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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SURVEY HIGHLIGHTS SGIM'S VITALITY AND OPPORTUNITIES FOR IMPROVEMENT

Thomas Gallagher, MD

From April to June 2004, 1,396 SGIM members completed a survey designed to identify SGIM's strengths and opportunities for improvement as well as to learn more about our membership. The survey affirms that many of SGIM's services and resources are highly valued by most of our diverse membership. However, the survey revealed numerous stresses faced by academic generalists in the current health care environment and pointed to a variety of areas where SGIM needs to do a better job of meeting members' needs and expectations.

Survey Development and Implementation

The primary goal of the survey was to evaluate SGIM members' attitudes towards and utilization of SGIM services and resources, thereby informing future strategic planning. A secondary goal was to develop an instrument that can be administered periodically to track the effectiveness of Society initiatives. The Membership Committee spearheaded the development of the survey in close collaboration with the SGIM's other committees and with the Council's oversight. The Survey was pilot tested and then administered by Perception Solutions. The final response rate was 50.4% (1,396/2,772). The full survey results can be accessed at **http://www.sgim.org/2004MemberSurvey.cfm**.

SGIM Respondent Members: A Portrait Of Diversity

Slightly less than half of SGIM respondent members (44%) are women, nearly 20% are minorities, and almost all work full time. Only 7% of members are not U.S. citizens. The primary roles of respondents are clinician-educators (50%), researchers (25%), and administrators (12%). Most respondents (60%) work at university medical centers, 11% are at a VA, and 19% work outside these two settings. Two-thirds of the survey respondents are Assistant Professors or lower in academic rank, and 70% have been SGIM members for ten or fewer years. One-third have received another advanced degree in addition to an MD.

Satisfaction with Work Life

Most respondents are satisfied with their jobs, with three-quarters rating their overall job satisfaction as a 7 or higher on a 10-point scale. Of note, just 2% were highly dissatisfied (rating of 3 or less). Job satisfaction did not vary significantly across the different job types. Respondents frequently expressed a desire to spend more time on educational or research work. For example, 44% said they currently spend less than 10% of their time doing research, but 80% said their ideal job would devote a greater proportion of time to research. Similar, respondents fre-

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ACGIM Column

A Chief's Perspective of the SGIM Midwest Regional Meeting

Anna Maio, MD

I recently attended the SGIM Midwest regional meeting October 1st and 2nd in Chicago. As always, I was excited to shake off my usual routine, learn something, share ideas, be with friends and colleagues, and develop new relationships. I have been a division chief for less than ten years and I still struggle with the role and its many facets. Meetings are usually a good time for me to examine that role and to improve upon it.

Being a division chief is like all of academic medicine in that it usually involves clinical, educational, research and a significant portion of administrative time. A good meeting usually represents all facets of the job and the SGIM Midwest regional meeting did. Clinical, educational and research efforts are all around you as faculty, residents, and students present their research projects and their best clinical cases to their peers. They get feedback, collaborate and head home with new direction and hopefully a clearer plan. As Gary Rosenthal, MD, division chief at University of Iowa, expressed it, "it is a great opportunity for junior faculty to develop and fine-tune workshops for submission to the national meeting."

A good meeting usually represents all facets of the job…

Our administrative job also is enhanced when you examine why people gather in the first place. We consider it an opportunity for self-development and networking. Avery Hart, MD, President of the Midwest Region of SGIM feels, as do many, that "division chiefs should support attendance and encourage submissions from their division." When faculty and residents are a part of your program, you have this opportunity to watch them develop as they detail their research results, present their workshop, or summarize the key points of their vignette poster.

Mentoring is a key part of medicine; the key that guides the future. Good division chiefs spend a fair amount of time mentoring and assisting their faculty in establishing mentoring relationships with others. As noted by Gary Rosenthal, the smaller and more relaxed gathering of a regional meeting allows junior faculty to approach senior faculty to get feedback on their work. Avery Hart reminded me that regional meetings such as the Midwest have a one-on-one mentoring program to augment the national one. Faculty can also take the opportunity to mentor residents and assist in the creation and presentations of projects. SGIM has opportunities for robust growth as division chiefs encourage faculty support through participation at all levels.

Was the meeting a success from where I stand as a division chief? My expectations were high and I am an optimist, so for the most part I would say it was a resounding success. I went to a great workshop on clinical reasoning, which we hope will help us modify our M2 and M3 curriculum. I spent time with our faculty and residents learning and sharing. Watching our residents stand by their posters and explain the clinical lesson they wanted to convey is gratifying. I observed as our faculty mentored our residents' posters and their workshop presentations. On the downside, I always feel it was over too quickly and there is so much more to do. Oh well, on to the next meeting with all its learning, mentoring, and networking opportunities. *SGIM*

RESPONDING TO MEMBERS

Michael J. Barry, MD

"Government is a trust, and the officers of the government are trustees; and both the trust and the trustees are created for the benefit of the people."
—Henry Clay

As outlined in an accompanying article in this month's issue of the *Forum*, SGIM has recently completed a detailed survey of its members. First, I would like to thank SGIM's Membership Committee, led by Dr. Tom Gallagher, and the staff at our national office for completing this important task on our behalf. I'd also like to thank all the SGIM members who took time out of their busy schedules to complete the survey, giving us a respectable response rate of just over 50%.

During my two stretches on the SGIM Council, your representatives frequently asked, "I wonder what members would want?" as part of discussions about planning SGIM's programs and activities. As a result of the survey, we now have more insights than ever on members' current views of what SGIM should be doing. My goal in this column is to describe how those results, hot off the presses, have already been put to use to formulate SGIM's annual plan, which was developed at our summer retreat in June and finalized in August.

First, I note that about 55% of our members (I'll use "members" in this column rather than "respondents," which would be the technically correct term) spend at least a quarter of their time in clinical care, compared to about 38% who spend that much time in research, and 33% in teaching. Thus, while teaching and research are distinctive activities of SGIM members, clinical care is a pervasive activity that also binds us together. And as my other columns have indicated, the current environment for clinical practice in GIM is problematic, whether one is based at an academic medical center or in the community. SGIM's task force report, *The Future of General Internal Medicine*, outlines a better practice environment for both patients and physicians. However, we need a plan to get from here to there. With that goal in mind, the Council is beginning a new task force to continue this work and develop an operational plan that can that can help us to achieve that future. In their survey responses, 76% of members endorsed "providing leadership on the future of GIM" as very valuable or essential for SGIM, and we hope to do just that.

Part of changing the system for the better will inevitably include advocacy for reform at both the local and national levels. Fifty-seven percent of members endorsed "representing your professional interest to government agencies and Congress" as a very valuable or essential SGIM activity. The Council agrees. Currently, we are working with our Health Policy Committee, led by Dr. David Calkins, to re-examine our investment in and the scope of our advocacy activities, in

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SGIM FORUM

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

Midwest SGIM Annual Meeting: Leadership Awardees Provide Perspective and Advice

Naomi Freedner, MPH

The annual meeting of the Midwest Regional SGIM was held October 1–2 at the Chicago Hyatt Regency, with the theme "Patient Self-Management: The Unique Role of General Internists." The meeting was lively and well attended, with over 180 registrants; 131 research, vignette, or innovations presentations; 12 workshops; and a clinical update session. A debt of gratitude goes to the 12-member Program Council and dozens of other volunteers who served the myriad functions critical to a successful meeting. Dr. Michele Heisler delivered the keynote address, "Enhancing Patients' Chronic Disease Self-Management: Challenges for General Internists", and provided a stimulating overview of the central roles general internists are playing in research, clinical, and education issues related to our nation's transition to chronic care management.

Several innovations were introduced at this year's meeting that may be of interest to other regions.

Leadership in General Internal Medicine (LGIM) Awardees led career development seminars. Last year MWSGIM initiated the LGIM awards last year to honor senior members of SGIM, and to encourage participation of more senior SGIM members in the regional meeting. To foster connections between senior and junior SGIM members, awardees are invited to share their experience and knowledge at the annual meeting formally. This year, Halina Brukner and Rick Lofgren led structured small group lunch sessions on career development for clinician-educators and clinician-managers, respectively. In these well-attended workshops, the LGIM awardees presented background information and general advice on career issues and opportunities for attendees, then provided specific advice based on case studies or attendees' needs. David Meltzer, the third LGIM awardee last year, met individually with junior faculty members for informal mentoring sessions during the meeting. LGIM awardees for 2004–2005 are Marshall Chin, Mary McDermott, and Eugene Rich.

Expanded One-on-One Mentoring. An unexpected event was registration of approximately 25 trainees and junior faculty members for one-on-one mentoring sessions with more senior SGIM members. This was a substantial increase from previous years. Mentors and mentees were matched on interest and experience and met for at least an hour during the meeting.

Abstracts to be published on-line through JGIM. Through the services of Community of Science (COS) and the cooperation of the Journal of General Internal Medicine editors, accepted abstracts for this year's meeting will be published as an on-line supplement to the Journal of General Internal Medicine (JGIM). These citable references should assist presenters in receiving credit for their work while holding down regional costs. On-line citations will be accessible through the JGIM section of the SGIM Web page (**www.sgim.org**).

Financial independence. In its second year of independence from

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Research Funding Corner

Joseph Conigliaro, MD, MPH

NIH Clinical Trial Planning Grant (R34) Program
PA NUMBER: PA-04-008
National Institutes of Health (NIH)
(http://www.nih.gov)

One of the keys to submitting a successful intervention grant is to have many key aspects of the study in place including an established research team, reasonably developed data management tools, and well defined recruitment strategies. This is usually costly and time-consuming and can delay the start of the trial. The NIH Clinical Trial Planning Grant (R34) provides support for the development of Phase III clinical trials, which are large prospective studies, evaluating an intervention in comparison with standard care. The planning grant can provide early peer review of the rationale and design of the trial and provides support for the development of a detailed procedure manual including all elements needed to launch the trial. The R34 does not provide for the collection of preliminary data or pilot studies to support the rationale for the trial. Interventions can be pharmacologic, non-pharmacologic, and behavioral in nature including community and population-based intervention trials.

Investigators can request for a period of one year a budget for direct costs of up to $100,000 per year. Details of this PA can be found at **http://grants.nih.gov/grants/guide/pa-files/PA-04-008.html** and a listing of NIH contacts for the R34 program can be found at: **http://grants.nih.gov/grants/funding/r34.htm.**

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

ALCOHOL CLINICAL TRAINING FOR PHYSICIAN EDUCATORS

Melissa McNeil, MD, MPH

Physicians receive little effective education about alcohol problems and as a result often do not identify them in practice. SGIM Substance Abuse Task Force members Daniel Alford, Sheila Chapman, and Richard Saitz have joined with the Community-Based Teaching (CBT) Program of the American College of Physicians (ACP) to offer general internists an Alcohol Clinical Training (ACT) train-the-trainers course. The course will demonstrate a new web-based alcohol screening and brief intervention curriculum that addresses cross-cultural efficacy. Scholarships and CME credit are being offered to course attendees, who become Alcohol Clinical Educators (ACEs) upon completion. The ACT course will be held just before the ACP Annual Session on Wednesday April 13, 2005 in San Francisco (see **www.acponline.org/cme/act_course.htm?hp** or the ACPonline.org home page to apply). In 1–2 years, a cadre of internist ACEs across the country will have been trained, increasing the likelihood that medical students, residents and physicians in practice will learn about alcohol problems and translate that knowledge into clinical practice.

Risky drinking and alcoholism are common, cost the US $185 billion a year, and lead to substantial morbidity and mortality (85,000 deaths annually). Most affected persons receive no specific medical advice and are not in alcohol treatment. Minorities, while more likely to be identified by physicians, less often have access to treatment. Educational efforts about alcohol and health disparities are often separated from more mainstream medical topics and marginalized. General internists are perfectly positioned to take a lead in educating physicians about these issues that span preventive health care and chronic illness management. The US Preventive Services Task Force recently recommended alcohol screening and brief counseling for all adults, emphasizing the critical role of primary care physicians.

The ACT curriculum, developed by SGIM Substance Abuse Task Force members at Boston University School of Medicine with support from the National Institute on Alcohol Abuse and Alcoholism, is specifically designed for general internist educators and their learners. This curriculum is a tool for teaching skills (e.g. screening, assessment, brief intervention, and referral) in primary care settings. The curriculum incorporates slides with video vignettes along with speaker notes and evaluation materials. In a related project, the group is now publishing a bimonthly electronic physician-authored newsletter briefly summarizing the latest alcohol-related clinical research of relevance to practicing generalist physicians at **www.alcoholandhealth.org**. ***SGIM***

Promises and Pitfalls of Implementation Research: Insights from VA QUERI

Joseph Francis, MD, MPH

Since 1998, the Department of Veterans Affairs Quality Enhancement Research Initiative (QUERI) has sought to enhance the quality, outcomes and efficiency of VA health care by systematically implementing evidence-based practices and research findings into routine clinical care. Areas of focus* are diseases and conditions that are highly prevalent and costly, or show unacceptable variation in practice patterns. QUERI and related implementation efforts of VA' Health Services Research & Development Service (HSR&D) represent a significant investment (more than $13 million annually), and are acknowledged as being important contributing factors of the remarkable transformation of VA into a high performing healthcare system.[1,2]

In addition to their efforts at improving quality of care, QUERI investigators have been systematically studying the process of implementation itself, gaining insight into factors that create and sustain changes among patients, clinicians, and organizations. Their efforts culminated in a recent State-of-the-Art (SOTA) Conference, "Implementing the Evidence: Transforming Practices, Systems and Organizations" that was held August 2004 in Washington, DC.

There are several conditions creating dissatisfaction with the current methods and pace of organizational transformation including healthcare's tremendous complexity. Implementation research is conducted while fully immersed in the daily, often chaotic, reality of care delivery, in contrast to the more artificial environment of a randomized, controlled trial. Another

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* Currently, QUERI centers focus on: colorectal cancer, diabetes mellitus, HIV/AIDS, ischemic heart disease, mental health, spinal cord injury, stroke, and substance abuse.

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quently wanted to spend more time on teaching than they currently do. Only one-third of our respondents receive salary support for the majority (>80%) of their teaching effort, and 44% receive support for only 20% or less of their teaching time.

SGIM's Effectiveness

Respondents were asked to rate the value of a variety of SGIM services, using a four point Likert scale (not valuable, valuable, very valuable, essential). We considered that respondents had endorsed a specific SGIM service if they rated the services as "valuable" or above.

Respondents were generally enthusiastic about the value of SGIM's services and events. Over 90% rated the National Meeting as valuable, with most of these rating it as very valuable or essential. Other SGIM resources that over 85% of respondents viewed as valuable include: providing leadership on the future of SGIM, JGIM, and networking opportunities. Again most of these responses rated these SGIM services as highly valuable or essential. Roughly three-quarters or more of our respondents strongly endorsed two additional features of the organization (e.g. very valuable or essential): providing a community of people with common interests and values (79%), and providing leadership on the future of SGIM (76%).

Over 90% rated the National Meeting as valuable, with most of these rating it as very valuable or essential.

Overall, 93% rated their membership in SGIM as being at least valuable, with 21% rating their SGIM membership as essential. More junior SGIM members and researchers generally rated the value of their SGIM membership more highly than did more senior members and clinicians. Slightly more than one fifth of respondents had considered not renewing their membership in the last three years. The most common reasons for considering nonrenewal were the Society's expense, the perception that SGIM was no longer relevant to them, or feeling that another society served as their professional home. When providing free text input, a moderate number of members expressed a desire to feel more integrated into and involved in SGIM and its leadership.

SGIM Dues and Revenue

Respondents had very diverse approaches to paying for SGIM dues and meeting fees. While 35% have no out-of-pocket expenses, 33% pay all these expenses out-of-pocket. A large proportion (44%) of respondents report having no discretionary institutional funds for memberships, and 74% have less than $1,000 in discretionary funds. One-quarter of respondents predicted that discretionary funds would shrink in the next three years. Respondents had widely divergent opinions about approaches to increase revenues for SGIM. Half thought an increase in annual dues was somewhat (38%) or very (13%) acceptable, whereas 38% thought such an increase would be very unacceptable. Similar distribution of responses appeared regarding increasing National Meeting registration fees. Approximately one-third of the respondents also rated other revenue-generating options as very unacceptable including encouraging members to contribute to the Make-a-Difference campaign, developing CME activities, and endorsing educational ventures.

Substantial disagreement also appeared among respondents about appropriate limits for obtaining support from external sources. While 32% of respondents thought that the overall external funding policy cap should be increased from its current level of 25% of the operating budget, 16% of members supported a cap of 14% or less. Similarly, 36% of respondents endorsed increasing the current limit of 10% of the operating budget from pharmaceutical companies, but 18% thought no pharmaceutical funding should be accepted whatsoever.

This summary offers only a limited glimpse into the many fascinating results of this survey that reflects the views of half of our membership. The Membership Committee and the Council welcome feedback and suggestions from all SGIM members about ways that we can use these data to strengthen the organization and make SGIM as greater positive force promoting the success of members' careers. Michael Barry has devoted this month's president's column in the *Forum* to describing how the results of the membership survey are influencing the SGIM's planning process this year. Members are encouraged to review the full survey results, available at **http://www.sgim.org/2004MemberSurvey.cfm**. Additional analyses of these results are ongoing, and the results of the survey will continue to guide SGIM's strategic initiatives. We greatly appreciate the time and energy that SGIM members invested in responding to this survey, and hope that subsequent surveys will be equally well received. Please feel free to contact Tom Gallagher at **thomasg@u.washington.edu** with any questions or comments you might have about this project. Members interested in using the survey database for health services research may also contact Tom or Kay Ovington at **ovingtonk@sgim.org**. *SGIM*

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preparation for executing a new contract for these services in 2005. In addition, the Health Policy Committee will lead a new effort to help make individual SGIM members more effective at advocacy at the grassroots level. More on this program in the near future!

Seventy-five percent of members endorsed conducting the national meeting as a top SGIM activity. Our annual meeting will be held in New Orleans from May 11–14, 2005. While the national meeting has been very successful in recent years, the annual meeting team, led by Drs. Karen DeSalvo and Elliot Fisher, held a first-ever retreat to innovate and redesign the meeting to make it better still. Planned innovations include daily prominent plenary speakers and presentations tightly geared to our theme, "Out of chaos: The critical role of generalists." There will be more time for networking (another highly-rated SGIM activity according to the survey) and particularly free evenings to meet with friends and colleagues and enjoy New Orleans (no stuffy evening banquet). Again, more on meeting innovations in *Forum* as the time gets closer!

About half of members felt that fostering research and educational collaborations was a top SGIM activity. We have launched a new initiative aimed at fostering both. Working through the Education Committee, led by Dr. Stewart Babbott, we will develop a plan for a research network in medical education. Lowering the barriers to educational research, and using such a network to enhance the power and generalizability of research results, is an important step toward innovation and improvement in medical education. We are actively seeking partnerships with other organizations in this endeavor.

This year, the SGIM Council must also conduct a mandated review of the external funding policy we adopted three years ago. Members' current views will be extremely helpful to that process, and the survey suggests our policy continues to be consistent with members' wishes. For example, 52% feel our current external funding limit of 25% of our budget is optimal, 16% would prefer a lower limit, and 32% a higher limit.

The membership survey also makes it clear that, while members find belonging to SGIM valuable, the cost of membership and attending the annual meeting is an issue for many members, as the accompanying article indicates. Therefore, the Council has decided not to raise meeting fees this year, for the first time in recent memory, and to increase annual dues by just $10, the lowest increase in recent memory. While many of our expenses do increase each year and such restraint may not be possible every year in the interest of still delivering the services and programs members value, this year's decision about fees was in direct response to the concerns raised in the survey.

Finally, while a respectable 59% of our members rated the overall value of their SGIM membership as very valuable or essential, I am convinced we must and can do better. Listening to members' hopes and dreams for the organization is an important first step. As the Council heads toward its winter retreat to revisit our longer-term strategic plan, we'll continue to pay close attention to the survey results as we deliberate. Thanks again for the input!

More details about the SGIM annual plan for 2004-2005 are provided on the SGIM website. ***SGIM***

Mea culpa, Redux

I must apologize for an error in my September *Forum* Column on advocacy. I had stated that AHRQ was the only government agency working in a focused way on outcomes and effectiveness research, as well as quality and safety. As several members noted, that simply isn't true. While AHRQ spent about $308 million on such efforts in FY 2003, the Veterans Health Administration's Health Services Research and Development Service spent $52 million on similarly focused work, and more was invested for related work from other segments of the VHA. Other Federal agencies make substantial contributions, although perhaps in a less focused way, on the basis of percentage of expenditures. The bottom line remains the same: get out and advocate for what you believe in…there are plenty of good causes!

MIDWEST ANNUAL MEETING

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several other regional scientific societies, all costs for Midwest SGIM activities were covered without external support from pharmaceutical or other industries. Registration and submission fees were adjusted to provide incentives for first-time faculty attendees and submissions from students, residents, and fellows while maintaining fiscal viability.

Council officers for Midwest SGIM for 2004-2005 include Avery Hart (President), Deb Burnet (President-elect), Peter Kaboli (Council member), Saul Weiner (Council member), and Brent Williams (Past President). Special thanks to outgoing Council member Marilyn Schapira (Past President), and to Juhee Kothari (SGIM Regional Administrator), whose guidance and assistance were crucial to the successes MWSGIM enjoyed this year. ***SGIM***

Brent Williams is Past-President of MWSGIM

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factor is that research infrastructure is not designed for multi-site organizational studies. For example, even though VA boasts a robust electronic medical record and clinical database, compiling and accessing relevant information across more than 163 hospitals and hundreds of community-based clinics remains difficult and time consuming. Additionally, addressing human subject protections and privacy concerns in a highly accountable system that lacks a central institutional review board can significantly add to the timeframe of implementation studies—a critical delay for rapid cycle implementation and evaluation studies. Finally, implementation research has gained only a modicum of acceptance by the academic medical establishment, with some notable exceptions that include journals such as *Annals of Internal Medicine*, *British Medical Journal*, and the *Journal of General Internal Medicine*.

Another challenge relates to increasing productivity demands for front-line clinicians. The paradigm of "action research" requires the engagement of those doing the work, yet many of these critical co-discoverers may find the demands of research participation (even survey completion) a major imposition. Another challenge is the sometimes inconsistent and contradictory guidance from funding sources and peer reviewers. Even within VA, there are ongoing tensions between "fast and real" (gaining enough certainty to inform management's decision-making) versus the rigorous and methodical approach favored by traditional scientific reviewers. Review committees making funding decisions often continue to prioritize proposals based on methodological rigor and internal validity rather than system urgency. As a result, many proposals are judged by criteria more suited for a randomized controlled trial or a traditional HSRD effectiveness study.

Implementation SOTA

SOTA participants included nearly 100 researchers, administrators, and experts from VA, Kaiser Permanente, AHRQ, NIH, Canada, and other organizations.After reviewing specially commissioned background papers and hearing a keynote from Kenneth Kizer, MD, MPH, CEO of the National Quality Forum, SOTA participants separated into workgroups charged with specific tasks related to advancing implementation research. Despite recent successes in VA, conference participants identified a number of critical issues and barriers that hamper implementation research. Their insights were shared with each other and VA leaders in a plenary sessionand included the following:

- It is critical to appreciate the environmental context of care including "system saturation." In very busy settings, tools thought to have value (e.g., computer-generated reminders and performance measurement) can quickly lose their effectiveness. The next generation of tools should reduce burden on clinician time. One example is "intelligent reminders" that work in the background to identify specific patient clinical information for tailoring recommendations. Enlisting patients through web-based clinical portals and self-administered outcome instruments is another.
- The theoretical models of change need updating to reflect the complexity of health systems. Change models and quality systems derived from business settings often neglect the nature of medical evidence as well as the difficulty in healthcare in controlling the inputs. There is nothing as practical as a good theory – organizations are so complex, and potential change concepts so numerous, that a prior understanding of key factors and a generalizable model for testing changes are essential for assessment and targeting. It is important to understand and celebrate one's failures, for these become unique opportunities to test or modify one's theoretical change model.

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- One barrier to understanding implementation research is the terminology. Because QUERI and other implementation efforts have incorporated diverse perspectives (e.g., social, behavioral, organizational sciences, and systems analysis), the range of descriptors and methods can be disconcerting for reviewers and users of the research. Creating a set of standards for translation and implementation research, as well as evaluation will help to achieve the desired goals.
- Those within the organization who make policies, set directions and expectations, formulate budgets, and do the work – as well as the patients it serves, are important "co-investigators" and should be involved early in the design of implementation studies. Also important are outside partners—other health systems, for example—to insure that the lessons of implementation research can be generalized beyond VA settings.

Implementation research is still a relatively young science within healthcare, but its early results are encouraging, and the future promises even more insights into the barriers and facilitators of change within practice settings. Among the products expected to emerge from this SOTA are:

- A special issue of the *Journal of General Internal Medicine* devoted to Implementation Research;
- A Primer to help VA managers and clinicians understand the role of implementation research;
- A workgroup to better define terminology and methodological standards for implementation research;
- New organizational collaborations, involving other Federal agencies and non-VA healthcare systems;
- Continued discussion between researchers and organizational leadership about improving sustainability and spread of improvements generated out of implementation research; and
- Regular updates in this newsletter about the work of VA QUERI. **SGIM**

Joseph Francis is Associate Director, HSRD, Department of Veterans Affairs, Washington, DC.

Acknowledgements: Special thanks are due to all conference participants as well as the implementation researchers of QUERI. More information about the QUERI program can be found at **www.hsrd.research.va.gov/QUERI**.

References

1. Lomas J. Health Services Research: More Lessons from Kaiser Permanente and Veterans' Affairs Healthcare System. BJM 2003;327(7427):1301-2. Greenfield editorial

2. Greenfield S, Kaplan SH. Creating a culture of quality: the remarkable transformation of the department of Veterans Affairs Health Care System. Ann of Intern Med 2004 Aug 17;141(4):316

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.

JOB OPPORTUNITY. The Section of Palliative Care and Medical Ethics within the Department of Medicine at the University of Pittsburgh is seeking a clinician-educator with a career interest in palliative care. Responsibilities include attending on an in-patient, palliative care consult service, and developing palliative care curricular and teaching at all levels of medical education. Board certification/eligibility is required; palliative care fellowship preferred. Academic rank and salary will be commensurate with qualifications. Send letter of interest and C.V. to Robert M. Arnold, M.D., University of Pittsburgh, 933W-MUH, 200 Lothrop Street, Pittsburgh, PA 15213 (412-692-4834) or e-mail: rabob@pitt.edu. The University of Pittsburgh is an Affirmative Action, Equal Opportunity Employer. Starting date is July 2005.

The Health Service Research & Development (HSR&D) Center of Excellence in Indianapolis is seeking a board eligible or board certified internist investigator to join our faculty at the assistant or associate professor level. The Center of Excellence's mission is to improve the healthcare provided to patients through discovery, evaluation, implementation, and sustained adoption of evidence-based best practices throughout health care systems. HSR&D works in close collaboration with the IU Center for Aging Research and Informatics programs of the Regenstrief Institute, and other centers, programs, departments and hospitals on the Indiana University-Purdue University-Indianapolis (IUPUI) campus. We are seeking applicants whose work will complement and extend on-going funded work in implementation, organizational, quality improvement, qualitative, clinical epidemiology, systems interventions, aging and informatics research. Opportunities for VA funding and clinical care are available. Post-doctoral training in health services research, medical informatics, or a related field is required, and a master's degree in public health, epidemiology, or clinical research is highly desirable. Indiana University is an Equal Opportunity Employer. We encourage applications from women and underrepresented minorities. Please contact Kurt Kroenke, MD, Indiana University School of Medicine, 1050 Wishard Blvd., RG6, Indianapolis, IN 46202. Phone: (317) 630-7447 Fax: (317) 630-6611 Email: kkroenke@regenstrief.org

CHIEF, GENERAL INTERNAL MEDICINE - Lehigh Valley Hospital (LVH), a major academic community hospital in southeastern Pennsylvania's Lehigh Valley, seeks a Chief of GIM. Position entails clinical, administrative, educational and research responsibilities and reports to Chair of Medicine. Oversee geriatrics, GIM and hospitalist programs; participate in freestanding IM and transitional residency and medical student programs and lead division's clinical research. LVH is a major teaching affiliate of Penn State, where Chief will have faculty appointment. Division has 94 active medical staff members with11 full-time physicians. The Lehigh Valley, with over 700,000 people, has

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numerous colleges and good schools; located 1 hour north of Philadelphia and 1.5 hours west of New York City. Email CV to John Fitzgibbons, M.D., Chair of Medicine, c/o Tammy.Jamison@lvh.com, or fax to (610) 402-7014, phone: (610) 402-7008.

ACADEMIC GENERAL INTERNIST AND HOSPITALIST. The Division of General Internal Medicine at Georgetown University Hospital is seeking both an academic hospitalist to provide patient care and resident education, and a clinical educator to practice outpatient general medicine and precept in resident continuity clinic. Opportunities exist to teach and to persue other academic interests. Send C.V. to Mary B. Fishman, M.D. Chief, Division of General Internal Medicine, 6PHC, 3800 Reservoir Rd. NW, Washington, D.C. 20007. Fax 202-444-5208 or e-mail mbf3@gunet.georgetown.edu

ACADEMIC HOSPITALIST, PORTLAND, OREGON. The Division of General Internal Medicine & geriatrics, Department of Medicine, Oregon Health & Science University seeks qualified applicants to fill a full time career track clinician-educator/researcher hospitalists position. The successful candidate will join a 6 physician group with primary responsibility for the University Hospital medicine teaching services. Duties include direct patient care and clinical teaching with 3rd year medical students, internal medicine and family medicine residents, physician assistant students, and 4th year sub-internship medical students; and general medicine and perioperative consultation. The successful candidate is expected to develop scholarship in medical education, clinical practice, or relevant areas of research. MD degree and ABIM certification (or eligibility) is required. Advanced training in education, research, or experience as an academic hospitalist is highly desired. Interested candidates should send a cover letter of interest, CV, and three letters of recommendation to Alan J. Hunter, MD, Director, Hospitalist Program, OHSU, 3181 SW Sam Jackson Rd, L-475, Portland, OR 97239 or email eckerson@ohsu.edu.

MEDICAL EDUCATION FELLOWSHIP TRAINING. Boston University School of Medicine is accepting applications for its MET (Master Educator Training) Fellowship Program. This 2-year full time program is looking for individuals who plan an academic career with a focus on medical education. Our goal is to prepare graduates for leadership roles in medical education through acquisition of skills and knowledge in teaching, educational research, program development and administration. The program includes tuition for a Master's degree program in Teaching Clinical Medicine. Jay Orlander, MD, MPH is the program director. For more information contact Veronica Forde at: vpforde@bu.edu, Tel: 617-414-6934 or http://www.bumc.bu.edu/medfellowship

SITE MEDICAL DIRECTOR HYANNIS, MASS LOCATION. Initiates, develops and implements clinical health care programs to meet community healthcare needs. Duties include recruiting, supervising and evaluating all providers/specialists, operational improvement, problem solving in health center operations, including clinical care, access, utilization and visits, staffing, patient scheduling and financial issues, QA, strategic planning, implementing agency mission and overseeing medical management process in center. Will also provide primary care to a panel of patients.
Qualifications: Current MA MD/DO Lic. 5 yrs primary care experience, proven experience in administration, supervision and management of clinical staff including budgeting. Interested candidates please forward your resume to: Harbor Health Services, Inc., 398 Neponset Ave., Dorchester, MA 02122 Attn: Human Resources; or Fax: (617) 282-7928; or email jtranford@harborhealthinc.org Equal Opportunity Employer

PHYSICIAN. Serve as a primary care provider for a panel of patients in a CHC setting. Responsible for organizing and managing the care of primary care patients, including outpatient visits, communication with patients by mail/email/phone, inpatient care, referral for specialty care, assess health risks, promote and provide disease prevention, and practice evidenced based medicine. Qualifications: Current MA MD License, 1 year or more experience providing direct care in a community health setting. Interested candidates please forward your resume to: Harbor Health Services, Inc., 398 Neponset Ave., Dorchester, MA 02122 Attn: Human Resources; or Fax: (617) 282-7928; or email jtranford@harborhealthinc.org Equal Opportunity Employer

GERIATRIC PHYSICIAN AT BOSTON PACE PROGRAM. Provides primary care at home, facilities or clinic to geriatric population, including routine health maintenance, management of chronic conditions, and management of acute illness. Qualifications: Massachusetts MD/DO license, experience with geriatric population or Geriatrician, managed care experience preferred but not required. Interested candidates please forward your resume to: Harbor Health Services, Inc., 398 Neponset Ave., Dorchester, MA 02122 Attn: Human Resources; or Fax: (617) 282-7928; or email jtranford@harborhealthinc.org Equal Opportunity Employer

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DIVISION HEAD, General Internal Medicine, Department of Medicine , School of Medicine. The Department of Medicine at the University of Colorado Health Sciences Center is searching for a Head of its Division of General Internal Medicine. The Division of General Internal Medicine is comprised of over 100 faculty at five closely affiliated hospitals. A section of Hospital Medicine has recently been developed and housed in the division. The division is fiscally healthy and enjoys clinical financial support for its operation. The division has active clinical programs serving diverse populations, a primary care training program with 30 trainee positions over three years, and several research programs funded through a variety of mechanisms including NIH RO1 funding. The appropriate applicant will be responsible for directing the division's educational, clinical and scholarly missions. Board certification in internal medicine and national recognition for scholarly work are required. Applicants should qualify for an appointment at a senior faculty level (Professor or Associate Professor) and will be considered for the Meiklejohn Endowed Chair in Medicine. The search committee will accept nominations and applications until the position is filled. Applications should include a curriculum vitae and the names and contact information for three or more references. Please send applications electronically to: John Steiner, MD, MPH, Chair, Search Committee for Division Head, c/o Ms. Peggy McIntosh, University of Colorado Health Sciences Center, Email:Peggy.McIntosh@UCHSC.edu The University of Colorado is committed to diversity and equality in education and employment.

POST-DOCTORAL FELLOWSHIP. The Greenwall Fellowship Program in Bioethics and Health Policy, an interdisciplinary program sponsored jointly by Johns Hopkins and Georgetown Universities, is offering two-year post-doctoral fellowship positions beginning in 9/05. 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/academic/greenwall.html. Application deadline: 12/1/04.

Complementary/Alternative Medicine, Gastroenterology, Infectious Diseases, Nephrology, Patient Safety, Pharmacoepidemiology, Primary Care, Reproductive, and Sleep. Deadline: 1/15/05. Applicants: advanced degree (health-related) and clinical experience. 2-3 year fellowships, leading to MS in Clinical Epidemiology degree. Minority applicants encouraged. Contact Shanta Layton 215-573-2382 (slayton@cceb.med.upenn.edu).

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.

ACADEMIC HOSPITALIST, Durham, NC. The Duke University Medical Center, Department of Medicine, is expanding our existing academic hospitalist service and positions are immediately available for outstanding BC/BE clinician-educators. Successful candidates will have excellent clinical skills and a strong interest in clinical teaching. Research opportunities are available. Service responsibilities include general medicine teaching wards, hospitalist service rounding, and medical consultation all at Duke Hospital, an outstanding tertiary care teaching hospital. Faculty rank and salary commensurate with experience. Email cover letter and CV to: Thomas A. Owens, MD, Section Chief for Hospital Medicine at owens002@mc.duke.edu or fax to 919-471-3820.

ASSOCIATE PROGRAM DIRECTOR. Duke University Department of Internal Medicine and Duke Health System are seeking candidates for Associate Program Director for Ambulatory Care in the Internal Medicine Training Program. Major responsibilities will include responsibility as the Director of the resident teaching clinic, Duke Outpatient Clinic (DOC) as well as leadership of the Academic Generalist Program, a specialized track within the training program. The DOC is a free-standing outpatient facility that serves as the major teaching site for primary care for the Duke Internal Medicine Residency Program. Patients from the clinic are primarily Durham County residents who have had a long standing relationship with the institution. Payer mix includes Medicare, Medicaid, and self-pay. The Director will have budgetary responsibility for the clinic and will oversee its management assisted by Duke Health System's administration. A Duke Ambulatory Care Chief Resident is also stationed at the DOC and will share in the teaching responsibility. The Academic Generalist Program is a track within the internal medicine training program geared at trainees wishing to pursue academic careers in a variety of ambulatory specialties and general internal medicine. The candidate will also have the opportunity to be a faculty member in Duke's Program for Teaching Evidence-Based Practice (EBP). This teaching program provides EBP workshops for Duke faculty members and trainees as well as an international audience. Successful applicants will have had administrative experience in a similar setting and have demonstrated skills in education and mentoring in an outpatient setting. The Director will have an academic appointment in the Division of General Internal Medicine (DGIM) at a rank matched to her or his experience. Additional opportunities for research and program development are available through DGIM and the Program for teaching EBP. Duke University is an equal opportunity employer. Send curriculum vitae and a letter of interest to: Eugene Z. Oddone, M.D., VA Medical Center, 508 Fulton St., Durham NC 27705. E-mail: gene.oddone@duke.edu.

The Harvard Medical School Research Fellowship Program in COMPLEMENTARY AND INTEGRATIVE MEDICAL THERAPIES. The Division for Research and Education in Complementary and Integrative Medical Therapies at Harvard Medical School invite candidates to apply for a three-year, NIH funded research fellowship to begin either July 1, 2005 or July 1, 2006. This joint teaching program of Harvard affiliated teaching hospitals offers candidates the opportunity to obtain an M.P.H. degree, as well as clinical and teaching experiences in internal medicine, complementary / alternative medicine (CAM) and integrative medicine. Candidates must be BC/BE in internal medicine by the beginning of the fellowship. Applications are still being accepted for the year beginning July 1, 2005. The deadline for applications for the year beginning July 1, 2006 is March 31, 2005. For information and application forms, contact: Ms. Patricia Wilkinson, Harvard Medical School, Division for Research and Education in Complementary and Integrative Medical Therapies, 401 Park Drive, Suite 22A West, Boston, MA 02215. Email: patricia_wilkinson@hms.harvard.edu. The participating institutions are equal opportunity employers. Underrepresented minority candidates are encouraged to apply.

MEDICAL EDUCATION FELLOWSHIP. Training: Boston University School of Medicine is accepting applications for its MET (Master Educator Training) Fellowship Program. This 2-year full time program is looking for individuals who plan an academic career with a focus on medical education. Our goal is to prepare graduates for leadership roles in medical education through acquisition of skills and knowledge in teaching, educational research, program development and administration. The program includes tuition for a Master's degree program in Teaching Clinical Medicine. Jay Orlander, MD, MPH is the program director. For more information contact Veronica Forde at: vpforde@bu.edu, Tel: 617-414-6934 or http://www.bumc.bu.edu/medfellowship

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SGIM
FORUM

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

Classified Ads

RESEARCH FELLOWSHIP. The MacLean Center for Clinical Medical Ethics at the University of Chicago invites recently trained physicians to apply for a two-year research fellowship in Clinical Ethics. Fellows are supervised in ethics consultation, conduct a mentor-guided research project in clinical ethics or health policy, and pursue a masters degree in a related field. The stipend is $46,000/year. Applications are available on our website: http://ethics.bsd.uchicago.edu and must be received by December 15. Questions? Contact Mark Siegler at (773) 702-1453 or email: msiegler@medicine.bsd.uchicago.edu.

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.

Clinical Educator

WAKE FOREST UNIVERSITY HEALTH SCIENCES

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.