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**SGIM MEMBERS
PARTICIPATE AT WHITE
HOUSE SUMMIT**

By Richard Saitz MD, MPH

On December 1, the White House Office of National Drug Control Policy (ONDCP) held a Leadership Conference on Medical Education in Substance Abuse in Washington, DC. SGIM was well represented by 6 members, including members and the leadership of the Substance Abuse Task Force. The conference brought leaders of private sector organizations, Federal agencies, organized medicine, and licensure and certification bodies together to discuss ways of enhancing the training of physicians in the prevention, diagnosis and management of drug and alcohol problems and related medical and psychiatric disorders. The participants focused on undergraduate, graduate, continuing medical education and federal agencies and produced strategies to address the myriad complex issues involved in improving substance abuse physician education, ranging from curricular improvements to certification requirements and health financing changes.

ONDCP is expected to yield a report in early 2005 that will lay out a strategy for change that in part draws on efforts of an Association for Medical Education and Research on Substance Abuse (AMERSA) Strategic Plan released in 2002. The SGIM Substance Abuse Task Force meets annually at the national AMERSA meeting and participates in leadership and other activities of that

multidisciplinary organization of health professional researchers and educators. Co-Chairs of the SGIM Substance Abuse Task Force Richard Saitz MD, MPH, FACP, FASAM, Associate Professor of Medicine and Epidemiology at Boston University Schools of Medicine and Public Health and President-elect of AMERSA, and David Fiellin, MD, Associate Professor of Medicine at Yale University, were invited by ONDCP Director John Walters (Cabinet-level rank in the Bush Administration) as two of 14 national experts on medical education in substance abuse. Two other SGIM members (Mark Kraus MD, FASAM, Assistant Clinical Professor of Medicine at Yale University and J. Harry Isaacson, MD, FACP, Director of Clinical Education at the Cleveland Clinic Lerner College of Medicine) were also included. The latter two were instrumental in encouraging the ONDCP to hold the Summit and in organizing and leading it. Patrick O'Connor MD, MPH, Professor of Medicine and Chief of General Internal Medicine at Yale University, represented SGIM and Jeffrey Samet MD, MA, MPH, Professor of Medicine and Chief of General Internal Medicine at Boston University represented the AMERSA as its past-President, and as one of 58 invited participants including:

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ACGIM COLUMN

Thinking of Taking the Job as a Division Chief...?

Bill Moran, MD

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Of the many topics examined by the ACGIM executive committee during our annual retreat, one clearly stands out: leadership development in General Internal Medicine. ACGIM was created to inform and support chiefs of GIM in their complex and challenging jobs. ACGIM accomplishes this through a number of services and dissemination strategies such as the web site, listserve resources, and the annual Management Institute. This year, Anna Maio and Bob Centor will be looking at the development of a “Chiefs Blog” to help chiefs stay informed of critical issues facing their divisions. A longer term project which continues to develop is the “ACGIM Chiefs Curriculum.” Begun by Peter Rudd, the curriculum will get a developmental boost this spring from Bob Centor as he convenes a “Curriculum Summit” before the 2005 annual meeting.

As ACGIM has grown, so have ACGIM programs designed to build chief knowledge and skills. One of those skills is successful negotiation, and this year ACGIM has several offerings at the annual meeting in New Orleans. Former ACGIM president Jim Byrd will host a precourse session for new GIM chiefs: *Maximizing Your Effectiveness as a Division Chief: Negotiation for Advantage*. Facilitated by Lars Larson of the Brody School of Medicine. The session objectives are to define negotiation and its scope in the personal and professional lives of GIM Division Chiefs, to identify personal conflict management style preference, to assess the pros and cons of that style and to explore specific methods of negotiation.

Chiefs negotiate with a number of institutional leaders, but one of the key people for negotiations is the Department Chair. At the 2005 Management Institute, two former GIM Chiefs who

are now department chairs, Jack Feussner and Mary Nettleman, will discuss “Chair/chief relationships: a view from the other side.” The Institute, led this year by Valerie Webber, Michelle Schrieber and Shawn Caudill, also features Mario Mussa leading several sessions on leadership in GIM (more on the Institute in the next issue of *SGIM Forum*).

But what if you are considering the plunge into a chief position, or actively discussing a position with a Department Chair (or your significant other)?

ACGIM wants to talk to you. After all, your success is critical to the future of General Internal Medicine (and you are a future ACGIM member!). Consider several ways that you can take advantage of ACGIM in your career development planning:

- ◆ Contact ACGIM and identify a chief mentor: over 100 GIM chiefs belong to ACGIM, and we are all dedicated to the success of chiefs in GIM. We want you to be fully informed and prepared as you consider a position as chief, and we want to help you avoid the occasional misstep in your negotiations for your new position
- ◆ Sign up for the Annual Management Institute: knowledge and skill development are a focus, but networking among chiefs is an equally satisfying result of the annual meeting
- ◆ Request a Developmental Assessment as part of your agreement: consultants are rife in Medicine, but an ACGIM site visit brings three seasoned Chiefs and faculty to your potential institution to provide you and your chair with a focused assessment and recommendations about how you can accomplish your mission within the GIM division

So, if you are considering a future

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DOUBLE-EDGED SWORD

Michael J. Barry, MD

"A feast is made for laughter, and wine maketh merry: but money answereth all things."

—The Holy Bible – Ecclesiastes 10:19

"The love of money is the root of all evil."

—The Holy Bible – Colossians 6:10

Well, if The Bible can be ambivalent about external funding, so, I suppose, can the SGIM. As many readers know, three years ago in 2002, the SGIM Council approved a policy governing external funding. The policy was first shaped by a task force that I was privileged to chair during a previous term on Council, and then further refined after extensive feedback from the membership at multiple points. The debate took more than a year. In many ways, the policy represented a compromise between members who wanted no external funding, particularly from drug and device manufacturers, and members who were concerned about the rising cost of membership and the prospects for limitations on programs and member services if we relied entirely on dues and meeting fees to fund our organization. Concerns about potential conflicts-of-interests and too much dependence on any one funding source were both raised and extensively debated. At the end of the day, in our wisdom (or perhaps folly), the Council stipulated that the policy must be reviewed at least every three years. *Tempus fugit!*

The key points of the current policy are limits on the amount of external funding SGIM can accept from different external sources, in terms of the percentage of our operating budget (about \$2.3 million in 2003–4):

- ◆ No more than 25% overall from all external sources
- ◆ No more than 5% from any one pharmaceutical company

- ◆ No more than 10% from all pharmaceutical companies
- ◆ No more than 10% from any other for-profit company (for example, *UpToDate*)
- ◆ No more than 10% from government or any one non-profit group

A key point is that external funds that "pass through" SGIM to other individuals or groups for specific projects and do not appear in our operating budget do not count toward these limits. For example, the Veterans Administration kindly provided funding this year for the publication of *JGIM*



supplements, most of which passed through to our publisher to buy the extra pages required. The entire policy can be viewed on our web site at <<http://www.sgim.org/PolicyExternalFund.cfm>>.

How are we doing with respect to these limits? For 2003–4, only funding from *UpToDate* is flirting with its 10% limit; and external funding accounted for about 17.5% of our operating budget. However, our Development Committee is preparing a strategic plan in the wake of its 2004 retreat, and our new Development director, Tracy McKay, is already working on getting us closer to those

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SGIM FORUM

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SGIM Finance Briefs

Mary McGrae McDermott, MD; Barbara Turner, MD, MSED; David Dugdale, MD; David Karlson, PhD; Lynne Kirk, MD; David Simel, MD; William Cunningham, MD; Karen Lencoski, MBA; Laura Barwick, CPA; and Peter Jennings.

To better inform SGIM members about the finances of our organization, the Finance Committee will regularly publish a short informational piece in the Forum. The article will be in a question and answer format, with typically one to two questions per article. The Finance Committee aims to address questions related to SGIM's expenses, revenues, reserves, fundraising, meeting fees, dues and other financial topics.

Question: What are SGIM's annual expenditures?

For Fiscal Year 2004/2005, the council approved expenditures of \$2,121,763. The table below shows the major categories of expenditures.

Category	Percent of total
SGIM Staff	34%
Annual Meeting	26%
Operations	15%
JGIM	14%
Committees	9.5%
Forum	1.8%

Expenditures increased from \$1,868,221 for fiscal year 2002/2003 to \$2,040,446 for fiscal year 2003/2004. Projected expenditures for 2004–2005 are \$2,121,763, which is four percent more than fiscal year 2003–2004. SGIM ended fiscal year 2003–2004 with a surplus of \$237,447, including a \$100,000 donation from the Hess foundation. Council's plans for use of this donation from the Hess foundation will be reviewed in our next column. SGIM Finance Committee Members: Mary McGrae McDermott, MD, SGIM Treasurer, Committee Chair Barbara Turner, MD, MSED., SGIM President-Elect David Dugdale, MD, SGIM Council Member

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Laura Barwick, CPA, Auditor,

Gary R. Bozzell & Associates
Peter Jennings, Investment Advisor,
Legg Mason

If you have comments, questions, or suggestions for future topics please e-mail May Wang at wangm@sgim.org. Also we are looking for new members for the Finance Committee. If you are interested in joining us, please email May Wang. **SGIM**

Clinical Updates: Ready for the 2005 National Meeting

Jada Bussey-Jones, MD

If you are having a difficult time getting through your growing stack of medical journals and want succinct, clear assessments of the most recent clinical literature—the Clinical Update sessions at the national meeting are the place for you! The Clinical Update sessions have become a very popular part of the SGIM annual meeting since their inception seven years ago. These sessions provide an excellent venue to hear expert discussions on relevant clinical topics.

Come and enjoy literature reviews and highlights in any or all of eight areas. These include updates in *Clinical Preventive Services*, *Perioperative Medicine*, *HIV Medicine*, *Geriatrics*, *Women's Health*, *Hospital Medicine*, and *General Internal Medicine*. Also, this year we are excited about the addition of a new Update in *Hospice and Palliative Medicine*. All Updates are presented by a notable group of speakers that have been assembled to critically review and evaluate articles published during the preceding year regarding their design and strength of evidence. These presenters will highlight papers that will be particularly relevant for

practicing internists.

The clinical updates have been extremely well received in prior years. Past attendees appreciate these focused discussions highlighting topics that may change clinical practice, as well as the experts' opinions on new controversies. The goal of these sessions is to teach those attending some relevant take home points that can be applied to their practices and teaching. In general, the sessions have been comprehensive and fast paced, providing clear, bottom lines and summarizing statements along with quality take-home materials. While the sessions are mainly didactic, time is allotted for audience discussion and questions.

Plan to come, learn, and discuss during these exciting sessions. Whether clinician, educator, investigator, or health care policy maker—you are likely to find these Updates informative and useful. See you in New Orleans! **SGIM**

Editor's Note—Dr. Jada Bussey-Jones is the Chair of the Clinical Updates Committee. Tel: 404-778-1614 Email: jcbusse@emory.edu

“COVER THE UNINSURED” WEEK 2005

Sarika Rane, MPH

The third Cover the Uninsured (CTU) Week is scheduled for April 30 to May 8, 2005, and SGIM is once again a national supporter! SGIM encourages you to participate in your community in some of the myriad of activities that are planned in all 50 states and the District of Columbia.

Cover the Uninsured Week 2004 was the largest nationwide effort to ensure that all individuals have affordable, quality health care. Over 2,700 events occurred throughout the United States, generating more than 3,000 media stories. Over 200 national and 2,500 local organizations supported the cause, and the event received bipartisan support from many elected officials.

Town hall meetings, health fairs, on-campus, inter-faith, business, and sporting events were only a few of the many successful activities held.

The Robert Wood Johnson Foundation decided to initiate the third annual CTU Week because of the continued growth of the number of uninsured—now up to 45 million, including 8.5 million uninsured children—and the success of CTU Week 2004 in heightening awareness of this national tragedy. The media attention garnered by CTU Week 2005 will help maintain the issue of access to health care in the forefront of this year’s legislative agendas.

Cover the Uninsured Week 2005 will kick off with a national event in Washington, DC, and will feature town

hall discussions in communities across the United States. The town hall meetings will be designed to inform community, state and national leaders, including elected officials, about policy proposals to provide stable and affordable health coverage for all Americans. As in past years, events such as community health fairs, workshops, and educational forums will be planned.

As CTU Week 2005 approaches, SGIM will provide you with more details and encourage you to get involved! For more information now, go to www.covertheuninsured.org. **SGIM**

Editor’s Note—Sarika Rane is a Senior Government Affairs Analyst.

VA COLUMN

The VA Cardiac Care Initiative and Quality Improvement Research

John S. Rumsfeld MD PhD; Anne E. Sales, PhD RN

In response to a Congressionally mandated program review, the VA contracted with Harvard researchers, Price-Waterhouse-Coopers, and IBM to compare the outcomes of VA and Medicare acute myocardial infarction (MI) patients.¹ The results of this study suggested that VA patients had higher post-MI mortality, perhaps related to lower rates of coronary revascularization among VA patients. The study was based on administrative data comparisons, raising concern of inadequate risk adjustment.² Nonetheless, in response to this study, the VA launched a multifaceted national cardiac care initiative that continues to have an impact on VA clinicians, researchers, and administrators.

The VA cardiac care initiative has included:

1. a ‘Blue Ribbon Panel’ of external experts recommending improvements in VA cardiac care;
2. regional cardiac care plans emphasizing relationships between tertiary (those with onsite invasive cardiac services) and primary care VA hospitals;
3. performance measures for cardiac care ranging from presentation (e.g. electrocardiogram within 10 minutes of arrival with chest pain) to hospital care (e.g. cardiac catheterization for troponin-positive patients) to follow-up (e.g. cardiology clinic follow-up within 60 days following discharge);
4. chart review of all ACS admissions to evaluate processes of care and identify opportunities for quality improvement;
5. allocation of funding to upgrade

- cardiac catheterization laboratories; and;
6. development of a single national VA cardiac cath lab database and reporting system.

The impact of this initiative on the quality of cardiac care for veterans will be evaluated for years to come. However, one interesting aspect has been the role of VA health services researchers, particularly those involved in the VA Ischemic Heart Disease Quality Enhancement Research Initiative (IHD-QUERI). The QUERI program was launched nearly five years before the cardiac care initiative as a collaborative of internists, specialists (e.g. cardiologists), and methodologists charged with implementing research results in routine clinical care.³

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The SGIM Women’s Caucus: Highlighting the Contribution of Women Physicians

Mari Kai, MD and Elizabeth Allen, MD

In 1986, over a breakfast at the National SGIM meeting, the idea for creating a Women’s Caucus was conceived. A group of women from New York City began meeting regularly with the goal of creating a forum within SGIM to increase visibility of women in activities and leadership. During the 1987 meeting the idea took hold and the Women’s Caucus Interest Group has been meeting annually ever since. At its inception, women membership in SGIM was small and accounted for few leadership positions. Since then, female membership has increased substantially, as high as 44% in the latest surveys.¹ Women now play prominent roles in SGIM leadership and in the educational offerings at each meeting; however, a survey done by Women’s Caucus members Anuradha Paranjape and Rowena Dolor in 2000 suggested there was considerable room for increasing women members involvement in senior mentoring roles at the national meeting and in program planning.²

The annual Women’s Caucus gathering provides an opportunity for women at all stages of career and leadership to come together in a comfortable setting to share experiences, network, collaborate, and share insights into professional development and advancement. This opportunity is as vital today as it was in 1986. At every meeting, the Caucus puts on a program highlighting issues of interest to female physicians and promotes their activities through developing and sponsoring precourses and workshops on topics important to women’s health.

The original founders developed a structure and bylaws to have a host group responsible for planning Women’s Caucus events. Every two years, the host group rotates, giving an opportunity for female physicians all over the country to get involved. In 2005 and

2006, the host group will be women faculty from the Oregon Health & Science University and Providence Portland Medical Center in Portland, Oregon. Faculty organizers include Mari Kai, Elizabeth Allen, Rebecca Harrison, Sima Desai, Elizabeth Bower, Elizabeth Haney, Elizabeth Eckstrom, Melinda Muller, Judy Bowen and Martha Gerrity.

The shift in SGIM’s women’s membership women reflects national trends in U.S. Medicine overall, where greater than 50% of matriculating medical students and 25% of practicing physicians are female.³ To highlight the increasing role of women in medicine, the theme of this year’s Caucus in New Orleans will focus on the impact of the

The shift in SGIM’s women’s membership women reflects national trends in U.S. Medicine overall...

not so distant shift in women from the minority to the majority in U.S. medicine. We are extremely fortunate to have Dr. Wendy Levinson as our speaker this year. We were intrigued by her article written with Dr. Nicole Lurie, entitled “When Most Doctors are Women: What Lies Ahead?” published in the *Annals of Internal Medicine* in September of 2004.⁴ This piece brings to light some of the issues that we will be facing with the “feminization” of the profession of medicine. They outline the pros and cons of a predominantly female workforce around 4 key domains: the patient-physician relationship, the local delivery of care, the societal delivery of care, and the medical profession itself.

Following a short talk by

Dr. Levinson, we hope to open up the discussion to the larger group and get input from our attendees. Our goal is to generate ideas to help capitalize on the positive changes this transition brings and overcome negative consequences. All current members and interested women attending the national meeting are encouraged to join us. The interest group will be held over breakfast on Saturday, May 14th from 7:30 am to 8:30 am.

The Women’s Caucus is sponsoring two workshops at this years meeting in New Orleans: 1) Out of Chaos into Balance: Promoting Part-Time Careers in Academic Medicine [Thursday May 12th, 1:30 pm] coordinated by Hilit

Mechaber, MD, and 2) Female Sexual Function: Assessing Satisfaction and Addressing Problems [Friday May 13th, 1:30 pm] coordinated by J. Potter, MD.

In addition, at the Northwest Regional SGIM meeting this year,

we are holding a Women’s Caucus interest group. Dr. Rebecca Harrison, the current SGIM Horne scholar, will help us lead a discussion on the positive and negative consequences of working part-time as a physician. Our goals are to have local women physicians network and share experiences in fashioning balanced careers in regional institutions. This interest group meeting will occur on Friday March 11, 2005 from 8:00 to 8:45am. We hope to provide a report from this session to share with SGIM and that other regions may adopt a similar discussion group during their meetings.

SGIM members may view more information about the Women’s Caucus on the SGIM website (www.sgim.org/)

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PARTICIPANTS

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- ◆ the Surgeon General of the US Dr. Richard Carmona
- ◆ the Chief Executive Officer of the Accreditation Council for Continuing Medical Education Dr. Murray Kopelow
- ◆ the Administrator of the National Highway Transportation Safety Administration, Dr. Jeffrey Runge
- ◆ the President of the National Board of Medical Examiners Dr. Donald Melnick
- ◆ the President of the Federation of State Medical Boards Dr. James Thompson
- ◆ directors of the NIH institutes the National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse
- ◆ and representatives from the American Medical Association, the Substance Abuse and Mental Health Services Administration, the Drug Enforcement Agency, the Health Resources and Services Administration, and the Accreditation Council on Graduate Medical Education

Past efforts, such as a Macy Foundation supported conference in 1994 have begun conversations between experts in addictions, and leaders in medical education. The current ONDCP summit likely represents a unique opportunity for progress because of a remarkable conference of government interest at the highest levels across various agencies in partnership with multidisciplinary medical experts in substance abuse and medical education. Improvements in education and care of patients with these problems seem attainable as a result. **SGIM**

ACGIM COLUMN

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position as a division chief, drop by the Institute or give us a call. We want to talk with you and we want you to succeed. **SGIM**

Editor's Note—Dr. Moran is the current President of the Association of Chiefs of General Internal Medicine.

DOUBLE-EDGED SWORD

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limits for the current year. Soon, we may find more and more of the limits constraining. Therefore, the upcoming review of the policy and its constraints comes at an opportune time to be sure we have it right, before we are faced with the situation of turning down external funding that may be otherwise available to increase our impact and improve our member services.

We approach this task with more detailed information than we might have otherwise about how our members feel about the current policy, thanks to the members' survey recently completed by the Membership Committee with lots of help from our staff. Some relevant findings:

- ◆ Over three-quarters of member respondents indicated it's very valuable or essential that SGIM, "provide leadership on the future of GIM", as our current ambitious strategic plan dictates
- ◆ However, over one-third found increases in dues or meeting fees "very unacceptable" (as a result, the Council kept those fees essentially flat this year)
- ◆ Fifty-two percent thought the current limit on external funding from all sources of 25% was about right, while 32% favored a higher limit and 16% a lower limit
- ◆ Thirty-eight percent thought the current limit on external funding from pharmaceutical companies of 10% was about right, while 37% favored a higher limit and 25% a lower limit

Since you can never have too much of a good thing, I have accepted the kind invitation of Barbara Turner, next year's SGIM President, to chair an *ad hoc* committee to conduct the required review of the external funding policy. I am currently forming the committee, which will include representation from the Ethics, Development, and Finance Committees, as well as your elected Council. As was the case three years ago, member input will be very important and will be sought at several key points. We hope to complete our work during the latter half of 2005, culminating in a recommendation to the Council regarding any suggested changes to the policy. As Yogi Berra said, it's "...*deja vu* all over again." Thanks to everyone in advance for the help! **SGIM**

UMDNJ - NEW JERSEY MEDICAL SCHOOL

■ AMBULATORY CARE AND HOSPITALISTS IN GENERAL INTERNAL MEDICINE

Department of Medicine – Division of Academic Medicine, Geriatrics, and Community Programs seeks to fill several faculty positions in 2 clinical areas: **Ambulatory Care Practice** (provides adults with outpatient primary medical care in an academic setting closely linked to hospital services) and the **Hospital Medicine Group** (provides clinical care and consultations for adults who are hospitalized with serious medical problems). Successful candidates must be board certified and have an interest in providing high quality clinical care in an academic setting, teaching, and conducting original and collaborative research. We are seeking individuals that are self-motivated, passionate, and adaptable with a commitment to achieving excellence in addressing the diverse needs of our patient population.

Qualified Candidates should forward a CV to: **Debbie Salas-Lopez, MD, Chief, Division of Academic Medicine, Geriatrics, and Community Programs, UMDNJ-New Jersey Medical School, 185 South Orange Avenue, MSB, I-512, Newark, NJ 07103.**

We are an AA/EEO Employer, M/F/D/V, and a member of the University Health System of NJ. For more information, visit www.umdnj.edu/hrweb.



**NEW JERSEY
MEDICAL SCHOOL**

University of Medicine & Dentistry of New Jersey

VA CLOLUMN

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The cardiac care initiative has challenged the mission of IHD-QUERI in several ways. For example, the VA has separate entities to oversee clinical services, quality, and information technology, separate from research and development. For IHD-QUERI to impact care, explicit links were needed to these entities as well as to clinicians throughout the system. Also, monitoring the success of the initiative requires collecting and analyzing existing clinical data as well as developing new projects to support quality improvement. IHD-QUERI needed to be ready to have input into what data should be collected, how the data should be analyzed, how the results could be used to guide quality improvement, and how to best design and implement new projects within the initiative.

It will be some time before IHD-QUERI's efforts to support the cardiac care initiative can be fully evaluated. However, several things have already occurred:

First, working closely with Patient Care Services and the Office of Quality and Performance, members of IHD-QUERI helped define the data elements and are guiding the analyses from the national chart abstraction of ACS patients. An example of output from this effort is the finding that approximately 20% of VA MI patients suffer their MI during hospitalization for another condition (e.g. gastrointestinal bleeding). Patients with these 'secondary' or 'in-hospital' MI's are often not eligible for standard MI therapies and have mortality rates 2–3 times higher than patients in whom acute MI is the primary reason for hospitalization. Yet, in-hospital MI's were lumped in the analysis comparing VA and Medicare, perhaps contributing to observed mortality differences.

This experience underscores the following:

- ◆ Explicit collaboration between health services researchers and those involved in health care operations can lead to rapid execution of

projects, and the results may reveal areas in most need of attention from a clinical and/or research perspective—in this case, a better understanding of, and development of interventions to improve outcomes for, patients with in-hospital MI's

- ◆ The importance of clinical (versus administrative) data should not be underestimated with regard to truly understanding patient risk and quality of care

Second, working closely with VA cardiologists, Patient Care Services, and the Office of Information, IHD-QUERI has taken a leadership role in developing and implementing the national VA cath lab database and reporting system. This includes the identification of core data elements for collection (centered on American College of Cardiology standards), software development, integration of the software application within the existing VA electronic medical record, development and maintenance of the data repository, and plans for this project to be central to a national cardiac care quality improvement program for the VA.

This experience underscores the following:

- ◆ Health services researchers can take a primary role in developing and implementing clinical care tools, best accomplished with full engagement of clinicians, quality managers, and administration
- ◆ Data collection should be integrated into routine clinical care wherever possible, minimizing the distinction between clinical and administrative data
- ◆ Information technology is necessary, but not sufficient, for quality improvement—it must be integrated into broader systems of care delivery and quality improvement efforts. Here, the cath lab software application and data repository will be part of a broader quality improvement program for cardiac care, including planned participation by all VA cath labs in the American College of

Cardiology National Cardiovascular Data Registry program.

The current VA cardiac care initiative presents both unique challenges and opportunities for VA health services researchers. From this ongoing experience, it seems clear that to effectively implement research findings in clinical practice, health services researchers must engage with clinicians at the point of care delivery, participate in information technology development and deployment, be involved in planning and executing quality improvement programs, and maintain strong collaboration with key stakeholders (e.g. patient care services, quality managers, and administration). In other words, health services researchers must be willing to participate in the operational side of implementation. Only in this way will the Institute of Medicine's call to move U.S. healthcare toward being more knowledge-based (e.g. utilizing valid clinical data to assess and improve care) and system-minded (e.g. promoting a culture of quality improvement, utilizing information technology, and emphasizing integration of care) be realized.⁴ **SGIM**

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SGIM WOMEN'S CAUCUS

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womenscaucus.cfm). The website allows members to learn more about the Caucus, join the list serve and pay dues on-line. Optional annual dues of \$30 per member allow the Caucus to sponsor workshops and precourses, provide honoraria for guest speakers and support projects proposed by members. We need your support to keep putting on a quality program.

We hope you join us over breakfast

on Saturday May 14th in New Orleans.

If you have any questions about the Women's Caucus or ideas for future programs, please contact us at:

mari.kai@providence.org or
allene@ohsu.edu. SGIM

References:

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2. Paranjape A, Dolor RJ. SGIM's Women's Caucus: Looking Ahead as SGIM Turns 25. SGIM Forum 2002;25:6,14.
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4. Levinson W, Lurie N. When Most Doctors Are Women: What Lies Ahead. Ann Intern Med. 2004;141:471-474.

Who's Who in the SGIM National Office

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A diverse patient population, an enthusiastic medical staff, and consistent administrative support in superlative physical facilities have allowed implementation of a creative well-received curriculum.

The curriculum is implemented by 18 geographic full-time faculty, over 150 voluntary faculty and 30 residents. Evidence-based medicine and academic rigor are emphasized in an open collegial non-threatening environment. State-of-the-art information services has allowed rapid progress to an electronic medical record.

Success of the program is evident by the success of our graduates on the ABIM certifying examination in Internal Medicine. We have a 100% pass rate for six consecutive years. Further, our residents

have received national awards from the American College of Physicians for six of the last seven years.

Presently, we have eight members of the General Internal Medicine Division and wish to add two more. Job descriptions include opportunities for both inpatient and outpatient teaching both at the bedside and in conference settings. Areas of special focus include: women's health, geriatrics, population-based health, evidence-based medicine, palliative care, shared practices with residents, and an international rotation in Kenya. In addition, there is a firm and productive commitment to faculty development.

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Academic General Internal Medicine – Providence Portland Medical Center, Portland, OR 97213

ACGIM

Association of Chiefs of
General Internal Medicine

MANAGEMENT TRAINING AND LEADERSHIP INSTITUTE

Leading For Results: Building Excellence in Divisions of GIM

Tuesday, May 10, 2005

Sheraton New Orleans Hotel, New Orleans, LA

Who Should Attend

This meeting is designed and implemented to meet the educational and professional needs of Chiefs who face the growing complexity in managing Departments or Sections of General Internal Medicine. It offers an unparalleled opportunity to network with the community of scholars devoted to GIM. Chiefs from other IM sections, administrators and anyone with a leadership role within GIM divisions are also encouraged to participate. We look forward to welcoming you to this community.

Featured Speakers Include

Mario Moussa, PhD, MBA is Principal, Center for Applied Research and Co-Director of The Essentials of Management Program, Aresty Institute, The Wharton School. He has worked with health care leaders in North America and Europe to build capabilities that support strategic directions. Areas of expertise include change management, organizational development, strategic planning, and initiative design.

Mary Nettleman, MD, MS has been Chairperson of Medicine at Michigan State University since 2003. Prior to that, she was Division Chief of General Internal Medicine at Virginia Commonwealth University School of Medicine and Association Dean for Primary Care.

Jack Feussner, MD, is Chairman of medicine at Medical University of South Carolina in Charleston. Prior to that he served as the Director of Research for the Veterans Administration for six years, and the Division Chief of GIM at Duke University for eight years.

Topics

- Enhancing Leadership Skills for GIM Chiefs—
Change management and Negotiation
- Leadership Strategies in GIM—Case Studies
- “Chair/Chief Negotiation Strategies—A view from the other side”
- Research Development within Divisions of GIM
- Luncheon Round tables on Part-timers, Productivity models for GIM, Integrating Hospitalists, New Chiefs Networking, and Using Data for Support and Expansion of Hospitalist programs.

Registration

Pre-registration for this event will begin February and can be made in conjunction with the SGIM Annual Meeting. Please check the ACGIM website (www.acgim.net) or the SGIM webpage (www.sgim.org) for details in the coming months. Registration fees remain the same as last year.

ACGIM members \$375.00
Non-members \$475.00

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

PHYSICIAN. Urgent Care Center—Memorial Sloan-Kettering Cancer Center (MSKCC). The Urgent Care Service at Memorial Sloan-Kettering Cancer Center seeks a board certified/eligible Physician to join its Attending staff at the Clinical Assistant or Assistant Professor level. The Urgent Care Center provides emergency services to all MSKCC patients. The ideal candidate will have had emergency room or urgent care experience af-

ter completion of all residency training as well as an interest in clinical or outcomes research. The position is full-time, including night and weekend shifts. This position may carry some departmental administrative responsibilities. We offer a competitive salary, generous benefits and malpractice insurance. Please send response, including curriculum vitae and names of three references to: Jeffrey S. Groeger MD, Chief, Urgent Care Service, Memorial Sloan-Kettering Cancer Center, 1275 York Avenue, New York, NY 10021. Memorial Sloan-Kettering Cancer Center is an Affirmative Action, Equal Opportunity Employer.

CHIEF for the Section of Hospital Medicine. The Division of General Internal Medicine, University of Pittsburgh is seeking a Chief for the Section of Hospital Medicine. Candidate should have administrative experience, a minimum of 5 years experience in hospital medicine and an interest in building academic and quality improvement programs for Hospital Medicine. Minimum annual salary is \$200,000 plus, commensurate with level of experience.

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.

Discover how our employees make an impression each and every day. Located in Delaware, Christiana Care is one of the nation's largest private health systems. We bring together the latest technology, top-of-the-line resources, modern facilities and some of the most talented people in the healthcare field. Find out how you can make your own impression. **GENERAL INTERNIST/DIRECTOR OF CLINICAL OUTCOME AND AMBULATORY MEDICINE RESEARCH.** We are currently seeking an additional general internal medicine faculty member for our 1,100-bed tertiary care health care system. Candidates must be board certified in general internal medicine and should have knowledge of research methodologies and/or advanced com-

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puter skills as well as commitment to teaching internal medicine residents. Ideal candidate would have training beyond medicine residency (MPH, Fellowship in General Internal Medicine). For more information or to apply online, please visit www.christianacare.org/careers or email S. Ellsworth at sellsworth@christianacare.org.

DIVISION HEAD, General Internal Medicine, Department of Medicine, University of Toronto, University Health Network and Mount Sinai Hospital, Toronto, Canada. The Department of Medicine of the University Health Network and Mount Sinai Hospital is undertaking a search for Head of the Division of General Internal Medicine. The Division also encompasses Clinical Epidemiology and Geriatrics. The successful candidate will be responsible for standards of care, academic programs and administration and will have achieved academic prominence in her/his own career. The successful candidate must hold an MD degree, be eligible for certification in General Internal Medicine by the Royal College of Physicians and Surgeons of Canada, and have, or be eligible for, licensure in Ontario. Qualified candidates are encouraged to apply simultaneously for the position of Director of General Internal Medicine for the overall University of Toronto Department of Medicine, Chaired by Dr. Wendy Levinson. The position being sought is at the level of Associate or Full Professor. Please respond before April 30, 2005 to: Dr Michael Baker, Toronto General Hospital, 190 Elizabeth St., RFE-1-409, Toronto, Ontario, Canada M5G 2C4. michael.baker@uhn.on.ca. The University of Toronto is strongly committed to diversity within its community, and especially welcomes applications from visible minority group members, women, Aboriginal persons, persons with disabilities, members of sexual minority groups, and other who may contribute to further diversification of ideas. All qualified candidates are encouraged to apply; however, Canadians and permanent residents will be given priority.

ACADEMIC CLINICIAN-EDUCATOR. UMass Memorial, the teaching hospital of the University of Massachusetts Medical School, has an opening for a General Internist in the Division of General Medicine. Provide quality patient care in the setting of medical teaching of residents and students along with a role in education as a key member of a dedicated group of twenty-four clinicians. Work in a collegial setting where clinical care, education and research are valued and multiple career opportunities exist! An academic appointment at UMass Medical School, commensurate with training and experience, is offered. Excellent benefits and compensation package provided. Send CV or contact: Bruce Weinstein, M.D., Chief Division of General Medicine, UMass Memorial, 55 Lake Avenue North, Worcester, MA 01655, 508-334-8755, email to danshirh@umhc.org or fax to (508)-334-5054.

INTERNAL MEDICINE RESIDENCY PROGRAM DIRECTOR. A highly regarded not-for-

profit, public teaching facility located in Michigan, and a member of the AAMC Council of Teaching Hospitals, is seeking an Internal Medicine Residency Program Director. As one of the region's leading health care providers, the medical center provides acute and tertiary care primarily in a five-county region with a population of approximately 500,000. Major projects that have been recently implemented include a Level I Regional Trauma Center, Kidney Center, Diabetes Center and a Children's Clinic. Reporting to the Director of Medical Education and the Assistant Dean, the Program Director will be a creative and innovative leader with a programmatic and academic vision that will stimulate and shape the growth and stature of this independent three year, fully accredited program, which currently supports 38 residents. A committed educator and advocate for graduate medical education he/she will have significant residency or fellowship program leadership experience coupled with the ability to develop an academic environment that provides a distinctive branding opportunity for the system. Board Certification in internal medicine is required; subspecialty training is highly desirable. Evidence of scholarly activity and the ability to qualify for appointment as Assistant Professor or higher. For further information please contact:

Refer to #6439, Ronald Stemphoski 215-656-3542 or Amanda Gunn 215-656-3589. The Diversified Search Companies, 2005 Market Street, Suite 3300, Philadelphia, PA 19103. Fax: 215-568-8399 diversified@divsearch.com

HOSPITALIST. Opportunities in California. Become a VEP Hospitalist! VEP is a Physician owned, Physician run, democratic egalitarian group. VEP has full and part time Hospitalist positions available at several Northern California Hospitals. We offer fast-track to ownership, competitive salary, retirement plan and bonus programs. VEP also offers; paid Malpractice, Substantial Productivity Pay—you earn more when your patient load increases; and Independent Contractor Status—be your own boss without the overhead. A Director position is also available. For more information contact: Patricia Pena Sam 510-436-9000 x 226 or fax CV to 510-436-9013 or email patriciapenasam@valleyemergency.com.

NORTH CAROLINA—ASSISTANT PROFESSOR. The Internal Medicine Program of Moses Cone Hospital, a tertiary care, community teaching hospital in Greensboro, NC, strongly affiliated with the University of North Carolina at Chapel Hill, seeks an academic general internist to join full-time faculty. Role is that of clinician-teacher to residents and students in primary care-oriented residency program. Special interests in health services research and evidence-based medicine helpful. Time and support provided for scholarly work and clinical research. The Moses Cone Health System encourages applications from women and minorities and is an Equal Opportunity Employer. Please respond with CV and references to: Samuel Cykert

MD, Chief; Internal Medicine Program; Moses Cone Hospital; 1200 North Elm St.; Greensboro, NC 27401-1020 or e-mail: sam.cykert@mosesccone.com.

FELLOWSHIP in Medicine and Public Health Research at NYU School of Medicine, New York is accepting applications for a two year program starting July 2005 that combines a rigorous curriculum in core public health disciplines and research methods followed by mentored research addressing real-world challenges at the interface of medicine and public health. This Program is designed for physicians who aspire to academic careers in population-based or translational research focused on preventing disease and disability and enhancing preparedness in urban communities. Research will focus on how best to optimize individual and population health outcomes, given real-world resource constraints, in urban environments. The program consists of a core curriculum, taught innovatively to optimize learning, an extensive and rich mentored research experience, and activities designed to reinforce the importance and value of bridging clinical and public health worlds. Each Fellow will receive a stipend, full tuition, health insurance, books, travel, and related program expenses, including support for a research project. Additional information, including the program brochure and application materials, may be found at <http://www.med.nyu.edu/medicine/dgim/education/publichealth.html> or contact Dr. Mark Schwartz (Mark.Schwartz3@med.va.gov)

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 GENERAL INTERNIST. Mount Sinai School of Medicine, The Division of General Internal Medicine is seeking a full time General Internist for a Clinician-Educator position. The successful candidate will participate in patient care, scholarly activities and precepting residents in both the inpatient and ambulatory care settings. A strong interest in clinical and educational research is en-

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couraged. Candidates must be board certified or board eligible in Internal Medicine and fellowship training is desired. Faculty members participate in a wide variety of clinical and academic activities in the community and within the medical center and school. Interested applicants should email (preferred) or mail a CV and cover letter to: David C. Thomas, MD, Associate Professor of Medicine, Medical Director, Ambulatory Services, Division of GIM, Mt. Sinai School of Medicine, One Gustave Levy Place, Box 1087, NY, NY 10029, david.thomas@mounsinai.org.

CLINICIAN RESEARCHER. The Division of General Internal Medicine, Mount Sinai School of Medicine, NY is seeking a fellowship-trained clinician researcher at the Assistant or Associate Professor level. Areas of research could include: clinical epidemiology, health services research, quality of care, health disparities, chronic disease, medical errors, patient safety, women's health, hepatitis, diabetes, obesity, mental health, substance abuse, or bioterrorism. Salary and rank commensurate with experience. Send letter and cv to Ethan Halm, MD, MPH, Mount Sinai School of Medicine, Box 1087,

One Gustave Levy Place, NY, NY, 10029 or email: ethan.halm@mounsinai.org. Mount Sinai is an equal opportunity/affirmative action employer.

ACADEMIC GENERAL INTERNIST OR GERIATRICIAN. Mount Sinai School of Medicine Seeking applicants at the assistant or associate professor level with strong interest in caring for homebound patients. The Mount Sinai Visiting Doctors program, jointly sponsored by the Division of General Internal Medicine and the Department of Geriatrics, cares for a large cohort of homebound patients and plays critical roles in medical student, resident, and geriatric fellow training. There is also a strong emphasis on clinical and educational research. In addition to home visits, current faculty members participate in a wide variety of scholarly and educational activities within the medical center and school. Appointment to the clinical educator or research track. Interested applicants should send a CV and cover letter to: Jeremy Boal, MD Associate Professor of Medicine and Geriatrics Director, Visiting Doctors Program The Mount Sinai School of Medicine, Box 1216 One Gustave Levy Place, New York, NY 10029

CHIEF, GENERAL INTERNAL MEDICINE. The Department of Medicine at State University of New York, Downstate Medical Center, is seeking a Chief of the Division of General Internal Medicine. Candidates should have a successful record of accomplishment in clinical programs, medical education and research. Appointment at the Professor/Associate Professor level commensurate with experience. Resources include institutional support for faculty recruitment and the opportunity to develop substantial clinical, research and education activities in the areas of hospital and faculty practice. Emphasis will be on leadership abilities in directing primary care in Brooklyn's only academic medical center whose mission includes caring for an underserved population while undergoing rapid expansion in many of its academic programs. Interested applicants should send CV with a covering letter to: Edmund Bourke, M.D., Professor and Chair, Department of Medicine, SUNY Downstate Medical Center, 450 Clarkson Avenue, Box 50, Brooklyn, New York 11203