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WHAT HAS SGIM DONE FOR ME LATELY?

Steven Schroeder, MD

Yes, that is the question. Have you ever really explored what it means to be a member of SGIM and what SGIM does for you as a general internist? While we can collectively agree on the merits of SGIM, the question of “What has SGIM done for me?” may be answered a little differently by each of us if we reflect on our personal experience as a member.

Recently, I decided to write down a list of all the programs and services offered by SGIM just to get a sense of what is going on in the organization. After a couple of pages of scribble, I began to truly understand how the Society has grown over the years. Although I have always been committed to the value of SGIM in my life, this list represented tangible evidence that there is indeed something for everyone at SGIM.

My answer to the question of “What has SGIM done for me?” is that SGIM has been a place for me to develop as a generalist, collaborate with colleagues, benefit from and provide mentorship, share my research with respected peers, and help lead the Society in its mission To Promote Patient Care, Research & Education in Primary Care, and General Internal Medicine.

SGIM has provided a place for me to be an innovative thinker, inspire new ideas, get involved in valuable programs, and benefit from invaluable services over the years. I look forward to the next 25 years and beyond.

What is your answer to the same question?

Every SGIM member should have received this year’s “Make a Difference” Campaign brochure by now. Included in the brochure is an exhaustive list of all the programs and services that make up SGIM which runs the gamut from the Annual Meeting and awards, to regional activities, interest groups, major projects, and task forces. There are a lot of great things going on that you are probably involved in, or considering the value of becoming involved. Or perhaps you have an idea for something that is not being done in the Society yet. Whatever your answer, the fact remains that SGIM is doing something to promote you as a health care professional everyday.

This year’s capital goal is \$500,000. Your generous contribution will help support the infrastructure that provides over 100 programs and services to meet member needs.

Please consider the significance of giving something back to an organization that has given so much to you. Your contribution is tax-deductible. For more information on making a contribution or the benefits of donating stock, please contact Bradley Houseton, SGIM Development Director at (800) 822-3060 or housetonb@sgim.org. **SGIM**

Editor’s Note—Stephen Schroeder is the chair of the Make a Difference Campaign.

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“Cover the Uninsured” Week—A Call for Grassroots Action

Laura Sessums, MD

Are there 39 million uninsured or 40 million uninsured? A recent report from the U.S. Census Bureau reveals that, after a two-year decline, the number of uninsured has now risen to 41.2 million.¹ Absent an unexpected economic recovery, the number of uninsured is expected to climb even higher. These numbers are so large as to be unfathomable and yet do not even include the underinsured. As physicians, however, we can put a human face on this problem every day in clinical practice and are well aware of the human suffering that results. We know that Americans without health care coverage live sicker and die younger as a result. But it does not have to be this way.

SGIM has joined with former Presidents Gerald Ford and Jimmy Carter, as well as some of the most influential organizations in the United States, in lending support to a new national initiative designed to raise awareness and seek solutions for the 41 million Americans who lack health insurance. The former Presidents are Honorary Co-Chairs of Cover the Uninsured Week (CTU Week), led by a diverse group of national organizations² and two health foundations: The Robert Wood Johnson Foundation and The California Endowment. The week-long series of events will take place March 10–16, 2003, in communities across the nation.³

“News that the number of uninsured Americans has risen once again underscores the need for Americans of every walk of life and every point of view to join together to raise awareness of this problem and find solutions to it,” said Risa Lavizzo-Mourey, MD, president designate of The Robert Wood Johnson Foundation. “Our economy and American health care suffer when tens of millions of Americans go

without health coverage,” Dr. Lavizzo-Mourey said. “Not having health insurance is a leading cause of personal bankruptcy, destroying the dreams of thousands of families. Moreover, the number of uninsured patients often overwhelms hospital emergency rooms and other health facilities. Fostering awareness and a national dialogue are the first key steps to solving this very serious problem.”

The coalition of national organizations sponsoring CTU Week is a very diverse group and the very fact of their mutual cooperation on this issue is significant. Moreover, the existence of such a coalition and the substantial funds allocated to it by the supporting organizations underscores the tremendous problem of the uninsured in the United States. As physicians, we are all aware of the problem of the uninsured. Indeed, some of us are involved in trying to find solutions to the problem while others of us feel too overwhelmed by the enormity of the problem to know where to begin to solve it. Wherever we are on that spectrum, we tend to forget that vast numbers of Americans may not even acknowledge that coverage of the uninsured is a problem, much less a problem that must be solved.

The overarching goal of CTU Week is to create a groundswell of support for the proposition that lack of health care coverage for all Americans is a substantial problem and to find solutions to solve the problem. The sponsors of CTU Week hope to raise public awareness of the problem of the uninsured, show broad support for action on the issue, generate media attention, create a broad coalition in the effort to raise awareness of the issue, and foster cooperation between groups to advance the cause of the uninsured. CTU Week will feature hundreds of

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MEETINGS AND MEMORIES

Martin F. Shapiro, MD, PhD

*When I set out for Lyonnesse,
A hundred miles away,
The rime was on the spray,
And starlight lit my lonesomeness
When I set out for Lyonnesse
A hundred miles away.*

My first professional meeting was a public health gathering in Edmonton. I was to present an abstract of my first research study. After having been raked over the coals ahead of time by my boss for wanting to extrapolate from a limited study to the need for radical change in the health care system and society as a whole, I toned down my prose and put in a creditable performance. I was very excited to meet some people whose work had been a stimulus for my own, as well as to learn what others were doing and thinking about. I went home extremely satisfied.

I began my fellowship and eventually got an abstract accepted at a national meeting in Washington. A few weeks before the meeting, I became ill with mononucleosis. My fever eventually subsided, but I had splenomegaly and slight elevation of my transaminases. I was determined to get to the meeting to present, but the flight was very tiring. I stayed at a friend's house—in bed—and only emerged long enough to give my talk. I went home quite exhausted but thrilled at the interest in my presentation, the people I had met and the few talks that I had heard.

I began to attend three or four professional meetings each year. They were wonderful experiences. A few things made them really special for me. First and foremost were the people. As a fellow, then a junior faculty member, I made friends all over the country. This was really exciting. Here were people with similar values, similar interests, and at a similar stage of their careers.

We would see each other two or three times a year, but we began to call each other, and sometimes to find excuses to collaborate. It was really cool. When I traveled to other parts of the country, I had friends that I had made in these settings with whom I could stay—and they did the same.

Second, these meetings were great opportunities to show your wares. For me, as a researcher, that meant presenting findings at the meeting before people who were smart and experienced. There was always an adrenaline rush involved. I had to prepare well,



and hoped that I would be able to respond to incisive criticism. The challenge of preparing for these presentations was one of the most exciting things about a national meeting. SGIM was particularly challenging in this regard, because the attendees were my national peer group. I

wanted their respect.

I also was tremendously stimulated by the presentations that I heard from others. Sometimes, they provoked me to focus upon areas of inquiry that had not occurred to me. Sometimes, they redirected efforts in which I already was engaged. Often, I was anxious to hear what friends and colleagues from other

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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

Said Ibrahim, MD and Joseph Conigliaro, MD

This month's Research Funding Corner highlights opportunities for funding minority clinician-investigators.

Studies demonstrating the existence of significant racial/ethnic disparities in health care have spawned a national initiative to reduce or eliminate racial/ethnic disparities by 2010. However, more research is needed to further understand the reasons for these disparities, and to design strategies and interventions to eliminate them. To ensure that this initiative is relevant and culturally sensitive to the health priorities of racial/ethnic minority communities, health investigators from ethnic/racial minorities must play a prominent role in this research effort. Unfortunately less than 5% of the nation's medical school faculty members are minorities and significantly less are clinician-investigators. Therefore, promoting access to research funding for minority clinician-investigators is crucial. Fortunately, there already exist several sources of research funding specifically targeting minority investigators. Some of these sources/grants are outlined here.

Federal sources of funding

Mentored patient-oriented research for underrepresented minorities (K23):

These 3-5 year awards support the career development of underrepresented minority investigators who are committed to focusing on patient-oriented research. Most research conducted by Society of General Internal Medicine (SGIM) clinician-investigators would be appropriate for this award. The NIH institutes offering these specific K23 awards include the NCI (<http://minorityopportunities.nci.nih.gov/mTraining/K23.html>).

Mentored Minority Faculty Development Award (K01): This award, which

is offered for up to 5 years, is designed for underrepresented minority faculty members at U.S. institutions to enhance their research skills in areas of interest to specific NIH institutes. NIH institutes that have specific announcements for this type of award include the NHLBI (<http://www.nhlbi.nih.gov/funding/training/redbook/newsck01.htm>).

Minority Institution Research Scientist Development Award (K01): This award provides research support to faculty members at minority institutions who have the potential to conduct high quality research in areas relevant to specific NIH institutes including cardiovascular, pulmonary, hematologic,

or sleep disorders offered by NHLBI. One of the program goals is to enhance the institution's science programs and to assist in the acquisition of hands-on research opportunities for minority students at the applicant institution (<http://www.nhlbi.nih.gov/funding/training/redbook/newrek01.htm>).

Research Supplements for Underrepresented Minority Investigators: This supplement program enables principal investigators with eligible NIH research grants to include minority investigators in their projects. The research proposed for the minority investigator must be part of the approved research for the parent grant or a logical extension. The

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The American Psychosomatic Society Reaches Out to Physicians

Bruce L. Rollman, MD, MPH

Considering the volume of abstracts pertaining to depression and to the nature and mechanisms of behavior and psychosocial encounters that may alter human development and its functions that are submitted each year to our Annual Meeting, a significant proportion of our membership clearly has an interest in psychosomatic medicine. Therefore, awareness of a professional organization devoted to these issues may be of interest to these individuals.

The American Psychosomatic Society (APS) was formed in 1942 and is comprised of 900 members worldwide. Approximately 450 members attended the Society's 2002 Annual Meeting held in Barcelona, Spain last spring, and many more are expected at its 2003 Meeting in Phoenix March 5-8. The organization's mission is to promote the scientific understanding of the interrelationships among biological, psychologi-

cal, social, and behavioral factors in human health and disease, and to foster the application of this understanding in education and improved health care. Like many SGIM members, our APS colleagues conduct research on the following: behavior and bodily disease relationships; the physician-patient relationship; elucidating the risk factors and natural history of such prevalent conditions as depression and cardiovascular disease; and perform randomized clinical trials of various behavioral and pharmacologic interventions. Although Ph.D. investigators comprised 70% of the APS's membership several years ago, physician investigators now comprise 47% of membership. Most importantly, they play leading roles in the organization and are regular contributors to Psychosomatic Medicine (<http://www.psychosomaticmedicine.org/>), the

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NCMHD ANNOUNCES PROJECT EXPORT GRANTEES

Cheryl Rucker-Whitaker, MD, MPH

The National Center on Minority Health and Health Disparities (NCMHD) announced grantees for a new program for centers of excellence: "Excellence in Partnerships for Community Outreach, Research on Disparities in Health and Training (Project EXPORT). The Project EXPORT awarded funding for the centers through three mechanisms, the R24, P20, and P60 and represent over 16 million dollars in federal funding. The objectives of the Project EXPORT grant initiative are to promote the conduct of research aimed at reducing health disparities, to build research capacity in minority serving institutions, and to promote the involvement of disadvantaged populations in such research.

Project EXPORT is, in large part, a result of two important events:

1) Community feedback from the "Challenging Minority Health Disparities in the New Millennium" Conference held in the April 2000 called for a network of centers with ties to racial and ethnic communities, an increase in minority community involvement in addressing the problem of health disparities for minorities, and better, more accurate data collection, including the improvement of infrastructure for collecting and analyzing epidemiological and demographic data on minorities.

2) The NCMHD was formed by law through the Minority Health and Health Disparities Research and Education Act of 2000 (Public Law 106-525). The center is charged with conducting and supporting research, training, and dissemination of information to support the reduction and elimination of health disparities among ethnic minority populations.

These two events combined with a strong Department of Health and Human Service Initiative to reduce

disparities in health outcomes led to the first large grant RFA put forth by the newly formed NCMHD, the Project Export.

The Project EXPORT centers of excellence concept envisions a grass roots strategy that matches the needs of the community with the strengths of local institutions. Funding priorities were geographical regions with the greatest disparities in health. In aspiring to meet the demographic goals of the proposal, the applicant had to meet one of three criteria: 1) the

applicant institution had to be located within a metropolitan statistical area (MSA) where the density of racial and ethnic minorities within the general population is equal to or exceeds: 19% for Hispanic or African-Americans, 10% for Asian Americans and Pacific Islanders, 2% for Native Americans and Alaska Natives. The overall poverty rate within the geographic region to be served must be equal to or greater than the national average of 11.3%. 2) the applicant institution or the collaborat-

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Call for Submissions: JGIM Disparities Issue

JudyAnn Bigby, MD

The Journal of General Internal Medicine calls for papers for a special issue that focuses on disparities in health. The goals of the special issue are to increase readers' understanding of the complexity of factors that contribute to health disparities, to reinforce the need for interventions at multiple levels to eliminate health disparities and to highlight research methodologies that are appropriate to investigate racial, ethnic and other disparities in health status and health care quality. The special issue will contain review articles and original empirical studies that focus on policies, social determinants, interpersonal factors, and other factors that contribute to disparities. We seek articles that describe approaches to eliminating disparities at multiple levels including communities, health care systems, and interpersonal interactions. We also seek to describe innovative curricula related to educating physicians about disparities and cultural competence as well as programs that promote the recruitment, retention and advancement of underrepresented minorities in

medicine. The special issue will include approximately 10-12 articles including 5-6 original studies, brief reports, review articles, perspectives, or original studies under Innovations in Education and Clinical Practice, Health Policy or Populations at Risk. The submission deadline is February 1, 2003. Submit manuscripts to:

Journal of General Internal Medicine
Attn: Disparities Issue
Johns Hopkins University
Division of General Internal Medicine
1830 East Monument Street, Room 8068
Baltimore, MD 21205

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CALL FOR GRASSROOTS ACTION*continued from page 2***Our economy and American health care suffer when tens of millions of Americans go without health coverage.**

grassroots activities coast to coast, as well as national events in Washington, D.C., in conjunction with paid national advertising. Activities will include health fairs, town hall meetings, on-campus programs, and discussions between employer and labor groups, interfaith events, and more.

CTU Week is March 10–16, 2003, with a Washington, DC, specific rollout a couple of weeks earlier (designed to focus the attention of the policy makers during the week of March 10–16). The schedule for CTU Week is as follows:

Monday

Town Hall Meetings

Tuesday

Campus teaching events (medical & nursing schools)

Wednesday

Health Fairs

Thursday

Business & Labor

Friday—Sunday

Interfaith events

There will be planners “on the ground” in up to 25 key cities across the country to assist in local efforts. Additionally, teaching and other materials will be available to assist volunteers in other locations.

The CTU Week is sponsored by some organizations that, because of their tax-exempt status, cannot advance a particular solution to the problem of the uninsured. One danger in a program that merely delineates a complex problem without proposing solutions is that those newly educated to the problem will feel powerless to bring change and the groundswell of interest just slips away. Through the Health

Systems Reform subcommittee, SGIM has developed a set of principles that should be included in any proposal to address the uninsured (see <http://www.sgim.org/healthsystemsbrief>).

cfm). CTU Week can provide a platform for SGIM members to educate others about the health system reform principles and competing proposals for change.

SGIM is promoting members involvement in CTU week as follows:⁴

- ◆ Initiate or participate in the Monday town hall meetings in your area.
- ◆ Give a talk at your institution on Tuesday (or on whatever day during the CTU Week conference or Grand Rounds time is available at your institution) about the uninsured and ways that this problem can be solved. SGIM, working with other organizations, will develop materials that you may use to give such a talk. If you can't give the talk, arrange to have another speaker on the topic during CTU Week.
- ◆ If you are involved in research relating to the uninsured and access to care issues, agree to release your research results at a national press conference during CTU Week.
- ◆ If you work in one of the target markets (see note iii below), join a coalition of other volunteers working with a local CTU Week coordinator to organize the week of activities in your city.
- ◆ Volunteer to serve on a board to oversee development of curricula for dissemination to and use by organizations participating in CTU Week.
- ◆ If you are willing to participate or just interested in discussing this further, please contact Laura Sessums at your earliest convenience (**Laura.Sessums@na.amedd.army.mil** or 202.782.0298), the chair of SGIM's access to care subcommittee, who is coordinating the involvement of

SGIM members in CTU Week activities. **SGIM**

Footnotes

1. Census Reports More People Are Lacking Health Insurance, KK Spors and S Lueck, *The Wall Street Journal*, Sept. 30, 2002.

2. The original national sponsors of CTU Week are the Robert Wood Johnson Foundation and 12 national partners: US Chamber of Commerce, AFL-CIO, The Business Roundtable, Service Employees International Union, American Medical Association, American Nurses Association, Health Insurance Association of America, Families USA, American Hospital Association, Federation of American Hospitals, Catholic Health Association, American Association of Retired Persons (AARP).

3. The sponsors of CTU Week are encouraging participation all over the United States. Target markets where CTU Week resources will be concentrated are: Atlanta, Austin, Boston, Chicago, Des Moines, Detroit, Helena, Little Rock, Los Angeles, Manchester NH, Minneapolis/St. Paul, Philadelphia/Trenton, Portland ME, Sacramento, St. Louis, San Francisco, Seattle/Tacoma, and Sioux Falls SD. Proposed additional target markets are: Cleveland/Columbus, Denver, Miami/Ft. Lauderdale, New York City, Portland OR, Salt Lake City, San Diego, and St. Louis

4. SGIM is not promoting member involvement in local health fairs due to two concerns: (1) The perception that health fairs might create the belief that all that is needed to provide coverage for the uninsured is additional volunteer efforts by health care providers rather than full insurance coverage, and (2) the lack of available follow up in many communities for uninsured patients who do have health issues identified at a health fair.

MEETINGS AND MEMORIES

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institutions were up to. Other times, someone whom I knew less well or not at all, but who did really creative work, was on the program, and I didn't want to miss what they had to say.

In addition, master educators and clinicians regularly gave presentations that I wanted to hear. They might be summarizing the state of the art in a clinical area that I wished that I knew more about. On other occasions, they were describing teaching programs that offered a prospect for improving the offerings of my medical school. Always, it was maddening to have to choose amongst so many really appealing sessions. There might be 17 going on at once, and I was at least moderately interested in ten of them. Afterward, I felt really fortunate to have been in the room. Like good theatre, not everything was world class, but that was some of the fun: trying to discern which presentations were taking the field forward and which ones were pedestrian, at best.

Another very stimulating part of the meetings was the sessions that were not oriented towards research or teaching, but rather processes and values. These were the kinds of sessions at SGIM that are called interest groups or town halls. They were chances to think about bigger issues with others who cared about them. I remember a number of these well. There were sessions of the social responsibility interest group, in which we were trying to figure out how to play a meaningful role in SGIM. There was the SGIM general meeting in which we struggled with the proposed name change (to SGIM). There were sessions on hot-button topics in the field. Every one of these was tremendously interesting.

The trip to SGIM was not always for the thrill of visiting an exciting place. We did get stuck in Crystal City, Virginia for a few years. But even then, it was still close to Washington. I ran in the Capitol Hill 10K one year. I often visited the Smithsonian when we were in the D.C. at SGIM time.

As time went on, I took my

students to the meeting. It was lots of fun. They would be presenting in one or another session and were incredibly nervous about it. We rehearsed exhaustively ahead of time and in a hotel room the night before the talk. The students were always enthralled by the experience. Fellows who had chosen the deviant career of academic general internal medicine found tremendous validation in entering a room containing over a thousand people who were very much like them. When they had the opportunity to present, and if it went well, they carried the euphoria through the rest of the meeting, their feet only occasionally making contact with the ground.

*What would bechance at Lyonnesse
While I should sojourn there
No prophet durst declare,
Nor did the wisest wizard guess
What would bechance at Lyonnesse
While I should sojourn there.*

As a fellow and junior faculty member, the trip to an SGIM meeting was a joy—a consummation devoutly to be wished. As my career progressed, I found it less exciting to go to SGIM. Frankly, there were times that I felt so hassled and overwhelmed by my job responsibilities that I wondered if it was worth the time away. That feeling invariably dissipated the moment that I entered the conference hotel. Seeing friends and colleagues, and thinking about ideas, problems and issues that were not my day-to-day preoccupations always was liberating and exhilarating.

I must confess that there were some years in which I approached the SGIM meeting with a kind of intellectual laziness. I would rationalize that it was a great venue for fellows and junior faculty to present their work, but that more senior people should stay out of the way. At times, I would not pay much attention to the program and would not even ask questions of the speakers. Still every time that I did participate, whatever form that participation took, I learned a lot from the

experience.

Everyone should be an active participant in an SGIM meeting, because everyone has something valuable to contribute. There is no career stage at which presenting is not a great learning experience. For those who do not present, going to sessions and challenging or affirming the ideas laid out by others is no less important to the meeting's ethos. For the participants, having senior scholars, educators and clinicians react to their work enhances their experience of the meeting. For junior participants who are not presenting, getting up and asking questions or commenting is a good way to get a taste of scientific discourse.

It often is posited that children are greatly enriched by contact with multiple generations in their families. The same is true of professions. We can teach our children well. At the same time, careers can stagnate. Even a well-funded or professionally secure individual may be playing out the clock, rather than engaging new challenges or ideas, or taking chances on new directions. In an organization like SGIM, the energy and creativity of our younger members can teach our parents equally well.

I would like to see the Annual Meeting become more of an expression of the directions in which we are trying to take the Society. There should be intellectual ferment and tumultuous exchange of ideas in ways that engage all of our members. To accomplish this, everyone who cares about the field should participate. That means, if at all possible, you should submit something for inclusion in the program, and you should come to the meeting fully engaged.

There are additional features of the meeting this coming year that, we hope, will enhance these kinds of processes.

We have created a Task Force on the Domain of General Internal Medicine that will be presenting a report with major implications for the

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MEETINGS AND MEMORIES*continued from previous page*

future of the field. We all need to wrestle with what are likely to be provocative proposals at a time of uncertainty for our field.

Our Career Support Task Force is holding a pre-course that is

intended to initiate what we anticipate will be a greatly expanded program of cross-institutional mentorship. Anyone who is interested in being mentored or providing the mentoring should try to get involved.

We also are going to try to establish mechanisms at the meeting and beyond it to promote greater collaborative efforts—in educational and research programs—among our members. If this is something of interest to you, we'll try to help you accomplish it.

The theme of the meeting, "Generalist Physicians as Agents for Change—Education and Research, Practice and Policy" is timely and relevant to what all of us do.

SGIM always has attracted a large proportion of its members to the Annual Meeting. The issues facing our field are now so critical that no one should stay away. We can use this venue to propel it in directions that will allow it to survive as a key to the future of academic medicine, but that can only happen if we take seriously the occasion and the opportunity to do something about the situation of our discipline.

So, write an abstract, and encourage others to do the same. Plan to bring colleagues and students to the meeting who have never been there before. Let them experience all of the wonderment of the meeting, the privilege of having their ideas challenged by others, the stimulus of learning what others have been doing and thinking about, the sobering discussions of critical issues to our field, the opportunity to mentor or be mentored and to develop new professional collaborations, the satisfaction of seeing old friends and the

The issues facing our field are now so critical that no one should stay away [from the Annual Meeting].

excitement of making new ones.

Of course, it won't hurt that this year's meeting will be in Vancouver, one of the most beautiful cities in the world, and one in which we will have special opportunities to see the Canadian health care system in action and to learn about its successes and challenges.

*When I came back from Lyonesse
With magic in my eyes,
All marked with mute surmise
My radiance rare and fathomless,
When I came back from Lyonesse
With magic in my eyes!*

—Thomas Hardy

Please contact me at mfshapiro@mednet.ucla.edu with your thoughts about these issues. **SGIM**

APS REACHES OUT*continued from page 4*

Society's peer-reviewed journal. APS recently formed an "Advancing the Physician Scientist Committee" to recruit and maintain physician scientist members in the Society by: (1) publicizing various psychosomatic approaches to medicine that are most relevant to physicians; (2) promoting the Society to potentially interested physician members; and (3) providing career development and other networking opportunities. SGIM members are encouraged to explore the APS website (<http://www.psychosomatic.org/>), including the "Physicians Corner" that was developed with input from the Committee, and information about the 2003 Annual Meeting in Phoenix. **SGIM**

Calendar of Events**Next Annual Meeting****26th Annual Meeting**

May 1–5, 2003

Vancouver Convention and

Exhibition Centre

Vancouver, BC, Canada

We're working toward a healthy future.

**GENERAL INTERNAL MEDICINE
FELLOWSHIP PROGRAM**

The Medical College of Wisconsin is recruiting applicants for its General Internal Medicine Fellowship Program. Candidates for fellowship positions must be board eligible in Internal Medicine. The GIM Fellowship Program prepares trainees for a career as a clinician-investigator or clinician-educator in academic general internal medicine. Advanced academic degrees are offered in Epidemiology, Bioethics, and Medical Informatics. Trainees have opportunities for research mentorship from members of the Division of GIM and the MCW Center for Patient Care and Outcomes Research. Interested applicants should contact:

Marilyn M. Schapira, MD, MPH, GIM Fellowship Director
Division of GIM
9200 W. Wisconsin Ave
Milwaukee WI 53226
Fax: 414 456-6212
Email: mschap@mcw.edu



PROJECT EXPORT GRANTEES

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ing partner had to have a population of Native Americans and Alaskan Natives that exceeds 200,000 and 3) the applicant or partner must be located in a designated Health Professional Shortage Area.

With the primary goal of reducing and eliminating health disparities, improving research capacity to conduct relevant and useful health disparities research, and providing outreach and education, Project EXPORT funded 33 new centers across the country.

“We attempted to cover all the major area in the countries where there are significant health disparities while taking a broad look at health disparities. These grantees represent success in that effort,” states Dr. Tom Broadwater, Director of the Division of Research and Training Activities or the NCMHD.

Six new centers were funded through the R24 mechanism. The R24 mechanism supports projects that will enhance the capability of resources to serve biomedical research and supports the development of testable hypotheses

and theories. Collaborations were funded between Montana and Wyoming Indian Tribes and Black Hills State University, in addition to programs at Carlos Albizu University in Puerto Rico, and Hampton University and individual sites at Shaw University and Hampton University.

Sixteen new centers were formed using the P20 mechanism. The P20 mechanism supports expansion or modification of existing resources and development of interdisciplinary programs that offer potential solutions to complex problems. Awardees included UCLA Department of General Internal Medicine in partnership with UCLA/Drew Department of Medicine, Howard University in partnership with Children’s National Medical Center, University of Hawaii at Manoa, the University of Alabama in Tuscaloosa in partnership with Tuskegee University, Benedict College, North Carolina Central University, Spelman College, Texas A&M University, Winston-Salem State, Tennessee State University, San Francisco State University and

Morehouse School of Medicine.

Eleven centers were formed under the P60 mechanism. This mechanism supports a multipurpose unit that fosters research at the fundamental and clinical levels as well as initiates and expands community education and programming. Sites with creative collaborations include University of North Carolina at Chapel Hill and Shaw University, Johns Hopkins School of Medicine and Morgan State, South Carolina State College and the Medical University of South Carolina, the University of California San Diego and San Diego State University, University of Pittsburgh, University of Pennsylvania and Mount Sinai School of Medicine

States Martin Shapiro Co-Principal investigator of the UCLA and UCLA/Drew collaboration, “We are very interested in building the capacity for rigorous research in disparities in healthcare. We hope that our partnership and collaboration with Drew will result in greater numbers of researchers have successful careers in health disparities research.” **SGIM**

YOU'RE INVITED TO VISIT THE SGIM WEBSITE Portal & Pathway

TO
Professional Effectiveness & Satisfaction

KNOWLEDGE ♦ NETWORKING ♦ CAREER DEVELOPMENT

Featuring Links to Resources & Tools

INCLUDING:

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

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

RESEARCH FUNDING CORNER

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length of the supplement award depends on the amount of time remaining on the grant. Additional information can be obtained from the NIH website (<http://grants.nih.gov/grants/guide/pa-files/PA-01-079.html>).

Loan Repayment Program for Clinical Researchers from Disadvantaged Backgrounds:

This loan repayment program is designed to attract health professionals from disadvantaged backgrounds to clinical research. Participants in this program can receive educational loan repayment of up to \$35,000 annually depending on total educational loan debt. To learn more about eligibility visit <http://www.lrp.nih.gov/about/extramural/eligibility.htm#criteria>.

Private foundation sources of funding

The Robert Wood Johnson Foundation's Minority Medical Faculty Development Program offers four-year, postdoctoral research fellowships to minority physicians who have demonstrated superior academic and clinical skills and who are committed to careers in academic medicine. Each Fellow conducts research in association with a senior faculty member located at an academic medical center. Fellows are expected to spend up to 70% of their time in research activities. To be eligible, applicants must be minority physicians who have U.S. citizenship or are permanent residents at the time of

the application deadline, who have excelled in their education, who have recently completed or are now completing formal clinical training, who are prepared to devote four consecutive years to research, and who are committed to academic careers. For further information on this program please visit <http://www.mmfdp.org/>.

Please contact joseph.conigliaro@med.va.gov for any comments, suggestions, or contributions to this column. **SGIM**

University of Kansas Medical Center



Vice-Chair, Department of Preventive Medicine and Public Health



The department, a dynamic, multidisciplinary group of 24 faculty, is expanding and recruiting faculty and post-doctoral fellows. To assist with this growth, we are recruiting for a Vice-Chair at the Associate or Full Professor level with interests in disease prevention, cancer prevention, obesity, nutrition, smoking cessation and nicotine ad-

dition, substance abuse, cardiovascular or health services research. The department has a strong track record in assisting junior faculty engage in mentored research and obtain independent funding. Excellent collaborative research opportunities exist with the Center on Aging, the Kansas Cancer Institute, and the Departments of Dietetics and Nutrition and Health Policy and Management. The Medical Center, a full-service, tertiary care center, is the medical training facility for Kansas and provides a stimulating academic environment in Kansas City, a rapidly growing city of 1.5 million.

Candidates should have a MD or other doctoral degree in epidemiology, nutrition, social/behavioral sciences, health communications, health education, or psychology, and have experience in collaborative extramurally funded research, publications, and teaching. The primary responsibility of the candidate will be to assist in the leading and continued building of active programs of research and some components of department administration. There will also be an opportunity for teaching in the medical school and in the department's fully accredited Master of Public Health Program. An attractive recruitment package will be offered appropriate to the candidate's rank. The university and department have a longstanding commitment to achieving diversity, broadly defined, among faculty, staff, and students.

Review of applications and nominations will begin immediately and continue until a suitable candidate is found. Send a cover letter with summary of research interests and past work, CV, and three names or letters of references to:

Jasjit S. Ahluwalia, MD, MPH, MS
 Attn: Jennifer Williams
 Chair and Professor, Department of Preventive Medicine and Public Health
 University of Kansas Medical Center
 Mail-Stop 1008; 3901 Rainbow Boulevard
 Kansas City, KS 66160-7313
 913-588-2772

KUMC is EO/AA Employer

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 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 INTERNAL MEDICINE FACULTY, MOUNT SINAI DIVISION OF GENERAL INTERNAL MEDICINE. The Mount Sinai School of Medicine, Division of General Internal Medicine is recruiting for a full-time faculty member at the Instructor/Assistant Professor level. While not required, preference will be given to candidates who have completed fellowship training in general internal medicine or a related field, have expertise in medical education, and have strong clinical and teaching skills. Send CV and 3 letters of reference to: Todd Simon MD, MSED, Co-Director of Ambulatory Education, PO Box 1087, Mount Sinai Medical Center, One Gustave L. Levy Place, New York NY, 10029 by December 15, 2002 or email to Todd.Simon@mssm.edu. Mount Sinai is an Affirmative Action/Equal Opportunity employer. Applications from women and members of minority groups are encouraged. [01.31.03]

ACADEMIC HOSPITALIST/EDUCATOR. Position available July 1, 2003 at the University of Connecticut Health Center, a 200 bed teaching hospital located in the Farmington CT valley. Duties involve close contact with residency teaching programs on the inpatient and medical consultative services. Call shared with an 18-physician group. Outpatient opportunities also available within the hospitalist position. Send CV to Dr. Richard Garibaldi, Chairman, Department of Medi-

cine, 263 Farmington Avenue, Farmington, CT 06030-3229. UCHC is an Equal Opportunity Employer.

ACADEMIC HOSPITALISTS. The Department of Medicine of the University of California, San Francisco, a leader in the nation's hospitalist movement, invites applications for several faculty hospitalists to join our 15-person group at UCSF Medical Center. Applicants must be board certified in internal medicine, have extremely strong clinical and teaching skills, and have the aptitude and interest to serve as leaders in quality improvement in our academic medical center. Chief Residency or fellowship training (in general internal medicine or a medical subspecialty) is highly desirable, as is interest in clinical or outcomes research. Candidates should send CVs, including the names of three references, to: Robert M. Wachter, MD, Associate Chair, Dept. of Medicine, UCSF, San Francisco, CA 94143-0120; fax (415) 502-5869, or email bobw@medicine.ucsf.edu. No application form is required. The University of California is an Affirmative Action/Equal Opportunity Employer. The University undertakes affirmative action to assure equal employment opportunity for under-utilized minorities and women, for persons with disabilities, and for Vietnam-era veterans and special disabled veterans.

CLINICIAN EDUCATORS. The Division of General and Geriatric Medicine at the Kansas University Medical Center is recruiting internal medicine clinicians who seek to provide outstanding care in our expanding academic practice. Individuals with educational interests will help develop innovative programs at all levels of medical student education, and for our respected internal medicine residency. 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.

CLINICIAN-RESEARCHER. The Section of General Internal Medicine at Boston University School of Medicine seeks a general internist investigator at the assistant, associate or full Professor level to conduct clinical research, teach and provide patient care. Fellowship training and a commitment to research required. Physician-scientist track provides 70% time for research and opportunities for collaboration with established investigators at Boston University. Send CV to Jeffrey Samet, M.D., Chief, Section of General Internal Medicine, Boston Medical Center, 91 E. Concord Street, Suite 200, Boston, MA 02118.

DIRECTOR, INPATIENT SERVICES, INTERNAL MEDICINE RESIDENCY PROGRAM. Academic position for an experienced BC IM hospitalist seeking educational and leadership opportunities. Responsible for residency hospitalist curriculum and directing inpatient rotations of IM residents and medical students. Oakwood Hospital and

Medical Center, Dearborn, Michigan. Contact: Jeanne Sarnacki at 800-222-0154 or sarnackj@oakwood.org. For hospital and residency information, please visit our Web site: www.oakwood.org EOE.

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 inquires, Dr. Mark Schwartz, Mark.Schwartz@nyu.edu. For applications, Jennifer.Rockfeld@med.nyu.edu or 212-263-8895.

FELLOWSHIPS, GIM AND MEDICINE-PEDIATRICS. The University of Pittsburgh seeks candidates for its Fellowship Program in General Internal Medicine and a newly developed program for Medicine-Pediatrics fellows. The program provides advanced training for internists planning careers as educators or investigators. The **CLINICIAN-EDUCATOR TRACK** provides rigorous didactic coursework and precepted educational experiences for future leaders in medical education: this program leads to a newly developed Masters of Science in Medical Education. The **CLINICIAN-INVESTIGATOR TRACK** provides fellows with the analytic skills and experiences required to conduct independent clinical and health services research. A Masters of Science in Clinical Research is available. Fellows may draw upon a large portfolio of research programs in outcomes research, decision and cost effectiveness analysis and clinical epidemiology for mentoring and developing their careers. In Addition, specific areas of concentration available in Women's Health, underserved care, palliative care, and bioethics. Positions available for July 2003. Contact Mark S. Roberts, MD, MPP, *continued on next page*

SGIM **FORUM**

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

CLASSIFIED ADS

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sion of General Internal Medicine, 200 Lothrop Street, MUH Suite W933, Pittsburgh, PA 15213-2582; 412-692-4824.

FELLOWSHIP IN PRIMARY CARE RESEARCH. The UCLA Primary Care and Health Services Fellowship, and two affiliated VAMC Ambulatory Care Fellowships share a common vision, recruitment process and administration. The fellowship stresses development of primary or ambulatory medicine physicians into independent investigators in health services research or epidemiology. This is accomplished through formal class work in the UCLA School of Public Health, an informal series of seminars led by local experts, and the development, implementation, and completion of an original, independent research project. Mentors include well-known investigators from the UCLA Divisions of General Internal Medicine and Family Medicine, the GIM sections at the VAMCs, the UCLA School of Public Health and the RAND Health Sciences

Program. These institutions encourage a collaborative, interdisciplinary research environment most likely to foster successful health services research in almost any aspect of health services or health policy including: access to care, quality of care, clinical epidemiology, preventive care, women's health, clinical ethics, and the care of patients with specific diseases or psychosocial problems. Fellowships are 2 or 3 years in duration. The UCLA fellowship is open to general internists and family physicians only; the VA programs are open to physicians that deliver ambulatory care. Directors of the fellowship programs at UCLA and the VAMCs (West LA and Sepulveda) are, respectively, Martin Shapiro, Paul Shekelle, and Lisa Rubenstein. Please direct inquiries to Dr. Martin Shapiro at (310) 794-2288 or via e-mail at vgonzalez@mednet.ucla.edu.

GIM OUTCOMES RESEARCH POSITIONS. The Center for Clinical Effectiveness in the Insti-

tute for Health Policy and Health Services Research at the University of Cincinnati Medical Center has 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.