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**VA RESEARCH:
RESTRUCTURING TO
BETTER CONTRIBUTE TO
QUALITY HEALTH CARE
FOR VETERANS**

Stephan D. Fihn, MD, MPH

Several months ago I was asked by the Acting Under Secretary for Health of the Department of Veterans Affairs, to assume leadership for VA's Office of Research and Development (ORD). I was honored to undertake this task, following in the footsteps of two other esteemed SGIM colleagues, Drs. Jack Feussner and Nelda Wray. As it has been for many years, the overarching mission of ORD is to discover knowledge, develop VA researchers and health care leaders, and to create innovations that advance health care for our veterans and the nation. The FY05 budget has not yet been approved by Congress but in FY04, ORD had an appropriated budget of \$405 million that was primarily devoted to funding investigator-initiated research projects, research Centers of Excellence, and career development programs. There was also \$414 million contained within VA's Medical appropriation to support the indirect costs of research that include salaries for investigators and funding for infrastructure. In addition to this \$819 million, VA investigators receive \$905 million in grants from other sources including the National Institutes of Health. Thus, overall, VA supports a \$1.7 billion research program.

To fulfill its ambitious mission in today's challenging and dynamic health care environment, ORD has undertaken a bold restructuring intended to improve administrative efficiency and provide better support to investigators in the field. As part of this effort, ORD was reorganized into four inter-related services:

- ◆ **Biomedical Laboratory Research and Development Service** conducts research that explores basic biological or physiological principles in humans or animals, but does not involve intact human beings. Timothy O'Leary, MD, PhD now leads this service. Prior to joining VA ORD, Dr. O'Leary chaired the Department of Cellular Pathology at the Armed Forces Institute of Pathology for more than 15 years. Dr. O'Leary is an actively funded investigator whose own research interests include molecular changes in gastric tumors, ultra sensitive detection of biological toxins, and mechanisms of formaldehyde fixation.
- ◆ **Clinical Science Research and Development Service** carries out research that focuses on intact human beings, including interventional and

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Site Visit Program in GIM: An SGIM/ACGIM Collaborative Initiative

Valerie Weber, MD and Anna Maio, MD

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While academic general internal medicine has grown over the last two decades, its growth has been inconsistent. SGIM convened a Career Support Task Force to begin to address this issue in 2002. The Career Support Program emerged from the work of this task force. Four priorities were identified: 1) Developing guidelines for faculty positions as clinician-investigators and clinician-educators; 2) Developing a yearlong cross-institutional mentoring program; 3) Developing an ongoing cross institution research collaboration program; and 4) Developing a site visit program.

The site visit program, now in its second year, provides the opportunity for a general internal medicine (GIM) division and department of internal medicine to have an objective external assessment of its GIM activities and suggest ways the division and its faculty might improve on what they do and contribute more effectively to the institution's mission.

Typically, two to three members of ACGIM/SGIM compose the site visit team. The hosting institution articulates the purpose for the visit and can suggest division chiefs or senior SGIM faculty they would like to evaluate their program. The visit lasts for two days during which the site visit team meets with the chair, the division chief, GIM and department faculty along with key physicians and administrators in the institution. The person requesting the site visit, usually the chair of medicine or the division chief sets the agenda for the visit.

At the completion of the visit the team meets with the individuals who requested the evaluation and provides a verbal summary of the visit. A confidential report of the findings and suggestions for improvement are delivered to the division chief and chair

within two weeks. Six months after the visit a follow-up telephone conference is arranged.

In 2003, three GIM divisions received site visits; Albert Einstein College of Medicine, University of Southern California, and Geisinger Health System. Goals of the visit were quite different among the three Institutions. At Einstein, the visit was arranged at the request of the chair to help define priorities for the GIM division as they embarked on a search process for a new chief. At USC, the visit was requested by the chief to help evaluate the current state of research development and make specific recommendations regarding resources needed to rebuild a research program.

At Geisinger, a relatively new (three years) chief desired advice regarding strategic planning. Valerie Weber, GIM Chief at Geisinger comments, "The site visit program provided external validation that the direction I was taking the division was sound. This helped generate support from my chair and institutional leadership for furthering my agenda. I also received a great deal of feedback on my own leadership qualities and what I might do to enhance my ability to lobby for GIM within my institution."

Site visits are currently being arranged for this academic year. The site visit program is housed in the administrative offices of the ACGIM and SGIM. The cost varies depending on several factors including the pre-visit preparatory work, the length of the visit and number of visitors. Costs include travel expenses, honoraria for the site visitors and administrative fees for SGIM/ACGIM.

Site visits can be arranged by contacting Kay Ovington, Director of Membership and Operations for SGIM/ACGIM. **SGIM**

THE CONCRETE LADY

Michael J. Barry, MD

Love, like truth and beauty, is concrete.
—Carter Haywood

Down on the farm, not being able to tell the difference between hay and straw is the cardinal sin. But in somewhat narrower circles, not knowing the difference between cement and concrete is grounds for a fast trip to the confessional. According to the American Heritage Book of English Usage, cement, from the Latin *caementum*, is made by crushing and heating limestone and clay and grinding it into a powder. Only when water and sand are added does cement become concrete. Though the ancient Romans worked in concrete, its secrets were lost from the Empire's fall until the 18th century. That rediscovered practical bit of chemistry binds the Coliseum to Epcot across the oceans and through the ages. And I never knew the history (or the difference between cement and concrete, for that matter) until I met The Concrete Lady.

The Concrete Lady, as she calls herself, travels in circles historically trod by men. Based in Middle America (somewhere west of Cambridge and South of New Haven), the company she founded sells \$5 million worth of concrete products each year in 20 states. At age 77, she had buried her husband of 50 years two years earlier, and still cared for her sprawling home, company, and extended family...not only blood relatives, but also loyal employees and others in her small city swept up in the comet tail of her personality and generosity. Not to mention early-morning scripture study. She is a representative of the "Greatest Generation", indeed.

But early this year, The Concrete Lady began to feel sick. Her symptoms included fatigue, anorexia, night sweats, and a five-pound weight loss. Her

laboratory evaluation back home showed substantially elevated alkaline phosphatase and transaminase values, and a hepatic ultrasound followed by a CT scan revealed nonspecifically deranged hepatic architecture (shades of my August column), which along with her symptoms, raised the inevitable concerns about cancer. Of note, she had been taking nitrofurantoin on an intermittent basis for recurrent symptoms of urinary tract infections that were attributed to a retained kidney stone in her left renal pelvis. And



although she had been basically healthy, she had previously had ITP, bilateral hip replacements for osteoarthritis, and primary hypothyroidism. The "usual suspects" were rounded up looking for other causes of liver dysfunction, without a culprit emerging. When the liver function tests continued to rise several weeks after stopping all medications, a liver biopsy was recommended. According to The Concrete Lady, a local gastroenterologist did not want to see her in consultation until after the biopsy was done.

At this point, The Concrete Lady decided to come to Boston for a second
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“Blow your horn in New Orleans!” Present a Precourse at the 2005 Annual Meeting

John F. Steiner, MD, MPH, and Linda Pinsky, MD

The 2005 Annual Meeting with its theme “Out of Chaos: the Critical Role of Generalists,” aptly will take place in New Orleans. The city is known for its enticing lifestyle, with innovative jazz, and captivating food; as well as high rates of atherosclerotic heart disease, tobacco and alcohol use. Similarly, US health care combines cutting edge research and technology with a growing uninsured population and continuing reports of medical errors and inadequate quality of care. It is unlikely that general medicine will resolve the paradoxes of the Big Easy, but generalists are needed and, in fact, are essential to resolve these fundamental problems of medical practice, education, research and policy.

One way to help drive this change is to present a precourse at the 28th SGIM Annual Meeting in May 2005. The precourses will launch the annual meeting with an opportunity to spend a half- or full-day sharing new knowledge, skills, or helping members refine expertise in an area of professional interest related to general internal medicine. The half-day precourses (3.5 hours) this year will be on either the morning or afternoon of Wednesday May 11th, while the full-day precourses (7 hours) span the entire day.

The precourse selection committee will favor submissions taking advantage of the longer teaching format and combining a variety of teaching modalities, especially interactive and “hands-on” experiences. Historically, interactive sessions are often among the most highly rated precourses. Submissions in all categories are encouraged, including research, clinical and educational topics. Please note that precourses should be stand-alone educational events of interest to current SGIM members and/or health care professionals who may attend the SGIM meeting.

Many people wonder, “What’s the difference between precourses and workshops or clinical updates?” Precourses delve more deeply into important areas of teaching, research, or patient care topic relevant to the general internist (e.g., Sports Medicine for the Internist or Meta-analysis) than workshops. Precourses offer attendees an opportunity to gain more in-depth learning, which in turn helps them integrate innovations and new data gained during the annual meeting itself. For example, one might use the full-day precourse on “HIV Management for the General Internist,” as a foundation for attending the Clinical Update in HIV during the annual meeting itself. We encourage you to explore the options our meeting offers for this type of coordinated learning—precourses,

workshops, vignettes, clinical updates, research abstracts and innovations in practice management or education. Each of these unique presentation formats offers great, yet distinct learning opportunities.

The submission deadline is October 13, 2004, so get active in preparing something wonderful and interesting for your fellow generalists. Don’t forget to consider this year’s theme, “Out of Chaos: the Critical Role of Generalists,” as you put together your precourse. And don’t worry- one week of New Orleans can only be good for your health- physical and emotional. We look forward to seeing you there! **SGIM**

John F. Steiner and Linda Pinsky are Co-Chairs of the SGIM Annual Meeting Precourses Committee.

SGIM Forum Editor

The *SGIM Forum* is a monthly publication that presents news for and about the Society. It is intended to serve as a forum in which SGIM members can exchange viewpoints and find out about society events. The *Forum* Editor is a 3-year position, with the new term beginning in July 2005. The editor is responsible for working with the publisher to produce a product of which the Society is justifiably proud and which has been very practical and effective as a means of communication both within and outside of the Society. The editor receives a very modest allowance for travel, but the position otherwise is not financially supported. In addition to coordinating the publication of the *Forum*, the editor is an ex-officio member of the Council and, therefore, attends Council retreats, participates in Council Conference calls, and is an important contributor to Council deliberations.

If you are interested, or know someone who might be interested, please contact Jeff Jackson (jeffackson@usuhs.mil), Elizabeth Ekstrom (eeckstro@lhs.org) or May Wang (wangm@sgim.org) for more information about applying.

Jeff Jackson, MD MPH
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RACIAL/ETHNIC HEALTH DISPARITIES DISCUSSED AT NATIONAL MEETING

Christopher M. Masi, MD, PHD and Said A. Ibrahim, MD, MPH

Health disparities research in the US has evolved from simple documentation of these disparities to more thorough explorations of the social and biological foundations of health inequity. The maturity of health disparities research was evident at this

Limited access to care continues to pose a significant obstacle to health equity both in the US and worldwide.

year's national meeting where presentations and posters covered issues including access to care, quality of care, health literacy, the impact of neighborhood characteristics, and the psycho-physiologic basis of disease. Of the 50 abstracts covering health disparities research, 15 were oral presentations. The studies highlighted below illustrate the complexity of health disparities and the diversity of research strategies used to examine them.

Limited access to care continues to pose a significant obstacle to health equity both in the US and worldwide. In the US, this problem takes many forms including an increase in the number of uninsured Latinos by 60% over the past decade,¹ a perception among a majority of African-Americans and many whites surveyed that race is a barrier to receiving health care,² the avoidance of health care services due to aggressive debt collection³ and concerns about prolonged waiting times,⁴ and the inaccessibility of health information due to complexity of written materials,⁵ low functional health literacy,^{6,7} and low English proficiency.⁸

Several studies presented evidence that quality of care continues to vary

depending upon patient race/ethnicity. Among diabetics treated with statins, the proportion of white patients who achieved Low Density Lipoprotein (LDL) less than 100 was significantly higher than the percentage of African-American patients who achieved LDL of less than 100 (71% vs. 47%).⁹ In a national VA sample of over 12,000 patients who underwent elective knee replacement surgery between 1996 through 2000, African-American and Hispanic patients had significantly higher rates

of postoperative infectious complications compared to otherwise similar white patients.¹⁰ In another study, non-Hispanic African-American and Mexican American patients were more than twice as likely to have hemoglobin A1C levels greater than or equal to 7% compared to non-Hispanic white patients.¹¹ Screening for and treatment

One way to improve quality of care and enhance access to care is to increase the number of under-represented minority medical providers.

of breast cancer also varied by race/ethnicity. In a study of over 1,000 patients, white women were significantly more likely to be asked about family history of breast cancer compared to non-white women.¹² Among women with early-stage breast cancer, African-American and Hispanic women were less likely to receive radiation therapy, hormonal therapy, and chemotherapy

compared to white women.¹³

One way to improve quality of care and enhance access to care is to increase the number of under-represented minority (URM) medical providers. Research by SGIM investigators suggests this process needs to be improved. A survey of US medical schools revealed recruitment of URM medical students continues to be hindered by the dearth of minority faculty and role models at academic institutions.¹⁴ In addition, minority faculty report that bias and subtle but significant racial/ethnic discrimination persists in academic medicine.¹⁵

Neighborhood characteristics also received attention as contributors to health disparities. A study of 130 metropolitan areas revealed a positive association between racial/ethnic segregation and obesity among African-American women after adjusting for educational level and household income.¹⁶ The mechanism of this effect was pursued in three studies. One of

these studies found a higher density of smaller food stores and convenience stores in poorer neighborhoods;¹⁷

another study identified lower levels of physical activity among African-Americans with diabetes compared to whites;¹⁸

and a third study found lower levels of physical

activity among African-Americans were not explained by comorbidities.¹⁹ Collectively, these findings suggest that neighborhood opportunities for healthy diets and exercise combined with cultural norms contribute to racial/ethnic disparities in obesity.

Psychological stress may also contribute to racial/ethnic health

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VA RESEARCH

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effectiveness studies, clinical, epidemiological and technological studies. This service is led by Brian G. Schuster, M.D., FACP, who recently retired from active duty in the U.S. Army. For the past 3 years he also served as Science Director at the Walter Reed Army Institute of Research, where he oversaw the preparation of scientific research proposals and the proper conduct of research. Dr. Schuster is an active investigator with primary interests in infectious disease and clinical pharmacology.

- ◆ **Health Services Research and Development Service** examines the organization, delivery, and financing of health care, from the perspectives of patients, caregivers, providers, and managers to improve the quality and economy of care. HSR&D also focuses on effective ways to translate clinical knowledge into practice. Shirley Meehan, MBA, PhD, a former Elnora M. Rhodes Service Awardee, is Acting Director. Dr. Meehan began her career with the VA as a Presidential Management Intern and joined the HSR&D Service in 1976. She has held increasingly responsible positions within HSR&D, including Acting Director. Her studies, guest lectures, publications, and occasional teaching assistance have emphasized program evaluation, policy analysis, and translation of research into health care practice.
- ◆ **Rehabilitation Research and Development Service** works to restore as much functional independence as possible to impaired and disabled veterans and to improve their quality of life. Rehab R&D is dedicated to the well being of America's veterans through a full spectrum of research—from approved rehabilitation research projects, through evaluation and technology transfer, to final clinical application. Dr. Mindy Aisen, a board-certified neurologist with a focus on neurologic disorders such as multiple sclerosis and spinal cord

injury, directs this service. Dr. Aisen has worked to increase the percentage of statistically significant, evidence-based rehabilitation proposals. This transition is reflected in the growing number of larger, statistically meaningful articles in VA's *Journal of Rehabilitation Research and Development*, of which Dr. Aisen is editor-in-chief.

Other organizational initiatives have involved an internal restructuring of ORD itself, as well as establishing the Field Research Advisory Committee (FRAC) as a forum for ongoing dialog with VA investigators in the field.

As CRADO, I have the pleasure and privilege of working with outstanding leadership including VA's Acting Under Secretary for Health, Dr. Jonathan Perlin and Acting Deputy Under Secretary for Health, Dr. Michael Kussman, both preeminent General Internists. Dr. Perlin has a distinguished record as both a basic and health services research investigator and formerly led VA's extraordinarily successful Office of Quality and Performance. Dr. Kussman is a retired Army General who was commandant of Walter Reed Army Medical Center and is a Master of the American College of Physicians.

VA supports research that focuses on diseases and conditions that are prevalent among veterans as well as the general population. In addition, our research targets areas unique to veterans, such as those related to military deployment. Deployment health covers an array of issues, including: neuro-trauma (e.g., spinal cord injury, traumatic brain injury, sensory loss), biological exposures, post-traumatic stress disorder, limb loss, and Gulf War Veterans Illnesses.

Other priority areas of research include special populations, with the goal of expanding our understanding of racial and ethnic disparities as well as women's health issues. Homeland security is also a top priority, and researchers are working on novel

vaccination strategies in addition to developing new agents that are capable of causing human disease, and identifying potential targets for prevention and therapy.

VA's Office of Research and Development is rededicating itself to meeting today's challenges that include an aging patient population, increased numbers of veterans with co morbid conditions, and unexpected threats to our veterans and our nation. Further, we are committed to integrating evidence from research into routine clinical practice across the VA health care system in a timely way to improve our patient's health, care and outcomes.

General internists provide most of the primary and inpatient medical care in VA. Furthermore, VA-based general internists are disproportionately represented as leaders in VA HSR&D research. For these reasons, there are natural, strong connections between VA research and SGIM that have been growing in recent years. One recent indication of these growing ties is the agreement to publish the proceedings of a recent VA-sponsored state-of-the-art conference on "Implementing the Evidence: Transforming Practices, Systems and Organizations" as a peer-reviewed supplement to the *Journal of General Internal Medicine*.

The connection between VA Research and SGIM is strong and growing stronger. VA will continue to look to SGIM members for leadership and innovation in research. I encourage your participation and feedback. **SGIM**

Stephan D. Fihn is Acting Chief Research and Development Officer, Department of Veterans Affairs.

RACIAL/ETHNIC HEALTH DISPARITIES

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disparities. For instance, a focus group study of African-American men showed that stress is perceived as a dominant negative influence on both physical and mental health.²⁰ Another study examined overnight urinary stress hormones and found evidence of higher epinephrine and norepinephrine among African-American patients compared to white patients.²¹

The studies presented at this year's SGIM national meeting confirm that racial/ethnic health disparities persist in the US. They also demonstrate that the causes of these disparities are complex and multifactorial. These causal factors are linked to health care access, quality of care, day-to-day dietary and exercise opportunities, exposure to stressful situations, inability to afford medical care, and possibly racism at work and in health care settings. While these findings should be confirmed, they support the notion that health disparities will resist a "quick fix." Indeed, these and other studies suggest that the elimination of health disparities will require significant changes in economic and social policy. Given the quality and breadth of research presented at the annual meeting, it seems likely that SGIM members will play an important role in shaping these policies. **SGIM**

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CONCRETE LADY
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The Concrete Lady did not appear to fear cancer or death, just being depersonalized and losing her autonomy.


opinion. A family member called me for a referral, and I wound up seeing her myself on a day I don't normally see patients. As a result, I was able to spend much longer with her than I would have on a typical patient day, about two hours, where new patient appointments run 30–45 minutes to help make ends meet. I had tentatively lined up someone to do the liver biopsy, if that looked like the right thing to do. But as I got to know The Concrete Lady, it was clear that a biopsy would have been the wrong decision at that point. New LFTs had begun to level off, and she was feeling a mite better. Her family had dutifully gotten her prescription records from the local pharmacy, and she had actually been on nitrofurantoin about two-thirds of the time for the last 15 months. More importantly, she just didn't like being invaded, and doubted she'd accept treatment for metastatic cancer even if that were what she had. The "turning point" in that first visit was when I assured her that the final decisions about anything we did would be hers. In that instant, I felt the transition from being a faceless purveyor of tests and treatments to a trusted advisor and friend...what I went into medicine for in the first place.

Although she didn't have characteristic findings of an autoimmune hepatitis induced by nitrofurantoin, we decided to watch and wait. Her relief was obvious. The Concrete Lady did not appear to fear cancer or death, just being depersonalized and losing her autonomy. She stayed with family locally for the next several months. Gradually, her liver function tests normalized and her symptoms resolved.

She had several urinary tract infections managed over the phone, and ultimately, another CT that showed the stone was gone. We decided on an alternative antibiotic prophylaxis regimen (no academic but invasive urodynamic evaluation, as per The Concrete Lady). We did have one more face-to-face visit, much briefer, after probably a dozen or so telephone conversations before she returned home, where she continues to do well. She periodically keeps me updated on her health and her life, and sends me educational materials on concrete-related matters, my having apparently demonstrated both my interest in and abject ignorance about the subject.

I often wonder, if I had had a new patient opening at the right time in my usual clinical schedule, whether I could have learned so much about The Concrete Lady's life and health preferences, and whether I would have just

gone along with the very reasonable recommendation for the liver biopsy. Maybe not, in 30 or 45 minutes. The encounter with this remarkable woman was one of my most memorable this year, and it happened when I had the luxury of taking time that I rarely feel I have. The reimbursement system for health care (and now we get to a moral of the story) is a major factor in creating this problem. As readers of this column know, tests and procedures are paid for out of proportion to the thought that should go into their use. In fact, our physician's organization was paid about \$170 for our two face-to-face visits, for hours and hours of management that I believe honored her values and preferences. We would have done much better just doing the liver biopsy. But not The Concrete Lady, and she's the one who counts. **SGIM**



**Bioethics Fellowship
at the National Institutes of Health**

The Department of Clinical Bioethics at the National Institutes of Health (US Department of Health and Human Services) invites applications for its two-year fellowship program. Fellowships begin in September 2005. Fellows will study and participate in research related to 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, 2005. **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.

Fellowship In Primary Care Research

The UCLA Primary Care and Health Services Fellowship, and two affiliated VAMC Ambulatory Care Fellowships share a common vision, recruitment process and administration. The fellowship stresses development of primary or ambulatory medicine physicians into independent investigators in health services research or epidemiology. This is accomplished through formal class work in the UCLA School of Public Health, an informal series of seminars led by local experts, and the development, implementation, and completion of an original, independent research project. Mentors include well-known investigators from the UCLA Divisions of General Internal Medicine and Family Medicine, the GIM sections at the VAMCs, the UCLA School of Public Health and the RAND Health Sciences Program. These institutions encourage a collaborative, interdisciplinary research environment most likely to foster successful health services research in almost any aspect of health services or health policy including: access to care, quality of care, clinical epidemiology, preventive care, women's health, clinical ethics, palliative care and the care of patients with specific diseases or psychosocial problems. Fellowships are 2 or 3 years in duration. The UCLA fellowship is open to general internists, family physicians and pediatricians; the VA programs are open to physicians that deliver ambulatory care. Directors of the fellowship programs at UCLA and the VAMCs (West Los Angeles and Sepulveda) are, respectively, Neil Wenger, Steve Asch, and Lisa Rubenstein. Please direct inquiries to Dr. Neil Wenger at (310) 794-2288 or via e-mail at nwenger@mednet.ucla.edu

Calendar of Events

Annual Meeting Dates

28th Annual Meeting

May 11–14, 2005
Sheraton New Orleans Hotel
New Orleans, Louisiana

29th Annual Meeting

April 26–29, 2006
Westin Bonaventure Hotel
Los Angeles, California

30th Annual Meeting

April 25–28, 2007
Sheraton Centre Toronto
Toronto, Ontario, Canada

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University of Kansas Medical Center

Vice Chair, Faculty, and Post-Doctoral Positions
DEPARTMENT OF PREVENTIVE MEDICINE AND PUBLIC HEALTH



The Department of Preventive Medicine and Public Health (www.kumc.edu/prevmed) is a dynamic, multidisciplinary group of 24 faculty with funding in cancer prevention, preventive cardiology, obesity, nutrition, breast cancer, smoking cessation, substance abuse, and outcomes research. The department is embarking on an ambitious expansion and is recruiting tenure track or tenured faculty and post-doctoral fellows. The areas of recruitment are for a developing program in nutrition, obesity and physical activity and an established program in nicotine and tobacco dependence. One faculty and one postdoctoral position will focus on candidates with experience in neuroimaging, especially in nicotine addiction or obesity. Candidates should have a medical degree (MD) or a doctoral degree in epidemiology, statistics/biostatistics, nutrition, health education, social/behavioral sciences, health communications or psychology. Faculty will have varying (based on experience, interest, and funding) teaching and mentoring responsibilities with MPH and medical students. A new MS degree in clinical research begins this Fall 2004, and plans are underway to develop a doctoral program.

The department has a strong track record in assisting junior faculty engage in mentored research and obtain independent funding. Excellent collaborative research opportunities exist with the Kansas Masonic Cancer Research Institute, the Center for Physical Activity and Weight Management, the Center on Aging, the Hoglund Brain Imaging Center, and the Departments of Health Policy, Nutrition, Internal Medicine, Family Medicine, Pediatrics, and Psychology. The Medical Center is a full-service, tertiary care center, in Kansas City, a rapidly growing city of 1.5 million.

The primary responsibility of the faculty and post-doctoral fellows will be to assist in building active programs of research. An attractive recruitment package will be offered appropriate to the candidate's rank and experience. The university and department have a longstanding commitment to achieving diversity among faculty, staff, and students.

- **Vice-Chair:** Associate or Full Professor with a track record in extramurally funded research. The primary responsibility is to assist in building of active programs of research and department administration.
- **Faculty (three positions):** Assistant, Associate or Full Professor with ample protected time to build strong extramurally funded research programs.

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 tracetonl@sgim.org. It is assumed that all ads are placed by equal opportunity employers.

CLINICIAN EDUCATOR. The Division of General Internal Medicine at Wake Forest University Baptist Medical Center in Winston-Salem, NC is seeking a full time clinician-educator at the Assistant or Associate level to direct the outpatient clinic for the Internal Medicine residency program at our 650 bed hospital. In addition to primary care practice and supervising residents in this continuity practice setting, the faculty member will serve on the inpatient teaching service. Qualified applicants must be board certified in Internal Medicine. Applicants should be interested in teaching, clinical care, and developing a strong teaching portfolio.

An interest in educational research is strongly encouraged. Interested applicants should e-mail (preferred) or mail a CV to: William P. Moran, MD, MS, Section Head, General Internal Medicine, Wake Forest University School of Medicine, Medical Center Blvd. Winston-Salem, NC 27157. E-mail: wmoran@wfubmc.edu. Wake Forest University Health Sciences is an affirmative action and equal opportunity employer.

HEALTH SERVICES/OUTCOMES RESEARCH FACULTY POSITION. The Division of General Internal Medicine of New York University School of Medicine seeks to recruit an accomplished health services/clinical outcomes physician researcher. Strong record of quality scholarship and of extramural funding, mentoring skills, and interest in urban health essential. Remarkable research opportunities with three hospital systems (public, VA, and private), extensive and varied ambulatory services, close relationships with large public and private care systems, and potential for multidisciplinary collaboration across NYU's schools. Board certification or eligibility in internal medicine, and NY State licensure or eligibility required. Salary and faculty rank commensurate with experience. Send cover letter and CV to: Dr.

Marc Gourevitch, Director, Division of General Internal Medicine, NYU School of Medicine, 550 First Avenue, OBV-612 New York, NY 10016 or e-mail: nicole.gardner@nyumc.org. NYU School of Medicine is an Affirmative Action Equal Opportunity Employer

FELLOWSHIP (Internal Medicine) The University of Washington School of Medicine, is offering two-year NRSA fellowships beginning 7/05 for persons wishing to prepare for academic/research careers. Training includes experience and MPH degree. Candidates must be BE/BC and US citizens or permanent residents. Minorities encouraged to apply. Director: Eric Larson, M.D. For info, email jswhart@u.washington.edu or visit http://depts.washington.edu/gim/fellowship/fellowship_nrsa.htm.

ASSISTANT PROFESSOR. Extraordinary opportunity to join a large, nationally renowned research group in the Section of General Internal Medicine/Center for Chronic Disease Outcomes Research/Center for Epidemiological and Clinical Research at the Minneapolis, Minnesota VA Medical Cen-

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ter. This position is 70% research and includes mentoring by senior research faculty, extensive opportunities for collaboration, and support from an experienced group of statisticians and other methodologists. We are seeking an outstanding individual with research fellowship training, ABIM BC/BE, and expertise in health services or outcomes research, clinical epidemiology, or clinical trials. Academic appointment at the University of Minnesota. Mail CV with cover letter to Anne Joseph, MD, Center for Chronic Disease Outcomes Research, VA Medical Center 152/2E, One Veterans Drive, Minneapolis, MN 55417 or e-mail to anne.m.joseph@med.va.gov Website: www.hsr.d.med.minneapolis.med.va.gov

ASSOCIATE CHIEF OF STAFF FOR AMBULATORY CARE. The Department of Veterans Affairs Iowa City Health Care System and The University of Iowa College of Medicine, Department of Internal Medicine are seeking an experienced internist and dynamic physician-leader to serve as Associate Chief of Staff for Ambulatory Care (ACOS/AC). Reporting to the Chief of Staff, the ACOS/AC is an integral part of the Medical Center's clinical leadership. Successful candidates will also have the opportunity to serve as Associate Director, Division of General Internal Medicine, University of Iowa College of Medicine and to play an important academic role in generalist training at the University. Principal responsibilities of the position include: strategic planning for the Medical Center's primary and preventive care programs and oversight of urgent care clinics and community based outpatient clinics. The VA Iowa City HCS is an integrated health care delivery system with a tertiary hospital and extensive outpatient program, including 5 community based outpatient clinics. The incumbent will be assisted by an accomplished administrative team to oversee clinical operations. The individual selected for this position must be a board-certified physician. Prior administrative experience is desirable. The VA Medical Center is located in Iowa City and is in close proximity to the University of Iowa health sciences campus. Iowa City also offers a wonderful college town lifestyle and renowned public school system. Please submit CV to Melinda Welbes, Human Resources, VA Medical Center, 601 Highway 6 West, Iowa City, IA 52246. The Department of Veterans Affairs and the University of Iowa are Equal Opportunity/Affirmative Action Employers. Women and minorities are strongly encouraged to apply.

INSTRUCTOR OR ASSISTANT PROFESSOR. The University of Oklahoma Health Sciences Center, Department of Medicine, and Section of General Internal Medicine is seeking a BC/BE Internist/Hospitalist with major commitment to teaching and clinical care. The position is for rank of Instructor or Assistant Professor. Applicants must demonstrate proficiency in clinical internal medicine and be willing to dedicate this time to care of inpatients at OU Medical Center. Competitive sal-

ary and benefits package offered. Start date is anticipated as February 1, 2005. Interested applicants should send CV and summary of their experience and names of three references to Michael S. Bronze, MD, Professor and Chairman, Department of Medicine, OUHSC, PO Box 26901, WP 1140, Oklahoma City, OK 73190. OUHSC is an equal opportunity institution.

CLINICIAN-EDUCATOR. The Division of General Medicine and Primary Care at Beth Israel Deaconess Medical Center, a major Harvard teaching hospital, seeks a board certified internal medicine physician to practice and teach in its nationally renowned primary care practice. The faculty member will develop a primary care practice, have numerous opportunities to teach residents and students in inpatient and outpatient settings, and develop special interests within primary care. Interested candidates should forward a letter of application and curriculum vitae to: Howard Libman, MD, Search Committee Chair, Beth Israel Deaconess Medical Center, 330 Brookline Avenue, Boston, MA 02215. Beth Israel Deaconess Medical Center is an equal opportunity/affirmative action employer.

CLINICIAN EDUCATOR. The Division of General Internal Medicine, University of Pittsburgh, is seeking a clinician researcher or educator with expertise in Evidence Based Medicine. The successful candidate will have a demonstrated track record of teaching and/or research in this area with several years experience. Salary and rank commensurate with qualifications. Send letter of interest and CV to Wishwa Kapoor, MD, 200 Lothrop Street, 933 West MUH, Pittsburgh, PA 15213 (fax 412 692-4825) or e-mail Noskoka@upmc.edu. The University of Pittsburgh is an Affirmative Action, Equal Opportunity Employer.

CLINICIAN RESEARCHER. The Division of General Internal Medicine, University of Pittsburgh, is seeking a clinician investigator with fellowship training. Candidate's research focus should be health services research with a special interest in diabetes, obesity, patient safety, quality or health care disparities. Academic rank will be Assistant or Associate Professor level in the tenure stream. Salary and appointment commensurate with qualifications. Send letter of interest and CV to Wishwa Kapoor, MD, 200 Lothrop Street, 933 West MUH, Pittsburgh, PA 15213 (fax 412 692-4825) or e-mail Noskoka@upmc.edu. The University of Pittsburgh is an Affirmative Action, Equal Opportunity Employer.

HOSPITALIST. The Division of General Internal Medicine, Department of Medicine at the University of Pittsburgh has opportunities for Hospitalist to provide inpatient care and teaching. Service includes a combination of day and night shifts. Hours are flexible and attractive. Salary commensurate with rank and qualifications. Send letter of interest and CV to Wishwa Kapoor, MD, 200 Lothrop Street, 933 West MUH, Pittsburgh, PA 15213 (fax

412 692-4825) or e-mail Noskoka@upmc.edu. The University of Pittsburgh is an Affirmative Action, Equal Opportunity Employer.

GENERAL INTERNAL MEDICINE. Clinical Assistant Professor—The University of Wisconsin-Madison invites BE/BC candidates in Internal Medicine to apply for medical school faculty position in Section of General Internal Medicine. This clinician-educator position is located in a well-established University-affiliated group practice in Madison. Includes modest amount of teaching responsibilities (medical students and/or residents). UW Madison is an equal opportunity/affirmative action employer; women and minorities are encouraged to apply. Please send letter of interest (reference PVL #47351) and current CV to Juanita Halls, M.D., Clinical Services Chief, Section of General Internal Medicine, 2828 Marshall Ct., Suite 100, Madison, WI 53705-2276 (or jjh@medicine.wisc.edu).

INTERNISTS AND GERIATRICIANS. The University of California, San Diego, Department of Medicine is actively recruiting for two academic internists and geriatricians in the Division of General Internal Medicine/Geriatrics, <http://medicine.ucsd.edu/dgim>. Full-time clinical practice in internal medicine in an academic setting. Includes some weekend call. Excellent opportunities for teaching and pursuing other primary care/academic interests. Superb benefits package. Rank and series of appointment commensurate with candidate's qualifications and experience. Salary will be based on published UC pay scales. California medicine license/eligibility and board certification/eligibility in internal medicine required. Reply by XX or until positions are filled. Send CV to: Paul Gamble, M.D., UCSD Medical Center, 200 W. Arbor Drive # 8415, San Diego, CA 92103-8415; 619-543-7241; e-mail: pgamble@ucsd.edu. AA/EO

PRINCETON UNIVERSITY. The University Center for Human Values invites applications for one or two Laurance S. Rockefeller Professorships from distinguished scholars and teachers, whatever their home discipline, whose scholarship and teaching are devoted explicitly and in significant measure to ethical and evaluative issues. Applicants should send a letter of interest, curriculum vitae, and a list of potential referees who may be contacted. For full consideration, applications are due by October 15, 2004, but will be considered until the positions are filled. Send application materials to: Director, University Center for Human Values, Louis Marx Hall, Princeton University, Princeton, NJ, 08544, USA. Princeton University is an Equal Employment Opportunity, Affirmative Action Employer. For more information about applying to Princeton and how to self-identify, please link to <http://web.princeton.edu/sites/dof/ApplicantsInfo.htm>.

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PRINCETON UNIVERSITY, The University Center for Human Values invites applications for a tenure-track Laurance S. Rockefeller Assistant Professorship from outstanding scholars and teachers, whatever their home discipline, whose scholarship and teaching are devoted explicitly and in significant measure to ethical and evaluative issues. Ap-

plicants should send a letter of interest, curriculum reference. For full consideration, applications are due by October 15, 2004. Send application materials (please specify "Assistant Professorship") to: Director, University Center for Human Values, Louis Marx Hall, Princeton University, Princeton, NJ, 08544, USA. Princeton University is an Equal

Employment Opportunity, Affirmative Action Employer. For more information about applying to Princeton and how to self-identify, please link to <http://web.princeton.edu/sites/dof/ApplicantsInfo.htm>.
