NEW EDITORS CHOSEN FOR THE FORUM

Melissa McNeil, MD, MPH

Editor’s Note: I am pleased to announce that new editors for the Forum have been chosen among a field of extremely qualified applicants. Drs. Richard Kravitz and Malathi Srinivasan from the University of California Davis have been selected as co-editors for the Forum beginning in August 2005. With nearly twenty years of experience as a practitioner, educator, and researcher in General Internal Medicine, and a former associate editor of the Western Journal of Medicine, Dr. Kravitz will serve as “Senior Editor” and have final authority over editorial content. Dr. Srinivasan will serve as “Editor” and be responsible for day-to-day operations and communication with national SGIM staff.

The following is an excerpt from their vision statement for the Forum. Please join me in welcoming the new Editors to the Forum!!!

We view the Forum as a critical instrument that can inform the Society’s members of important developments and opportunities in research, education, and patient care; inspire members to become more involved in matters important to general internists and our patients; and enhance the sense of community that SGIM already affords to many of us. Primary care and general internal medicine will face a number of daunting and potentially overwhelming challenges in the years to come. Responding to these challenges will require nothing less than full, open, and creative exchange among SGIM members combined with outreach to other persons and organizations who share our values. We believe we can continue the Forum’s tradition as a friendly, readable, and informative communications arm of the Society while gradually introducing some innovative new features.

To continue its tradition of stimulating discussion and debate in the electronic age, the Forum must find ways to engage its audience using a variety of media—both paper and electronic (web site, stimulated/monitored chat rooms, and links to topic specific discussion groups). If selected as co-editors, we will work to create synchrony between these media, and help further our members’ engagement in relevant issues.

In terms of specific content, we would propose a combination of “regular” and “special” topics. Content for every issue would include societal news (President’s Column, Advocacy Update, Regional Update, and Member News); national...
ACGIM Column

ACGIM and SGIM Leadership Meet with the Chairs Council

Bill Moran, MD

Under the leadership of Mark Linzer, ACGIM and SGIM joined the Association of Sub-specialty Professors (ASP) in 2002. One benefit of joining ASP was an annual meeting of ACGIM and SGIM leadership with the Council of the Associations of Professors of Medicine (APM), the Chairs of Departments of Medicine.* The third meeting was held March 2, 2005 during the annual APM meeting in San Francisco.

Mike Barry, Gary Rosenthal and Bill Moran began by reviewing SGIM and ACGIM programs and initiatives for the 2005 academic year. Three agenda items dominated the council discussion. First, Mike Barry led a discussion of the emerging importance of performance measures and quality improvement in Departments of Medicine. Several chairs observed that GIM ambulatory training frequently occurs within suboptimal clinical environments. SGIM was founded (as SREPCIM) to support the development of excellent primary care Internal Medicine education and research. All agreed that improving the practice environment was critical to providing the excellent patient care. One chair observed that “we need practices which provide excellent patient care and within which our learners are proud to work.” A key component of that excellent practice environment is information system implementation and the excellent patient care. One chair recommended that GIM leaders must create high quality patient care, education and research. Unfortunately, there were no clear answers on the source of funding to support the creation and maintenance of the ideal training environment.

Next Gary Rosenthal presented the increasing challenge of acquiring research funding, as he observed in a recent Forum article. Growth of the budgets at AHRQ and VBHA are limited, as is growth of the NIH budget. In this highly competitive environment, the chairs recommended building research relationships with stakeholders such as insurers and employers. Buyers of services seek to maximize health and thereby minimize claims and cost, clearly an area of interest to health services researchers in GIM. It was noted that a number of ACGIM and SGIM members have ongoing funding from health service purchasers, and efforts are ongoing to expand funding from non-traditional research funds sources such as stakeholders.

Finally, Bill Moran noted that the explosive growth of inpatient physicians (hospitalists) presents an administrative and academic challenge to chairs and chiefs of GIM. What is gained and what is lost if General Internal Medicine splits into sections of inpatient and outpatient medicine? Since the creation of sections of Geriatrics, GIM has been challenged with re-integrating Geriatrics into GIM education venues. This illustrates the potential problem created when dividing GIM functionally and academically. One chair asserted that he will not dictate GIM administrative structure. He stated that it is the responsibility of sections of GIM to create an environment which is welcoming to all general internists. He recommended that GIM leaders must focus the strengths of each functional group on common problems such as medical complexity and quality of care. SGIM

*ASP, APM, the Administrators of Internal Medicine, APDIM and CDIM comprise the Alliance of Academic Internal Medicine.
WHEN YOU HAVE TO ANSWER: WHAT’S SGIM

Barbara Turner, MD

“If you’re not part of the solution, you’re part of the problem.”
—Anonymous

It’s official now; after serving as lady-in-waiting for a year, the gavel has passed and I have been newly minted as SGIM President. This year is certain to be a whirlwind of excitement, stimulation, and challenge. Part of that challenge is telling people about the organization that I will devote my life to in the coming year. I say: “We are an organization of 3,000 physicians who are specialists in general internal medicine and experts in patient care, research, and education. We practice primarily in medical centers and teaching hospitals throughout the United States and in 11 countries. Our clinicians are skilled in providing care to even the most complex adult patients. Our educators lead key educational programs for physicians-in-training at medical schools and teaching hospitals. Our researchers play a central role in defining ways to prevent disease and improve health care.”

Agreed, this is longwinded. But I can’t seem to capture the diversity and uniqueness of SGIM before my listener’s eyes start to glaze over. There are times that I wish I could just say, for example: “Our organization’s members specialize in treating the heart.” Short but sweet.

At least I don’t have to say that we are the Society for Research and Education in Primary Care Internal Medicine (SREPCIM). Our earlier garbled name and acronym arose from a need to have every facet of SGIM represented in our title but resulted in blurring our message. Although we have tightened our name, there are those who say that SGIM is struggling now more than ever with its identity. Some would say that our members no longer represent the breadth of general internal medicine and that we only focus on ambulatory care. They would trivialize even that role, arguing that non-physicians do a better job of following protocols and meeting basic quality of care measures. They would argue further that we are unable to reproduce ourselves (professionally, not personally) because we are miserable role models who are stressed and underpaid. Certainly sounds as if we are on the ropes.

In true SGIM fashion, we are fighting back. This year I want to keep you abreast of our efforts to do that and to make this a dialogue about these initiatives. Let me mention two efforts. First, you may have already heard about our new Clinical Practice Task Force (CPTF), headed by the inimitable Greg Rouen, which has been charged with supporting and enhancing the clinical mission of our members. The CPTF is considering or launching an array of initiatives including: clinical practice evaluation teams to conduct onsite diagnostics of the function of our members’ practices; consumer report-style assessments of various electronic medical record systems; and working other organizations to increase payment

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Published monthly by the Society of General Internal Medicine as a supplement to the Journal of General Internal Medicine. SGIM Forum seeks to provide a forum for information and opinions of interest to SGIM members and to general internists and those engaged in the study, teaching, or operation for the practice of general internal medicine. Unless so indicated, articles do not represent official positions or endorsement by SGIM. Rather, articles are chosen for their potential to inform, expand, and challenge readers’ opinions.

SGIM Forum welcomes submissions from its readers and others. Communication with the Editorial Coordinator will assist the author in directing a piece to the editor to whom its content is most appropriate.

The SGIM World-Wide Website is located at http://www.sgim.org
New Officers and Council Members Elected
Melissa McNeil, MD, MPH

These individuals have been elected to serve as SGIM officers or council members. The following is a brief biographical sketch and excerpts from their platform.

Robert Centor, MD
President Elect

Dr. Centor received his undergraduate degree from the University of Virginia and then went on to complete both his medical training and his residency at the Medical College of Virginia. He remained at MCV as an Associate Program Director and then Division Chief until 1993 when he moved to the University of Alabama at Birmingham. He has held numerous positions at Alabama including Associate Dean for Primary Care, and Associate Dean for CME. His research interests include the diagnosis of adult sore throats, computer analysis of ROC curves, and understanding the factors associated with ward attending excellence. He has been a longstanding and active member of SGIM including serving as Secretary Treasurer from 1989–1991. He was also the ACGIM founding President in 2000–2002.

Platform: Over the past 25 years, I have had the great opportunity to participate in SGIM at many levels. SGIM has greatly enhanced my career by providing a focus for academic general internal medicine. I have continually presented scientific work and participated in a variety of workshops; I have made lifelong friends; and, the membership continues to inspire me. Through my multiple roles in the organization, I have my own view of our challenges. I had the opportunity to speak about academic general internal medicine at the 2002 meeting (remarks on my blog—http://medrants.com/archives/2002/08/13/db-revealed/). As President, I would seek to develop processes to help the council address the issues which the membership finds most important. Some issues which have my interest currently: enhancing research funding opportunities, supporting part-time careers, enhancing clinician educator careers, and working with other organizations to improve recognition of our clinical activities. I propose a process that I will use to lead the organization.

1. First I plan to spend most of the President-Elect year talking to members. I will attend at least 4 regional meetings, conducting small “town hall” type meetings. I will also hold a series of conference calls with members representing various constituencies.

2. These discussions will inform my understanding of our Vision—i.e., what we (the members) want the organization to provide. This vision will guide our prioritization of efforts for the coming year.

3. To provide an addition process for ongoing dialogue with the members, I plan to start a blog (web based log) to share my ideas and elicit your comments. A blog would provide a forum to express my ideas, and give the members an opportunity to respond. I hope that this blog (restricted to SGIM members on the SGIM webpage) would provide timely dialogue and increase member participation as we address various ideas.

4. Overall I hope to continue and expand membership participation in all society activities.

Redonda Miller, MD, MBA
Treasurer-Elect

Dr. Miller completed her undergraduate education at Ohio State University and then moved to Johns Hopkins University where she completed her undergraduate medical education, her internal medicine residency, and her master’s in business administration. She currently is an Assistant Professor of Medicine and serves as the Director of the Comprehensive Women’s Health Program, Assistant Dean for Student Affairs, and Associate Vice-Chair for Clinical Operations for the Department of Medicine. Her research interests include women’s health, osteoporosis,
The two of us...are united in the belief that the Forum should be informative, readable, and fun.

news (update on one or more research, clinical, educational or health policy developments linked to specific options for action by SGIM members); Research Funding Corner; and “SGIM Case Conference.” This section will feature different challenging scenarios, and invite commentary from specific people around the country. For instance, we will provide an education challenge (implementing curricular change in a conservative environment), administrative challenge (negotiating for a higher salary), clinical diagnostic/therapeutic challenge (deciding between 2 clinical tests with different sensitivity/specificity), etc. The discussant will outline key issues outlined in the challenge and then discuss potential approaches to addressing the issues.

Special topics will continue to include popular Forum features such as the VA Column plus new additions such as “This Month in JGIM.” This column would provide very brief, readable summaries of two or three selected articles in the current issue of JGIM. We hope that this represents just the beginning of efforts to integrate JGIM’s print and electronic communication outlets.

The co-editorship arrangement we are proposing may be somewhat unconventional for the Forum. However, we believe it is not only workable but plays to our individual strengths. Both of us will contribute occasional articles, develop and implement new features, and solicit contributions from the membership. The two of us have worked together on numerous research and educational projects and are united in the belief that the Forum should be informative, readable, and fun. SGIM

General Internist

Georgia

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and medication education. She has been an active member of the Mid-Atlantic SGIM Regional Association and has chaired both the Evaluations Committee and the Clinical Vignettes Committee for past annual meetings.

**Platform:** Joining SGIM as a young faculty member in 1998 has been one of the best decisions of my academic career. Through SGIM, I have been able to present my work, hold leadership positions, and, most importantly, develop relationships with numerous colleagues from across the country. The mission of such a vital organization, however, is dependent on its financial viability. My business degree and experience as Development Committee Chairperson will enhance my ability to serve SGIM as treasurer—an opportunity that will allow me to give back to this wonderful organization. If elected, I will:

1. **Work to assure long-term financial solvency for SGIM.** This would include review of existing revenues, expenses, and investments. SGIM operations should not be limited by inadequate funds.

2. **Re-evaluate the allocation of funds** to ensure that areas of interest to the members are not under-funded or over-funded.

3. **Increase revenues for new and existing SGIM initiatives.** This would entail working closely with the President, Council, and Development Committee within the allowances of the External Funding Policy. New initiatives may include:
   a. Supporting our membership through early career grants to young investigators and educators.
   b. Stimulating interest in general internal medicine in young trainees through additional travel awards to the national meeting for regional winners.
   c. Enhancing our national reputation by creating endowments to support SGIM projects of national interest, such as improvement of healthcare quality and promotion of generalism.

Dr. Ahluwalia received his undergraduate education at New York University and then moved to Tulane to complete his medical school training. He completed his residency at the University of North Carolina and then traveled to Harvard where he completed a General Medicine Fellowship and received an MS in health policy. He was then selected as a Robert Wood Johnson Foundation Generalist Physicians Faculty Scholar. He is currently at the University of Kansas School of Medicine where he is a Professor of General Medicine and serves as Chair of the Department of Preventive Medicine. He is also the Director of the Cancer Prevention and Control program of the Kansas Cancer Institute. He has received numerous awards for his teaching and mentorship. His research interest are in the pharmacotherapy and behavior change for chronic disease, and he has dedicated much of his time to the health of the underserved and ethnic minorities. He has served on numerous SGIM committees and serves as a Deputy Editor of the Journal of General Internal Medicine.

**Platform:** I have been an active SGIM member for more than 15 years, and I attribute much of my success in a significant way to the organization. I have benefited greatly from the clinical workshops, mentoring programs, Meet the Professor sessions, as well as the informal meetings and dinners. I believe I am now in a position to contribute in a number of ways with my experiences in clinical medicine, education, mentoring, service, and research. As a council member, I would enthusiastically participate in all the activities and focus on a few issues that I believe at this stage are important.

1. **Retention of members.** A number of successful senior generalists will often remain members of SGIM, but will either sporadically attend the SGIM annual meeting or become less involved. It is critical that we continue to engage these invaluable senior members and tap their expertise as well as provide an important role for them.

2. **Generalists have much to contribute to the research enterprise.** The days of conducting unfunded research are rapidly disappearing. Bringing the major funders, NIH, AHRQ, AHA, ACS, and foundations to the national meeting for a dialogue and information sharing needs to be done in a big way. Also, participating as a partner in the NIH Roadmap.

3. **Mentoring.** In the past 15 years as a fellow, faculty member, department chair, and this year, as one of three AAMC Medical School Deans Fellows, I am convinced of the need for excellent mentoring throughout one’s career. A number of SGIM colleagues have worked very hard on mentoring programs, and I would like to assist in building on their efforts.

4. **International Work.** With international borders taking on less significance, we are becoming one planet. SGIM has an opportunity to play a significant role in international issues as they relate to medicine, health of the public, primary care, and related issues.

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Alicia Fernandez, MD
Council Member

Dr. Fernandez received her undergraduate degree from Yale College and her medical degree from the Albert Einstein College of Medicine. She completed her residency at the University of California San Francisco and then went on to a research fellowship in General Internal Medicine at the same institution. She is currently an Associate Professor of Medicine at UCSF and a member of the Primary Care Research Center. She is a member of the UCSF Academy of Master Educators and in 2003 was a NHMA Lation Health Policy Leadership Fellow. Her research interests include chronic disease care in low income populations and ethnic disparities in health care. She has been an active member of both at the regional level and the national level of SGIM. She is currently the National Meeting Workshop Chair for 2006.

Platform: SGIM is the premier organization of academic internal medicine in the US. It has been very successful at creating a home for academics involved in generalist clinical care, research, and education. Much of this success comes from the “internal work” SGIM has done, including the annual meeting and interest groups. I would like SGIM to continue that work, and find new ways to support its members, in particular finding novel ways to bridge the widening gap between the efforts of clinician researchers and clinician educators. In addition, I would like to help SGIM deepen its “external work,” as a voice in national debates, in a way that is measured and consistent with the views of the membership. Specifically, there are several areas where SGIM could play a role.

1. Improving access to care and quality care for all patients, particularly those historically underserved. In the next few years the national debate over the significance of racial/ethnic disparities in health care will intensify. So too, will debates over funding for care for low-income patients. SGIM’s voice will make a difference.

2. Disseminating knowledge and support for generalism internationally. SGIM members are very aware of living in the world’s richest country during one of the world’s greatest pandemics. What should the role of SGIM be in supporting the international dissemination of knowledge? How could SGIM create opportunities for individual members to contribute?

3. Supporting academic generalism during a time of declining interest in both internal medicine and academic careers. SGIM members are highly involved in medical student education, and innovative ways to support clinician educators and strengthen the relationship between education and research are needed. SGIM

Calendar of Events

Annual Meeting Dates

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

30th Annual Meeting
April 25–28, 2007
Sheraton Centre Toronto
Toronto, Ontario, Canada

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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.

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