Society of General Internal Medicine

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

SGIM FORUM

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NEW SGIM OFFICERS AND COUNCIL MEMBERS ELECTED

Shortly before the spring national meeting, elections were held for new officers and council members. The *Forum* is pleased to present their position statements as a means of introducing our new leadership team.

Barbara J. Turner MD, MSED, MA, 2004 President-Elect

Position Statement: SGIM has given me much more than I can ever offer in return. During my presidency, I will promote being proactive to advance our profession and SGIM through 4 initiatives:

1. Advocate for quality care for the underserved and the central role of general internal medicine (GIM) in adult health care. Expand SGIM's participation in the national debate on these and other related topics through strategic partnerships. Offer small grants for research on these subjects. Build a database of current evidence in these topics linked to the SGIM website for members to use in advocacy efforts with patients, trainees, health care stakeholders, and policymakers.
2. Promote generalism to trainees and stimulate growth of SGIM. Develop a curriculum on the joys of GIM to stimulate trainees' interest in GIM (and SGIM). Form an International Generalism Task Force to define ways to engage generalists from abroad.
3. Advance our members' careers. Gather data on members' successes and challenges to academic advancement. Focus on under-represented minorities and women who often face a steeper climb to career advancement. Identify new opportunities for SGIM to foster the careers of its members in addition to our terrific Mentoring Program.
4. Increase resources to advance SGIM's missions. Within the framework of acceptable funding sources, explore opportunities to expand SGIM's small grants program and to increase our ability to advocate for our causes on the national scene.

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Research Funding Corner

Joseph Conigliaro, MD, MPH

Small Clinical Grants In Digestive Diseases, Nutrition And Obesity

Pa Number: PAR-04-082
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
(http://www.niddk.nih.gov)

The goal of this initiative is to encourage clinical and epidemiological research into new therapies or means of prevention of digestive and liver diseases, nutritional disorders and obesity. Specifically this announcement encourages the submission of applications for pilot studies relating to gastrointestinal, pancreatic and liver diseases and nutritional disorders including obesity that are particularly innovative and/or potentially of. High impact. Specific examples of research areas of interest include but are not limited to: disorders of GI function, including irritable bowel syndrome, and gastroparesis; disorders characterized by GI inflammation, including inflammatory bowel disease, and celiac disease; preneoplastic conditions, such as Barrett's esophagus; hepatobiliary diseases, including acute and chronic hepatitis B and C, and prevention and treatment of complications of liver transplantation, prevention and treatment of obesity, including: modification of dietary practices or eating environments.

This PA will use the small grant (R03) award mechanism, may not exceed two years with direct costs up to $100,000 per year. The full PA can be found at http://grants.nih.gov/grants/guide/pa-files/PAR-04-082.html

Burroughs Wellcome Fund Clinical Scientist Awards in Translational Research

The Burroughs Wellcome Fund recently announced the 2005 solicitation for applications to the Clinical Scientist Awards in Translational Research program to support established independent physician-scientists (M.D. or M.D.-Ph.D. degree with appointment or joint appointment in a clinical medicine subspecialty) dedicated to translational research by reducing their general clinical responsibilities. Candidates must be at the late assistant professor or associate professor level, holding a tenure-track or equivalent position and already have an established independent research career. The program provides $750,000 over five years. A copy of the full announcement can be found at http://www.bwfund.org/programs/translational/clinical_scientists_main.html.

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

TROUBLE

Michael J. Barry, MD

"I got trouble in my town"
-Pink, *Try This*

I am writing my first president's column while preparing to head for Chicago for SGIM's 27th annual meeting. I have a pile of typical Unit Chief stuff to deal with before I can leave: finalizing the budget for our primary care quality improvement program; assembling a multidisciplinary research team for an upcoming grant proposal; and dealing with two General Medicine faculty promotion packages that were misplaced (for a year) by Harvard Medical School. I need to check that urine culture result from yesterday, and I can't forget to pick up those Mother's Day flowers this afternoon! I should be more nervous about stepping in as president of SGIM, but the prospects, on the surface, seem so positive!

Thanks to lots of hard work by our annual meeting committee, led by Nancy Keating and Mitch Feldman, the content of the meeting looks fabulous. We are closing in on the attendance record set in Vancouver last year. (I have proposed that Council members register twice if we get within ten of the record, and Ellen Yee has more cleverly suggested all pregnant registrants be counted as attending for two.) All our positions at the national office are filled with dedicated people (I hope you had the opportunity to say "hello" and "thanks" to our great crew at the meeting). The financial health of SGIM looks good, and should be even better in the wake of an annual meeting that shows every indication of being an extraordinary success. Why sweat?

The answer is obvious: the practice environment of General Internal Medicine is a mess, and that mess is symptomatic of the general chaos that is American medicine today. It's not a shortage of money; we're spending $2 billion *per day* on health care—nearly 15% of GDP. It's that we're spending the money in often wasteful and sometimes harmful ways. While our understanding of the molecular mechanisms of disease is advancing rapidly, we have largely failed to apply the same rigor to the evaluation of new technologies or more effective strategies of clinical practice. And we continue to tolerate remarkable variations in clinical practice across care systems and regions in the absence of a serious attempt to understand or address them. The work of Elliott Fisher and his colleagues (see Ann Intern Med 2003;138:I36 and I49—must reading for all SGIM members, in my opinion) has elegantly demonstrated that beneficiaries in regions with higher levels of Medicare spending not only do not enjoy better outcomes, but may actually fare worse, perhaps due to the more inpatient based and specialist oriented patterns of practice in these regions. And while this work suggests we may be wasting up to 30% of Medicare spending, the poor and growing numbers of uninsured continue to receive care that is often too little and too late.

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SGIM FORUM

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

On Balance

The Renew-O-Meter: Theory and History

Linda Hawes Clever, MD, MACP

Headlines blare; journals document; patients notice: it is no secret that physicians are in a fix. Other health professionals are, too. RENEW, a not-for-profit special project of the Institute for Health and Healing at the California Pacific Medical Center in San Francisco, was founded to address the slumped shoulders and spirits of physicians, nurses, and other health professionals—and the needed yet faltering cadres at the core of our society. People with *callings* can get *exhausted* doing good, caring for others, making the world a better place. They can get especially depleted when they work conscientiously at resolving the competing imperatives of work and life.

As we developed approaches to helping people revisit values, restore energy and optimism, redefine goals, and *move ahead*, we wanted to measure our effects. We also wanted to *engage* people in the process.

Early, as we designed grand rounds, seminars and workshops, we collected evaluations at the end of sessions and, on occasion, 3–6 months after a program to discover if people made the changes they pledged. For Conversation Groups©, which meet over 1–6 month periods or several years, we used a Likert scale at the beginning and end to capture changes. We also have conducted interviews with people who have participated in a Conversation Group© for more than one year.

Along the way, we invented the Renew-O-Meter. It translates psychology and sociology into everyday examples. It is based on thousands of RENEWing conversations and comments. The current version is our most recent draft (see next page), always open to change.

The Renew-O-Meter is meant to be engaging, thought provoking, somewhat irreverent. It is meant to start conversations between colleagues and family members. It makes people laugh—and tear up—and ask questions. One academic said, about question #2, "How can I be late if I don't get together with my family? I ferry them around all the time but we're *never together*." Some people won't show their results—or the Renew-O-Meter itself—to spouses and partners out of guilt. A group of residents at a top flight academic health center bantered about which questions skewered them; it really hit home.

Try it! We *welcome* your comments! We'll tell you which questions nailed the need to renew for the residents. For more information, visit our website: www.renewnow.org. *SGIM Editor's Note—Dr. Clever serves as President, RENEW. She can be reached at: Phone: 415-600-3321 • Email: lclever@itsa.ucsf.edu*

Women Veterans Research

The VA Health Services Research and Development Service is sponsoring a special supplement of the *Journal of General Internal Medicine* focused on Women Veterans research. The expansion of women in the military is reshaping the veteran population and also VA's research agenda. Although women still constitute a small segment of the total veteran population, their numbers are growing rapidly. Women now represent 5.5% of the veteran population of 27 million, and this number is projected to increase to 10% by 2010. Women constitute the fastest growing population of VA eligible veterans in America, representing about 14% of active duty forces and 20% of new military recruits.

The goals of the special supplement are 1) to present the highest quality information on the health and healthcare delivery issues affecting women veterans, 2) to highlight research on VA organizational changes to improve access to and quality of VA women's health care, and 3) to provide insight for VA and non-VA clinicians, policy makers and researchers who are seeking strategies for delivering high quality care to women. This special supplement will contain original empirical studies addressing health and healthcare delivery issues affecting women veterans.

The call for papers will be published in an upcoming issue of *JGIM,* as well as on the SGIM (**www.sgim.org**) and VA Health Services Research and Development Service (**http://www.hsrd.research.va.gov/**) web sites.

Your answers to these questions will help you measure how deftly you juggle your commitments and how much you can benefit from renewing.

ONE: How much time in the last 24 hours did you spend on yourself?

- ☐ 0 hours (0 points)
- ☐ 1/4 hour (1 point)
- ☐ 1/2 hour (2 points)
- ☐ 1 hour (3 points)
- ☐ 2 hours or more (4 points)

Points ☐

TWO: How many times in the past week were you late for an event or get-together with family or friends?

- ☐ 0 (4 points)
- ☐ 1-2 (3 points)
- ☐ 3-4 (2 points)
- ☐ 5-6 (1 point)
- ☐ +6 (0 points)

Points ☐

THREE: How many sit-down dinners did you have with your family or friends in the past week?

- ☐ 0 (0 points)
- ☐ 1-2 (1 point)
- ☐ 3-4 (2 points)
- ☐ 5-6 (3 points)
- ☐ +6 (4 points)

Points ☐

FOUR: How often do you typically get together with friends?

- ☐ Once a week (4 points)
- ☐ Every two or three weeks (3 points)
- ☐ Once a month (2 points)
- ☐ Every two or three months (1 point)
- ☐ Twice a year (0 points)

Points ☐

FIVE: How would you rate yourself as a listener?

- ☐ Often interrupt and/or miss the point (0 points)
- ☐ Wish someone would really listen to me (1 point)
- ☐ Pay pretty good attention (2 points)
- ☐ Pay full attention (3 points)
- ☐ People say I'm empathetic (4 points)

Points ☐

SIX: How many times in the past week did you overreact, let a little thing get to you in a big way?

- ☐ 0 (4 points)
- ☐ 1-2 (3 points)
- ☐ 3-4 (2 points)
- ☐ 5-6 (1 point)
- ☐ +6 (0 points)

Points ☐

SEVEN: How often in the past month did you feel trapped, a prisoner of circumstances?

- ☐ Never (4 points)
- ☐ once or twice (3 points)
- ☐ several times (2 points)
- ☐ five or more times (1 point)
- ☐ seven+ times (0 points)

Points ☐

EIGHT: When did you last feel bold enough to risk something new?

- ☐ Within the past week (4 points)
- ☐ 1-2 weeks ago (3 points)
- ☐ 3-8 weeks ago (2 points)
- ☐ 3 –6 months ago (1 point)
- ☐ Can't remember (0 points)

Points ☐

continued on next page

RENEW-O-METER

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NINE: When was the last time you thanked or encouraged someone?

- ☐ Within the past day (4 points)
- ☐ Within the past few days (3 points)
- ☐ 1 – 2 weeks ago (2 points)
- ☐ 3 – 6 weeks ago (1 point)
- ☐ Can't remember (0 points)

Points ☐

TEN: How many times did you really laugh yesterday?

- ☐ 0 (0 points)
- ☐ 1-2 (1 point)
- ☐ 3-4 (2 points)
- ☐ 5-6 (3 points)
- ☐ +6 (4 points)

Points ☐

Your Score = ☐

Score	Diagnosis
31-40	**Superstar juggler. You're doing great. A few tips from RENEW can help you keep it up.**
25-30	**All-star juggler. You're keeping lots of balls in the air, but you're paying a price. File RENEW's telephone number for future reference.**
20-24	**Two-star juggler. You have lots of balls in the air, and you're worried about keeping them there. Consider calling RENEW.**
0-19	**No-star juggler. You may have too many balls in the air, and you could be discouraged. Call RENEW now.**

)-:RENEW:-)

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Visit us on the Web at www. renewnow.org

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Wally R. Smith, MD, 2004 Secretary-Elect

Position Statement: SGIM is a vibrant organization. We have incubated new ideas about how to improve care and teach more effectively in primary care settings. Of late, with our "Future of General Internal Medicine" statement, we have rediscovered that even if no one else does, we physicians must advocate for professionalism and core values, such as "the patient comes first." These values are under attack by elements in our current health care system, as financial woes breed institutional uncertainty and instability. In this environment, SGIM's place and purpose is essential—to be a scarce source of support and kinship to rejuvenate beaten-down primary care academicians working in the trenches.

As Secretary, I will of course work as liaison and communications ombudsman between various members of our staff and leadership. But as a leader, I will also work to amplify SGIM's voice in the medical marketplace of ideas. I will support and enhance efforts to train us to advocate for our patients while we maintain our core values and professionalism. I will also work to execute the five new major initiatives listed on our Web site that the Council endorsed in mid-2003. I will continue my quest to actively promote diversity in SGIM and our delivery systems. Last, I will work to ensure the Society remains a preeminent platform for presentation of our scholarly work in education, research, and improving health care delivery.

Giselle Corbie-Smith, MD, MSC, 2004 Council Member

Position Statement: I have been proud and grateful to be a member of SGIM. SGIM has been a nurturing professional home and an important venue to present new scholarship for its members. While SGIM has been a staunch advocate for academic generalists, my goal will be to make sure SGIM maintains and expands its relevancy in the professional lives of junior and senior members as well as embraces the interests of women and minority members. In addition, I am acutely aware of how dramatically our professional identity as general internists has and continues to shift over the recent years. From this vantage point, I believe that in order to meet the needs of a quickly changing health care system, we need to be inclusive of all facets of our profession and draw on the strength of diversity in race/ethnicity, gender, and professional roles within the academic health center.

David C. Dugdale, MD, 2004 Council Member

Position Statement: Since the time I attended my first meeting, SGIM has been my academic home. Through mentorship, and collegial relationships, the Society has helped me grow personally and professionally, with an enduring commitment to balance. I am eager to "give back" to the organization that has so positively shaped my own career. I want to help members further their personal and institutional educational and research missions, while learning the clinical and business/management skills needed to thrive in an environment that is often difficult for academic generalism. I believe that modeling by generalist faculty with "breadth and depth" is essential to training primary care physicians, and to developing the best health care system of the future. I look forward to working with the Council to strengthen our field and organization by emphasizing commitment to core values of "expertise in adult patient care, professionalism, effective communication, and acquiring and sharing knowledge" and advance the process started with "The Future of GIM" report recently sponsored by the Society. *SGIM*

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TROUBLE

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This chaotic, indefensible system, as insatiable as Homer Simpson at that all-you-can-eat seafood restaurant ("Arrhh, more mouth than man he was"), undervalues what general internists do, as so nicely outlined in SGIM's report on "The Future of General Internal Medicine" (see http://www.sgim.org/futureofGIM.pdf, more required reading, with apologies).

SGIM's traditional strengths have been in the areas of general medicine specific to the academic milieu, particularly medical education and research. We have been somewhat insular (maybe even more than somewhat). While we cannot abandon areas of traditional strength, if we do not take on the central problem of reforming clinical practice to effectively and efficiently meet the needs of our patients, I worry that, like Nero, we will be guilty of "fiddling while Rome burns." If current trends continue, we may have no one left to teach, and in a health care environment where practice is increasingly profit-based, no one left to implement our evidence-based research.

Time to get nervous…but perhaps out of crisis, comes opportunity. More to come in future columns. *SGIM*

Classified Ads

Positions Available and Announcements are $50 per 50 words for SGIM members and $100 per 50 words for nonmembers. These fees cover one month's appearance in the *Forum* and appearance on the SGIM 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.

FELLOWSHIP—GENERAL INTERNAL MEDICINE AT MOUNT SINAI MEDICAL CENTER, New York. Mount Sinai's Division of General Internal Medicine offers a 2 year fellowship with a focus on either clinical research or medical education starting July 2004 or 2005. Curriculum includes MPH courses, research methodology seminars, a mentored research project, teaching and patient care activities. Areas of expertise include: clinical epidemiology, health services research, quality of care, health disparities, women's health, medical errors, geriatrics, palliative care, medical informatics, doctor-patient communication, evidence-based medicine, and medical education. All candidates are eligible to receive a MPH. Competitive salary, benefits, and tuition provided. Inquiries to Dr. Ethan Halm (ethan.halm@mountsinai.org) or visit http://www.mssm.edu/medicine/general-medicine/fellowship/introduction.shtml.

INTERNAL MEDICINE/PRIMARY CARE OPPORTUNITY in NorthWestern New Jersey. Hospitalist / Nursing Home / Office Practice. 1:4 call schedule.Group practice setting in growing community. Great working environment. Salary with productivity and benefit package. Active New Jersey license required. Fax CV to 908-387-0298. Available immediately.

INTERNAL MEDICINE. Immediate Opening for Board Certified Internal Medicine Specialist for expanding practice in So. Texas. Excellent Beach Community. TEXAS LICENSE IS A MUST. Partnership available within 2 years. Please fax CV to: 361-225-0827 or Email Jane@Corpusmd.com.

PRIMARY CARE INTERNAL MEDICINE FACULTY OPPORTUNITIES, MAYO CLINIC. The Division of Primary Care Internal Medicine at the Mayo Clinic College of Medicine in Rochester, Minnesota is currently recruiting to faculty positions at all academic ranks. The Division's 56 year history has been dedicated to promote excellence and efficiency in patient-centered care and to advance the scholarship of primary care internal medicine. The forty physicians that currently staff the division are diverse, innovative, and teach at all levels of the medical school and graduate schools. Prospective candidates should have experience in a primary care practice environment with an academic background. Leadership is highly supportive of individual career development, and faculty advancement is encouraged in this multispecialty integrated group practice setting. To learn more about Mayo Clinic and Rochester, Minnesota., please visit www.mayoclinic.org. Interested candidates may submit their curriculum vita to: Michael A. Morrey Ph.D., Faculty, Primary Care Internal Medicine, Mayo Clinic, 200 First Street SW, Rochester, MN 55905, morrey.michael@mayo.edu.

RESEARCHER, GERIATRIC OUTCOMES. The Agency for Healthcare Research and Quality seeks a highly trained/experienced researcher in geriatric outcomes to further outcomes and effectiveness research and evidence-based practice via programmatic development, collaboration, research, publications, and presentations. For information and application procedures go to: http://jobsearch.usajobs.opm.gov/getjob.asp?JobID=21701340.