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**INTRODUCING SGIM'S 10  
COLLABORATIVE CENTERS  
FOR RESEARCH AND  
EDUCATION IN THE CARE  
OF OLDER ADULTS**

*Seth Landefeld, MD and Brent Williams, MD*

**I**n January 2003, SGIM awarded \$900,000 to 10 Collaborative Centers for Research and Education in the Care of Older Adults. What have they done, and where are they going? This article provides an overview of the Centers, which are the largest component of the SGIM initiative, "Increasing Education and Research Capacity To Improve Care of Older Americans," funded by a grant from the John A. Hartford Foundation. A series of articles in subsequent issues of *Forum* will describe the programs and models being developed at each Center, focusing on innovations likely to be of relevance to other institutions.

The Collaborative Centers are now up and running, led by Stewart Babbott and Sandra Bellantonio at Baystate Medical Center; John Williams and Mitchell Heflin at Duke; Valerie Weber and Robb McIlvried at Geisinger Medical Center; Marilyn Schapira and Edith Burns at Medical College of Wisconsin; Beth O'Toole and Jim Campbell at Metro-Health Medical Center/Case Western Reserve University; Judy Bowen and Carol Joseph at Oregon Health and Science University; Ken Langa and Brent Williams at the University of Michigan; Asher Tulskey and Hollis Day at the University of Pittsburgh; Lynne Kirk and Craig Rubin at UT Southwestern, and

Andy Wolf and Jonathan Evans at the University of Virginia.

**Collaborative Centers Address  
Barriers to Improved Training and  
Faculty Development**

The Collaborative Centers have taken a variety of approaches to address three fundamental barriers to improvement in training and faculty development to improve care of older persons: lack of adequately trained teachers and mentors, the hidden curriculum embodied in the belief that explicit training in geriatrics has little to offer the generalist, and the lack of research collaborations between general medicine and geriatric medicine. These barriers were identified by a series of systematic reviews commissioned by SGIM,<sup>1-4</sup> and the need to overcome these barriers was highlighted by a group of papers recently published in *JGIM*.<sup>5-8</sup>

All the Collaborative Centers will identify star GIM clinician-educators and facilitate their development as champions of training in the care of older persons. The Centers will use a variety of different models adapted to their local environment while sharing their experience to identify common themes and lessons. Highlights of the Center activities

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**ON BALANCE**

**Working Less Than Full Time**

Hilit Mechaber, MD and Robert M. Centor, MD

*“I greatly favor part-time solutions as this seems to allow excellent clinician educators to balance home and work. Any institution, division, or department that does not understand this is missing a wonderful resource.”*

**Bob Centor—University of Alabama at Birmingham**

**T**his past year, SGIM has focused time and energy defining the scope and purpose of our specialty. We examined the future of General Internal Medicine and most recently, at our National Meeting, engaged in critical dialogues and discussions about “Generalist Physicians as Agents for Change.” We recognized the influence we have to advocate for change in policy, clinical care, and medical education.

We are witnessing a great flux in medicine today, with demographic changes, as well as a large increase in academic demands on medical faculty. As we strive to meet increased demands for clinical productivity, we face increased competition for grant funding, and decreased reimbursement and time for teaching. Simultaneously, many of us struggle to meet demands at home from children, aging parents, and dual careers.

To meet the changing nature of personal and professional responsibilities, many academic general internists have found it necessary to make adjustments in their professional schedules in order to fulfill their most important personal and professional priorities. Some choose to maintain their work commitments, but need more flexibility in order to meet their duties at home. Others may want to continue to work with maximum intensity, but over less time, leaving blocks of time

available for their personal responsibilities.

While the literature more frequently has addressed part-time work, we have a paucity of data regarding the implications for academic physicians. Since no one has defined (or should define) a standard Part Time Academician, individual faculty, Division Chiefs and Institutions redefine solutions with each faculty member.

One could ask whether it is possible for faculty to participate in patient care and a faculty practice, teach, and do research, fulfilling the missions of our institutions, while working part-time?

**We are witnessing a great flux in medicine today...**

We queried the ACGIM Listserve requesting examples of part-time arrangements, including work model descriptions, benefits offered, and opinions.

Division Chiefs from 22 institutions participated in the discussion, with 91% responding that they did have some faculty with part-time work arrangements. Most Chiefs believe that maintaining a part-time faculty work model has value, but this sentiment was not unanimous. With the benefits come great challenges, many unique to each institution. There is huge diversity in the way each program creates or allows for part-time work.

As Fran Brokaw (Dartmouth) poignantly summarized, “As they say, when you have seen one academic medical center, you have seen one academic medical center.”

Most Chiefs stated that maintaining flexible work options and part-time

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# WORKING WITH COMMUNITIES: BUILDING RELATIONSHIPS ONE BY ONE

JudyAnn Bigby, MD

**R**ecently a dear colleague died suddenly from an intracerebral hemorrhage, at the age of 56. She was not a physician or academician, she was an advocate in the greater Boston area for black women with lupus. Bobbie was diagnosed with lupus many years ago. She learned that black women with lupus had a lot of questions about their disease and she pursued the answers. They also turned to her to learn to cope with the disease and balance their families, work, church life and other responsibilities. She formed a support group, Women of Courage. But that wasn't enough for her. She read in a local newspaper that the Massachusetts Department of Health was studying the "epidemic" of collagen vascular disease among women in a predominantly white neighborhood in Boston. She pursued officials at the health department until they met with her to respond to her inquiries about the absence of a similar study in her predominantly black neighborhood in Boston. Eventually she helped the department get funding from the NIH to study lupus, genetics, and the environment among black women in Boston. She became an expert in developing participatory community-based research. But that wasn't enough for her.

I met Bobbie when she came to one of our breast and cervical cancer coalition meetings one Monday evening. She had heard that a group of community women, academicians, public health officials, faith-based organizations, community activists, and others were meeting and "doing" to address the disproportionately high death rates from breast and cervical cancer among black women in Boston. She soon became one of the coalition co-chairs and used her networks from her lupus work to spread the word and

get others involved. She was a constant voice for the community and challenged everything to make sure our interventions addressed the community's perspective. Her words were sometimes harsh and difficult to hear, but we knew she was right.

I helped Bobbie with her other work as much as possible. Speaking at her community forums, answering questions, helping to find health care providers for women who were disconnected from health care, and helping her family members pursue some of their



dreams. Through her I have met countless other women in the community who want to do good and want to work to improve the health of their communities. Most do this work on their own time. Most have very little funding to support their efforts. They are appreciative of the

resources and expertise that health care and public health professionals bring to the table, as long as we are willing to be out in the community and respect the voices of the women who represent the community.

The relationships that have come out of my friendship with Bobbie are established and won't end because of

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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 A. Ibrahim, MD and Joseph Conigliaro, MD, MPH

## VA Research-Funding for Minority Investigators

The VA Health Care System plays an important role in the national effort to advance research in health care especially in minority health. This summer, the VA Office of Research and Development (ORD), has announced three new research-training programs aimed at increasing the number of minorities entering and remaining in biomedical and clinical research in the VA. These programs are also intended to encourage partnerships and collaborations between VA Health Care Facilities and Historically Black Colleges and Universities (HBCUs), Hispanic-Serving Institutions (HSIs) and Tribal Colleges and Universities (TCUs). The definition of ethnic/racial minorities used by the VA Office of Research and Development for this announcement is based on that of the Office of the Budget and Management of the White House.

There are two aspects of this program that are of interest to new and junior investigators. The first is a **VA research Mentored-Minority Supplemental Award (MMSA)**. The award is very similar to the previously described National Institutes of Health (NIH) supplement award in terms of what they provide and the application process. Just like the NIH-supplement, the VA MMSA is intended to enable Principal Investigators who have VA research support to include minority investigators on their projects.

The second VA research program targeting ethnic/racial minority investigators is the **VA research Mentored-Minority Career Enhancement Award (MMCEA)**. This award provides a structured, 3-year mentored research training experience. The award provides 75% protected time for research

including full salary support. The ideal candidate for this award is someone (either MD or PhD) who has just completed either a fellowship program or post-doctoral training, who has a VA-based mentor (potential mentor) and is willing and eligible to pursue a research career within the VA Health Care system.

The third program in this announcement is the **Mentored Minority Research Enhancement Coordinating Center (MINREC)**. This program is intended to support institutional

collaborations between VA and minority-serving institutions (HBCUs, HSIs, and TCUs). Collaborations will involve students and faculty from these institutions partnering with a cadre of mentors from VA.

For detailed information on any of these programs and eligibility criteria, please visit: <http://www.appc1.va.gov/resdev/fr/minoritytraining.cfm>.

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

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## Innovations In Practice Management Solicited for Annual Meeting

D.C. Dugdale, MD and Mo Nadkarni, MD

Our 27th SGIM anniversary meeting in Chicago will include the Innovations in Practice Management session, now in its fifth year. In maintaining the tradition of responding to the needs of the SGIM membership, we will include topics that are relevant to the complex practice issues facing internists in 2004 and beyond. This is a terrific opportunity to present your work to colleagues with an interest in improving clinical practice. We welcome submissions related to resident, faculty, or non-academic practices.

The goals of the Innovations in Practice Management session are to:

- ◆ Provide a venue for participants to describe and discuss novel practice management strategies
- ◆ Present scholarly work in practice management innovation or improvement; given the realities of practice, this need not rise to the level of a formal research project
- ◆ Provide a setting for members to

present their work in a peer-review milieu and receive academic and national acknowledgement

A list of topics of interest includes, but is not limited to:

- ◆ Technological Application in Practice Management (e.g., use of internet-based healthcare innovations to facilitate patient care to promote improved continuity relationships, use of electronic medical/clinic record)
- ◆ Technological Application to Reduce Medical Errors (e.g., automated medication order entry systems to reduce prescription errors, computerized reminders to identify needed services or tests)
- ◆ Disease Management and Practice Guidelines (e.g., physician-friendly venues to facilitate implementation of evidence-based medicine or practice guidelines)
- ◆ Alternative health delivery models (e.g., email or PDA based software)

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# Be on the Lookout: SGIM Health Care Reform Survey

Oli Fein, MD

**S** GIM's Health Policy Committee has created a survey questionnaire for all SGIM members. It is based on the 26-item questionnaire that was circulated to the membership in 1992. At that time, 60% of SGIM members responded with an 80-90% consensus on most questions. This placed SGIM as the only medical professional organization that had polled its members on health policy issues and had achieved such a remarkable majoritarian consensus. The result was the SGIM Statement on Health Care Reform (see the SGIM website).

SGIM's Health Policy Committee would like to repeat the survey in 2003-2004. We have updated the language, but have adhered to the outline and content of the 1992 questionnaire in order to be able to make comparisons with the previous survey. Since the 1992 survey antedated the era of high prevalence e-mail use, it was a paper-

and-pencil mailed questionnaire. The current survey will be conducted online through an e-mail push to all SGIM members. This will reduce the cost of the survey and facilitate compilation of the results. The Committee is concerned that this could reduce the response rate, however. This SGIM Forum announcement is designed to alert members that they will be receiving the survey during the next month.

At this time, when health care reform issues are front-page news, with 2.4 million more uninsured Americans, health costs continuing to escalate at double-digit numbers, and more and more Americans becoming underinsured, the voice of SGIM becomes even more important. This is the right time for SGIM to speak out on health care reform. **SGIM**

## Loan Repayment Helps Health Researchers

P. Preston Reynolds, MD, PhD, FACP

**N**ow in its second year of funding, the NIH Loan Repayment Programs (LRPs) are making a significant difference in the careers of junior investigators around the country. Originally designed as an intramural program only for NIH post-doctoral fellows, Congress in 2000 expanded the program making it available to health researchers working at institutions around the country and conducting studies in both clinical and health services research. In fiscal 2003, the NIH LRPs funded 2/3 of eligible applications with awards going to 1200 junior investigators at a total cost of \$60 million (or 0.2% of NIH's total budget).

Every NIH Institute puts money into the program and funds  $n = x$  individuals with  $x$  being determined by the Institute itself. Each Institute also covers the cost of administering the program and the participants' Federal and state tax liabilities resulting from the LRP payments. Participants must possess a doctoral-level degree (MD qualifies), devote 50% or more of their time for two years to research funded by a nonprofit organization or government entity (Federal, state, or local), and have educational loan debt equal to or exceeding 20% of their institutional base salary. Specifically, nearly 90% of the money in the program is earmarked for junior investigators doing research in the clinical sciences and pediatrics; about 10% for those working in the fields of health disparities, and in contraception and infertility, and for individuals with disadvantaged backgrounds.

The program hopes to target those who will benefit most and thus, preference is given to junior investigators in the first or second year of fellowship. The loan repayment award will cover one-fourth of a junior investigator's debt

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## Call for Applications—UpToDate/SGIM Collaborative Awards Program

Elizabeth Eckstrom, MD, MPH

**S** GIM and UpToDate are pleased to announce a new collaboration to improve the care of the underserved and continuing education of physicians working in these communities. Over the past four years, SGIM members have served as peer reviewers for the Primary Care topics of UpToDate, establishing a relationship that provided feedback to UpToDate from a primary care perspective, and allowed SGIM members to gain skills in peer review and evidence based medicine. UpToDate and SGIM are now expanding this collaboration to donate subscriptions to SGIM members who work in medically underserved areas, and could benefit from a subscrip-

tion to UpToDate, but who do not currently have funding to support such a subscription. Twenty individual one-year subscriptions will be awarded through this grant program. To qualify for the grant, an individual must show evidence of financial need not met by their institution or organization, and must briefly explain how an UpToDate subscription will enhance their ability to provide high quality patient care and teaching. For more details, or if you would like to apply to the program, please visit the SGIM website ([www.sgim.org](http://www.sgim.org)). Applications are due by December 31, 2003. **SGIM**

# THE SGIM RESEARCH AND EDUCATION MENTORSHIP AWARDS PROGRAM

*P. Preston Reynolds, MD, PhD*

**W**hen I stepped down after six years as chair of the SGIM One-on-One Mentorship Program, I offered to develop the Society's Research and Education Mentorship Awards program, and to do so with Harry Selker. This program was established originally with a Grant from HMR. In 2001 Aventis began funding the program and has done so for the past three years. Since its inception, I have served as chair of the awards committee joining with senior SGIM members in the selection of grantees.

The goal of the SGIM Research and Education Mentorship Program is to support the career of a junior faculty member in his/her first several years on faculty through providing mentorship opportunities with a senior individual. The award funds the travel costs of up to two trips to enable the applicant to work with a senior individual located in a different city who is affiliated with another academic institution. The applicant can apply for funds (up to \$1000) to conduct a pilot project or analyze existing data ideally in preparation for a larger grant. The mentor is given an honorarium (\$500) and is expected to have an on-going relationship with the mentee. Preference is given to SGIM members.

Grants are scored along three dimensions: Relevance to General Internal Medicine (15 points); Research Career Development (15 points); and The Mentorship Relationship (15 points). More specifically, the "Relevance to General Internal Medicine" score factors the relevance of the project to SGIM members, whether the proposed research methods to be learned or refined are appropriate for the questions to be addressed; reference to the literature in developing the project proposal; and evidence of working with the mentor in developing

the proposal and budget. The "Research Career Development" score considers the rationale for choosing a specific mentor; clarity of personal and professional needs of the mentee; and whether this award is critical to the applicant's research and academic career. Lastly, "The Mentorship Relationship" score evaluates whether there is a specific plan as to how the time together will be used; whether the mentor and mentee have worked together previously and if there is preliminary work undertaken prior to

this application; strength of the letter of support from the mentor that indicates a commitment to work with the mentee; and lack of individuals with this skill set at the mentee's home institution, and thus, the rationale for choosing the mentor. Thirty of the total 45 points are focused on career development and research mentorship.

Four sets of awards have been given since the initiation of the program. The number of awardees has depended primarily on the amount of money available to distribute.

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**2000**

Sommath Saha  
Assistant Professor, Portland VAMC  
Thomas Gallagher  
Assistant Professor, Wash U  
Sumit Majumdar  
Assistant Professor, U Alberta  
Paul Haidet  
Assistant Professor, Houston VAMC  
Robert Vu  
Assistant Clinical Prof, GW Med School

Andy Bindman  
Professor of Medicine, UCSF  
Wendy Levinson  
Professor of Medicine, U Chicago  
Jerry Gurwitz  
Professor of Medicine, U Mass  
Tom Inui  
Professor of Medicine, Harvard  
Debra Litzelman  
Professor of Medicine, U Indiana

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**2001**

Cynthia Ledford  
Assistant Professor, Ohio State U  
Steve Simon  
Assistant Professor, Harvard  
Don Barnett  
NHSC  
Kenneth Langa  
Assistant Professor, U Mich

Lou Pangaro  
Professor of Medicine, USMS  
Kelly Skeff  
Professor of Medicine, Stanford  
Charles Griffith  
Professor of Medicine, U Ky  
Eric Larson  
Professor of Medicine, U Wash

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**2002**

Chitra Uppaluri  
Assistant Clinical Prof, St. Louis U  
Cheryl Rucker-Whitaker  
Assistant Professor, Rush Med Coll

Diane Lauderdale, U Chicago  
Associate Dir, RWJCS Program  
Kate Lorig  
Associate Professor, Stanford

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**2003**

Karen DeSalvo  
Assistant Professor, Tulane U  
Bruce Ling  
Assistant Professor, U Pittsburgh

John Peabody  
Associate Professor, UCSF & UCLA  
Clarence Braddock  
Associate Professor, U Wash

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## COLLABORATIVE CENTERS

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include the following:

- ◆ Baystate Medical Center is implementing a Geriatrics Medicine Faculty Track for generalist faculty, mirroring the established Geriatrics Medicine Residency Track.
- ◆ The Duke Collaborative Center will enhance the capacity for aging research, and develop star generalist educators with a special interest in the care of older persons. Duke will also develop web-based learning modules and “toolkits” of practical “just-in-time” clinical resources.
- ◆ At Geisinger Medical Center, an Institute on Aging will be created to support research and education to improve care of rural elders.
- ◆ The Medical College of Wisconsin is developing “COCOA,” the Collaborative Center for the Care of Older Adults. COCOA will nurture and advance GIM faculty toward leadership roles as educators and investigators in the care of older patients.
- ◆ MetroHealth Medical Center is instituting a new curriculum—“Geriatric Education and Research to Improve Quality”—and will evaluate it in a firm-based trial.
- ◆ The University of Michigan will institute 16 hour long training seminars on Geriatrics in Primary Care for general medicine faculty, aiming to develop outstanding physician-educators to transform the education and training of future physicians. A Research Faculty Development Program will facilitate collaboration between existing strengths in general medicine and geriatrics.
- ◆ The Oregon Collaborative Center aims to change the habits of practice of older adults. Recognizing and capitalizing on “geriatric teaching moments” will be cultivated.
- ◆ The University of Pittsburgh will establish three progressively advanced levels of faculty development to establish selected GIM faculty as geriatrics “champions,” building on the institution’s existing Clinician

Educator and Clinical Research Training Programs.

- ◆ UT Southwestern has implemented a Geriatrics Faculty Scholars model for GIM faculty development in teaching the care of older persons. A structured evaluation will measure first- and second-order outcomes.
- ◆ The Virginia Collaborative Center will implement a polypharmacy quality improvement program in the Department’s primary clinical teaching site, aiming to improve care and education while providing GIM faculty and trainees research opportunities.

The Center Directors met for the first time at the Annual Meeting in Vancouver in May. Working groups of 2–4 Center Directors presented reports on five topics of mutual interest:

- ◆ Teaching Resources for Curricula in Geriatrics;
- ◆ Model Programs for Teaching Geriatrics;
- ◆ Teaching Evaluation Instruments;
- ◆ Funding Opportunities for Faculty Development;
- ◆ Opportunities for Cross-institutional Collaboration.

Materials on Teaching Resources are currently available on the SGIM Geriatrics website (<http://www.sгим.org/GeriatricsTeachingResources.cfm>); materials prepared by all the working groups will be posted at the program website, <http://www.sгим.org/hartfordoverview.cfm>. **SGIM**

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## LOAN REPAYMENT

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annually up to \$35,000 in each of years 1 and 2. The amount of debt repayment in subsequent years is still to be determined by NIH, and likely will depend on the resources available, demand and experience of the program.

Applications are scored based on the merit of the research proposal, the statement of career interest in research, and support from a mentor or senior investigator. The deadline for applications is December 31, 2003.

For more information, see: <http://www.lrp.nih.gov> or contact Ed Maixner at [maixnere@mail.nih.gov](mailto:maixnere@mail.nih.gov). **SGIM**

**Editor’s Note**—Dr. Reynolds is currently serving as a Visiting Scholar, National Library of Medicine, NIH.

**ON BALANCE***continued from page 2*

positions for faculty offer significant benefits to their individual faculty members and divisions. The part-time positions increase job satisfaction, particularly among some female faculty. Part-time positions enhance gender diversity. Many divisions have a recruitment advantage for excellent clinical faculty, as many competing private practice groups do not readily accommodate physicians who want to work less than full-time. These arrangements offer flexibility not only to the faculty member, but to the Division Chief as well.

Part-time physicians have notably less burnout, likely resulting in sustained quality of care. Most believe that part-time physicians have higher clinical productivity than their full-time counterparts. Part-time faculty have also been successfully promoted to both the Associate and Full Professor rank, mostly on the Clinician-Educator track. While there is a recognized cost in benefits, and overhead expenses in practices, overall the savings are higher when there is retention of experienced and talented faculty who would otherwise leave or never have been available at all.

Despite the numerous positive effects of the part-time work arrangements, there are, no doubt, significant challenges as well. The Chiefs must balance the needs of their faculty with demands of patients and fiscal realities. Part-time faculty can be more expensive, as some overhead costs remain the same, regardless of time effort. The faculty-specific revenue may also not cover faculty-specific costs. Many institutions lack designated faculty tracks that can fit different roles, decreasing flexibility for Division Chiefs to create desirable job descriptions. Less than full-time physicians frequently contribute much more to their divisions than their paid time would indicate. Within a Division, for the Chiefs, faculty morale and perception are also important, in assessing whether this model works. Some full time faculty

complain that part-time faculty use their days “off” to do scholarly work, and can thus look more productive than their full-time counterparts who do proportionately more clinical work. Lack of “face-time” and inequities in clinical coverage can also generate a mild but constant undercurrent of frustration on the part of the full-timers.

Physicians who choose to work less than full-time in order to meet their personal responsibilities face many individual obstacles. Some traditional academicians may question their commitment if they are absent during times of important meetings or not participating in committee work. In the

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**As we forge ahead and embrace the changes we face as academic generalists, we must also recognize the changing needs of physicians in the workforce.**

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process of limiting their work hours while maintaining their divisional commitments, physicians who work less than full time may receive proportionally less compensation. This situation is no different for a physician in a full-time academic position. When part-timers sacrifice salary or benefits in exchange for more “free” time, they often show more reluctance to participate in extra (uncompensated) projects.

As each Division has a unique composition of faculty, with different institutional needs, the models for incorporating less than full-time physicians into practice all vary. Intrinsic to the practice of general internal medicine, is the need to balance patient care with demands of teaching, administration, and research. This requires the ability to set limits, both personally and professionally. The

main differences occur between those divisions with a predominantly clinical faculty and those with a larger proportion of teaching faculty. The division of labor is unique to each practice and Division as well. Some part-time faculty work a portion of each day, to allow for more patient coverage, and less burden with cross-coverage care. Others choose to work full days with other full days off completely. Some faculty do not attend on wards, for example, or give up other responsibilities not truly conducive to part-time work. Some solely teach. Much of these differences are dependent on allocation of dollars, and the sources of these funds. However, the pros and

cons and themes of challenges are very similar. Strikingly, 20 of the 22 institutions represented in our sample that do allow for part-time work provide benefits (medical, malpractice, disability, CME days and monetary support, vacation, etc.) to the faculty members.

While they differ in source of payment for these benefits, and whether or not they are prorated for work effort, this supports an extremely important sentiment: that these physicians are as valued as their full-time counterparts, and not any less important to the mission of their departments and universities.

As we forge ahead and embrace the changes we face as academic generalists, we must also recognize the changing needs of physicians in the workforce. For those working less than full-time, we would prefer that negotiating an appropriate job description should not be a function of luck—but rather be based on the respect and recognition of the values of the individual physician as well as the division. Factors that may affect this are location, institution, and comfort of the Division Chief with this

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## They see people from “the community” in the hospital, but they don’t feel a connection to the community.

her death. We all have committed to work together toward a common goal of improving the health and well being of our communities. It has taken many years to arrive at the point of trust, mutual understanding, and an appreciation of what we have to give each other in the relationships we have developed.

One of my dearest physician colleagues recently left Boston to take a year’s sabbatical in another city. I told him that people were taking bets about whether or not he would return. He laughed and reflected on why he was certain he would return. One of the primary reasons—the amount of time it had taken him to build relationships in the community. How could he let those go? How could he start all over in another city?

In a meeting with a resident who is interested in linking her training and career to “community health themes” she reflected on grumbling from residents with whom she shares clinic. They see people from “the community”

in the hospital, but they don’t feel a connection to the community. For the last several years we have organized a “tour” of the community with entering primary care interns, linked to a discussion of the public health problems facing different Boston neighborhoods. This activity is well received and eye opening—even for the residents who went to medical school in Boston. This year we offered a tour of different Boston neighborhoods and an opportunity to perform community service as part of the orientation for all interns. The majority of interns participated in this voluntary activity and most wanted to know how they could continue to do more during their internships. There is clearly a need to integrate these activities in our residency program but

we are challenged by competing curriculum themes and worry about compliance with resident hour guidelines. (Fortunately, an SGIM workgroup is hard at work examining these issues.) I realize that Bobbie could have given us a fresh perspective in addressing these dilemmas.

My friend and colleague is gone, but her presence is still felt. Through her commitment to improving the health of women, she opened up my world and the world of others in ways that she never imagined she would. She understood that academia had much to give to her efforts and much to learn from her worldview. She took risks in developing and maintaining relationships that lead to programs and research that will help to fulfill her dream of healthier communities. Facilitating opportunities for trainees, professional colleagues, and others to understand the importance of developing relationships, one by one—with women like Bobbie, should be an important goal for academic general internal medicine faculty and divisions. **SGIM**

## ON BALANCE

continued from previous page

## We must encourage our institutions to understand these changes as well, and expand our efforts across all subspecialties.

alternative work arrangement.

SGIM has embraced work life balance through the work of the Personal-Professional Balance Interest Group and the Mary O’Flaherty Horn Scholar’s Program. ACGIM and its leadership have explicitly echoed their

support of this issue. We must encourage our institutions to understand these changes as well, and expand our efforts across all subspecialties. As each university may or may not develop specific policies, SGIM and ACGIM should develop model guidelines for less than full time academic positions and promotion criteria.

While this survey is anecdotal, we are planning further studies to better clarify the important factors, patient care outcomes, and solutions. Many

Divisions of General Internal Medicine have found creative and diverse ways to incorporate flexible work options and less than full time positions. Still not all divisions can or will take advantage of these important faculty members. **SGIM**

*“Resistance to part-time positions has diminished as we work towards our goals of achieving diversity amongst faculty. These positions are vital to job satisfaction, particularly to female faculty.”*  
**Larry Bergstrom—Mayo Clinic**

**INNOVATIONS IN PRACTICE MANAGEMENT***continued from page 4*

- ◆ Physician Profiling (e.g., practical ways for the physician, or practice managers to gain ready access to information regarding performance measures of quality healthcare delivery and related issues)
- ◆ Measuring and Improving Patient Satisfaction and Quality of Care (e.g., ways to share knowledge with patients, allow patients unfettered access to their own medical information/record, ways to invoke a participatory style of decision-making)
- ◆ Focused Patient Care (culturally-sensitive patient learning centers/ programs)

All authors should submit electronically. Full details and instructions can be found on the SGIM web site

([www.sgim.org/AM04.cfm](http://www.sgim.org/AM04.cfm)). The deadline for submissions is January 7, 2004. SGIM member volunteers will blindly review all submissions. The authors of the four most highly rated submissions will be invited to give an oral presentation during a special 90-minute session. The remainder of the accepted submissions will present in a "story board format"—a poster up to 30" x 40" in size with 6 feet of table space configured in a way to promote interaction. We anticipate building on the success and enthusiasm of the previous four sessions and look

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**The authors of the four most highly rated submissions will be invited to give an oral presentation during a special 90-minute session.**

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forward to another crop of terrific submissions. **SGIM**

*Editor's Note—Dr. Dugdale and Dr. Nadkarni serve as the Chair and Co-chair, respectively, of the Innovations in Practice Management Session for the 2004 Meeting.*

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**MENTORSHIP PROGRAM***continued from page 6*

Applications will be accepted again this year with a submission deadline date of December 31, 2003. Applications must include a research proposal and budget developed with a mentor, a statement that addresses how this award will enhance the applicant's career and reasons for selecting the mentor, a letter of support from the mentor, and the curriculum vitae of both the applicant and mentor.

For more information, contact P. Preston Reynolds, MD, PhD, FACP, Chair, SGIM Research and Education Mentorship Awards Program at [pprestonreynolds@comcast.net](mailto:pprestonreynolds@comcast.net) or [reynolp@mail.nlm.nih.gov](mailto:reynolp@mail.nlm.nih.gov); or Lorraine Tracton at [tractonl@sgim.org](mailto:tractonl@sgim.org). **SGIM**

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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.sгим.org>. Send your ad, along with the name of the SGIM member sponsor, to [tractonl@sgim.org](mailto:tractonl@sgim.org). It is assumed that all ads are placed by equal opportunity employers.

**ACADEMIC GENERAL INTERNISTS.** Brigham and Women's Hospital's Division of General Internal Medicine and Primary Care seeks academic general internists with interest in clinical epidemiology and health services research. These positions will be structured to provide 50–80% protected time to conduct research. Academic rank and salary will be commensurate with qualifications. Review of applications will begin immediately and continue until positions are filled. Send letter of interest and CV to David Bates, MD, Division of General Internal Medicine, BC3-2M, Brigham and Women's Hospital, 1620 Tremont St, Boston, MA, 02120-1613. Brigham and Women's Hospital is an affirmative action, equal opportunity employer.

**BIOETHICS FELLOWSHIP (DHHS):** The Department of Clinical Bioethics at the National Institutes of Health (Department of Health and Hu-

man 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](mailto:bchen@cc.nih.gov); [www.bioethics.nih.gov](http://www.bioethics.nih.gov).

**CLINICIAN SCIENTISTS.** The Division of General and Geriatric Medicine at the Kansas University Medical Center is recruiting several clinician scientists. Assistant professor positions provide three years of 80% protected time and seed money support for the development of a coherent research agenda. Active areas of research include health and healthcare disparities, access to care, and quality of care. Qualified candidates at the associate professor level would also have resources to recruit additional faculty. Interested candidates should contact Jeff Whittle, MD, MPH; Director, Division of General and Geriatric Medicine; Kansas University

Medical Center; Wescoe 5026; 3901 Rainbow Boulevard; Kansas City, KS 66160. Phone: 913-588-6063. Email [jwhittle@kumc.edu](mailto:jwhittle@kumc.edu). KUMC is an Equal Opportunity/Affirmative Action employer. Not a J-1 position.

**FELLOWSHIP, BIOETHICS AND HEALTH POLICY.** The Greenwall Fellowship Program in Bioethics and Health Policy, an interdisciplinary program sponsored jointly by Johns Hopkins University and Georgetown University, is offering two-year post-doctoral fellowship positions beginning in 9/04. The position includes: individualized academic program, internship in a health policy setting, supervised research, and teaching. No prior bioethics experience required. Please send a CV, three letters of reference, copies of undergraduate/graduate transcripts, a writing sample, and a personal statement describing why you want to be a Fellow to Ruth Faden, Greenwall Fellowship Program, c/o Bioethics Institute, 624 N. Broadway, HH 352, Baltimore, MD 21205-1996. For more information write to the above address or visit <http://www.hopkinsmedicine.org/bioethics/> and click on "Academic Programs." Application deadline: 12/1/03.

**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  
*continued on next page*

## Geriatrics Faculty Opportunities

**T**he 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.

# SGIM FORUM

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## CLASSIFIED ADS

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cal 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.

General Internist/Researcher-Houston, TX: Large multidisciplinary Health Services Research and Development Center is seeking an accomplished General Internist/Health Services Researcher with a research focus in health decision-making, disparities, chronic care model, or implementation research. 75% protected research time offered. Please visit our website to apply: <http://www.hsr.d.houston.med.va.gov>.

POSTDOCTORAL RESEARCH FELLOWSHIPS in Cardiovascular Disease Prevention. The Stanford Prevention Research Center, an interdisciplinary research program on the prevention of chronic disease, is seeking applicants for postdoctoral research fellowships for 2004–2005. Fellows gain direct research experience in cardiovascular disease prevention, community and health psychology, behavioral medicine, intervention methods, clinical epidemi-

ology, research design, and biostatistics. Concurrent enrollment in a masters degree program in clinical research is possible. Applicants should have interests in exercise, nutrition, social and cultural determinants of health, applied biostatistics, complementary and alternative medicine research, tobacco cessation and control, child and adolescent health

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promotion, successful aging, or women's health. Stanford University is committed to increasing representation of women and minorities in its fellowship programs and particularly encourages applications from such candidates. Only citizens and permanent residents are eligible for this fellowship. Appointments are from 2 to 3 years. Applications are due by 15 December 2003. Information and application procedures are on our website: <http://prevention.stanford.edu>, or write: Ms. Susan Ayres, SPRC, Stanford Medical School, Stanford, CA 94305-5705. Email: [SJAyres@Stanford.edu](mailto:SJAyres@Stanford.edu).

WOMEN'S HEALTH CLINICIAN EDUCATOR. The Division of General and Geriatric Medicine at the Kansas University Medical Center is recruiting outstanding clinicians, educators and scientists. We are especially interested in individuals who identify women's health as a primary area of interest. One position is available for a person who will take the lead on development and implementation of a women's health curriculum within our 80 person residency program. We anticipate this person will spend 50% of their time in clinical activity, with or without trainees, and the remainder will be spent working on the curriculum. Fellowship training or prior educational experience required. Faculty development is available. Interested candidates should submit a C.V. to Jeff Whittle, MD, MPH; Director, Division of General and Geriatric Medicine, Kansas University Medical Center; Wescoe 5026; 3901 Rainbow Boulevard; Kansas City, KS 66160. Email [jwhittle@kumc.edu](mailto:jwhittle@kumc.edu). KUMC is an Equal Opportunity/Affirmative Action employer.