

ANNUAL MEETING: A LOOK AHEAD

**FROM THE ILLUSTRATIVE
TO THE UNKNOWN**

Art Gomez, MD and LeChauncy Woodard, MD, MPH

The SGIM Annual Meeting has become a place where clinicians, educators, and investigators share our best work. For many of us, our best is at the bedside and in our clinics. Presenting at the annual meeting's Clinical Vignette Session is an excellent opportunity for clinicians and clinician-educators to share these skills, presenting outstanding clinical observations and sharing lessons with our colleagues.

Several exciting innovations are planned for the 2005 Clinical Vignette Presentations. Because "Unknown Clinical Vignettes" sessions have proved so popular over the past few years, we are adding a second session. The unknown vignettes will be chosen from among the highest rated submissions that best lend themselves to this format. As in past years, three master clinicians will provide their clinical reasoning in solving the mystery during each unknown vignette session. We are excited to report that we have recruited a diverse and talented group of noted SGIM members to lead us through the depths of our clinical acumen. They are Judy Ann Bigby from Brigham & Woman's Hospital, Harvard Medical School, Valerie Lawrence from the University of Texas Health Science Center at San Antonio, Kelley Skeff from Stanford University School of Medicine,

Randol Barker, from Johns Hopkins Bayview Medical Center, Dan Hunt from Baylor College of Medicine and Auguste Fortin from Yale University School of Medicine. Using a clinical problem-solving format, these clinicians will elucidate their clinical reasoning, and in doing so, impart valuable clinical lessons and methods from their areas of expertise to solve or discuss the cases.

Another innovation this year is that vignettes, as with abstracts, will be submitted in categories; the Program committee has identified nine such categories, reflecting both the growing number and diversity of vignette submissions. The categories will include Aging/Geriatrics, Chronic Care and Management, Clinical Medicine, Consultative Medicine, Health Disparities/Unique Populations, Medical Ethics and Humanities, Mental Health and Substance Abuse, Quality of Care/Patient Safety, and Women's Health. We plan to organize oral and poster sessions by categories so attendees may attend sessions in their areas of high interest. As always, the best clinical vignettes submissions will be selected for presentation in oral and poster presentation sessions.

This year submissions of the highest quality relevant to the daily plenary session themes will be considered for presen-

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Health and Health Care Inequities: A Global Perspective

Said A. Ibrahim, MD, MPH & Juan Antonio Casas-Zamora, MD, MSc SM

In the US, the 2002 IOM (Institute of Medicine) report, *Unequal Treatment: Confronting Health Care Disparities*, marked a turning point in the struggle to define and confront health inequities here in the US.¹ It is important to recognize, however, that this issue and the struggle to confront it is neither unique to the US nor simply a local matter. Many nations, both developed and developing, have also adopted strategies to reduce health inequities. For instance, in the United Kingdom one of the first decisions of the incoming Labor government in 1997 was to commission the *Independent Inquiry into Inequalities in Health*. Under the direction of Sir Donald Acheson, the Commission's mandate was to establish the facts and provide recommendations as to why, despite the increase in prosperity and substantial reductions in mortality evinced in the UK in the previous two decades, the gap in health status between those at the top and the bottom of the social scale, as well as between various ethnic groups and between the sexes, had continued to widen.² In 1998, the *EURO Health for All* policy (*Health 21*) was published.³ This policy specifies that by 2020 the health gap between socioeconomic groups within countries and between countries should be reduced by at least one fourth in all member states. Since that time, other European countries have also undertaken similar comprehensive reviews and action plans at regional, national and local levels.^{4,5} Other developed countries such as Australia, New Zealand, and Canada are also in various stages in the process of incorporating health equity and/or social determinants of health into regional or national public health policies.⁶⁻⁸

The emergence of health equity as a public health issue is also occurring in

the developing world. Following the Alma Ata Primary Health Care Summit in 1979, many national governments in Latin America, Asia, and Africa came together to formulate the Primary Health Care/Health for All. The Alma Ata Primary Health Care Summit of 1978 advocated for the achievement of greater health equity and the reduction of health disparities as national goals. From 1996 to 2002, the Pan American Health Organization undertook an ambitious effort to streamline health equity in its technical cooperation programs in the Americas, including the promotion of research, benchmarking, strengthening information dissemination, establishing databases, and improving health information analysis for monitoring and reducing health disparities within and between countries in the Region.^{9,10} In fact, some Latin American countries such as Costa Rica, Chile, Peru, Bolivia, and Brazil have incorporated equity goals into their national public health programs.

The international community also has a role in the global campaign to confront health inequities. Some international organizations are already in the forefront of this campaign. For example, the Poverty and Health Network of the World Bank^{11,12} has developed methodology for the analysis of socioeconomic differences in health, nutrition, and population in developing countries based on the Demographic and Health Surveys. This methodology provides a much needed empirical approach for monitoring intra-country trends and inter-country comparisons of health disparities.^{13,14} In 1996, the Rockefeller Foundation and the Sweden International Development Cooperation (SIDA) established a *Global Health Equity Initiative (GHEI)*, with a network of over 100 researchers in more than 15

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MACRO- AND MICRO-TERRORISTS

Michael J. Barry, MD

*"I had a little bird,
Its name was Enza.
I opened the window,
And in-flu-enza."*

—Childrens' skip-rope rhyme during the influenza pandemic of 1918–19

On September 11, 2001, nineteen "macro-terrorists" armed primarily with box-cutters and pepper spray killed more than 3000 people in surprise attacks on the World Trade Center and the Pentagon. According to The 9/11 Commission Report, "The nation was unprepared." The Commission went on to ask, "How did the U.S. Government fail to anticipate and prevent it;" and "Who has the responsibility for defending us at home?"

This winter, a wave of "micro-terrorists," in the form of influenza viruses, armed primarily with a capacity for high-octane replication and antigenic variation to outfox host immune systems, will wreak even greater havoc. According to recent estimates, influenza is associated with about 50,000 deaths and 200,000 hospitalizations in the United States each year (see JAMA 2003;289:179 and 2004;292:133). This attack, in contrast, will be no surprise; we know it will happen and we even know the months! But almost unbelievably, the nation is once again unprepared, and to my way of thinking, The 9/11 Commission's questions are equally applicable.

As anyone who hasn't been in sensory isolation (like J. Lo in *The Cell*) now knows, the U.S. company, Chiron, which was manufacturing its influenza vaccine in the U.K., had bacterial contamination problems with the complicated process for manufacturing the vaccine in eggs, and about half the nation's supply was scrapped (how does one get rid of this stuff...that's one big infected omelet). Meanwhile, Aventis,

the French company that (ironically) manufactures its product in the United States, is delivering vaccine to those lucky enough to have backed the right horse when the orders were submitted. If everyone had gotten half the expected supply, the situation would be better. However, some providers are getting little or no vaccine, and others much more. While redistribution is being attempted, our health system and collective psyches are not geared to cooperation or evidence-based rationing, and it is unlikely the highest risk people will be selectively



vaccinated in an efficient manner. We should have seen this dreadful situation coming; there have been major issues with influenza vaccine shortages or delays in most recent flu seasons.

Here at Massachusetts General Hospital, we ordered most of our vaccine from Chiron, and currently have only enough to cover about a third of our highest risk patients (over 65 AND having serious diseases). Meanwhile, my parents, in their 70's but in relatively good health, blithely got vaccinated at their local Stop&Shop supermarket down on Cape Cod. In an amusing tale, the *New York Times* recently reported that Mayor

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VA COLUMN

VA Health Services Research and SGIM: Vital Linkages

Gary E. Rosenthal, MD

Over the past decade, the Department of Veterans Affairs has transformed its health care system from one emphasizing acute episodic inpatient care to one emphasizing ambulatory-based chronic disease management. This transformation has been associated with dramatic improvements in quality and efficiency that have been the focus of several recent seminal studies conducted by members of SGIM. For example, in a 2003 study in the *New England Journal of Medicine*, Carol Ashton and colleagues (1) found that among cohorts with nine medical and psychiatric illnesses, VA inpatient utilization fell by 50% and urgent care utilization fell by 37%. These changes were associated with 3 to 14% increases in outpatient clinic utilization and small but statistically significant declines in 1-year mortality for 5 of the 9 conditions. In a second study in the *Annals of Internal Medicine* earlier this year, Eve Kerr and colleagues (2) compared the care of diabetes in 5 VA medical centers and 8 private managed health plans in the same geographic areas. The study found that VA patients were more likely to receive guideline concordant care, as measured by several validated process measures, and had better controlled glycosylated hemoglobin and LDL than private sector patients.

As highlighted in recent editorials in the *British Medical Journal* and *Annals of Internal Medicine* (3,4), a major factor in the VA's transformation has been its investment in health services research, particularly in the emerging domain of implementation (i.e., second-stage translational) research. In fact, the budget for its intramural program in health services research has increased from \$42 million to nearly \$60 million over the last 5 years—a period in which other federal and non-federal sources of funding for health services research

have become increasingly unpredictable and/or scarce. When the additional contributions from medical care funds that support health services research (e.g., salary for physician and nurse investigators) appropriations are considered, the VA health services research budget for fiscal year 2004 was roughly \$127 million. As such, the VA's health services research program represents a relative oasis that has been an important source of support for many SGIM members.

The VA HSR&D Service encompasses several distinct programs. While the VA funds service-directed studies that target areas of particular urgency to VA policy and patient care, a larger proportion of the HSR&D budget is directed towards investigator-initiated studies that typically fall into the general realms of quality measurement, implementation, research methodology, health disparities, and health care organization and management, and health economics. The relatively large base of support that is available for investigator-initiated research is particularly germane, given the scarcity of such funds through AHRQ, which has increasingly targeted its funding over the past 5 years to specific areas, such as informatics and patient safety. In addition to its support of individual research projects, the VA supports several other programs that offer excellent opportunities for SGIM members.

One such program is the Quality Research Enhancement Initiative (QUERI), which was chronicled in recent articles in SGIM Forum (see articles in the May and November 2004 issues by John Demakis and Joe Francis, respectively). QUERI represents a unique collaboration between researchers, clinicians, and administrators to translate research discoveries and innovations into better

patient care and systems improvements for eight high-risk conditions. SGIM members currently lead QUERI programs in diabetes, HIV/AIDS, and ischemic heart disease and play key investigative roles in several others.

A second core element in the VA's health services research program is its investment in research infrastructure. Currently, 31 sites nationally receive funding through three different mechanisms, including 16 sites that have been named Centers of Excellence (CoEs). The CoE awards provide roughly \$700,000 annually to support investigators, research personnel, and physical infrastructure in an effort to develop capacity in focused areas of investigation (e.g., elimination of health disparities, changing provider behavior, health care management and organization). The CoE awards represent a unique opportunity within health services research to build capacity that can support the development of new VA and non-VA investigator-initiated research and the nurturing of new investigators. Notably, 11 of the 16 CoEs are directed by SGIM members.

A final element is VA's career development program, which provides up to 6 years of salary support to promising junior investigators. This program supports the methodological development of investigators and provides the protected time for awardees to devote 75–80% effort to a mentored research experience under the direction of senior VA and university-affiliated investigators. Currently nearly 75 individuals hold these awards, a majority of whom are general internists.

Thus, the relationship between the VA HSR&D Service and academic general internal medicine is truly synergistic. It is in this context that the SGIM VA HSR&D Task Force has been

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RESEARCH FUNDING CORNER

Joseph Conigliaro, MD, MPH

The Centers for Education and Research on Therapeutics

RFA Number: RFA-HS-05-014

Agency for Healthcare Research and Quality (AHRQ), (<http://www.ahrq.gov>)

Center for Outcomes and Evidence,

(<http://www.ahrq.gov>)

Letters of Intent Receipt Date:

February 11, 2005

Application Receipt Date:

March 11, 2005

Using the Demonstration Cooperative Agreement (U18) award mechanism, AHRQ intends to commit approximately \$3.2 million in FY 2005 to fund four new cooperative agreements in response to this RFA to expand the work of the Centers for Education and Research on Therapeutics to address gaps to developmental and implementation research and create educational strategies for translating research into practice. CERTs provide clinical information to health care providers, pharmacists, pharmacy benefit managers and purchasers, managed care organizations, health insurers, governmental agencies, and consumers using merit-based, peer-reviewed research. CERTs aim to increase awareness, effectiveness and risks of new uses and combinations of drugs, biological products, and devices. The centers investigate ways to improve health care quality while reducing costs through an increase in the appropriate use and prevention of adverse effects of these products, and devices. Finally, CERTs conduct research on comparative effectiveness, cost-effectiveness, and safety. AHRQ intends to fund one center from each of the following themes: 1) mental health; 2) the elderly; 3) therapeutic devices; and 4) consumers and patients. Current CERTS PIs are not eligible to apply to this RFA as a PI. The application must include a proposed institutional plan for

the development of a research infrastructure. The complete RFA can be accessed at <http://grants.nih.gov/grants/guide/rfa-files/RFA-HS-05-014.html>.

Research on the Economics of Diet, Activity, and Energy Balance

PA Number: PA-05-009

With obesity becoming a major focus of public health efforts at the national, state, and local levels this Program Announcement (PA) seeks projects that study the causes of obesity to inform federal decision making on effective public health interventions for reducing the rate of obesity in the

United States. There is an emphasis on research that includes an economic analysis within the context of social and behavioral sciences as well as the epidemiological, bio-statistical, medical, and biological disciplines. This PA will use the NIH exploratory/development (R21) and the investigator-initiated research project grants (R01) award mechanisms. The complete PA can be found at <http://grants.nih.gov/grants/guide/pa-files/PA-05-009.html>.

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

ASSOCIATES' CORNER

Kavita Patel, MD

The year is quickly coming to an end and for those of you who have been thinking about getting involved with SGIM at whatever level of interest, we have a list of opportunities which can help you take the next step towards a career in general internal medicine. These are only opportunities, not necessarily a guaranteed position, but in most cases, we will work hard to find a fit for you as an associate leader. All of these are generally for students, residents, or fellows, but if you have any questions, please do not hesitate to email the ASSOCIATE LISTSERVE (or just join for fun) at rsf@list.sgim.org

SGIM has an infrastructure that is pretty similar to your high school student council—there are national and regional leaders who are elected and a number of committees with representation from all levels of membership. Pretty simple, but the labels can be somewhat confusing. For more detailed descriptions, feel free to go to the SGIM website (www.sgim.org)

National Leadership Opportunities

- ◆ Continuing Medical Education Committee: The CME committee is looking for an associate representative; preferably a fellow or resident who would help the committee think through the educational opportunities offered at the regional and national meetings. Interested associates should have a CV ready to forward to Sarajane Garten at gartens@sgim.org
- ◆ Committee on Mentoring and Career Development: This is actually a new committee for SGIM and a nice way to get involved with activities which would possibly help you navigate through your current environment. Interested associates should first send an email of interest to Kay Ovington at ovingtonk@sgim.org
- ◆ Task Force on the Practice Environment in General Internal Medicine: This too is a new task force (a little bit different than a committee but details can be explained later) which

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GLOBAL PERSPECTIVE

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countries, with the purpose of raising global awareness and building capacity to address health inequities. Various current global initiatives have emerged from the GHEI and other aforementioned efforts. One is the *Global Equity Gauge Alliance (GEGA)*, also supported by the Rockefeller Foundation and SIDA, created to participate in and support an active approach to monitoring health inequalities and promoting equity within and between societies. The Alliance currently includes 11 member-teams, called Equity Gauges, located in 10 countries in the Americas, Africa, and Asia.¹⁵ In Sub Saharan Africa an initiative closely linked to GEGA is the *Regional Network on Equity in Health in Southern Africa (EQUINET)*, involving professionals, civil society members, policy makers, state officials and academic, government and civic institutions from Botswana, Malawi, Mozambique, South Africa, Tanzania, Zambia, Zimbabwe, and the South African Development Community, who have come together as an equity catalyst, to promote shared values of equity and social justice in health.¹⁶

The United Nation organizations, such as the World Health Organization (WHO), also have a leadership role to play in the global effort to confront health inequities. Such action is consistent with the 1998 World Health Assembly resolution, which confirmed that a reduction in socio-economic inequalities in health was a priority for all countries.¹⁷ Under the leadership of Director General Lee Jong-Wook, the issue of health equity has acquired a new emphasis in the priorities of WHO.¹⁸ An equity team has been established within the area of evidence and information for policy, with the objective of supporting innovation and strengthening knowledge-sharing on a global level. Recently, the WHO Director General announced a call for nomination of members of a new global commission on social determinants of health. This will lead to formation of a

team of expert public health scientists and policymakers to gather evidence on the social and environmental causes of health inequities, and how to overcome them, with the purpose of providing guidance for all WHO programs.¹⁹

In summary, as is the case here in the US, there is a global movement for health equity. It is important to link this global effort to local actions and challenges. International and national health organizations in the developed and developing countries, be they in the public sector or in civil society, must join hands with local communities and governments if health inequities are to be effectively reduced. Although the first steps begin on our very doorstep and in our own communities, the struggle, just like the problem, has global dimension and local actions have global implications. **SGIM**

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A LOOK AHEAD

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The ideal clinical vignette is one that presents an interesting feature of a diagnosis or management of a clinical problem or situation

tation in the plenary sessions. This is an excellent opportunity for clinician-educators to gain scholarly recognition, interact with other general medicine physicians in discussing their cases, and demonstrate the clinical relevance to the practice of general medicine as it relates to our meeting theme: *Out of Chaos: The Role of the Generalist*, and daily sub-themes: *The Scope and*

Causes of Chaos, Decision Quality and the Care of the Patient, and How Policy and Education Can Help.

The ideal clinical vignette is one that presents an interesting feature of a diagnosis or management of a clinical problem or

situation likely to be encountered by the general internist in the clinical setting. Vignettes are judged based upon the writing quality, applicability to the practice of general medicine and the importance of the clinical lesson illustrated by the vignette. We anticipate that the categories, detailed in the Call for Submissions and on the

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Recent flu seasons, and particularly this one, have proven that reliance on the private sector is a bad way to ensure people get needed vaccinations.

Bloomberg's mother hadn't been able to get a flu shot in the Boston area. It turns out that her primary care doc is in my group practice. However, a local community doc with a stash of vaccine who had read the article called the Mayor and offered to vaccinate her...perhaps as recompense for the whole Red Sox-Yankees thing (after all, why not her?). Finally, the *Chicago Tribune* has reported a substantial number of the Chicago Bears football team members were vaccinated, though few are infants, elderly, or chronically ill. Whether the Bears cheerleaders, who at least have a chance of being

pregnant, were offered vaccination is uncertain.

Influenza vaccination is both effective and cost-effective; in fact, it's a candidate for the most cost-effective intervention in

adult medicine. Although generating experimental data about the effectiveness of the vaccine is obviously problematic, the CDC's Advisory Committee on Immunization Practices indicates that among the highest risk groups, such as elderly nursing home residents, the vaccine's effectiveness for preventing hospitalization is in the range of 50–60%, and for preventing death may be as high as 80%. According to *Healthy People 2010*, our goal should be to vaccinate 90% of non-institutionalized people 65 and older by the start of the next decade. If that's a running average, we are already in serious trouble!

During the recent Presidential debates, both candidates quickly and vocally accepted full responsibility for defending the country against macro-terrorists. But when the second question in the last debate asked about protection of the country from micro-terrorists like influenza, neither candidate stepped forward in the same way. President Bush simply offered to relinquish his own flu shot, and Senator Kerry changed the subject. Whether one believes in "small government" or "big government" (should governments come in shoe sizes?), how could such an important question on the protection of the public health be glossed over so easily? Recent flu seasons, and particularly this one, have proven that reliance on the private sector is a bad way to ensure people get needed vaccinations. It's a government responsibility, pure and simple. Americans (and in fact all people) deserve to be protected from terrorists of all sizes. **SGIM**

A LOOK AHEAD

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website, will stimulate participants to submit cases that illustrate lessons related to policy and the practice of our art as well as the science. Bizarre or "zebra" cases not commonly seen will not necessarily rank more favorably than common cases if they do not include a broader application to the practice of general internal medicine. Often, more common cases present important lessons that enhance the practice of generalism.

We have assembled a distinguished and diverse group of SGIM members to review what we anticipate will be a large, competitive pool of submissions. We encourage senior faculty to mentor medical students, residents and junior faculty in the submission of vignettes in order to introduce these young physicians to

the SGIM scientific conversation.

The deadline for submission of clinical vignettes is January 12, 2005. Clinical vignettes will be submitted electronically. We particularly encourage SGIM members, associate members, and prospective members who have not previously presented at the national meeting to submit a clinical vignette for review. Questions about clinical vignettes should be directed to the clinical vignette chair, Art Gomez (artgomez@ucla.edu) or co-chair LeChauncy Woodard (lwoodard@bcm.tmc.edu). **SGIM**

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

GLOBAL PERSPECTIVE

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**Clinician Researcher in
General Internal Medicine**

**UNIVERSITY OF
CALGARY**

Creating the future of health.

The **Department of Medicine** and the Calgary Health Region invite applications for a full-time academic Clinician Researcher at the Assistant Professor level or higher. This position will appeal to individuals with demonstrated skill and academic interest in Health Services Research, Clinical Epidemiology, Health Economics, Population Health or Public Health. Clinical service, to a maximum of 25% in the outpatient and acute care settings, is a requirement of this position, and appropriate hospital privileges will be available from the Calgary Health Region.

The Department of Medicine is part of the rapidly growing Faculty of Medicine, which is in the process of building a major new research and treatment facility adjacent to the largest tertiary care centre in southern Alberta. Please visit our website at www.departmentofmedicine.com for information and our most recent annual report. Calgary is a vibrant, multicultural city (population – 1,000,000) near the Rocky Mountains, Banff National Park and Lake Louise. The Calgary Health Region is the largest fully integrated health care region in Canada, offering complete services at all levels. One new 600-bed facility is expected to open in 2008.


Qualifications include an MD, certification in Internal Medicine, a proven record of scholarly excellence, eligibility for regular or special licensure in the Province of Alberta, valid CMPA coverage, and postgraduate training in research.

Please submit curriculum vitae, a statement of research interests, and the names of three referees, by **January 31, 2005**, to:

Dr. William Ghali, Associate Professor and
Buchanan Chair in General Internal Medicine
Department of Medicine
Faculty of Medicine
Health Sciences Centre
3330 Hospital Drive, NW
Calgary, Alberta, T2N 4N1 Canada

In accordance with Canadian immigration requirements, priority will be given to Canadian citizens and permanent residents of Canada.

The University of Calgary respects, appreciates and encourages diversity.



www.ucalgary.ca

VA COLUMN

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actively working to increase the profile of VA research programs at the SGIM Annual Meeting and to increase interactions between the two organizations. These activities have included a new VA HSR&D Interest Group, a special symposium at the 2004 Annual Meeting, regular updates in SGIM Forum, and upcoming JGIM supplements featuring VA research in women's health and implementation research methods. We look forward to building

on these initial foundational activities and vital linkages over the coming years. **SGIM**

References:

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ASSOCIATE'S CORNER

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is going to try and tackle the elephant in the room: the current and future state of general internal medicine. Again, interested associates should contact Kay Ovington at ovingtonk@sgim.org.

Regional Leadership Opportunities

There are seven (7) regions in SGIM and each one may or may not already have a current structure for associate

leadership for their council, but nevertheless, if you are interested, you should email and we can get more information to you at that point. The contact for all regional issues is Juhee Kothari at kotharij@sgim.org The regions are:

- ♦ California SGIM (California and Hawaii): Regional Meeting Date: April 1, 2005
- ♦ Mid-Atlantic SGIM (Delaware, Maryland, New Jersey, New York,

Pennsylvania, Puerto Rico and Washington D.C.): Regional Meeting Date March 11, 2005

- ♦ Midwest SGIM (Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Oklahoma, Ohio, South Dakota and Wisconsin): Regional Meeting held already but activities are ongoing
- ♦ Mountain West SGIM (Arizona, Colorado, Nevada, New Mexico, Utah and Wyoming): Regional Meeting Date September 16-18, 2005
- ♦ New England SGIM (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont): Regional Meeting Date: March 18, 2005
- ♦ Northwest SGIM (Washington, Oregon, Alaska, Idaho and Montana): Regional Meeting Date: March 11, 2005
- ♦ Southern SGIM (Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and West Virginia): Regional Meeting Dates: February 24-26, 2005

And finally, don't forget that if you do not want to contact any of the above but you are still curious or interested in SGIM; maybe you want to get a little insight into what the national meeting is like, etc, then please join our listserv at rsf@list.sgim.org. **SGIM**

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.



The Department of Preventive Medicine and Public Health (www.kumc.edu/prevmcd) is a dynamic, multidisciplinary group of 24 faculty with funding in cancer prevention, preventive cardiology,

obesity, nutrition, breast cancer, 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

University of Kansas Medical Center
Vice Chair, Faculty, and Post-doctoral Positions
 DEPARTMENT OF PREVENTIVE MEDICINE AND PUBLIC HEALTH

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. Postdoctoral Fellowships (two positions): Appointments for 2-3 years with flexible start dates, competitive salaries, excellent resources for career development, and liberal benefits. Fellowships tailored to individual's career goals including opportunities for grant writing, teaching, clinical work, MPH or MS. Clinical Research degree, and authorship on manuscripts. Mentoring is available from psychologists, physicians, epidemiologists, and statisticians.

Review of applications and nominations will begin immediately. Post-doctoral Fellows apply on-line only at <http://jobs.kumc.edu> Search for position #M0202267. Faculty applicants send a cover letter (please specify for which position) with summary of research interests and past work, CV, and three letters of references to:

Jasjit S. Ahluwalia, MD, MPH, MS
 Attn: Le-Thu Erazmus, MSE
 Sosland Family Chair and Professor
 Department of Preventive Medicine and Public Health
 University of Kansas Medical Center
 Mail-Stop 1008
 3901 Rainbow Boulevard
 Kansas City, KS 66160

KUMC is EO/AA Employer



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

ASSISTANT OR ASSOCIATE PROFESSOR. The Stanford Prevention Research Center (SPRC) at Stanford University School of Medicine invites applications for a faculty position at either the Assistant or Associate professor level. The SPRC is a highly productive, interdisciplinary research program in disease prevention and health promotion. We are seeking an MD, MD-PhD, or PhD investigator with expertise in exercise science or obesity research and experience in patient- or population-oriented research in humans. This position requires a strong commitment to academic research and to interdisciplinary, collaborative work. This is an interdepartmental search and the successful applicant will be appointed jointly in SPRC and an appropriate department (e.g., medicine, pediatrics, health

research and policy). Stanford University is an equal opportunity, affirmative action employer. Contact: Fortmann@Stanford.edu.

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 Center. 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.hsrd.minneapolis.med.va.gov

SUNNYBROOK & WOMEN'S COLLEGE HSC. Mont Tremblant Anesthesia & Perioperative Medicine Conference, February 18-21, 2005, Mont

Tremblant, Quebec. For information, contact Lori Frith, tel. 416-480-4864, fax (416-480-6039, E-mail: lorraine.frith@sw.ca).

INTERNAL MEDICINE OPPORTUNITIES in Charlotte, North Carolina. Carolinas HealthCare System is looking for caring, exceedingly well-trained and highly motivated physicians for internal medicine practices in Charlotte and surrounding communities. Carolinas HealthCare System offers world-class facilities, opportunities, advancement and quality of life that are second to none. A variety of practice opportunities exist in rural and metropolitan settings. Due to the continuing growth of Carolinas Physician Network, the arm of Carolinas HealthCare System, and regional facilities, many opportunities exist for board certified or board eligible physicians. Enjoy the stability of an employed position with the incentives of a private practice. Please feel free to visit our website at www.carolinashealthcare.org to learn more about the Carolinas and the exciting opportunities now available. For more information or to submit a CV, contact Tracey Black (704) 355-0159 or (800) 847-5084, email tracey.black@carolinashealthcare.org.

GENERAL INTERNISTS, DARTMOUTH, NS. The Department of Medicine at Capital Health and *continued on next page*

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Dalhousie University is seeking a general internist for the Dartmouth General Hospital site. The hospital is a 115-bed, acute secondary care referral institution with state of the art Emergency facilities and strong community identity and support. Working with a cluster of committed family physicians, the Department offers a full range of secondary care services and is in a growth and development phase. Applicants should be comfortable with the provision of General Internal Medicine, Cardiac and Critical Care at the secondary level. The Dartmouth site is an integral part of an academic District Department which offers the continuum of medical specialist care to the quaternary level. Opportunity for collaboration, teaching and scholarly activity exist. The preferred candidate will hold FRCPC or equivalent qualification and have strong interpersonal skills, value team relationships and collaboration. This position is funded through a competitive alternate funding plan.

All qualified candidates are encouraged to apply; however, Canadians citizens and permanent residents will be given priority. Dalhousie University is an Employment Equity/Affirmative Action employer. The University encourages applications from qualified Aboriginal People, persons with a disability, racially visible persons and women. Applicants should send curriculum vitae and the names of three references to: Dr. Elizabeth Mann, Head, Division of General Internal Medicine, Dalhousie University/Capital Health, Rm. 405 Bethune Bldg., VG Site-QEII HSC, Halifax, NS, B3H 2Y9. Tel: (902) 473-2156. Fax: (902) 473-8430. Applications close 30 days from the date of this advertisement.

BOSTON UNIVERSITY General Internal Medicine Fellowship and Preventive Medicine Residency Programs: <http://www.bu.edu/medfellowship> is accepting applications for 2005 and 2006. Strengths in research, epidemiology, substance abuse, violence, cancer prevention, women's health and informatics. Emphasis on individual mentoring to prepare for academic careers in research or education. We have a 20-year track record and a diverse faculty. Qualify for NIH loan repayment. Includes Boston University School of Public Health tuition for Master's degree. Application on website or contact Veronica Forde at 617-414-6934 or vpforde@bu.edu Underrepresented minority candidates are encouraged to apply.

LATINO CLINIC—GENERAL INTERNIST. The Department of Medicine at Boston University School of Medicine seeks a General Internist to join the staff of the Latino Clinic in General Internal Medicine at Boston Medical Center. The successful candidate will be fluent in Spanish and will also have Latino cultural experience. Excellent teaching skills are also important. The position includes a competitive salary, excellent benefits, and appointment to the faculty of Boston University. Please fax CV to Peter K. Davidson, M.D. at 617.414.7955 (this position does not qualify for a J1 waiver).

CLINICIAN RESEARCHER IN GENERAL INTERNAL MEDICINE. The Department of Medicine and the Calgary Health Region invite applications for a full time academic Clinician Researcher at the Assistant Professor level or higher. This position will appeal to individuals with demonstrated skill and academic interest in Health Services Research, Clinical Epidemiology, Health Economics, Population Health or Public Health. Clinical service, to a maximum of 25%, in the outpatient and acute care settings is a requirement of this position, and appropriate hospital privileges will be available from the Calgary Health Region.

The Department of Medicine is part of the rapidly growing Faculty of Medicine which is in the process of building a major new research and treatment facility, adjacent to the largest tertiary care centre in southern Alberta. Please visit our website at www.departmentofmedicine.com for information and our most recent Annual Report. Calgary is a vibrant, multicultural city (population ~ 1,000,000) near the Rocky Mountains, Banff National Park and Lake Louise. The Calgary Health Region is the largest fully integrated health care region in Canada, offering complete services at all levels. One new 600-bed facility is expected to open in 2008. Qualifications include an MD, certification in Internal Medicine, a proven record of scholarly excellence, eligibility for regular or special licensure in the Province of Alberta, valid CMPA coverage, and post-graduate training in research. Please submit curriculum vitae, a statement of research interests, and the names of three referees by, January 31, 2005, to: Dr. William Ghali, Associate Professor and Buchanan Chair in General Internal Medicine, Department of Medicine, Faculty of Medicine, Health Sciences Centre, 3330 Hospital Drive, NW, Calgary, Alberta, Canada T2N 4N1. In accordance with Canadian Immigration requirements, priority will be given to Canadian citizens and permanent residents of Canada. The University of Calgary respects, appreciates and encourages diversity.

CLINICIAN-EDUCATOR/FACULTY POSITION, UCHSC, DENVER. Division of GIM seeks clinician-educator beginning July 2005. Must be board certified, interested in career as clinician, practicing and teaching general internal medicine. Practices 8-9 half-days per week, w/opportunity for half-day attending primary care residents' clinical education. Full-time faculty, with academic promotion opportunities w/criteria of demonstrated excellence. Salary and faculty appointment commensurate with experience. Teaching may include attending 1-2 months on GIM inpatient services. Faculty shares responsibilities for after-hours call w/other members of group practice. Physician may collaborate in research projects w/other faculty members, but not expected to be clinician-researchers. Applications review begins 10/30/04, position remains open until filled. CV's to KGray, Division of GIM, UCHSC, 4200 E. 9th Avenue, B180, Denver, Colorado 80262; Fax 303-372-9082 or e-mail Kathryn.Gray@uchsc.edu. University of Colorado

Health Science Center is committed to diversity and equality in education and employment.

HOSPITALISTS/FACULTY POSITIONS INTERNAL MEDICINE, UNIVERSITY OF COLORADO HEALTH SCIENCE CENTER. The University of Colorado is currently accepting applications for faculty academic hospitalist positions. The position combines clinical work, research and educational opportunities. This fifteen member group has its academic home within the Division of General Internal Medicine and works closely with the internal medicine housestaff training program to oversee greater than 75% of the general medical admissions. The group has an active research agenda and has developed and oversees an innovative hospitalist-training track for internal medicine residents. The second annual "Rocky Mountain Hospital Medicine Symposium," attended by nearly 500 participants, is an educational initiative sponsored by this group. If you are interested in becoming a recognized leader in the hospitalist movement, please forward your CV: KGray, 4200 E. 9th Ave., B180, Denver, CO 80262; fax: 303-372-9082; email: kathryn.gray@uchsc.edu. CV review began 10/30/04 and will continue until positions are filled. UCHSC is committed to diversity and equality in education and employment.

ACADEMIC GENERAL INTERNIST: HALIFAX, NS, CANADA. The Division of General Internal Medicine, Dalhousie University/Capital District Health Authority seeks a full-time general internist at the QEII Health Sciences Centre for a major academic appointment with 40% protected time for research, commencing on or before January 2005. The successful applicant will participate in the provision of patient care in the setting of medical teaching units and ambulatory care with medical students and residents in internal medicine. Full-time members are expected to develop and participate in clinical or educational research. The Department offers strong research support personnel and mentorship. Physicians with a special interest in medical education, outcomes research, ethics, clinical immunology or pharmacology are particularly invited to apply. The Department has an attractive alternate funding plan. Requirements include a Canadian fellowship in Internal Medicine or equivalent and eligibility for a license in Nova Scotia. All qualified candidates are encouraged to apply; however, Canadians and permanent residents will be given priority. Dalhousie University is an Employment Equity/Affirmative Action Employer. The University encourages applications from qualified Aboriginal Peoples, persons with a disability, racially visible persons and women. Send curriculum vitae and the names of three referees to: Dr. Elizabeth Mann, Head, Division of General Internal Medicine, Dalhousie University, Rm. 405 Bethune Bldg., VG Site-QEII HSC, Halifax, NS, Canada, B3H 2Y9. Tel: (902) 473-2156. Fax: (902) 473-8430 or genmed@dal.ca

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SGIM FORUM

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

CLASSIFIED ADS

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Applications close 30 days from date of this advertisement.

CLINICIAN-EDUCATORS. The Division of General Medicine, Department of Internal Medicine at Virginia Commonwealth University Medical Center seeks two dedicated clinician-educator physicians to provide medical care to ambulatory patients in a private practice and academic residency-teaching clinic. Duties will also include teaching and attending on the inpatient general medicine wards, participating in teaching conferences, and scholarly activities. Candidates should be board certified or board eligible in Internal Medicine and must be skilled in providing primary care in ambulatory care clinics. Previous experience in an outpatient care setting is desirable. Send or fax CV and two letters of reference to Betty Anne Johnson, MD, Chair, Division of General Medicine, PO Box 980102, Richmond, Virginia 23298. Fax number is 804-828-8660. Virginia Commonwealth University is an equal opportunity/affirmative action employer. Women, minorities, and persons with disabilities are encouraged to apply.

ACADEMICIAN. The Department of Internal Medicine Division of General Medicine at the Wayne State University and Detroit Medical Center is recruiting outstanding academicians to join its Division. Responsibilities include teaching of students and residents, patient care, both in an outpatient and inpatient setting, and scholarly activity. Fellowship in general medicine preferred but will consider applicants with other advance training or research experience. Salary/rank commensurate with candidates experience and WSU salary scales. Send CV to: Human Resources Department, Attn: Donald Levine, M.D.; dlevine@med.wayne.edu, 550 E. Canfield, 313 Lande Building, Detroit, MI 48201 or FAX: (313) 577-8271.

VA-DARTMOUTH OUTCOMES RESEARCH FELLOWSHIP. 2–3 year training combining a MS or MPH degree option at the Center for the Evaluate Clinical Sciences, Dartmouth Medical School with practical experience completing and publishing research with the VA Outcomes Group. Board eligible MD's in any specialty who are interested can download an application from the website (www.vaoutcomes.org) or contact Jennifer Snide at (802)296-5178 or Jennifer.A.Snide@dartmouth.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>.

MEDICAL INFORMATICS FELLOWSHIP. Candidates are invited to apply for a Medical Informatics Fellowship position beginning July 2005 at the Cleveland Clinic Foundation. The fellowship program is specifically designed for physicians planning to get advanced training in clinical medical informatics. The fellow would have an opportunity to gain hands-on experience in enterprise

level Information Technology (IT) projects at the Cleveland Clinic Health System, one of the largest integrated delivery networks in the region. The salary and benefits will be commensurate with his/her PGY level. By the end of the fellowship, the fellow will be able to design and implement a major informatics research project and serve as a clinician leader on an IT advisory team. Applicants should have completed an ACGME accredited residency program and have an aptitude for informatics and research. Please direct inquiries to: Mary Ritley at (216) 444-0895 or via e-mail at ritleym@ccf.org. <http://www.clevelandclinic.org/gim/informatics>

EDUCATION SPECIALIST/PROGRAM COORDINATOR. The Stanford School of Medicine seeks an Education Specialist/Program Coordinator for two separate programs (50% allocation to each program). This is a fulltime, fixed term position (one year), with renewal based on funding. Coordinate nationally disseminated train-the-trainer faculty development programs, including administration, curriculum revision, training and program evaluation. Curriculum developer and evaluator for a required preclinical course for all first and second year Stanford medical students. Collaboratively develop and implement course goals and learning objectives. Qualifications: Masters level degree in field related to medical education; at least three years of progressive academic experience, which must include teaching, developing and implementing course/program curricula and program evaluation; program evaluation skills, including experience using statistical packages related to the social sciences; and strong writing and communication skills. For more details on this position, as well as Stanford University, see: <http://jobs.stanford.edu/openings/sujobs.cgi>. Reference requisition #006644. The Stanford School of Medicine is an Equal Opportunity/Affirmative Action Employer.