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2003 ANNUAL MEETING

**GENERALIST PHYSICIANS
AS AGENTS FOR CHANGE:
EDUCATION AND
RESEARCH, PRACTICE
AND POLICY**

Helen Burstin, MD, MPH and Linda Headrick, MD, MS

The SGIM Annual Meeting is rapidly shaping up to be an innovative international meeting for general internists from the U.S., Canada, and many other countries. In addition to the exciting venue of Vancouver, British Columbia, we are also collaborating with our colleagues from the Canadian Society of Internal Medicine (CSIM) for the first time. Vancouver is an incredibly enticing locale and our conference facilities are at the epicenter of an amazing range of activities for you and your family. With the mountains only 30 minutes from Vancouver, outdoor activities include visits to Grouse Mountain or the Capilano Extension Bridge. As you think about your vacations for the year, please consider that a trip to the SGIM Annual Meeting in Vancouver can be the perfect launching point for amazing vacations and cruise ship excursions.

We are also hopeful that the annual meeting theme will inspire many of you from different paths in general internal medicine—education, research, practice and policy—to meet and share your thoughts about general internists as potential agents for change. As generalists, we have a unique lens through which to examine the health care system and we

can serve as agents for change at every point where we interface with the health care system. Against a background of increasing concerns with the loss of physician autonomy, the erosion of professionalism, and the inability of the health care system to address problems of quality and access, the knowledge and skills of general internists are ideally suited to provide leadership, change and improvement.

In Education: Generalists are the backbone of clinical training for medical students, residents, and fellows. As we embrace 21st century health care, we can use our role as change agents to ensure that we are offering medical education that meets the challenge of an evolving, more diverse healthcare system.

In Research: General internists are a critical force, through the documentation and improvement of the quality, access, and outcomes of health care services. We can more effectively use research to influence health policy and improve the delivery of appropriate health care services.

In Practice: Primary care physicians can effectively serve as change agents in ways that will immediately benefit our patients and our practices—using con-

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Career Support Task Force Update

Sankey Williams, MD

The August 2002 issue of *SGIM Forum* unveiled two new initiatives to support SGIM members in their daily work. One of these was the SGIM Career Support Task Force, which met in Washington, DC October 7th and 8th. The following people attended the retreat: Julia Arnsten, Jim Byrd, Marshall Chin, David Karlson, Julie Machulsky, Carol Mangione (by conference call), Kay Ovington, Martin Shapiro, Bill Tierney, and Sankey Williams (Chair).

Site Visit Program

A new site visit program is the Task Force's highest priority for the coming year. In this program a team of senior SGIM and ACGIM members will travel to an institution to assess its general internal medicine activities and suggest ways that general internists might improve what they do and contribute more effectively to the institution's missions.

The group identified three types of site visit opportunities. In one type, a division chief invites SGIM to send a site visit team, either because the division chief is newly appointed or because the division chief is facing new opportunities or challenges. One division chief has already contacted us about such a visit. In the second type, the chairperson of medicine invites us because the institution does not have a division of general internal medicine and the chairperson is considering establishing one. Again, a newly appointed Chair of Medicine has contacted us about such a visit. In the third type, we solicit an invitation from an institution because its general internists are not well connected with SGIM or ACGIM and we believe the institution could benefit. We have identified one such institution but recognize that there are many others.

Our goal for the coming year is to conduct one site visit of each type, and use that experience to develop a better site visit program. Our goal for the future is to conduct more visits each year.

We also discussed a reverse site visit program, in which a particularly successful division of general internal medicine is designated a host institution, and people in other divisions are invited to visit it on a specific day for presentations, discussions, and consultations. Several divisions could be host institutions, each with its own focus or in its own region. Bill Tierney and Jim Byrd will be contacting ACGIM members to describe the program and determine the level of interest in it.

A New Mentoring Program

SGIM has two mentoring programs. "One-on-One Mentoring" at the Annual Meeting will enable several dozen residents, fellows, and junior faculty members to meet individually with senior SGIM members and discuss issues related to the junior person's professional development. In the "Research and Education Mentorship Program," a junior faculty member identifies a research mentor at another institution and competes for money to pay one year of travel costs, limited research costs, and an honorarium for the mentor. This program provides mentorship for fewer than five people each year.

We therefore designed a third mentoring program and made it our second highest priority for the coming year. The new program, limited to junior faculty members, will be open to educators, administrators, and researchers. A person at one institution will be matched with a mentor at another institution in the same SGIM region.

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TRIANGULATION

Martin F. Shapiro, MD, PhD

I came to the United States a quarter of a century ago, wanting to see this country adopt a health care system like virtually every other industrialized nation in the world that would guarantee health care for all of its people. It has not happened and appears very unlikely to happen any time soon. I have spent a good part of my career researching issues in access to care, like a number of others in SGIM, but nothing meaningful has been done to end the appalling inequities in health care in this country. The time has come for a just war: one against a health care system that needs to be fundamentally reconstituted. Who are to be the generals in this war?

The answer is not to be found in the private sector. While it has shown a fair bit of interest in efficiency, it has done next to nothing about promoting access and equity. The HMOs, other private insurers, and pharmaceutical companies have made a lot of money off the current health care system. That is, of course, their right in a capitalist economy. If given the opportunity, many corporations will exploit it to the fullest. They will charge as much as they can for their products, manipulate the market to put their competition out of business, and induce demand when it does not necessarily advance health and may even harm it. Of course, some companies are extremely ethical and many do put limits on their behavior. But, on balance, they are one of the most profitable sectors of the American economy, and have no incentive to address issues such as lack of insurance and disparities in care.

What about the politicians? They have not delivered a system that resolves these problems. Should we not hold them accountable? Alas, they are doing what they perceive to be the bidding of their constituents. The

American people do not vote for politicians who raise taxes, and there are no scenarios for creating a universal program of health care that do not involve tax increases. Politicians are just doing their jobs.

Private organizations such as Physicians for a National Health Plan do what they can, but their influence has been limited because they do not appear to be speaking on behalf of major interest groups or voting blocks. Is there no one who can lead the charge and convince the nation that the time has come to act? I believe that there are



three kinds of organizations that should be doing a lot more and could shape this debate and its outcome. In the fashion of the day, let's characterize this triad as a triangle of inaction ("axis" being spoken for, and "evil" not being conducive to reasoned discourse). They

are: our academic medical institutions, the organized medical profession, and researchers on health care delivery and its organization. Let's take them one at a time.

Many academic medical centers are engaged in struggles to the death for market share. Medical schools have tended to bifurcate care between the

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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

Joseph Conigliaro

This month's Research Funding Corner focuses on women's health.

Title
Population Specific Research Projects

Sponsor
Susan G. Komen Breast Cancer Foundation

Deadline
September 17, 2003

Deadline Note

Applicants must register electronically before submitting an application. Registration will be from July 1, 2003, through September 17, 2003.

The Komen Foundation is currently accepting applications for innovative projects studying the epidemiology of breast cancer within specific populations at risk. The focus of the program is to identify unique needs, trends, barriers, and solutions to breast health care among African American, Asian American, Native Hawaiian and Pacific Islanders, Hispanic/Latina, Native American, Lesbian, Low Literacy, and other defined communities. Areas of interest include cancer prevention and control; behavioral science; epidemiology; and health service delivery programs. Preference will be given to applicants who demonstrate collaboration with a community-based organization. Only projects supportive of the Komen mission will be considered. Particular emphasis will be given to projects that are innovative and non-duplicative of other efforts and have the potential for national application. A maximum of \$250,000 (combined direct and indirect costs) may be requested for the two-year period. Indirect costs are allowed but may not exceed 25 percent of the requested direct costs (or a maximum of \$50,000). Equipment

purchases will be allowed only if they are project specific (used only on this project) and the cost does not exceed 30 percent of the requested direct costs. URL for more information: <http://www.komen.org/grants/available.asp>

Title
Women's Health in Sports and Exercise—NICHD

Sponsor
National Institute of Child Health and Human Development (NICHD)

Deadline
June 01, 2003

The National Institute of Child Health and Human Development (NICHD) is looking to fund research applications to study women's health in sports and exercise in order to under-

stand why female athletes are more susceptible to certain types of injury. The purpose of this announcement is to stimulate and foster a wide range of basic, translational, and patient-oriented clinical studies to develop optimal prevention, rehabilitation, and training strategies for injuries and overuse syndromes in the female athlete throughout the life spectrum. This PA may also be applicable to studies on women with disabilities. This PA will use the National Institutes of Health (NIH) research project grant (R01) award mechanism. URL for more information: <http://grants1.nih.gov/grants/guide/pa-files/PA-02-115.html>

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

One-on-One Mentoring Program at the Annual Meeting and the New Year-Long Mentoring Program

Marshall H. Chin, MD, MPH and Eric J. Thomas, MD, MPH

This year SGIM members have the opportunity to participate in two mentoring programs: the traditional One-on-One Mentoring Program at the Annual Meeting in Vancouver, or a new Year-Long Mentoring Program for faculty.

One-on-One Mentoring Program

Participants in the One-on-One Mentoring Program at the annual SGIM meeting frequently state that it was one of the best things they did at the meeting. This program gives students, residents, fellows, junior faculty, or mid-career faculty the opportunity to develop one of the many relationships with a senior mentor that

can help shape their careers. Mentors and mentees are matched based upon mutual interests and expectations. The mentor-mentee pair meets in-person during the annual meeting, with the option of continuing the relationship beyond that time. Past participants in SGIM's program have found this opportunity to be worthwhile and important in helping them sort out important career decisions and dilemmas.

Mentees should prepare for their meeting with their mentors by developing a clear agenda for the session. Clarity will enable mentees to avoid vague, general responses to their requests. Are you looking for someone

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FINDING YOUR PATH

Robert Centor, MD

Editor's Note—This column marks the first regular column of the Association of Chairs of General Internal Medicine (ACGIM). This column offers an opportunity for more regular communication between ACGIM and SGIM members. This is a welcome addition to the regular FORUM columns.

Last year, in the SGIM Forum, I reviewed three books for leaders. As many of my friends know, my favorite is titled “First, Break All the Rules.” This book focuses on management more than leadership. It uses data collected by the Gallup organization, to provide framework for understanding high quality management.

The Gallup organization also publishes management articles on a website titled the Gallup Management Journal (gmj.gallup.com). I frequent this site to see new articles. I was excited to see that they had published a new book titled “Follow This Path.” This book extends the lessons of “First, Break All the Rules” at an organizational level.

I offer this review and highlight the concepts that they champion.

I recommend reading “First, Break All the Rules” prior to reading this book (although this book certainly can stand on its own). The book's principle theme is that great organizations tap into emotions and maximize the percentage of emotionally engaged employees. “Follow This Path” refers to the steps that help one take an organization towards greater success. I will summarize the path with gross simplifications.

The first step requires that one acknowledge that emotions play a major role in driving outcomes. When you think about your experience as a medical student, house officer or faculty member you may or may not have been emotionally engaged at all times.

During those times that you were emotionally engaged you worked harder and worked more effectively. During those times when you did not feel emotional engagement you just went through the motions.

The second step in the path is recognizing that each employee has innate talents that allow for emotional engagement. These talents differ for each person. The key is to allow people to use their talents in a way that is emotionally satisfying. This book does include a review of 34 different talents that each of us may possess. Each of us succeeds in some talents greater than others. The Gallup organization's authors have written a book titled “Now Discover Your Strengths” which goes into these talents in great depth. Being exposed to the idea that people view the world differently and are comfortable in the world with different sets of talents is a very important concept.

The third step on our path is to understand that talent combinations lead to success. What the Gallup organization suggests is that you find out why truly successful workers are passionate about their work. What makes the great ward attending? What makes the great clinic attending? What makes the great researcher? Why are they passionate? That may help one find others who may succeed at that task.

The fourth step is to maximize the number of engaged employees. This refers to the questionnaire from “First Break All the Rules.” Engaged employees are happy with their work environment and feel supported.

The next step requires one to understand how to maximize the number of engaged employees. This is followed by understanding that having employees who are not engaged and not emotionally attached to your group in many ways decreases the productivity of

the entire group.

The path continues by discussing the role of emotional engagement by customers and how customers develop a passion for an organization. We have all seen this in medicine where patients do become emotionally attached to their primary care physician. This is very important to the institution. Those who minimize the importance of this relationship err in valuing the physician.

The ninth step involves understanding how to enhance customer engagement. Many academic centers forget that the primary care groups and physicians often sustain the emotional attachment to the institution.

While this book is predominantly concerned with improving profits in business, I quickly made connections with successful divisions of general internal medicine, successful practices and even successful ward teams. I recommend this book predominantly for those in leadership positions, whether division directors, program directors, clerkship directors or other administrative positions. Those who are considering leadership and management positions might want to read this book to see whether or not they have the talents and desire to work with people to try to maximize their emotional engagements to the organization. This book emphasized the importance of developing individual relationships with each team member. The great managers maximize overall production using emotional support. **SGIM**

Helpful Tools: ACP-ASIM Guide to Preparing for the Abstract Competition

Patrick Alquire, MD

The American College of Physicians-American College of Physicians and the Michigan State University Primary Care Fellowship Program has assembled a concise instructional Guide on scientific communication skills. The Guide is designed to assist novice researchers in preparing and delivering research results or case reports, from writing the abstract to delivering the poster or oral presentation. The Guide includes information on communication skills for both traditional, hypothesis-based research and clinical vignettes. Each of the 8 chapters provides a rationale and goal for a specific type of scientific communication, includes illustrative examples,

and makes use of performance benchmarks or task completion checklists. Originally developed to assist students and residents participating in the ACP-ASIM Abstract Competition, the chapters are sufficiently generic to be use by novices for all types scientific meetings that include oral or poster presentations. The content of the chapters can be used independently by learners or delivered by experienced faculty as part of a core research curriculum in a training program. The Guide is freely available on the public portion of the ACP-ASIM website, <http://www.acponline.org/srf/index.html>. Potential users are encouraged to review the titles and download

those chapters that are most pertinent to their needs. The website also lists the rules for the ACP-ASIM Abstract competition and the judging criteria for both clinical vignettes and research projects.

The Guide's chapters are:

1. Writing a Research Abstract
2. Write a Clinical Vignette Abstract
3. Preparing a Research Presentation
4. Preparing the Clinical Vignette Presentation
5. Preparing a Poster Presentation
6. Selecting Visual Aids
7. Preparing Visual Aids
8. Giving the Oral Presentation *SGIM*

UpToDate Goes Mobile

Eric W. Vogel, MD, Jennifer Erskine MD MSIS, Russell Maulitz MD PhD

The highly popular clinical information resource *UpToDate* (<http://www.UpToDate.com>) has taken the next step in its evolution, with a new version being released for handheld computers. Although the hardware and software requirements are a bit expensive for someone without the right equipment already, this product is a big leap forward in delivering information — and authoritative answers to common patient-care questions — at the point of care. In this article, we will discuss our experience in using *UpToDate* in general, the workings of the newest version of the program for handhelds, and its strengths and areas for improvement from the practicing clinician's standpoint.

Readers of the SGIM Forum are probably familiar with *UpToDate* already, but to review, *UpToDate* is a subscription-based clinical information resource designed to provide physicians

with concise, practical answers to the kind of questions they regularly encounter. Over 6,000 topics are presented in a textbook-style format, and the database also includes many illustrations, figures, videos, links to MEDLINE abstracts, a complete drug information database, and patient information handouts. *UpToDate* would technically not be considered an "evidence-based" resource, as it currently lacks formal rules for data inclusion such as those used in articles from the Cochrane Database of Systematic Reviews. Nonetheless, *UpToDate* is a well-regarded resource known for content that is peer-reviewed, well referenced and constantly updated based on newly published information, and the editors of *UpToDate* are considering a more explicit evidence-based format in the future. An annual personal subscription costs \$495 for new subscribers (\$395 for renewals, \$195 for trainees), and

includes a new updated CD-ROM version for a PC every four months, and access to the Internet version of the database with a username and password.

An exciting new addition to the *UpToDate* subscription package for 2003 is the availability of access via Pocket PC handheld computer at no extra cost. Although handheld computers based on the Palm platform are more widely in use, the sheer size of the *UpToDate* database required the expandability and graphics capability that is currently only available with handheld computers using the Pocket PC operating system from Microsoft. The Pocket PC units that have been confirmed to work with *UpToDate* include the Toshiba e570 and e740, the Hewlett-Packard/Compaq iPAQ series (3600 and higher), the Hewlett-Packard Jornada 560 series, the Dell AXIM and the Casio Cassiopeia E-200. Although the price of these units

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GENERALIST PHYSICIANS

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tinuous quality improvement strategies to improve chronic care, deploying information technology to make care more evidence-based, exploring new care models, such as hospitalists, and enhancing collaborative relationships with office staff and consultants.

In Policy: Generalists can influence policy on multiple levels of the health care system. At the macro level, we can support local, state, and national legislative action that will positively affect patients and providers. At more micro levels, we can work to effect

change in the health plans, hospitals, and clinics where we practice.

General internists are promoting change and improvement in each area—but we can do more. From the 2003 SGIM annual meeting, we hope that we can emerge as an activated force of generalist physicians ready and able to serve as change agents. Participants will gain new knowledge, skills, and tools for generalists who seek to return home with a renewed passion for change in the elements of our professional lives and the lives of our patients.

As we write this article, we are amazed and humbled by the response to the call for workshops and precourses. We look forward to a meeting that imparts excellent scholarship and learning opportunities, while focusing on our unique role as change agents. With a record number of submissions, it should prove to be a meeting you won't want to miss! **SGIM**

Editor's Note—Dr. Burstin and Dr. Headrick are the SGIM Annual Meeting Co-Chairs for 2003.

UPTODATE

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varies by features, the average new Pocket PC will run about \$500. In addition, you will need to purchase a 1-gigabyte (GB) memory expansion module to hold the *UpToDate* database, either as an IBM Microdrive (about \$300 retail) or a Compact Flash card (about \$500 retail), plus a storage reader (about \$30) to connect the memory module directly to your desktop or laptop PC for installation. Thus, users who start from scratch and seek to get “to the bedside” with subscription and all hardware may face a stiff \$1300-\$1500 in initial investment—the same as for some ultra-light-weight computers.

The installation package for the Pocket PC comes as a 2-CD ROM set. The process of adding the *UpToDate* software to your Pocket PC involves installing the database directly from a Windows-based PC to the 1 GB storage module through the storage reader, and then installing the *UpToDate* utilities to the Pocket PC's internal memory. The Toshiba e740 unit we received for review came with *UpToDate* pre-installed on a 1GB Compact Flash card, so we cannot comment on the actual ease and reliability of the installation process.

The Pocket PC version of *UpToDate* delivers the same extensive database of textual information as the

PC or Web versions, but there are a few differences. The handheld version does not contain the photographs, videos, and some of the full-text graphics that the other versions have. Also, the search interface and navigation work a little differently in order to eliminate the need for excessive scrolling through text that can be a problem with the small-sized screens in handheld devices.

Our experience of using the desktop version of *UpToDate* has been that it is a useful resource that provides detailed, comprehensive answers to questions we have about patient care. We have installed the database on desktop computers for our residents to use at Drexel University, and the residents have also been quite happy with the utility of the database in finding clinical information to help them in their patient care.

The handheld version of *UpToDate* has proved to be similarly useful. One example of a search we did on the handheld version concerned the utility of vena caval filters in preventing recurrent pulmonary embolism. After opening the *UpToDate* program on the Pocket PC, we were presented with a screen to enter search terms. After entering “filter” in the search field, we got a list of nine potential keyword matches, and chose “Filter, Inferior Vena Caval”. This led to another screen

of nine potential articles, categorized into “Most Relevant Topics” and “Related Topics”, and we chose the “Inferior Vena Caval Filters” article. The chapter on this topic had 8 subtopics to choose from, and a figure illustrating the various models available. We learned that the effectiveness of these filters had not been well studied in carefully controlled trials. There was a discussion of the results of the few trials that had been completed, along with potential complications. Overall, with the slight delays while the processor loaded the various pages, it took less than two minutes to access the page with the information we were looking for. Searches on other topics were also easy to navigate and quickly led to the section with the answers we needed.

One problem we encountered with the program is the graphics. The figures and tables included were hard to visualize, and required scrolling to view all their data. It appears that the figures from the PC version were not reformatted for the small screen size on handhelds, so this is an area that could be improved in the future. As the capabilities of handheld computers improve in the future, *UpToDate* will also look to add their photos and video to the mobile version.

Overall, *UpToDate* for Pocket PC is
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TRIANGULATION*continued from page 3*

poor (assigned to the public hospitals) and the rest, but in many places it is becoming ever harder for the poor to get acute or ongoing medical care. Deans and hospital administrators quietly complain about some aspects of the health care system (like allotments for residency training) but they have not promoted fundamental reform in health care in anything like a sustained way.

What can these medical schools do? Don't they have to scramble to survive? Of course, but their voices are not heard

We need to use our brains, our voices, our professional skills and our immense political capital to stand up and insist on change.

in any sustained way advocating for a system that is meaningfully different from the current one. Look, by contrast, at their perpetual campaign on behalf of NIH funding and the like. That is where they have placed their emphasis, not on a financing system for health care that will improve the health of their communities.

The second point in our triangle of inaction is medical organizations. Of course, the AMA remains at the top of the list, but SGIM and all the others share responsibility. We put out statements from time to time about how things need to be better, but we do not do much. We certainly do not do anything in a sustained way. I attended a session on disparities at an AMA conference a few months ago. They distributed a summary statement of their legislative goals for the year. Virtually all of them were aimed at the pocketbook issues of physicians, and none at fundamental reform to improve access and provide universal insurance. The AMA's unfortunate historical

legacy in the area of health care reform is well known, but there are no major medical organizations that are doing much to move the national debate towards a fundamentally different system of care.

That brings us to the health care researchers—the third point of the triangle. These are people who devote their time to studying the health care system and trying to make it better. Unfortunately, the field has been shaped by the politicization of funding for the research. Access to care is

marginally fundable from time to time, and fundamental reform along the Canadian-European lines as a studiable problem is not fundable at all. The topics that get studied are the ones that the funding agencies advocate as important: refinements in the report

cards for HMOs; interventions to curb medical errors; and the like. These are reasonable questions, but people who lack any health care probably care less about error rates and sigmoidoscopy rates than they do on how to get their chronic disease treated (if they know that they have it). Yet, even the most idealistic of researchers gets diverted from his or her agenda by the available funding opportunities.

What can we do? It is time to transform our triangle of inaction into a triangle of action (with apologies to Phil Jackson). If it worked for Michael Jordan and Shaquille O'Neal, it can work for us. We need to use our brains, our voices, our professional skills and our immense political capital to stand up and insist on change. We need to run the risk of offending the benefactors of our institutions, and our advocacy cannot be about more money for physicians or hospitals.

This cannot be cosmetic change. It must eliminate the incentive to provide too much care or too little, and the

incentive to care for some patients, but not others. It must find a mechanism for financing care that will assure that the services to be provided to all are sufficient. To this end, the decision-making about this should not be left to politicians who want to minimize taxes, to doctors who want to optimize incomes, or to private companies that want to maximize profits. It must be made by a group that can remain immune to these parochial goals and get above the fray.

Americans can stand together and support something if they understand its importance. Adding a year to the life of all African Americans (whose life expectancy is several years less than that of whites) would avoid as many deaths in a month as occurred in the World Trade Center collapse. The case has to be made coherently. No one can express better the urgency of the situation and the direction in which we need to go than the representatives of medical practitioners, the institutions that educate them, and the researchers who study the system. We need to get every medical school, every medical center and every medical organization behind this great national priority, and get our researchers to conduct the research (even if marginally funded) that will help to put the system in place.

There will be a diversity of perspectives on what to do. Some, like me, will favor a single payer approach; others will advocate other arrangements. There should, however, be no dissent on the fundamental need to provide everyone with care that is equitably distributed according to need, and for which cost is not a barrier of any consequence. There will be much resistance from vested interests. That is their job. That is not our job. Effecting this kind of change will not be a "slam dunk," but, like getting patients to stop smoking, if we don't try, we won't succeed. **SGIM**

CAREER TASK FORCE

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During the year, they will meet at the national meeting and again at the regional meeting, and will talk at least once a month by telephone. The relationship will end after one year unless both agree to renew it.

Marshall Chin is leading efforts to identify mentors quickly, so a pilot program can start at SGIM's 2003 national meeting. Plans include inviting current and former SGIM officers and council members, mentors in the "One-on-One Mentoring Program," and ACGIM members to volunteer as mentors. The new program will be announced to junior faculty members with other materials about the 2003 national meeting. To help the people in this program succeed, Bill Tierney will develop and lead a precourse on mentoring at SGIM's 2003 national meeting. We will waive the course fee for people who participate in the new mentoring program.

Collaboration

We identified three activities that might improve collaboration among our members. If we can identify which of our members have grants that are described in electronic databases, such as CRISP, databases in other federal agencies like the VA and CDC, and those in private foundations like the Robert Wood Johnson Foundation, we will develop a way of making the information readily accessible to our members who are looking for collaborators. Second, we will add to membership application and renewal materials a question that asks whether the applicant is looking for collaborators, so we can understand better how many members are interested in collaborators for curriculum development, writing grant proposals, and identifying sites for research studies. Third, we will work with Annual Meeting Program staff and Program Chairs to identify opportunities at SGIM's 2003 national meeting for people interested in collaboration to meet and talk with each other. Finally, we will consider using GroupWare to

facilitate collaboration among SGIM members in the future.

Guidelines for Faculty Appointment

SGIM's "Clinician-Educator and Clinician-Investigator Job Description Work Group," led by David Calkins, has been charged with developing guidelines for clinician investigators and clinician educators to use for measuring or evaluating their current or prospective positions and assist them in negotiating with current or prospective employers. Therefore, rather than addressing this issue independently, Jim Byrd, who is a member of the Work Group, will keep this task force apprised of the Work Group's results.

UPTODATE

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a welcome addition to the *UpToDate* family of products. For those who can afford the initial hardware investment, this is one of the best mobile resources now available for helping physicians find authoritative answers to questions that arise from their daily patient encounters. It is also probably the first portable program of its type to become available and hence offers a solution in the here and now; competitors, such as a handheld version of the American College of Physicians' PIER Project (<http://pier.acponline.org/index.html>)

MENTORING PROGRAMS

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to review your CV in a constructive way? Do you need help meeting key individuals in your field of interest? Do you need advice on a specific project or paper? Do you have a conflict in your current setting that an outsider can evaluate objectively? Are you at one of the natural transition points in your career and need some advice about which path to explore? What further training and skills do you need for your career path? How can you negotiate for

Other Issues

We also discussed how we could help junior clinician educators get the recognition they need for promotion by giving medical grand rounds at hospitals other than their own. A "speakers' bureau" that could connect junior faculty members with divisions looking for qualified speakers is being piloted in SGIM's Mid-Atlantic Region. Such an activity might be more appropriate at the regional level, because of travel expenses. Therefore, we will monitor the Mid-Atlantic Region initiative, while thinking about what a national program might look like.

We welcome members' feedback and advice. **SGIM**

will, as they emerge from beta testing, also be worth a look. **SGIM**

Editor's Note—Eric W. Vogel, M.D., is Director of the Internal Medicine Residency Program at Drexel University College of Medicine; Jennifer Erskine, M.D., MSIS, completed her fellowship in medical informatics at the Institute for Healthcare Informatics, Drexel University, Philadelphia; Russell Maulitz, M.D., Ph.D., is the director of the Institute for Healthcare Informatics, Drexel University, Philadelphia. All are practicing primary care physicians.

the time and opportunity to pursue your interests? How can you be more efficient? What academic goals should you establish as a clinician-educator? How can one raise a family and achieve one's professional goals? As a person of color, how do you motivate your institution to address some of your unique concerns? When is it time to consider changing institutions? These are the types of questions you can

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MENTORING PROGRAMS*continued from page 9***...the mentor-mentee pair may choose to work on a research project together or else develop and evaluate a new curriculum.**

bring to the SGIM One-on-One Mentoring Program.

New Year-Long Mentoring Program for Faculty

SGIM is starting a new, exciting longitudinal Year-Long Mentoring Program that is open to faculty who would like to benefit from regular contact with a senior SGIM mentor from another institution over the course of one year. The program is open to faculty with any career focus including clinical care, education, administration, and research. The Mentoring Program is

also appropriate for faculty who would like to discuss balancing family and work. The goal of the program is to provide substantial mentorship for faculty that goes beyond what can be provided during the typical one-time

meeting of the SGIM One-on-One Mentoring Program. For example, the mentor-mentee pair may choose to work on a research project together or else develop and evaluate a new curriculum. Mentors and mentees will meet at the national SGIM meeting and possibly the regional SGIM meeting. Additional contact throughout the year will occur by phone and email. While the frequency of contact will vary depending upon the needs of the mentee and availability of the mentor, we expect that on average contact will occur monthly. An additional resource for

section chiefs is a new mentoring and networking resource under the auspices of the Association of Chiefs of General Internal Medicine (ACGIM). The ACGIM program can complement the new SGIM Year-Long Mentoring Program for those who are section chiefs. Contact ACGIM for more information on the section chief mentoring program.

Sign Up

Don't be shy. Almost all of us can benefit from mentoring. Look for the application materials for the two mentoring programs in the annual meeting program announcement package or check the SGIM web site (www.sgim.org). Many enthusiastic, generous mentors are eager to get to know you! If you are interested in being a mentor contact Sarajane Garten (gartens@sgim.org) in the national office to receive the appropriate materials. **SGIM**

**Department of Veterans Affairs Health Services Research & Development (HSR&D)
Assistant Director, Quality Enhancement Research Initiative, (QUERI)
Health Science Officer, GS-601-14 or GS-601-15 (\$78,265-119,682)**

HSR&D Service is recruiting for a full-time Health Science Officer to manage the Agency's Quality Enhancement Research Initiative (QUERI). QUERI is a nationally recognized program using a systematic approach to enhance health care quality and outcomes by promoting the use of research evidence for clinical policy-making and practice. The VA offers a unique opportunity as an integrated health care system, with a strong research component, to identify, implement, and measure the impact of evidence based best practices. QUERI develops or enhances databases, identifies clinical research findings or recommendations, supports development of evidence-based clinical practice guidelines, identifies clinical performance gaps or problems, and develops strategies to effect organizational change to close these gaps.

The Assistant Director will be responsible for the day-to-day management of scientific and administrative issues and will provide leadership and guidance for the continued development of the program. The ideal candidate will have successfully completed all requirements for a Ph.D. (or equivalent doctoral degree) in an academic field of health or health-related sciences. The successful applicant will demonstrate that s/he has worked independently in planning, organizing, and/or conducting research related to health care systems and management and has effectively managed a research program. A GS-15 position may be available for an exceptionally well-qualified individual with a national reputation and demonstrated leadership in developing and managing a research/translation program. Appointment to the GS-15 position is dependent on the recommendation of an expert panel after review of the applicant's qualifications, contributions, and professional standing.

Interested candidates should forward a detailed C.V., including a listing of publications to the address below. Additional application material may be required. Full vacancy announcement may be viewed at

<http://jsearch.usajobs.opm.gov/summary.asp?OPMControl=IJ0238>



VAMC (05)
508 Fulton Street
Durham, NC 27705
Attn: Carlene Wilson
(919) 286-6901

VA is an Equal Opportunity 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.

ASSOCIATE CHIEF FOR CLINICAL RESEARCH. The Section of General Internal Medicine at Boston University School of Medicine is recruiting for a full-time faculty member at the Associate Professor or Professor level to serve as the Associate Chief for Clinical Research. Candidates must have substantial experience as the principal investigator on federally or foundation funded research grants. Proven leadership and management abilities are essential and experience mentoring research trainees and/or junior faculty is desirable. Please forward CV to Jeffrey Samet, MD, Chief, Section of General Internal Medicine, Boston Medical Center, 91 E Concord Street, Suite 200, Boston, MA 02118.

ASSOCIATE PROGRAM DIRECTOR: We are establishing a new APD position in our university affiliated, community hospital based residency. We pride ourselves on innovative curricula, cutting edge practice, and providing residents with a challenging and supportive educational environment. We are looking for a person with at least 5 years of medical education experience who has a commitment to excellence and the passion needed to achieve it. Send responses to Mark Rosenberg, Director, Internal Medicine Residency at mrosenberg@providence.org or 5050 NE Hoyt St., Suite 540, Portland, OR 97213.

CLINICIAN-EDUCATOR. Beth Israel Deaconess Medical Center, a major teaching hospital of Harvard Medical School, seeks physician to join prominent Division of General Medicine. The Division recently celebrated its 30th anniversary and has a preeminent role in the teaching, clinical and research missions of the hospital. Our Primary Care Residency track started in the early 1970s and has graduated >200 residents. Numerous opportunities to teach students, categorical and primary care residents in inpatient and outpatient settings. Our practice has multidisciplinary supports facilitating care provided by faculty, general medicine fellows and residents. Interested candidates should forward letters of application and their curriculum vitae to Carol Bates, M.D., Search Committee Chair, Beth Israel Deaconess Medical Center, 330 Brookline Avenue, Boston, MA 02215. Fax 617-667-9619. cbates@caregroup.harvard.edu. The Beth Israel Deaconess Medical Center is an Equal Opportunity/Affirmative Action Employer.

CLINICIAN EDUCATOR. The Section of Palliative Care and Medical Ethics within the Depart-

ment of Medicine at the University of Pittsburgh is seeking a clinician-educator with a career interest in palliative care. Primary clinical responsibilities include attending on an in-patient, palliative care consult service, and seeing patients in an ambulatory palliative care office. Teaching responsibilities include developing curricula and teaching palliative care at all levels of medical education. Opportunities available for general medicine practice either as a hospitalist or in an ambulatory setting. Board certification in Internal Medicine is required. Candidates who have completed fellowships in Geriatrics, Palliative Medicine or General Internal Medicine are preferred. The Section of Palliative Care and Medical Ethics consists of a multi-disciplinary group of doctors, nurses, psychologists, philosopher-ethicists, PharmD's, social workers and chaplains. We see over 1,500 patients with diverse diseases ranging from cancer to chronic liver disease and heart failure. The Section works closely with the Center for Bioethics and Health Law as well as the Center for Research on Health Care. The Section has NIH and private foundation research support as well as funded education programs for students, residents and fellows in an array of subspecialties. Academic rank and salary will be commensurate with qualifications. Review of applications will begin immediately and will continue until position is filled. Send letter of interest and C.V. to Robert M. Arnold, M.D., University of Pittsburgh, 933W-MUH, 200 Lothrop Street, Pittsburgh, PA 15213 (Fax 412-692-4314) or e-mail rabob@pitt.edu. Starting date is July 2003. The University of Pittsburgh is an Affirmative Action, Equal Opportunity Employer.

CLINICIAN-EDUCATOR FACULTY POSITION. The Division of GIM, Department of Medi-

cine at the University of Colorado Health Sciences Center is seeking a clinician-educator to begin approximately January 1, 2003. Candidates should be board certified interested in a career as a clinician, practicing and teaching general internal medicine. The physician will practice nine half-days initially, with the opportunity for one half-day attending for primary care residents' clinical education. The clinician educator's role offers full-time faculty status and opportunity for academic promotion judged on criteria of demonstrated excellence as a clinician/educator/scholar. Starting salary and faculty appointment are commensurate with experience. Teaching activities include attending two months on the general medical inpatient services. The faculty share the responsibilities for after-hours call with other members of the group practice. These clinician-educators may collaborate with other faculty in clinical research projects, but are not expected to be clinician-researchers. Contact Jean Kutner, M.D., Acting Head, Division of GIM, UCHSC, 4200 East Ninth Avenue, Box B180, Denver, Colorado 80262; Fax 303.372.9082 or e-mail at Jean.Kutner@UCHSC.edu. The University of Colorado is committed to Equal Opportunity and Affirmative Action.

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
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PROGRAM DIRECTOR

Internal Medicine Residency

The Department of Medicine of Good Samaritan Hospital, a 271-bed community teaching hospital affiliated with the Johns Hopkins School of Medicine, seeks an experienced clinician educator with program management experience to lead our internal medicine residency program. Candidates should minimally have an MD/DO degree, be certified by the American Board of Internal Medicine, and be eligible for licensure in the State of Maryland.

Please forward CV in confidence to:
Dr. John Rogers, MD, Chairman, Department of Medicine
Good Samaritan Hospital, 5601 Loch Raven Blvd.
Russell Morgan Building, Suite 502, Baltimore, MD 21239
Fax: (410) 532-4997. E-mail: John.Rogers@medstar.net. EOE



**Good Samaritan
Hospital**

SGIM **FORUM**

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

CLASSIFIED ADS

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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.

FELLOWSHIP, GIM – HARVARD MEDICAL SCHOOL – A joint program of the teaching hospitals of Harvard Medical School invites applicants for a two-year research-oriented fellowship to begin July 1, 2004. The program offers each Fellow an appointment at Harvard Medical School and one of its affiliated hospitals. Most Fellows complete an M.P.H. degree at the Harvard School of Public Health. This program is designed for individuals who wish to pursue research careers that emphasize the techniques of epidemiology, health services research, biostatistics, and decision sciences. Applicants must be BC/BE in internal medicine by 7/1/04. For information and application forms, contact Elizabeth Amis, Harvard Faculty Development and Fellowship Program in General Internal Medicine, Beth Israel Deaconess Medical Center, 330 Brookline Avenue, Boston, MA 02215, Phone 617-667-5384, eamis@bidmc.harvard.edu. Deadline 3/15/03. The participating institutions are equal opportunity employers. Underrepresented minority candidates are encouraged to apply.

FELLOWSHIP, GIM AT NEW YORK UNIVERSITY/BELLEVUE. NYU's Division of Primary Care 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, Dr. Mark Schwartz, Mark.Schwartz@nyu.edu. For applications, Jennifer.Rockfeld@med.nyu.edu or 212-263-8895.

PHYSICIAN-INVESTIGATORS—MORE THAN CORN GROWING IN IOWA. The Division of General Internal Medicine at the University of Iowa seeks creative physician-investigators with expertise in health services research, health policy, and chronic disease epidemiology at the Assistant or Associate Professor levels. Successful candidates will join a growing multi-disciplinary research group with substantial federal and non-federal funding and with expertise in a variety of quantitative and qualitative methods. Faculty will have opportunities for joint appointments in the Center

for Health Services and Policy Research in the College of Public Health and the University of Iowa Public Policy Center, as well as eligibility for VA HSR&D funding. Positions will include substantial protected time for independent investigation and will allow faculty to spend 25% of their effort in hospitalist or ambulatory-based clinical tracks. Candidates at the Associate Professor level should have 5 or more years of experience and an established track record in obtaining extramural funding. This is a tenure-track position; academic rank and tenure will depend on candidates' qualifications and expertise as is consistent with University policy. The Division resides in the heart of the University of Iowa campus in Iowa City, which offers a renowned public school system and wonderful college town lifestyle. Interested candidates should send a letter expressing their interest in the position and a current CV to Gary E. Rosenthal, MD, Director, Division of General Internal Medicine, University of Iowa Hospitals and Clinics SE618 GH, 200 Hawkins Drive, Iowa City, IA 52242. Email: gary-rosenthal@uiowa.edu. The University of Iowa is an Equal Opportunity/Affirmative Action Employer. Women and minorities are strongly encouraged to apply.