cover a substantial part of their salary in relatively little time, nor a consistent source of substantial grant revenue, such as the NIH. In addition, institutions are inconsistent, at best, in providing hard dollars to generalists to support their educational and research activities. As a result, there are many programs, that lack a meaningful GIM division, and there are relatively few in which the full range of academic activities are flourishing. Even in many of these, financial

pressures make the future far from secure.

An additional problem is that it is extremely difficult for an individual, whether a clinician-investigator or a clinician-educator, to strike out alone into a less-than-fully-developed institution and succeed. They need a job description that is consistent with their career goals. They need to be protected from extraneous activities that may deflect them from their goals. They need mentorship in the pursuit of their goals.

The SGIM Career Support Program will have the following components:

Guidelines for faculty positions.

These are currently in development for clinician-investigators and clinician-educators. Once finalized, it will be important to distribute these to fellows who are searching for employment, to junior faculty in the field, to division heads and to departments, in order to promote understanding of what it takes to succeed in academic GIM.

Site visit program.

The goal of this activity is to try to maximize the quality of GIM units in all relevant institutions. SGIM will organize site visits to institutions that are interested in having constructive evaluations of their GIM programs by one to three senior or intermediate members of SGIM, representing expertise in the research, education and clinical areas. A good deal of thought is needed about how to identify these institutions. Some of the neediest departments may not recognize that they have a problem at all. Clearly, we can't go where we are not wanted and we have to be invited. There should be some resources provided by SGIM for site visits to these institutions that are not able to sponsor a site visit. A site visit should involve interviews with the existing faculty,

continued on next page



Sankey Williams, MD

TWO NEW INITIATIVES*continued from previous page*

review of the financial circumstances of GIM in the institution, meetings with institutional leaders, such as the dean, department chair and some other division heads, as well as the hospital director. They will issue a written report and recommendations as to what it will take, in terms of institutional resources, to elevate the programs at that site. There may be other more developed units that also will be interested in such a site visit. In such instances, it is likely that costs associated with the visit can be underwritten by the institution requesting it.

Mentorship program. This program will proactively identify the mentorship needs of all new and junior research and educator faculty in GIM. It will identify those who are not likely to receive the mentorship they need in their home institution or from an already identified mentor. It will categorize them in relation to their areas of research or educational interest and the type of assistance they believe they need. The program will further survey established faculty in SGIM about their willingness to participate in such a program and their areas of interest/expertise. The program will then attempt to match mentors and mentees. There will be a need to establish appropriate expectations on both sides as to what the extent of the availability of a mentor will be. SGIM should generally not be funding meetings between them. In good mentorship relationships, the parties will find ways to communicate and meet as needed. The investment by SGIM will need to be focused on the not inconsiderable task of identification and matching of the prospective parties. If successful, the program should make it possible to receive some quality mentorship, regardless of where one is appointed. It is not a program that can take individuals who are untrained in research and turn them into researchers.

Collaboration program. The problem here is similar to the one being addressed by the mentorship program. It is far easier to find collaborators for

research efforts in research universities, in institutions with schools of public health, or in schools with established programs in health services research and the like. For individuals in other institutions and medical schools, they will have trouble competing successfully in the world of scholarship without high quality collaboration. If SGIM can actively promote such networking (by identifying comprehensively, and updating frequently, people's research interests and needs for collaborators and providing a user-friendly site for posting the need for collaborators and/or venues for studies) there can be benefit on all sides. The solitary investigator may bring access to populations that will greatly increase the usefulness of a study,

for example, while the experienced collaborator may bring the methodological rigor and experience that can get the study funded.

Conclusion. It is critical to the future success of the field that we nurture divisions of general internal medicine in all medical schools as well as in all academically-oriented hospitals with internal medicine training programs. Even in more developed institutions, external perspectives on how they can do their work better would be helpful in many instances. It is also essential that new faculty have a good chance of succeeding in any of these institutions. SGIM can play an instrumental role in addressing these objectives. **SGIM**

THE YEAR AHEAD*continued from page 3*

needs. All should be in jobs structured to optimize the prospects for success in academic units that are treated as no less important than any other such units in their institutions.

- ◆ The Council also has created a new Task Force on the Domain of the Field. This is being led by Eric Larson. Eric and his group will be producing a final report during this year that will address the problems and prospects that our field faces as a clinical discipline, as a component of medical education, and as a discipline engaged in research. They will evaluate what our current circumstances are in these areas, where current policy is likely to take us in the coming years, and what SGIM needs to do to prepare our members and our society in order to assure that we can be optimally effective in the years to come.

These two new task forces, if they are able to achieve their goals, will place SGIM squarely in the center of the lives of academic generalists. We hope thereby to make the Society even more essential to our members and to

those who do not yet belong. SGIM continues to attract a large number of internists from many academic units, but some are not well represented, and others have many faculty who do not belong. In the spirit of caveat emptor, we must presume that we have not done as much as we could to address the needs of all our members in ways that have caused them to feel compelled to join. If there are members of your unit, or others who you know who might be excited about what SGIM is up to these days, let us know who they are and let them know about our initiatives.

At our summer retreat, the Council decided to take a serious look at another major initiative: an on-line journal of clinical education. There is a paucity of journals that are willing to publish reports on educational programs. Our clinician educators often do outstanding and innovative things but have no venue in which to report that to a wider audience. An on-line journal would provide an additional opportunity for that information to get out in a peer-reviewed publication and at the same

continued on next page

THE YEAR AHEAD

continued from previous page

time would enable faculty to get academic credit for what they are doing in a way that their non-clinical colleagues can understand. Of course, this would entail an expense on the part of the society, which ultimately would have to be passed along to members. Thus, the nature, scope and viability of such an effort has to be pondered seriously. We absolutely need your input about whether this is a misguided notion, a stroke of genius, or somewhere in between (on a 7-point Lichert scale from bring out the champagne to bring out the ranitidine!). We are establishing a working group to look at this, to be led by Bill Branch. We do look forward to your thoughts.

Finally, just a few words about the Vancouver meeting. Helen Burstin is our meeting chair and already has made great progress in planning an exciting meeting. The theme is going to be "General Internists as Agents for Change in Education and Research, Practice and Policy." This is a wonderful opportunity to highlight so much of what we do. Having Canada as a venue also will present opportunities to learn about health care and education in Canada. In fact, the Canadian Society of Internal Medicine will collaborate extensively on the meeting. We expect to have speakers and presentations relevant to Canadian health care that will provide an added dimension, alongside the contributions that our American members will make.

I am a Canadian, as some of you know. I am particularly proud that SGIM is going to Canada. It will be a wonderful venue for the meeting and would be a great opportunity for you to bring along family for a couple of additional days in beautiful British Columbia. Make those plans now, and be sure to get some interesting material submitted for the meeting (the deadline for workshops, interest groups and precourses is mid-October).

Well, that is a survey of some of what we are up to at SGIM. I hope that you find it as exciting as the Council

and staff do, and get involved. Please e-mail me at mfshapiro@mednet.ucla.edu with your thoughts, and, in particular, if you would like to get involved in some of these efforts. If there are other things that you want the organization to do, the only way that we can know is if you tell us. **SGIM**

RESEARCH FUNDING CORNER

continued from page 2

ted via the Internet at: www.cancer.org. Additional questions should be directed to 404-329-7558 (voice), 404-321-4669 (fax), or grants@cancer.org (E-mail). Please contact me by e-mail at joseph.conigliaro@med.va.gov for any comments, suggestions, or contributions to this column. **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 tractonl@sgim.org. It is assumed that all ads are placed by equal opportunity employers.

ACADEMIC GENERAL INTERNIST. We seek outstanding clinician/academician committed to training internal medicine residents for primary care practice. New faculty to join strong division of general medicine at a university-affiliated, community hospital-based program. The general medicine faculty consists of eleven full-time and part-time generalists. The milieu emphasizes skill in teaching, role modeling of excellence, educational creativity, independent scholarship and interpersonal warmth. Primary responsibilities include resident and medical student education in inpatient and outpatient settings plus direct patient care in combined resident-faculty practice with state-of-the-art information systems and an electronic medical record. Send CV to Marian Hodges, MD, MPH, Section Head, General Internal Medicine, Department of Medical Education, Providence Portland Medical Center, 5050 NE Hoyt, Suite 540, Portland, OR 97213. Telephone 503-215-6600; fax 503-215-6857. Applications will be reviewed immediately and accepted until position is filled.

CLINICIAN-EDUCATOR GENERAL INTERNIST. The Department of Medicine, Division of General Internal Medicine, at The George Washington University Medical Faculty Associates, an independent non-profit clinical practice group affiliated with The George Washington University, is seeking a clinician-educator General Internist. The faculty member will be involved in clinical teaching programs and an active clinical practice. Academic rank will be commensurate with experience. Board certification/eligibility is required. Send CV to Alan G. Wasserman, MD, Chairman, Department of Medicine, c/o Christy Dugan, 2150

Pennsylvania Avenue, NW, Suite 5-411, Washington, DC 20037; or cdugan@mfa.gwu.edu. The George Washington University Medical Faculty Associates is an Equal Opportunity/Affirmative Action employer.

FELLOWSHIPS, GENERAL MEDICINE, PORTLAND, OREGON. The Oregon Health & Science University Division of General Internal Medicine & Geriatrics in Portland, OR is currently recruiting general medicine fellows for July, 2003. Two-year positions are available in women's health, informatics, hospital medicine, and general internal medicine. Both clinician-educator and clinician-researcher tracks exist. Research fellows work with a primary mentor as well as other highly successful research faculty. Fellows gain additional clinical experience in both hospital and clinic settings approximately 30% of their time, depending on the track. The educator's curriculum emphasizes the application of learning theory in medical education to a variety of clinical teaching venues with self-assessment and individualized feedback given by expert clinical educators. Fellows build a portfolio of clinical teaching skills and learn to make informed instructional decisions. Coursework includes research design and methods, learning theory and practice, evaluation methods, curriculum design and development, and critical appraisal. Fellows may elect to pursue a third year of fellowship, along with a Masters in Public Health or Masters in Informatics degrees. OHSU also offers the Human Investigations Program for advanced training in research. OHSU collaborates with the Portland VA Medical Center, Northwest Kaiser-Permanente, and the Legacy Health System in sponsoring fellowship positions. Interested applicants should contact our website at <http://www.ohsu.edu/som-gim/fellowship/index.html> or e-mail a curriculum vitae and letter describing how participation in the general internal medicine fellowship contributes to the candidate's career development plans (bakere@ohsu.edu). Applications will be reviewed as received, interviews offered, and positions filled on a rolling basis.

GENERAL INTERNIST. Vermont primary care internal medicine group seeks an experienced general internist. *continued on next page*

SGIM FORUM

Society of General Internal Medicine
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CLASSIFIED ADS

continued from previous page

eral internist to lead an academic practice site of 8 MDs and 3 NPs. This position requires strong administrative and leadership skills, excellent clinical skills, and an interest in developing a resident teaching program. This is an exciting position for a physician interested in combining practice, administration, and teaching in the setting of a larger 35 physician academic primary care group. Please send resume to Jonathan B. Hayden, M.D., Primary Care Internal Medicine, Fletcher Allen Health Care, 1 South Prospect Street, Burlington, VT 05401.

GENERALIST SCHOLAR. The Division of General Internal Medicine and Health Care Research at University Hospitals of Cleveland and Case Western Reserve University seeks Assistant/Associate level Academic General Internist, preferably fellowship-trained, for a physician-scientist position. Significant protected time for development of an independent program in health services or outcomes research and opportunities for collaboration with colleagues throughout a stimulating academic environment. Focus in Cardiovascular disease (epidemiology, prevention, access, quality outcomes) desirable but not mandatory. Strong institutional programs in clinical epidemiology and biostatistics. Some direct patient care and clinical teaching in the ambulatory or inpatient settings will be expected. Women and minority candidates are encouraged to apply. Case Western Reserve University is an equal opportunity, affirmative action employer. Submit CV, letter of interest, and three letters of references to: Dr. Joseph Frolkis, Chief, Division of General Internal Medicine, University Hospitals of Cleveland, 11100 Euclid Avenue, Cleveland, Ohio, 44106; Phone: (216) 844-5360; Fax: (216) 844-8216.

PHYSICIAN/FACULTY. The Department of Medicine at the Reading Hospital and Medical Center is seeking a seventh full-time faculty member for its fully accredited (ACGME) Internal Medicine Residency Training Program. This is a 100% fully funded teaching/faculty practice position. Our

600+ bed community teaching hospital is located in beautiful south-central PA with a service population of 400,000 with three other ACGME approved teaching programs. This faculty member will have ambulatory patient care responsibilities in the faculty practice, teaching responsibilities on the Hildreth Teaching Service and its medical clinic, along with shared night/weekend call responsibilities (Q 6 call) for patients admitted to the Teaching Service. Any candidate must be a graduate of an ACGME approved residency program in internal medicine with a minimum of 3-years clinical/academic experience. Highly qualified individuals will be board certified in internal medicine (ABIM), have experience as a "Hospitalist," interest in geriatrics, or experience teaching principles of "Evi-

dence Based Medicine." The Reading Hospital and Medical Center is affiliated with the Temple University School of Medicine, the Penn State University School of Medicine and the Philadelphia College of Osteopathic Medicine. Faculty appointments are available for appropriately qualified individuals. Interested individuals should forward their CV with three letters of reference and an expression of interest to: Dr. Daniel B. Kimball, Jr., Director of Medicine, The Reading Hospital and Medical Center, PO Box 16052, Reading PA 19612-6052 or via E-mail to kimballd@readinghospital.org. Consideration and interviewing of candidates will occur until the position is filled. Equal Opportunity Employer M/F/D/V.

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