

2002 ANNUAL MEETING: A LOOK BACK

**2002 MEETING BREAKS
ATTENDANCE RECORD
AGAIN: EVALUATION
STRESSES “COMMITMENTS
TO CHANGE”**

Christine Laine, MD, MPH

In 2002, 1598 enthusiastic people convened in Atlanta, GA for the 25th Annual Meeting of the Society of General Internal Medicine, the highest attendance for any SGIM meeting to date. The high attendance attests to the health of SGIM and seems an appropriate way to honor the organization's silver anniversary.

Successful professional meetings send participants home energized with new knowledge, skills, and ideas to integrate into their own professional activities. Unfortunately, traditional ratings-based evaluations tell us little about whether a meeting energized participants. In an effort to learn more about the ways that the annual SGIM meeting affects participants, the evaluations committee continued to build upon last year's efforts to incorporate “personal meeting goals” and “commitment to change” data into the evaluations process for the annual meeting. In 2001, the committee revised the evaluations form to include information about personal meeting goals, whether or not these goals were met, and a question about plans to implement a newly learned skill, program, or idea at a home institution. This year, in addition to these items, we asked attendees to describe up to 3

concrete, measurable changes in their clinical, teaching, research, or administrative work that they planned to implement as a result of the SGIM meeting. The form also asked attendees for permission to contact them by e-mail several months after the meeting to inquire about their progress in implementing these changes. The evaluations committee hopes to have these follow up data available during coming months. If SGIM sends you an e-mail to follow up on the meeting, please take a few minutes to respond. Your response will help future meeting planning committees tailor the program to meet members' needs.

Of the 1598 attendees, only 459 submitted an Overall Evaluation of the meeting. This response rate of 29% is substantially and disappointingly lower than last year's all time high of 51%, but is similar to the evaluation response rate for meetings in 1997–2000. SGIM staff and the program committee speculate that the meeting schedule may have contributed to the low response rate. The last official function was a dinner that occurred on Saturday night after many attendees had left for home. In previous years, attendees submitted the bulk of evaluations dur-

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Something New for Innovations in Medical Education Session

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The Innovations in Medical Education (IME) sessions have become a popular component of SGIM Annual Meetings since their inception five years ago. These sessions provide a venue to showcase excellence and creativity in teaching and curriculum development. Modalities used by presenters are varied and have included computer/internet demonstrations, educational models, booklets, slide shows, PowerPoint demonstrations, video displays, and interactive hands-on displays. Because of this interactivity and informality, IME facilitates the sharing of ideas and inspires collaboration. In keeping with the 2003 theme, Generalist Physicians as Agents for Change, we encourage members to share the products of their work in this forum.

Amidst the roar of the crowds at the successful 2002 IME session, members enjoyed experiencing “The Virtual Standardized Patient: A Pilot Test of a Videoconferencing Tool to Teach Informed Decision Making Skills.” Participants also discussed creative teaching models, such as team teaching and self-directed learning, as well as “Novel Approaches to Teaching About Limited Resources and the Clinical Consequences.” Exploring “Beyond the OSCE: Comprehensive Assessment of Professional Competence” led to sharing of ideas across institutions. Viewing the presentations “Creating Cross Cultural Video Pearls” and “Commercial Movie Clips of Patient-Doctor Interaction to Teach the Principle of Caring” engaged audiences in lively discussions. In addition, experimenting with CDROMS and new online resources provided unique opportunities to interact with new educational technology.

The 2003 annual meeting in beautiful Vancouver promises to be an

exciting event in many ways, including a double dose of innovations for the IME (I²) session. This year IME will be divided into two subsections: (1) general innovations in medical education and (2) web-based innovations in medical education. Innovations should aim to:

- ◆ Present innovative scholarly work in medical education that may not be part of a formal research study.
- ◆ Provide a three-dimensional venue to exhibit educational products in an interactive format more conducive to actual demonstrations than the traditional Medical Education Abstract format.
- ◆ Create a forum for members to present their work in a peer-reviewed environment and to receive academic credit for accomplishments other than research publications.
- ◆ Provide a presentation format prior to completion of a full evaluation that is generally expected in an abstract
- ◆ Provide an opportunity for participants to describe and discuss educational approaches in a variety of areas, including: (a) approaches to the development of qualities in professionalism; (b) instructional design or evaluation of clinical clerkships residency training; (c) integration of basic sciences and clinical care; (d) computer applications in medical education; (e) educational web sites; (f) new approaches to ambulatory education or hospitalist training; (g) integrating humanities and arts in medical education; (h) community-based programs; (i) education support systems for trainees; and (j) faculty development.

Web-based innovations represent a novel chance at the 2003 meeting to display educational uses of the Internet.

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THE SEASONS OF THE MENTOR

Martin F. Shapiro, MD, PhD

The most important thing that a professor of medicine can give to a student is the key to his front door.

—Attributed to Sir William Osler

No one is born mentoring. The future mentor begins as an unformed student with little insight into the road ahead other than some raw perspective and ideas that may lead in a score of directions. Somewhere, the student, if fortunate, meets an educator who takes a particular interest in the student's development. That educator validates the student's perspective, helps to enrich it, refine it, and direct it. The mentor is there when the student reaches key thresholds on the road to professional accomplishment. The mentor is there when the student begins to be recognized. The mentor is there when the student is able to achieve substantial independence. The student perceives the mentor's joy at all this, much the way a child senses a parent's pride in his or her development.

The student moves on. If the relationship has been a successful one, the student will seek to incorporate some of the mentor's qualities into his/her basic ethos and approach to career. If it has been a very satisfying relationship, it just might propel the student to want to be a mentor as well. Of course, that is not the recent student's first priority. Starting a career means establishing oneself as effective in the work setting. For an academic general internist, that means building a research program, achieving a good reputation as an effective clinical teacher, and/or fulfilling a range of administrative and didactic teaching responsibilities.

A few years into an initial academic job, those pieces should be beginning to fall into place. If the young faculty member is a good teacher, some stu-

dents will come forward who are seeking career guidance and who have some interests in common with the faculty member. The initial conversations may be about relationships, politics, and one's emotional state. The young professor may befriend the student, help with some personal issues, discuss clinical problems, talk about life, and share a meal. Sometimes, that will be all that happens, and it may be very meaningful to both student and teacher. Sometimes, it leads to an engagement in some activity related to the teacher's



central professional concerns in the areas of research or education.

As the teacher's career progresses, and he or she moves to an intermediate level of appointment, the teacher may find that the relationships with students may be among the most gratifying of professional

activities. The teacher takes on more such relationships, and watches the students evolve into fully formed professionals. The gratification can be very great. Each student carries a little bit of the teacher out into the world. The opportunity to be generative in the world of scholarship or education is truly wonderful.

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

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

RESEARCH FUNDING CORNER

Joseph Conigliaro, MD, MPH

This month's Research Funding Corner targets opportunities to study cancer in older persons and translational research for the prevention and control of diabetes.

Integrating Aging and Cancer Research
PA Number: Pa-02-169

Expiration Date: September 25, 2005

National Institute on Aging (NIA)

(<http://www.nia.nih.gov/>)

National Cancer Institute (NCI) (<http://www.nci.nih.gov/>)

The majority of cancers occur disproportionately among older persons because aging is a risk factor for malignant tumors. By the year 2030, 20% of the U.S. population will be age 65 years and older and the number of persons 85 years and older will increase from 4.3 million to 8.9 million individuals.

These facts suggest that the high burden of cancer for older Americans will be an even greater consequence given the changing demographics. Because of this, the National Institute on Aging (NIA) and the National Cancer Institute (NCI) are soliciting proposals from a broad-based community of investigators in cancer, aging, and other disciplines to study cancer in older persons (those 65 and older). Research is needed about early detection, diagnosis, prevention, treatment, prognosis and survivorship. Little is known about how age-associated problems affect cancer patient evaluation, prevention and treatment strategies, and care. Studies are also needed to assess the effectiveness of different prevention and treatment strategies relative to the type of malignancy, the stage of disease, and significant features and characteristics of old age and the aging process.

Questions that can be answered by this PA include: What is the effect of multiple health problems not related to the cancer on early detection, diagnosis, prognosis, and treatment? How is

clinical decision-making by physicians for older persons affected by tumor type, histology, and stage in the context of patient age, comorbidities, and patient and family preferences? Are there age, race/ethnicity disparities in early diagnosis, treatment, quality of life, and survival of older patients? And what are the psychological and social effects of cancer and its treatment on the older patient and family?

In addition the development of better methods of recognition and assessment of pain and other symptoms associated with cancer and its treatment for older patients is encouraged as well epidemiological studies to characterize symptom burden, pain perception, response to pain and symptom therapy of older patients and ways to ameliorate these problems.

The PA states that the age demarcation of 65 years is arbitrary and historically based and that a study with younger age groups when appropriate are welcome and may be included in investigations proposed.

This PA will use the NIH R01 award mechanism and can be found at <http://grants.nih.gov/grants/guide/pa-files/PA-02-169.html>.

Translational Research for the Prevention and Control of Diabetes

PA Number: PA-02-153

Expiration Date: October 1, 2005

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), the National Eye Institute (NEI), the National Institute of Nursing Research (NINR), the Office of Behavioral and Social Sciences Research (OBSSR), the Agency for Healthcare Research and Quality (AHRQ), the Centers for Disease Control and Prevention—Division of Diabetes Translation (CDC-DDT), and the American Diabetes Association (ADA) are looking for studies to translate recent advances in the

prevention and treatment of type 1 or type 2 diabetes into clinical practice for individuals and communities at risk. The overall objective of this announcement is to support research to develop and test intervention strategies that will enhance health promotion, diabetes self control and reduction in risk at the health care system level, the provider level and the patient level. Specifically, applications are sought for clinical or behavioral studies to develop and test 1) improved methods of health care delivery to patients with or at risk of diabetes, 2) improved methods of diabetes self management, and 3) cost effective community-based strategies to promote healthy lifestyles that will reduce the risk of diabetes and obesity. Studies should focus on testing strategies for achieving objectives that have already been proven beneficial, and adapt these interventions to larger populations or other settings such as 1) control of glycemia and other risk factors for diabetic complications, including hypertension and dyslipidemia and 2) altering life style to prevent or delay the onset of type 2 diabetes in at risk populations, including children and adolescents. Of particular interest are interventions that focus on translating new advances into practice in underserved and minority populations.

This PA can be found at <http://grants.nih.gov/grants/guide/notice-files/NOT-DK-02-008.html> and will use the NIH research demonstration and dissemination project (R18) award mechanism. This mechanism is designed to support the testing and evaluation of interventions and activities that lead to application of existing knowledge to disease control and prevention.

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

Formal Training For Clinician-Educators: An Idea Whose Time Has Come

Rosanne Granieri, M.D.

Clinician-educators assume vital roles in academic medical centers. They are responsible for providing quality medical care to patients. In addition, they are responsible for the overall educational and training mission of these institutions at the medical student, residency and fellowship level. Clinician-educators frequently hold major administrative positions in medical education. Finally, they develop and evaluate new curricula and conduct research on new and existing educational interventions. Given the importance of these duties and the increasing complexity and demands of academic medicine, clinician-educators must possess specific skills that are needed to educate health professionals, administer educational programs, advance educational research and, hence, ensure the viability of the academic medical center. In addition, clinician-educators in academic medical centers need to acquire the knowledge and skills to position themselves appropriately for academic promotion.

Though some attention to these specific challenges and the needs of clinician-educators recently has been given,¹ clinician-educators rarely receive advanced training in medical education or career development. It is very unusual for faculty who focus on teaching to receive formal training in adult learning theory, curriculum development, teaching techniques, communication skills or to receive mentoring in professional development and leadership skills. They rarely receive formal instruction on local, state and national administrative policies of medical education, even though many become leaders in medical schools or directors of residency and fellowship training programs. Finally, clinician-educators rarely participate in rigorous formal training in research methodology

that allows them to conduct and disseminate high quality research in medical education, including the establishment and evaluation of new curricula.

A “framework” for developing excellence as clinician-educators has been proposed¹ and a national call for leadership and scholarship in medical education has been sent.² Several national leaders specifically have recommended that “physicians should receive advanced master’s-level or Ph.D. training in the areas of education.”³ A small but growing number of academic centers across the country have begun to offer courses, workshops and advanced degrees in medical education.⁴⁻⁹ In addition, over the past several years, workshops at the national meeting of the Society of General Medical occasionally focus on these issues. Publications such as *The Journal of General Internal Medicine*, *Academic Medicine*, *Medical Education and Teaching and Learning in Medicine* help promote dissemination of scholarly work in medical education. The development and success of these programs and the attention devoted to medical education in focused journals are encouraging; however, “developing the faculty leaders in medical education remains a challenging task for academic medical centers in this decade.”³

In response to these challenges and in recognition of the specific needs of clinician-educators locally and nationally, the University of Pittsburgh Division of General Medicine recently established a Master’s Degree and Certificate Program in Medical Education. We sought to establish a rigorous yet flexible training program for clinician-educators, providing advanced instruction in teaching skills, professional development and research

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SGIM Awards: Nominate a Deserving Colleague!

Ann Butler Nattinger, MD, MPH

The Society’s vital and active awards program is an important benefit for our members. The number of awards given has increased in the last few years. Presently, 10 awards (in 8 categories) are given annually at the national level, in addition to the many awards for excellent annual meeting presentations. This does not even count the “awards” which are essentially grants, such as the Larry Linn Awards and the Horn Award.

During the past two years, the national council has reviewed the awards our society gives, as well as the processes for selecting award recipients. Based on this review, it has been determined that responsibility for the oversight of awards will rest with the SGIM Secretary (right now, that would be me), with the assistance of a staff member, Lorraine Tracton. You can contact one of us if you have a suggestion, a question, or would like to know how to propose a new award for the Society for future years.

Several other changes were made to the national awards process as a result of our review. One of the most important is a set of changes to the procedures for selecting award recipients. The goals are to ensure that awards are made in a fair manner, and that a diverse group of candidates is considered. To achieve these goals, we have simplified the nomination procedures—for most awards only a letter and CV are required to nominate someone. We have set up uniform procedures for selection committees, and a better system to solicit nominations. We are trying hard to ensure that selection committees avoid favoritism, or the appearance thereof, and that a diversity of viewpoints (especially with respect to gender, ethnicity, and region) is represented on the selection committees.

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MEETING BREAKS RECORD*continued from page 1*

One comment summed up the general sentiment of the evaluations particularly well, “A solid, fun, helpful meeting that met most of my goals.”

ing lunch on the final day of the meeting before attendees had begun to depart.

On a scale of 1 (worst SGIM meeting I ever attended) to 10 (best SGIM meeting I ever attended), evaluations respondents rated the meeting 7.32. The global ratings for meetings from 1997 through the present have ranged from 7.16-7.93. Fellows rated the meeting highest (7.80 and non-physicians rated it the lowest (6.0). However, caution should be used in interpretation of these data given the overall low response rate, uncertainty about how well respondents represent attendees, and very small sample sizes in some groups. Meeting logistics received a mean rating of 3.4 on a scale of 1 (poor) to 5 (outstanding).

Special sessions including updates, plenary, scientific abstract, poster, and innovations sessions received high marks. On a scale of 1 to 5, the means were all close to 4, indicating “above average” ratings. Perhaps more informative than the ratings of the special sessions is the data on the proportion of respondents who indicated that they would implement a lesson learned during the session, which exceed 53% for all special sessions and was greater than 75% for all but two of the special sessions. Of particular note, 91% of respondents indicated they would implement a lesson learned during the Update in Minority Health and 97% indicated they would implement a lesson learned during the Update in General Internal Medicine.

People attend SGIM meeting to disseminate their work, to learn

teaching/clinical/research/administrative skills, to hear about new research, to meet with collaborators, and to network. The evaluation asked respondents to indicate the personal importance of each of these goals and whether the 2002 meeting met

each goal. The three most important goals for evaluation respondents were 1) to hear about new research (85% rated moderately or very important) 2) to network (82%) and 3) to meet with collaborators (75%). The 2002 meeting seemed to meet the goals of evaluation respondents very well. Among the various goals explored, 90% or more of evaluation respondents who described the goals of networking, meeting with collaborators, hearing about new research, and disseminating attendees work as moderately or very important to them reported that the meeting met these goals. Among respondents to whom the goals of learning clinical, research teaching or administrative skills were moderately or very important to them, 74%–82% reported that the meeting met these goals.

The 2002 meeting included 23 Precourses with 871 participants and 63 Workshops with 2546 participants. On an overall scale of 1 to 5, evaluation respondents gave mean ratings of 4.3 and 4.05 to Precourses and Workshops respectively. The evaluation response

rate for Precourses (72%) and Workshops (58%) were substantially greater than the response rate for the overall meeting evaluation (29%). The coordinators of four outstanding Precourses and Workshops received awards. Dr. Susana Morales received the Precourse Award for her full day session, Minority Faculty Development. 2002 Recipients of the David E. Rogers Junior Faculty Education Awards are Dr. Michael Rabow for Connection & Reflection: Physician Peer Groups as a Source of Professional and Personal Growth, Dr. Thomas Gallagher for Disclosing Medical Errors and Adverse Events to Patients, and Dr. Erik Fromme for What Do You Do When Your Loved One Is Ill?.

Many evaluation respondents took advantage of the opportunity to provide written comments. These comments reflected some bad news and some good news. Respondents expressed general dissatisfaction with the meeting location (both Atlanta and the hotel). Fortunately, many respondents’ enthusiasm for the meeting content let them look beyond the problems of the setting. One comment summed up the general sentiment of the evaluations particularly well, “A solid, fun, helpful meeting that met most of my goals.” This must be what has kept general internists coming back to SGIM in record numbers over the last 25 years. **SGIM**

Christine Laine is Co-Chair of the 2002 Evaluations Committee.

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The opportunity to be generative in the world of scholarship or education is truly wonderful.

As I look back over my relevant experiences, I recall a professor who told me bluntly that I could stand on soapboxes and complain about the world, or I could get some serious training in research methods and be taken much more seriously. That conversation was critical in propelling me into my current career. I remember the first day of my fellowship. I was a Canadian just off the plane in Los Angeles, and endured a day of seminars from people who did not consider the U.S. health care system to be abhorrent, and were not convinced (as I was) of the need to establish a universal health insurance program. I was very depressed by this, and felt as though I had made a monumental error in coming to the U.S. I wanted to hightail it out of this country as fast as I could. Then I met a faculty member who shared my values and legitimized my perspective. Eventually, I was able to benefit from his mentorship in many parts of my life. With that alliance, it made it much easier for me to also be mentored by others whose values were less like my own, as well as by others who did share many of my values.

My mentors upbraided me when I was wrong, applauded me when I was doing well, chided me to get on schedule, gave me sound criticism of my ideas, comforted me when my relationships were failing or when I was lonely, gave me meals when I could not bear to be alone, celebrated my personal development as well as my professional accomplishments, and were truly my friends.

It seemed like the most natural of things to want to provide some of the

same benefits to my own students. I worked hard to be a good doctor, but felt particularly proud of the impact that I was able to have on some students by giving them personal support. A joyous hug with a fellow

at the news of the pregnancy of his wife, the offering of a shoulder to cry upon to one confronting a serious illness, a massage of the neck for another with an excruciating headache the night before his first presentation at a scientific meeting: these were all opportunities to befriend the trainee, and doors through which it was possible to share values, passions and perspectives.

The challenge of the mentor is not to self-replication, but rather to help the trainee discover him or herself. Students who succeed in academic careers are the ones who are able to become passionate about what they do. A dutiful devolution of the professor's agenda will not do the trick for the vast majority. How, then, is this task accomplished? It takes a

lot of time. First, the professor must work through a lot of ideas with the student through a process that is almost always less efficient than conducting the project on one's own. Of course, the product must be produced and the job must be secured, but it is the road along the way that is crucial. Much like a child who does what he sees his parents do, rather than always behaving just as they say, the trainee observes the professor in his or her work. The student is unlikely to develop passion for the work unless the professor manifests it first. Just as the student will be deterred from a specialty in which the clinical teachers do not appear to enjoy their work, passion and joy in scholarship or education must be

modeled.

The mentor must at all times be selfless. The purpose of the relationship is to allow the student to grow into a career as a successful professional. If, at any juncture, it becomes primarily about completing the professor's agenda, then it is an exploitative relationship. Once the investment is made, there often is a return, in terms of shared intellectual products. The trainee has a social responsibility to fulfill commitments once they have been made, but that should be the extent of it. The decision to involve a trainee in a particular effort should evolve from the identification of that as an opportunity for the trainee to fulfill his or her dreams, develop passion about the creative process, and to move in a career direction that reflects the trainee's true desires.

An effective mentorship relationship can evolve into a wonderful collaboration. Many of these can

The challenge of the mentor is not to self-replication, but rather to help the trainee discover him or herself.

endure. One of the hardest moments in a successful mentorship relationship occurs when the student leaves home, particularly intellectually. The student will want to become independent. He will want to write papers without the mentor, to research areas that do not involve the mentor, and even to compete at times with the mentor. The student may accomplish things that the mentor did not. This is not a cause for sorrow or resentment, but rather for joy.

"Educate" comes from the Latin, *educare*, meaning to lead out. At some point the mentor, much like Moses, and very much like the teacher and the parent, needs to let go. The student should not be a fixture of the mentor's

continued on next page

SEASONS*continued from previous page*

shop. The student's separateness should be celebrated. If the mentor does his or her job well, the student will become a mentor as well, and will come to be a strong, alternate source of mentorship for some (especially if the student stays in the same institution). This, too, should cause no consternation. I met the fellow of one of my former students a few years ago. He noted that I had been his mentor's mentor and said that meeting me was a bit like meeting his grandfather! When my first child was born, my cousin, a social scientist with interests in ancient societies, told me, "Now you are an ancestor." That, too, is the legacy of the mentor.

SGIM is establishing a career support program, through the efforts of a task force led by Sankey Williams, that we hope will eventually be able to provide mentorship to all members of our society who need it. The objective is to help our members achieve their maximum potential, and to contribute to making academic general internists more satisfied and more effective in achieving our goals in the areas of patient care, health policy, health care research, clinical education and administration. In order for this to work, large numbers of our members at intermediate and senior stages of their careers are going to need to get involved. This is likely to mean providing mentorship to someone who aspires to a career not unlike yours. The person who needs your help may be an individual at another institution who does not have adequate mentorship at his or her home institution. The relationship almost certainly will involve scheduled telephone conversations at some interval, as well as occasional in-person contacts.

Will you participate? Of course, you are already much too busy. You will do this, I hope, because you want to see the field become stronger, particularly in institutions in which it is not yet strong. You will do this, I hope, because you want to make a contribution to the career of another. You won't do this

primarily for the rewards that it brings to you directly, although the benefits, in terms of professional fulfillment may be substantial. Mostly, you will do this because it is the season in your career when this is one of the ways in which you can make a truly enduring contribution. Our research, even if outstanding, may fade into irrelevance. Our teaching, even if exceptional, may be forgotten as our students age and retire. Our administrative contributions, no matter how substantial, will not remain as monuments any more successfully than the

If we are effective mentors, we may survive as ancestors of future professors of medicine. What could be more meaningful than that?

statue of Ozymandius in Shelley's poem. Yet, not all of the good that we do will be interred with our bones. If we are effective mentors, we may survive as ancestors of future professors of medicine. What could be more meaningful than that? *SGIM*

SOMETHING NEW*continued from page 2*

We encourage submissions of websites that promote interactive strategies and creative use of audiovisual aides to augment learning. Submitted web sites

enced clinician-educators will review and rate submissions according to their clarity of presentation, creativity, importance and general interest to the SGIM membership.

These sessions provide a venue to showcase excellence and creativity in teaching and curriculum development.

should be open to public view and free of password protection. The web sites should be non-commercial although industry funding is permitted if the content and control of the site resides solely with the faculty authors. Appropriate sites for submission include course or clerkship web sites, web-based clinical case simulations, web-based didactics, web-based faculty development resources and web-based faculty development resources and web-based evaluation instruments.

General innovations and web-based innovations submissions will be reviewed by separate panels of peer reviewers using the same criteria. Top rated submissions will be invited for oral presentation. The

deadline for submissions is January 8, 2003. Please feel free to contact Chair, Preetha Basaviah (basaviah@medicine.ucsf.edu), or Co-Chair, Adina Kalet (ak41@nyu.edu), with any questions about content areas for submissions or the organization of the session. Administrative questions may be directed to Sarajane Garten (gartens@SGIM.org) in the national SGIM office. See you in Vancouver! *SGIM*

All submissions will be peer-reviewed. A diverse group of experi-

FORMAL TRAINING

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methodology for medical education. We sought to target fellows and faculty in general medicine, pediatrics, family medicine and subspecialty medicine, including geriatrics. The training for the Master's Degree consists of three components: (1) a set of core and elective courses and observed teaching activities focusing on adult learning, enhancing classroom and clinical teaching skills, curriculum development, professional development and leadership, innovative strategies in medical education, faculty development training, evidence based medicine, cultural competency and medical administration; (2) a set of core courses designed to provide trainees with a standardized set of skills with which to conduct educational research, with emphasis on curriculum development and evaluation; and 3) the successful completion of a mentored research project or a project on curriculum development. Table 1 and Table 2 outline these specific required and elective course selections. These courses are supplemented by a monthly Medical Education Journal Club and a monthly Medical Education Research Seminar.

In addition to required and elective coursework and observed clinical teaching, each student is paired with a senior clinician-educator who serves as mentor throughout the program and who advises the student on coursework, course selection and academic progress. The mentor also monitors their career development. The Master's program at the University of Pittsburgh enrolled its first students in July 2002. General Medicine fellows in the Clinician Educator Tract enroll in this Master's program at the start of their first year and will complete the requirements during their two-year fellowship. The training program for the Certificate in Medical Education, proposed for those individuals who may not desire to complete the entire Master's Degree curriculum, is outlined in Table 3. The Certificate program is primarily focused

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Table 1

Required Courses for the Master's Degree in Medical Education — University of Pittsburgh

Enhancing Teaching Skills of Clinician Educators
The Medical Mind: Cognitive Studies in Medicine
Professional Development for the Clinician Educator
Curriculum Development and Evaluation
Medical Writing and Presentation Skills
Medical Education: Current Practice and Future Directions
Computer-based Data Analysis
Clinical Research Methods
Biostatistics: Statistical Approaches in Clinical Research
Health Survey Methods
Measurement in Clinical Research

Table 2

Elective Courses for the Master's Degree in Medical Education — University of Pittsburgh

Enhancing Teaching Skills: Longitudinal Practicum
Teaching the Teachers: Creating Successful Faculty Development Projects
Teaching Evidence Based Medicine
Cultural Competence in Medical Education
Innovative Teaching Strategies: Distance Learning, Web-based Teaching and Simulation
Enhancing Teaching Skills for Culturally Diverse Populations
Ethics and Regulation of Clinical Research
Research Design and Development Seminar

Table 3

Course Requirement for the Certificate in Medical Education — University of Pittsburgh

Enhancing Teaching Skills of Clinician Educators
Enhancing Teaching Skills: Longitudinal Practicum
Curriculum Development and Evaluation
Medical Writing and Presentation Skills
Innovative Teaching Strategies: Distance Learning, Web-based Teaching and Simulation
Teaching Evidence Based Medicine

FORMAL TRAINING*continued from previous page*

on those faculty or fellows who want to advance their teaching and leadership skills and who may not desire the research training.

For additional information on several established programs offering advanced training in Medical Education, please visit the websites listed below. For further information on either Master's or Certificate Degree in Medical Education at the University of Pittsburgh, please contact Rosanne Granieri, M.D., Program Director, at granierir@msx.upmc.edu, (412) 692-4824 or visit <http://www.pitt.edu/~cetp>. **SGIM**

References

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4. <http://depts.washington.edu/uwmeded/genmeded.html>
5. <http://www.usc.edu/hsc/medicine/med-ed/fac-dev.html>
6. <http://www.med.unc.edu/oed/genmed/>
7. <http://www.uic.edu/com/mcme/mhpeweb/Login.html>
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9. <http://www.stanford.edu/group/SFDP/progct.html>

SGIM AWARDS*continued from page 5*

Nominations for most awards are due at the annual office by Dec. 31, 2002. Our portfolio of awards has broadened in recent years. We have career achievement awards for education, research, service, and the advancement of minorities in medicine. We have awards for the best research paper and medical education projects. And, we have our Society's highest award,

The Glaser Award, which is a career award for outstanding contributions to generalism in medicine in any area. More information is available on the SGIM Web site at www.sгим.org. If an individual has been nominated previously for an award they did not win, please don't hesitate to consider re-nomination. Many, if not most, recipients of our major career awards were

nominated on more than one occasion before winning the award. It is an honor just to be nominated!

Again, I invite you to contact me or Lorraine Tracton at tractonl@sgim.org if you have questions about awards. In the meantime, I hope you will nominate at least one deserving colleague for an annual award this year. **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 Web site at <http://www.sгим.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 INTERNAL MEDICINE FACULTY/ASSOCIATE PROGRAM DIRECTOR, YALE SECTION OF GENERAL INTERNAL MEDICINE, PRIMARY CARE INTERNAL MEDICINE RESIDENCY. The Yale Section of General Medicine is recruiting for a full-time faculty member at the Assistant or Associate Professor level to also serve as Associate Director for our

Primary Care Internal Medicine Residency Program. Candidates should have completed fellowship training in general internal medicine or a related field, have expertise in medical education and research methodology, have strong clinical and teaching skills, and have some administrative experience. Previous faculty experience is preferred. Send CV and 3 letters of reference to: Stephen Huot, MD, PhD, Director, Yale Primary Care Residency, PO Box 208033, New Haven, CT 06520-8033 by December 15, 2002. Yale is an Affirmative Action/Equal Opportunity employer. Applications from women and members of minority groups are encouraged.

ACADEMIC GENERAL INTERNISTS. Brigham and Women's Hospital's Division of General Internal Medicine and Primary Care seeks academic general internists with interest in clinical epidemiology and health services research. These positions will be structured to provide 50-80% protected time to conduct research. Academic rank and salary will

be commensurate with qualifications. Review of applications will begin immediately and continue until positions are filled. Send letter of interest and CV to David Bates, MD, Division of General Internal Medicine, PBB-A3, Brigham and Women's Hospital, 75 Francis St, Boston, MA, 02115. Brigham and Women's Hospital is an affirmative action, equal opportunity employer.

CLINICAL INVESTIGATOR WITH FELLOWSHIP TRAINING. The Division of General Internal Medicine at Creighton University Medical School is seeking a Clinical Investigator to begin as soon as possible. Candidates should be board certified, and interested in an academic career. This is a new position working in a newly established Center for Women's Health with a special emphasis in Minority Health and Aging. Academic rank will be Assistant Professor, 70% protected time. The position offers full time faculty status and opportunity for promotion. Teaching activities include out-

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patient clinics in general medicine. Send letter of interest and CV to: Dr. Anna Maio, Department of Medicine, Creighton University, 601 North 30th Street Suite 5850, Omaha, NE 68131.

CLINICIAN SCIENTISTS. The Division of General and Geriatric Medicine at the Kansas University Medical Center is recruiting several clinician scientists. Assistant professor positions provide 80% protected time and core support for the development of a coherent research agenda. Active areas of research include health and healthcare disparities, access to care, and quality of care. Qualified candidates at the associate professor level would also have resources to recruit additional faculty. Interested candidates should submit a C.V. to Jeff Whittle, MD, MPH; Director, Division of General and Geriatric Medicine; Kansas University Medical Center; 5026 Wescoe; 3901 Rainbow Boulevard; Kansas City, KS 66160. Email jwhittle@kumc.edu. KUMC is an Equal Opportunity/Affirmative Action employer. Not a J-1 position.

DIRECTOR OF RESEARCH. The Division of General Medicine and Primary Care at Beth Israel Deaconess Medical Center, Boston, a major teaching affiliate of Harvard Medical School, seeks a Director of Research to oversee its research program involving M.D. and Ph.D. health services researchers and clinical epidemiologists and to lead mentorship of BIDMC Fellows in the Harvard Faculty Development and Fellowship Program in General Internal Medicine. Academic physician with clinical and research focus in general medicine and substantial experience as principal investigator on federally- and/or foundation-funded research grants required. For more information, contact Elizabeth Amis, Program Manager, Division of General Medicine and Primary Care, BIDMC, 330 Brookline Avenue, Boston, MA 02215, 617-667-5384, eamis@caregroup.harvard.edu. BIDMC is an equal opportunity employer. Women, under-represented minorities and persons with disabilities are encouraged to apply.

FELLOWSHIP, BIOETHICS. The Department of Clinical Bioethics at the National Institutes of Health invites applications for its two-year fellowship program. Fellowships begin in September 2003. Fellows will study and participate in research related to the ethics of clinical medicine, health policy, human subject research, or other bioethics fields of interest. They will participate in bioethics seminars, case conferences, ethics consultation, and IRB deliberations and have access to multiple educational opportunities at the NIH. Applications should include CV, 1000 word statement of interest, official transcript, writing sample, and three letters of reference. Application deadline: received by January 15, 2003. For information: Becky Chen, Department of Clinical Bioethics, Building 10 Rm. 1C118, National Institutes of Health, Bethesda, MD 20892-1156; 301-496-2429; bchen@cc.nih.gov. Further information: www.bioethics.nih.gov.

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

FELLOWSHIP, GIM AT NEW YORK UNIVERSITY/BELLEVUE. NYU's recently funded Division of Primary Care's 2-year Fellowship Program has openings for candidates for academic year 2003-2004. Fellows prepare for academic general internal medicine careers through formal training and practical, mentored experience in clinical research and medical education, including courses on research methods, clinical epidemiology, health policy, clinical teaching, curriculum design, leadership, psychosocial medicine, cross-cultural medicine/immigrant health and quality improvement. Masters degrees are optional. For inquiries contact Dr. Mark Schwartz, Mark.Schwartz@nyu.edu. For applications, Jennifer.Rockfeld@med.nyu.edu or 212-263-8895.

FELLOWSHIP PROGRAM, GENERAL INTERNAL MEDICINE OR GENERAL PEDIATRICS. The Medical University of South Carolina is recruiting Internal Medicine fellows for academic and health care research career tracts beginning July 2003. Physician candidates will have completed either internal medicine or pediatric residencies. Fellows receive skills training in research, professional development, primary care and teaching including coursework leading to a Master of Science in Clinical Research. Clinical work is within the fellow's specialty and other common elements are shared. This interdisciplinary program is implemented through the Center for Health Care Research and coordinated with the MUSC Department of Biometry and Epidemiology. Successful candidates must be US Citizens or have permanent residency status. Information and application are available at www.musc.edu/chcr under Educational Activities/Academic Generalist Fellowship or contact: Patricia Holsclaw, MHA, Fellowship Coordinator, Center for Health Care Research, 135 Cannon Street, Ste. 403, PO Box 250837 Charleston, SC 29425, (843) 876-1217, holsclpw@musc.edu.

FELLOWSHIP PROGRAM (GIM), MAYO CLINIC, ROCHESTER, MN. Divisions of General Medicine are currently accepting applications to the two-year General Internal Medicine fellow-

ship program beginning 2003-2005. The two-year fellowship program offers a Clinician-Researcher and a Clinician-Educator tract. Fellows will earn a Master degree in Clinical Research through the Clinical Research Training Program at Mayo. Through a mentored-research program fellows will develop expertise in design and conduct of research, publication and grant writing. Those fellows in the clinician educator tract will work closely with leaders in medical education at Mayo. Opportunities for those fellows in the clinician-educator tract will be available to supplement the Clinical Research Training with additional study in educational research methods. All of our fellows have the opportunity to practice in the outpatient general medicine clinics which range from primary care to a referral general medicine practice. Inpatient opportunities include attending responsibilities on the general medicine inpatient services and a rotation on the medical consult service. Teaching opportunities in the Mayo Medical School will also be available for fellows interested in clinical teaching of medical students. This two-year program is in its fourth year and has successfully trained Academic General Internists participating in education, practice and research. Women and minorities are encouraged to apply. Interested applicants should contact our website at: <http://www.mayo.edu/int-med/fellowships/agim/prog-descrip.htm> or email a curriculum vitae and letter of interest to: ronnenberg.vickie@mayo.edu. Applications will be reviewed as received, interviews offered, and positions filled on a rolling basis.

GENERAL INTERNIST FOR SOUTHEAST TEXAS PRIMARY CARE PRACTICE. University of Texas Medical Branch in Galveston Texas seeks a general internal medicine physician to work in an academic primary care practice in the Texas City/Galveston area. The preferred candidate for this position will be board certified with primary care clinical experience. This individual will have an assistant or associate professor appointment in the Department of Internal Medicine (commensurate with experience) and will participate in some teaching activity. UTMB is a major academic integrated delivery system with a 600 physician Faculty Group Practice dedicated to health science education, patient care, research, and community service. Galveston is located on a barrier island south of Houston and is known for its mild climate and miles of open beaches which make it an ideal location for outdoor activities. UTMB is an equal opportunity and affirmative action employer. Submit CV, letter of interest, and three letters of reference to: Dr. Christine Turley, Associate Chief Medical Director, 301 University Boulevard, Galveston, Texas 77555-0163 or via e-mail at cbturley@utmb.edu.

GIM OUTCOMES RESEARCH POSITIONS. The Center for Clinical Effectiveness in the Institute for Health Policy and Health Services Research at the University of Cincinnati Medical Center has
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SGIM FORUM

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

CLASSIFIED ADS

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new opportunities for MDs or PhDs with clinical research training in outcomes research, health decision sciences, quality of life assessment, clinical epidemiology, health services research, or clinical practice improvement. Join our group of 9 active/funded clinician-investigators and participate in collaborative outcomes research with both internal institutional and extramural grant funding. Faculty appointments are in the Section of Outcomes Research of the Division of General Internal Medicine. Interested applicants have the opportunity for additional appointment at the Cincinnati VA Medical Center enabling the faculty member to be eligible for VA funding. Send CV and cover letter to: Joel Tsevat, MD, MPH, University of Cincinnati Medical Center, Box 670535, Cincinnati, OH 45267-0535, e-mail: Joel.Tsevat@UC.Edu. UCMC and the VA are AA/EOEs.

GIM/PRIMARY CARE RESEARCHERS. The University of Colorado Health Sciences Center is recruiting for a full-time clinician-researcher faculty position at the Assistant or Associate Professor level. Requirements include ABIM certification in internal medicine, completion of a GIM fellowship (or equivalent research training), and successful initiation of an independent research program. 50% - 80% protected time for research is available, with opportunities for mentorship of research fellows, clinical teaching, and practice at University of Colorado Hospital. The UCHSC provides an excellent collaborative environment for primary care-based clinical epidemiology and health services research, particularly in disadvantaged populations, managed care, and rural health settings. Candidates should reply with a CV to Robert J. Anderson, M.D., Division Head, Division of General Internal Medicine, University of Colorado, Box B-180, 4200 E. 9th Ave., Denver CO 80262 or fax to 303-372-9082. University of Colorado Health Sciences Center is committed to equal opportunity and affirmative action.

HOSPITALIST CLINICIAN EDUCATORS. The Division of General and Geriatric Medicine at Kansas University Medical Center is recruiting outstanding clinician educators to join our academic hospitalist group. The primary responsibility is supervision of patient care and education of residents in inpatient and consultant roles. Successful candidates will also participate in innovative educational programs for medical students. Protected time for program development or research is available. Contact Jeff Whittle, MD; Director, Division of General and Geriatric Medicine; KUMC; 5026 Wescoe; 3901 Rainbow Boulevard; Kansas City, KS 66160. Email: jwhittle@kumc.edu. KUMC is an Equal Opportunity/Affirmative Action employer. Not a J-1 position.

MEDICAL DIRECTOR, BIOTERRORISM. Dallas County, the second most populated county in the State of Texas, is currently recruiting for a Medical Director * Bioterrorism. Minimum qualifications include a MD/DO. Three (3) years practical experience in public health/community health required. Previous community health/communicable disease and/or infectious disease experience necessary. Successful applicant must reside or be willing to relocate in Dallas County. Salary commensurate with experience. Visit the Employment Services link at www.dallascounty.org to apply directly online. For additional information contact the HR department: Dallas County Human Resources/Civil Service Department, 509 Main Street, Room 103, Dallas, Texas 75202, (214) 653-7638. Equal Opportunity Employer.

RESEARCH FACULTY - The Division of General Medicine and Primary Care at Beth Israel Deaconess Medical Center (BIDMC), Boston, a major teaching affiliate of Harvard Medical School, seeks entry-level and mid-career investigators to join its research program. Current research includes studies of chronic medical conditions, end of life care,

functional impairments and disability, obesity and nutrition, patient safety and quality of care, and educational methods, involving 10 full- and part-time M.D. and Ph.D. researchers. In addition to conducting externally funded research, new research faculty would participate in mentoring BIDMC-based fellows within the Harvard-wide general medicine fellowship and faculty development program. The candidate must have either a M.D. or Ph.D. degree with an interest in clinical and research topics applicable to general medicine. M.D.s will practice within the faculty general medicine practice at BIDMC. Applications are encouraged from under-represented minorities, women and persons with disabilities. Beth Israel Deaconess Medical Center is an equal opportunity employer. For more information, contact Elizabeth Amis, Program Manager, Division of General Medicine and Primary Care, BIDMC, 330 Brookline Avenue, Boston, MA 02215, 617-667-5384, eamis@caregroup.harvard.edu.

VISITING PROFESSORSHIP IN MEDICAL EDUCATION AT THE UNIVERSITY OF TOKYO SCHOOL OF MEDICINE. Japan's leading medical school seeks to identify candidates for a visiting professorship in medical education and curriculum improvement. As an invited visiting professor in the International Center for Research in Medical Education, the incumbent will collaborate with senior faculty at U.T. to advance pedagogy, teaching resources, faculty development, and curriculum evaluation. Training and experience in one or more of these areas are important credentials. Personal financial support, office facilities, and assistance with the logistics of living abroad are all provided. A minimum of three consecutive months' stay (maximum 12 months) is required. For information contact Thomas Inui, MD, President, Regenstrief Institute, 1050 Wishard Blvd., RG6, Indianapolis, IN 46202-2872, telephone: 317-630-7660, email: tinui@iupui.edu.