Society of General Internal Medicine

TO PROMOTE IMPROVED PATIENT CARE, RESEARCH, AND EDUCATION IN PRIMARY CARE AND GENERAL INTERNAL MEDICINE

SGIM FORUM

Volume 26 • Number 10 • October 2003

INTERACTIVE TOOLS IN WORKSHOPS: THE POWER OF GETTING BEYOND POWERPOINT

Mary E. Pickett, MD and Steven Hillson, MD

The 2004 National SGIM meeting is just around the corner—or at least that's how it feels to the many of us who are working on the program. In fact, the workshop and precourse submission deadline is drawing close—submissions must be in by October 15, 2003. Workshops comprise a large part of our meeting, offering opportunities to develop skills in an array of clinical, educational, research and administrative skills. If you've never submitted a workshop to the meeting, we encourage you to do so this year. Sharing your newly found or well-honed skills is what this meeting is all about.

This year's Program Committee reviewed the data from the 2003 Annual Meeting evaluations to help us plan for our meeting in Chicago. (1) Once again, workshops that incorporate interactive formats continue to be the most highly rated sessions. Settings such as the hands-on learning experience teaching techniques in musculoskeletal examination received high marks from SGIM learners. This workshop was rated as having superb materials, a superb format, and what was termed by one learner as an exceptional "dynamic," an atmosphere largely influenced by the interactive nature of the session.

The three David E. Rogers Junior Faculty Education Awards for 2003 were awarded for workshops that all incorporated interactive formats (2). Dr. Eleanor Schwartz, who received an award for the workshop, "Update in Contraceptive Technology," used discussion of cases in a small group format. Dr. Ann Luetkemeyer, the coordinator of "Medical Abortion and the Primary Care Physician: Exploring the Possibilities," likewise divided her audience into small groups for discussions that used clinical vignettes as teaching tools. In addition, she emphasized resources that would remain available for providers upon their return home to individual practice settings. This strategy of providing "tools to take home" was universally praised by attendees, and appeared in several workshops this year in various forms including a web-based resource review, shared materials for personal digital assistants (PDAs), and written materials to take home. Dr. Shakaib Rehman, winning a junior faculty award for "Doctor of Diseases or Doctor of People: Using Video Vignettes to Help Physicians Increase the Use of Empathy in the Clinical Practice," generated flip chart ideas with his audience, following-up participants' ideas with a discussion of findings from the literature. He also facilitated discussion in groups of three, inviting groups to share memorable moments in the context of empathy. Finally, he incorporated the technique of video "triggers," highlighting teaching points and stimulating discussion by the use of a provocative film clips.

With recent advances in technology

continued on page 5

Contents

ACGIM Column

Restoring Balance in Academic General Internal Medicine

Robert Centor, MD

Back in 1980 when I first joined the Division of General Internal Medicine at the Medical College of Virginia, we had a clear tripartite mission. We kept our hands in practice so that we would be good general internists, we taught general internal medicine both in the inpatient and outpatient setting and we developed a research program. As I remember the early years of SGIM, the focus at most meetings was on teaching and research with little focus on clinical practice. Clinical practice was less stressful then and had only a minor impact on the overall budget of most divisions of general internal medicine.

The financial changes in Primary Care over the last two decades have strongly impacted Academic General Internal Medicine. Positively, we have become better teachers and better understand our role as teachers than we did when we first started out. Excellent workshops at SGIM as well as courses around the country have focused our efforts at teaching. My experience in talking to other Division Chiefs is that the majority of divisions in the country are viewed in their Departments as the premier educational division.

Research has flourished, also. The number of research presentations at the annual meeting has sky rocketed. We have an excellent journal and members of the society publish in the wide variety of important internal medicine journals.

Funding has improved both through AHRQ as well as through outcomes projects through the NIH. Many divisions have strong research groups that form the foundation of great advances in our understanding of medical care.

However, when division chiefs get together they almost always focus on practice. During the late 80's and early 90's most divisions of general internal medicine were either encouraged or instructed to expand their clinical practice. This was the hey day of the primary care movement. Most academic centers felt that expanding primary care would bring the gold to the subspecialists and the hospital. Some divisions have expanded to 100 physicians or greater!

Over the subsequent years the pendulum shifted and primary care was seen as a losing entity. Many health systems no longer gave financial support to primary care yet they generally expected the large networks to continue.

Division chiefs often shoulder the responsibility for managing these large practices. This responsibility often dominates the chief's time. While teaching is often viewed as important, few departments and schools recognize teaching financially. Many divisions have very small research programs. Those non-research divisions have neither the resources nor the time to develop an investigative focus.

Division chiefs enthusiastically participate on the ACGIM list serve. My observation this year is that clinical questions greatly outweigh questions about research programs or teaching.

Perhaps this is a skewed interpretation of the stresses that division chiefs feel; perhaps division chiefs in general understand how to run educational and research programs; but I feel that people talk about what causes them the most stress.

Academic general internal medicine continues as an outstanding career path. Our tripartite mission like all other divisions is a very important one. I worry that we, the division chiefs, must spend too much of our energies on the clinical programs and thus those

continued on page 5

THE WOES OF GENERAL INTERNAL MEDICINE: WE ARE NOT ALONE

JudyAnn Bigby, MD

Medical students have begun the annual tradition of seeking letters of recommendation for their residency applications. Three students who came to me to request letters illustrate the complexity of the problem of the declining interest in internal medicine and general internal medicine. I worked with all three students on clinical rotations in internal medicine, in either the inpatient or outpatient portion of the rotation. All three students would make fabulous internal medicine residents and practicing internists.

Student A, 27 years old, entered medical school planning a career in general surgery. She is applying in dermatology and hopes to do a preliminary year in internal medicine. She received high honors in medicine, ambulatory medicine, and many other rotations and spent several months doing research on domestic violence. She's interested in women's health. Student B, 26 years old, is applying in ophthalmology. He is recently married and his wife, who is a lawyer, is expecting their first child. He received honors in medicine, cardiology, GI, and high honors in surgery and several other rotations. He scored in the 97th percentile on Part I of the National Boards and initially was interested in internal medicine as a career. Student C came to medical school from California and planned to become an obstetrician gynecologist. She received high honors in medicine, surgery, and ob/gyn and honors in a women's health elective, radiology, and anesthesia. She is hoping to eventually match in one of the top anesthesia programs in California.

The Society has focused much attention on the declining interest in internal medicine and the increasing dissatisfaction of internal medicine physicians in practice. The number of Categorical Internal Medicine residency positions has remained stable for the last five years but in the most recent match only about 50% of the positions were filled by US medical school graduates. The total number of Primary Care Internal Medicine residency positions has decreased. US medical school graduates have increased among preliminary internal medicine residents, increasing to nearly 85% in 2002. Medical student interest in other primary care specialties and in obstetrics and gynecology, and general surgery has also declined. In fact in 1997 only 5 general surgery programs had unmatched positions; in 2002 41 programs had unmatched positions. In addition about 20% of general surgery residents left their programs in 2000, an attrition rate that far exceeds that in internal medicine. At a recent American Board of Internal Medicine Foundation retreat one of the cardiologists reported that a recent survey of cardiology fellows revealed that only 3% want to practice general cardiology.

Other trends that reflect a problem more widespread than internal medicine are the declining interest in research careers and the international nature of

continued on page 6

SGIM FORUM

Published monthly by the Society of General Internal Medicine as a supplement to the *Journal of General Internal Medicine*. *SGIM Forum* seeks to provide a forum for information and opinions of interest to SGIM members and to general internists and those engaged in the study, teaching, or operation for the practice of general internal medicine. Unless so indicated, articles do not represent official positions or endorsement by SGIM. Rather, articles are chosen for their potential to inform, expand, and challenge readers' opinions.
SGIM Forum welcomes submissions from its readers and others. Communication with the Editorial Coordinator will assist the author in directing a piece to the editor to whom its content is most appropriate.
The SGIM World-Wide Website is located at **http://www.sgim.org**

Research Funding Corner

October 2003

Joseph Conigliaro, MD, MPH

Reducing Stroke Disparities Through Risk Factor Self-Management
Pa Number: PAS-03-166
Department of Health and Human Services and the National Institute of Neurological Disorders and Stroke
(http://www.ninds.nih.gov)

The National Institute of Neurological Disorders and Stroke is seeking applications using the R01 award mechanism to support research on reducing disparities in stroke through prevention of first and recurrent strokes among minority populations defined by race/ethnicity, including African American, Hispanic American, Native American and Alaska Native, and Native Hawaiian and other Pacific Islanders. Applications considered appropriate include proposals for studies of novel, culturally appropriate, stroke risk factor self management interventions to a specific community and studies of the effectiveness of previously proven interventions that have been modified to be culturally appropriate for diverse communities. In general, applications for large, multi-site clinical trials are not appropriate for this program announcement. Further details can be found at http://grants.nih.gov/grants/guide/pa-files/PAS-03-166.html.

Nutrition And The Development, Treatment, and Prevention Of HIV Disease in Women, Infants, and Children
PA Number: PA-03-163
National Institute of Child Health and Human Development (NICHD)
(http://www.nichd.nih.gov/)

The National Institute of Child Health and Human Development (NICHD) invites research grant applications using the R01 and Small Grant (R03) award mechanisms to fund studies on the relationship between nutrition and HIV. Applications are sought that address preclinical or clinical, biomedical and/or behavioral research of: (1) nutritional factors and HIV transmission; (2) nutritional requirements for optimal growth, development, and maintenance of health; (3) impact of HIV infection on breast feeding; (4) interactions between antiretroviral therapies, diet, nutrition and health; (5) nutritional assessment methodologies; and (6) specific functional biomarkers of outcome related to the nutrition/HIV relationship. Applications that include proposals for the development of nutritional assessment methodologies and specific functional biomarkers of outcome related to the nutrition/HIV relationship are encouraged, as are proposals that employ methods that could be effectively deployed in field settings in resource-poor environments. Further details can be found at **http://grants.nih.gov/grants/guide/pa-files/PAS-03-166.html.**

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

On Balance

A Life That is Carved of Personal Choices

Galit Sacajui, MD

It is 9:30 PM. My three children are sleeping and my husband is out on the soccer field. It is quiet. I realize that at this time of the day most people would be resting their feet, reading a novel, watching a sitcom, or listening to some music. Rather, I will sit at my desk, check my emails, then prepare for tomorrow: biomedical journal club, a short didactic session, a letter of recommendation on behalf of a medical student, and plan a timeline for a soon to start research project. Yet, I am not resentful; these responsibilities are all my choices, they give me my freedom.

I entered NYU medical school in 1991 when my daughter Kama was only 20 months old. (She is presently a charming, beautiful, happy 13 years old). After a long day of lectures, labs, and exams, I would pick her up from nursery school and we would take a stroll to the grocery store, stopping there on our way back to our one bedroom apartment. I would cook dinner, and on many evenings we would be joined by some of my classmates who were longing for a home-cooked meal and a family. At Kama's bedtime they would leave to go to a local jazz bar or to catch a movie. I would stay home to mind my family. But I wasn't resentful. It was my choice, my freedom.

I had my second child, Ari, as a fourth year medical student and my third, Talia, during my last rotation as a senior medical resident. All those years and still today could have been a collection of struggles against time, pressure, and conflicting needs. However, from the start I had discovered that the conflicts could be resolved. Releasing the tension between personal life and professional life is possible by immersing in the moment and creating a mental border between the different worlds. By creating this framework, one may enjoy the moment but remove the constant longing for a different place

continued on next page

INTERACTIVE TOOLS

continued from page 1

a wealth of new interactive teaching techniques have become possible within the CME conference setting. Here are some ways you might increase the interactive nature of your workshop:

- Encourage your participants to form their own learning goals in the context of the overall scope of the workshop.
- Engage your audience visually using videotape, followed by either small or large group discussion.
- Invite participants to share relevant examples from their own experience.
- Engage your audience in role-playing exercises.
- Model physical examination or procedure techniques in small groups.
- Break into small groups, using case vignettes or other triggers to jumpstart discussion. With adequate directions these small groups do not necessarily require facilitators. (But, please be aware that breakouts will be within your assigned workshop room.)
- Provide tools to take home, such as a PDA program or a review of topical web-based resources.
- Discourage the distraction of note taking, by allowing SGIM to post your handouts on the website.
- Make use of the "unfolding case" or "mystery case" as a means of engaging the group audience.
- Incorporate a "panel of experts" with a question-and-answer format.
- Leave ample time for questions.
- Ask the participants to compose a list of key summary points, concluding the workshop with this collaborative process.
- Engage your audience in a writing or reflection exercise, or seek a "commitment to change" a specific behavior chosen by the participant after the workshop.
- Consider some form of follow-up contact with participants, emphasizing the key learning points or behavior changes.

The 2004 meeting will be here in no time, and the workshop submission deadline in even less. We hope you'll bring your best work and share it with us! ***SGIM***

References:

1. Miller R et al, The 26th Annual Society of General Internal Medicine Meeting Evaluations Report, 8/8/2003, **http://www.sgim.org/AM03EvalFull.pdf**

2. Nierenberg DW, "The challenge of 'teaching' large groups of learners: strategies to increase active participation and learning," International Journal of Psychiatry in Medicine, 28(1): 115–22, 1998.

Editor's Note*—Drs. Pickett and Hillson are serving as the Co-Chairs of the 2004 SGIM Annual Meeting Workshop Committee.*

PERSONAL CHOICES

continued from previous page

and a different time. When I get home, even if it is only thirty minutes before my children go to sleep, we talk and laugh, we play and dance, we are together as if we haven't left each other ten hours ago. When my family is awake I am with them, although I may spend long hours working at night after everyone has fallen asleep. My husband, who works less than seven miles away from home, has flexible work hours, and is so comfortable with his constant home presence and physical availability that he allows work to enter and live in our family living space. He may feel I spend too much time at work and I may feel he spends too much time working at home. Focused time when at home with no work until the children are sleeping is very important for my peace of mind. I made a choice to separate my work and home lives, which allows me the freedom to be "mom" with my kids.

The clear boundaries between work and family are grounded on support, trust and strong relationships with the different people in my life. I feel that my colleagues and supervisors know that I work hard and will strive to deliver the highest quality product, however, they know that if I need to leave work it is not negotiable. My children have realized early on that their mother may not be able to join as many class trips as other moms but they also know that I walk with them in spirit at all times. My children and husband are the only ones who may call my cellular telephone for whatever moment they view as a crisis. My husband, family, friends and neighbors provide a constant support system for my emotional and practical needs: my daily phone call to my mother is a must, my friends drive, feed and spoil us when ever they sense there is a need. I also have two colleagues who became my absolute confidants; we share children birthday party stories, while editing each other's grant proposals or publications. My worlds are separated yet share similar support systems.

Medical students and residents often ask me how to do it all. And I answer: you should try not to do it all. Try to live life that is carved of personal choices, choices that are right for you. Only then life is liberated of guilt only then freedom ensue. ***SGIM***

RESTORING BALANCE

continued from page 2

demands detract from innovations in our educational and research programs.

I urge us and all the members of SGIM to reflect on how we can restore balance in the three legs of the academic stool. ***SGIM***

WE ARE NOT ALONE

continued from page 3

some of these trends. The percentage of US graduates interested in research has declined from 25% to 16%. The percentage of MD/PHD graduates from medical school has declined from 2.3% in 1997 to 0.9% in 2002. In the United Kingdom graduates are more likely to reject surgery, pediatrics, and obstetrics and gynecology than internal medicine as potential careers. In Canada in the 2003 match 29% of family medicine and 15% of general surgery positions were unfilled.

In talking to these students about their career choices and their letters of recommendation, they all related that they enjoyed their internal medicine rotations. They enjoyed taking care of complex patients with interesting and challenging medical problems. They interacted with many happy residents in their rotations in different Harvard teaching hospitals and ranked the teaching on the rotation as superb. They are seeking careers in other specialties than they originally planned, internal medicine, obstetrics and gynecology, and general surgery, because they want a controllable life style. They want time to spend with the families they eventually plan, to be active in issues that interest them, to pursue hobbies and other activities that will enrich their lives and "help to maintain balance." Students who are rejecting general surgery, obstetrics and gynecology and other specialties cite similar reasons for their career choices. They also have cited a desire to receive income commensurate with their workload.

The Future of General Internal Medicine Report by an SGIM Task Force led by Eric Larson speaks to some of the external forces that are driving students away from careers in general internal medicine. It is clear from some of the other trends in career choice that the declining interest in primary care careers is not unique. As other specialties explore internal and external factors that contribute to declining career choice there are common areas that internal medicine organizations can also explore. The increasing percentage of women in medicine requires more intensive exploration about residency practices and career choices within specialties. Reimbursement and workload is an issue for generalists and specialists. We'll need to watch and listen closely to how other societies and other countries approach the problem of declining career interest in key specialties and be willing to learn from their experiences. ***SGIM***

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 CHIEF—GENERAL INTERNAL MEDICINE. Advocate Lutheran General Hospital and Advocate Medical Group. Excellent opportunity for an experienced academic physician with enthusiasm for promoting excellence in teaching and clinical care. Reporting directly to the Chief of Internal Medicine at Lutheran General Hospital in Park Ridge, IL, the Academic Chief will oversee the ambulatory teaching for all internal medicine residents and have administrative responsibility for the ambulatory practice of all general internal medicine faculty and residents. With approximately 52 internal medicine residents, the ambulatory experience is provided at the Nesset Pavilion, a free-standing center on the campus of Lutheran General Hospital. This is the major site of Advocate Medical Group's multispecialty practice. As part of Chicagoland's largest health care organization, we can provide a competitive compensation and benefits. For consideration, please contact or fax/email your CV to: Andy Cameron. Ph: 847-318-2741. Fax: 847-698-6878. Email: andy.cameron@advocatehealth.com . Advocate Health Care. www.advocatehealth.com

ACADEMIC GERIATRICIAN—CLINICIAN EDUCATOR. The Division of General Internal Medicine and the Division of Geriatric Medicine at the University of Cincinnati College of Medicine, Cincinnati, Ohio, are seeking a Board Certified internist with a CAQ in Geriatric Medicine to join our faculty as an academic geriatrician. The successful candidate will have the exciting opportunity to provide leadership to medical student and residency program curriculum development through their role as associate project director of the University of Cincinnati's Reynold's Foundation Geriatric Education grant. In this role she/he will direct the Geriatric Medicine Faculty Scholars initiative, mentor Geriatric Medicine Student Scholars, and oversee the development and implementation of new curriculum in 8 participating residency programs. This individual will also serve as the Associate Director of the Office of Geriatric Medicine (OGM). OGM activity will include serving as Program Director of UC's Geriatric Medicine Fellowship Program. Opportunities for patient care activities include those at the Health Alliance outpatient Geriatric Evaluation Center where fellows are supervised and residents and students are trained. Ideal candidates will have clinical experience, and a passion for teaching. Administrative experience with education and/or clinical programs is required. Faculty in the Division of GIM have the opportunity to participate in a variety of clinical teaching activities with residents and medical students and may collaborate with researchers in our Center for Clinical Effectiveness. Interested applicants should submit a CV and cover letter to Mark H. Eckman, M.D., Director, Division of General Internal Medicine, University of Cincinnati Medical Center, 231 Albert Sabin Way, PO Box 670535, Cincinnati, OH 45267-0535, or via email to Mark.Eckman@uc.edu. AA/EOE.

ACADEMIC HOSPITALIST/CLINICIAN-EDUCATOR. The Division of General Internal Medicine at the University of Cincinnati College of Medicine, Cincinnati, Ohio, is seeking a BE/BC faculty member to join our academic hospital medicine program. Ideal candidates will have inpatient clinical experience, and a passion for teaching. Faculty in the Division of GIM have the opportunity to participate in a variety of clinical teaching activities with residents and medical students and may collaborate with researchers in our Center for Clinical Effectiveness. Interested applicants should submit a CV and cover letter to Mark H. Eckman, M.D., Director, Division of General Internal Medicine, University of Cincinnati Medical Center, 231 Albert Sabin Way, PO Box 670535, Cincinnati, OH 45267-0535, or via email to Mark.Eckman@uc.edu. AA/EOE.

ACADEMIC HOSPITALISTS, ASSISTANT PROFESSOR LEVEL. TULANE UNIVERSITY SCHOOL OF MEDICINE, DEPARTMENT OF MEDICINE—is seeking full-time Academic Hospitalists at the Assistant Professor level to staff New Orleans' largest public hospital. Charity Hospital is an 850-bed teaching facility affiliated with Tulane and Louisiana State universities. Responsibilities include six months of attending on a teaching service; additional months of pre-operative care, medical consultation, medical education and academic pursuits. The ideal candidate is a board-certified internist with experience in inpatient medicine who has interest in quality improvement research and medical education. Formal training in a general internal medicine fellowship, or public health, epidemiology or outcomes-based research is preferred. Competitive salary and benefits package. Send CV and names, phone numbers and addresses of three references to: medicine@tulane.edu. Search will remain open until suitable candidates are identified. AA/EOE.

ASSISTANT PROFESSOR. The University of Kentucky Department of Internal Medicine, Division of General Internal Medicine, is seeking to expand its hospitalist faculty program with a position available at the level of assistant professor. The position will focus on care of patients admitted to the Department's general medical inpatient services, clinical instruction of medical and pharmacy students and residents. Send CV to T. Shawn Caudill, MD, Division Chief, Division of General Internal Medicine, University of Kentucky Medical Center, K512 Kentucky Clinic, Lexington, KY 40536-0284. (859) 257-5499. An Equal Opportunity Employer. [10.31.03]

BIOETHICS FELLOWSHIP (DHHS). The Department of Clinical Bioethics at the National Institutes of Health (Department of Health and Human Services) invites applications for its two-year fellowship program. Fellowships begin in September 2004. Fellows will study and participate in research related to the ethics of clinical medicine, health policy, human subject research, or other bioethics fields of interest. They will participate in bioethics seminars, case conferences, ethics consultation, and IRB deliberations and have access to multiple educational opportunities at the NIH. Applications to include: CV, 1000-word statement of interest, official graduate and undergraduate transcripts, a writing sample not to exceed 30 pages, and three letters of reference. Application deadline: received by January 15, 2004. Mail applications to Becky Chen, Department of Clinical Bioethics - NIH, 10 Center Drive, Building 10, Room 1C118, Bethesda, MD 20892-1156. Further information: 301-496-2429; bchen@cc.nih.gov; www.bioethics.nih.gov.

CLINICAL EPIDEMIOLOGY RESEARCH FELLOWSHIPS. Aging, Cancer, Cardiopulmonary, Complementary and Alternative Medicine, Gastroenterology, Infectious Diseases, Nephrology, Pharmacoepidemiology, Primary Care, Reproductive, and Sleep. Deadline: 1/15/04. Applicants: advanced degree (health-related) and clinical experience. 2-3 year fellowships, leading to MS in Clinical Epidemiology degree. Minority applicants are encouraged. Contact Marsha Covitz 215-573-2382 (mcovitz@cceb.med.upenn.edu).

DIRECTOR, INSTITUTE FOR HEALTH POLICY AND HEALTH SERVICES RESEARCH, UNIVERSITY OF CINCINNATI MEDICAL CENTER. The University of Cincinnati Medical Center is seeking applications from exceptional candidates for the position of Director, Institute for Health Policy and Health Services Research. The Institute's mission is to provide core research support and infrastructure and to take the lead in outcomes and effectiveness research throughout the University. The University provides a rich environment for success through the Institute, including access to numerous collaborative opportunities with research faculty housed in the Institute, information technology infrastructure, and biostatistical research and support services. Faculty and staff in the Institute also work closely with colleagues at the Cincinnati VA Medical Center, and Cincinnati Children's Hospital Medical Center. The Director provides strategic oversight for establishing policies and goals in health services and policy research, coordinates the activities undertaken in the performance of this research, and provides advice and consultation to the Senior Vice President and Provost for Health Affairs, to whom she/he reports. It is anticipated that the successful candidate will have an MD and/or PhD, be a recognized national leader in an area of research relevant to the mis-

continued on next page

SGIM
FORUM

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

Classified Ads

continued from previous page

sions of the Institute (e.g., Health Services/Outcomes Research, Decision Sciences, Medical Informatics, Patient Safety, Health Disparities) and have a strong track record of independent research and funding. Candidates should send their CV, and letter of interest to: Mark H. Eckman, MD, Chair of the IHPHSR Search Committee, Director, Division of General Internal Medicine, University of Cincinnati Medical Center, 231 Albert Sabin Way, PO Box 670535, Cincinnati, OH 45267-0535, or via e-mail to Mark.Eckman@uc.edu. AA/EOE.

GENERAL INTERNIST. The Department of Internal Medicine at Texas Tech University HSC, Lubbock, TX is seeking a General Internist to work in outpatient and inpatient settings. Faculty appointment at Instructor/Assistant Professor. Must be BC/BE in Internal Medicine. Texas Tech University is an Equal Opportunity Employer. Please send letter of interest and CV to: Dolores Buscemi, MD Department of Internal Medicine, Texas Tech University HSC, 3601 4th St., Lubbock, TX 79430.

GENERAL INTERNIST CLINICIAN-RESEARCHER. Seeking BC-BE general internist for tenure track position in Division of General Medicine with nationally recognized research group that focuses on translation and implementation of clinical evidence. Stimulating environment in VA Health Services Research Center of Excellence offers expertise in statistics, organizational, behavioral and clinical psychology, and technical writing. Fellowship training and established record as independent investigator preferred. The University of Texas Health Science Center at San Antonio is an Equal Employment Opportunity/Affirmative Action Employer. Must be a U.S. citizen and be eligible for Texas medical license. Send CV to Andrew Diehl, M.D., Chief, Division of General Medicine, MSC 7879, University of Texas Health Science Center, 7703 Floyd Curl Drive, San Antonio TX 78229-3900.

GERIATRICS FACULTY OPPORTUNITIES. The University of Massachusetts Medical School Division of Geriatric Medicine is accepting applications for two positions at the Assistant or Associate Professor level. Preferred candidates will have gerontologic research experience and demonstrated ability to establish an independent research program, with both institutional and extramural grant funding. Both MD and PhD candidates will be considered. Ongoing research programs relate to a broad range of disciplines including oncology, pharmacoepidemiology, cardiovascular epidemiology, chronic illness, and disability. Applications will be considered in all fields of research, but preference will be given to applicants with research experience relevant to improving the health and functioning of older persons. Interest in testing of clinical interventions is highly desirable. The University of Massachusetts is an affirmative action/equal opportunity employer with a strong commitment to fairness and diversity; accordingly, UMass actively seeks and encourages applications from all individuals, independent of gender, race, ethnicity, culture, sexual orientation, age, or disability. Please send CV and letter describing qualifications/interests to: Jerry Gurwitz, MD, Director, Division of Geriatric Medicine, c/o Junko Kato, Department of Medicine, University of Massachusetts Medical School, 364 Plantation Street, LRB 228, Worcester, MA 01605.

HOSPITALIST POSITIONS. Alaska Native Tribal Health Consortium (ANTHC) seeks to fill 2 Hospitalist positions to provide hospital based medicine at the Alaska Native Medical Center (ANMC) in Anchorage, Alaska. ANMC is a 150 bed tertiary hospital that serves Alaska Native/American Indian beneficiaries. Successful candidate must be board certified in Internal Medicine and dedicated to providing the highest quality health care. Qualified candidates can forward CV's to: Sonya Conant, HR Director, via email at sconant@anthc.org or fax 907-729-1315. For more information or to apply online please visit www.anthc.org.

MASTER EDUCATOR TRAINING FELLOWSHIP PROGRAM. Boston University School of Medicine is accepting applications for its new MET (Master Educator Training) Fellowship program, for physicians who plan an academic career with a focus on medical education. This 2 year full-time program is a collaboration among the Schools of Medicine, Education, and Public Health. Stipend and tuition, to complete a new Masters degree program in Teaching Clinical Medicine, is included. Jay Orlander, MD, MPH, Section of General Internal Medicine, is Program Director, Ben Siegel, MD, Department of Pediatrics is Associate Program Director. Contact Debra Paarz, 617-414-5013; dpaarz@bu.edu, or visit www.bu.edu/fammed/fellowship for applications and information.

OBSTETRIC AND CONSULTATIVE MEDICINE FELLOWSHIP PROGRAM FOR GENERAL INTERNISTS . Brown Medical School is accepting applications for its 2004-2006 fellowship program for physicians who plan an academic career in general medicine with a focus on medical problems in pregnancy. This 2 year full-time program is based at Women and Infants' Hospital of Rhode Island (one of the nation's largest obstetric centers) and provides general internists with clinical expertise and research training in medical problems in pregnancy. Raymond Powrie, MD, Associate Professor of Medicine and Ob/Gyn and Academic Director of Obstetric and Consultative Medicine is Program Director. Individuals interested in pursuing this unique area of general medicine should contact Donna Bagdasarian, 401-274-1122 x 2356; email dbagdasa@wihri.org, or visit www.obmed.org for more information.