

SGIM MEMBERS HONORED IN NEW ORLEANS

Melissa McNeil, MD, MPH

Every year as a Society we acknowledge outstanding achievements by our members in a variety of areas. The following excerpts from the nomination letters of award recipients detail some of the many and varied accomplishments of our members and highlight the diversity of career paths of SGIM members that so characterizes our society.



Dr. Sankey Williams presents the Robert J. Glaser Award to Dr. Ralph I. Horwitz, for his exceptional contributions to research and education in generalism in medicine. (photo by Pat Garin)

Robert J. Glaser Award

*Ralph I. Horwitz, MD;
Case Western University
Nominated by the General Medicine and
Geriatrics Faculty at Yale*

Dr. Horwitz's career path has been one of great distinction in Academic Medicine. As one of the first graduates of

the Robert Wood Johnson clinical Scholars Program, he rose quickly through the ranks of the Yale faculty to become Professor of Medicine and Epidemiology in 1988 and the recipient of the Harold H. Hines, Jr. endowed chair in 1991. In April of 2003, Dr. Horwitz became Dean of the School of Medicine at Case Western. As one of only a few generalist physicians to have chaired a major Department of Medicine and become Dean of a medical school, and now as Chairman of the American Board of Internal Medicine, Dr. Horwitz has brought considerable prestige and enhanced visibility to the field of general internal medicine.

Dr. Horwitz has been a highly productive investigator throughout his career. His Curriculum Vitae currently lists over 165 original articles published in the finest scientific journals. As a clinical epidemiologist, Dr. Horwitz's main scientific focus has been the development of new or improved methods for patient-oriented research. Examples of Dr. Horwitz's original methodologic contributions include: the assessment of pre-randomization losses in randomized trials; the demonstration of bias in case control studies; the identification of reasons for contradictory results in randomized trials; the development of a "restricted cohort" design for evaluating therapeutic effectiveness; the creation of new strategies to measure changes in the effectiveness of treatments over time; and the use of clinic

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ACGIM COLUMN

ACGIM: A Great First 5 Years and the Horizon Ahead

Gary Rosenthal, MD

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As the Association of Chiefs of General Internal Medicine (ACGIM) begins its 6th year, the organization finds itself at an interesting crossroads.

In many ways ACGIM has been inordinately successful in establishing itself as an important voice in academic internal medicine. ACGIM can boast representation by more than 100 committed chiefs nationwide. The annual Management Institute, held in conjunction with the SGIM Annual Meeting, has become a wonderful vehicle for providing chiefs with education about leadership, negotiation

Institute, which will be held in conjunction with the SGIM Annual Meeting in Los Angeles. *An important reminder that the Institute is open to all SGIM members (not just Division Chiefs), who feel that they may benefit from the topics being presented.*

Other chiefs' activities that have become regular features of the Annual Meeting, such as the "Book Club" Dinner and new chiefs' mentoring programs, have helped create informal networks through which chiefs can enlist support and advice when tackling challenges back at the ranch. The ACGIM listserv has emerged as a

In many ways ACGIM has been inordinately successful in establishing itself as an important voice in academic internal medicine.

strategies, finances, research development in GIM, and other topics that are important aspects of being a chief. This year's Institute, under the direction of Valerie Weber took the program to a new level. The morning session featured an insightful and engaging presentation on leadership and influence by Mario Moussa from the Center for Applied Research at the University of Pennsylvania. The afternoon session featured presentations on strategies for successful Division Chief-Department Chair negotiations led by two former division chiefs and now current chairs (Jack Feussner and Mary Nettleman) and on the challenges of building successful research programs led by Larry McMahon, Wishwa Kapoor, and Jim Bailey. Plans are actively underway for planning for the 2006 Management

wonderful mechanism for chiefs to gather advice and benchmark information on a number of important areas, such as such institutions' subsidization (although I detest the connotations of this) of GIM residents' clinics, policies surrounding

part-time faculty, and productivity models. More recently, ACGIM has forged a strong synergistic strategic partnership with SGIM focused around enhancing the viability of our divisions. This partnership has provided ACGIM with seats at the tables of the Alliance for Academic Internal Medicine (AAIM), American Board of Internal Medicine, and American College of Physicians. These relationships are absolutely pivotal to leveraging our influence.

While in retrospect, ACGIM has probably exceeded the expectations of its founding members, our divisions continue to face formidable obstacles, and the challenges to nurturing academic GIM have become more complex. With this in mind, the ACGIM

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COUNTERING THE 'SILO' APPROACH TO HEALTH CARE: WE NEED TO GATHER THE EVIDENCE

Barbara Turner, MD, MSED, MA

In her inspiring plenary address at our outstanding 2005 national meeting in the Big Easy, Chris Cassel, the President of the American Board of Internal Medicine, decried the fragmentation of patient care in the US. To paraphrase several of her comments, she observed that general internists should not only deliver care to complicated patients but should also manage the complex care necessary to treat the 'whole' patient. In this vision of health care, specialists are our partners in caring for patients with multiple comorbidities but they should not pretend to be these patients' usual source of care. I would like to expand on this important topic because we need to bolster support for this model of care.

Naysayers would argue that specialists provide higher quality care in their area of expertise than generalists. A natural corollary of this observation would be to recommend that patients should see a specialist for each of their medical conditions. Patients often buy into this concept, voicing dissatisfaction with managed care when it restricts access to the specialist du jour. An SGIM taskforce under the leadership of Jerry Smetana taken on the daunting task of conducting a systematic review of outcomes of specialist versus generalist care. Some of this work was presented at the national meeting. Although there is substantial value to evaluating the evidence on this topic critically, I am confident that there will be sound studies reporting that specialists excel in providing care in their 'silo'—their area of expertise. However, my research as well as that of others suggests that generalists with adequate experience in the management of a particular disease can perform equally as well as specialists in quality of care measures. Yet I recognize that generalists with a particular area of expertise

are exception rather than the rule.

So why not have a specialist per disease? I have a 70 y.o. neighbor who sees a cardiologist for heart disease, a pulmonologist for her COPD, a rheumatologist for her arthritis, and a gyn for her breast exams and pap smears. It wouldn't surprise you one bit to learn that she hasn't had colon cancer screening nor has she had a structured a smoking cessation program. About 15 years ago, JA Grisso, who is now at the Robert Wood Johnson Foundation, and I surveyed cardiologists, pulmonologists, general



internists, and ob-gyns in the Philadelphia region about their understanding of guidelines for cancer prevention as well as osteoporosis prevention (Turner BJ et al. *Am J Prev Med.* 1992;8:78-85).. As we predicted, a higher proportion of specialists in internal medicine were

clueless about these screening guidelines.

But I need to arm myself with stronger evidence than anecdotes to argue for the value of general internal medicine in the management of clinically complex patients. Unfortunately, it is difficult to find. What is search terms should I use? I already

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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>

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.

The Finance Committee aims to regularly publish a short informational piece in the SGIM Forum. The purpose of these quarterly briefs is to increase knowledge about SGIM finances among SGIM members. The Finance Committee will address

questions related to SGIM's expenses, revenues, reserves, fundraising, meeting fees, dues and other financial topics. The Finance Committee's first article was focused on annual expenditures at SGIM (reference). This article focuses on sources of revenue.

Question: *What are SGIM's revenue sources?* SGIM relies heavily on membership dues and revenues from annual meeting submissions and registration to finance its annual budget. For Fiscal Year 2004/2005, our anticipated revenue is **\$2,241,311**.

Table. Projected sources of SGIM Revenue for fiscal year 2004–2005

Category	Amount Anticipated as of 5/31/05.	Comments
Annual meeting registration fees	\$849,975	Meeting costs are projected to be \$581,191.
Membership dues	\$525,496	\$1,233,351 are projected annual costs for staff, operations, and committees for current fiscal year (income for these expenses comes from several sources, including member dues, annual meeting, JGIM and contributions).
JGIM	\$376,708	Costs for publishing JGIM projected to be \$347,858.
Up-to-Date royalties	\$250,000	
Contributions	\$56,734	Includes \$50,000 received from two major donors.
Annual meeting submissions	\$108,555	
Membership list sales	\$5,470	
Interest Income	\$41,873	
Newsletter ads	\$26,500	
Total	\$2,241,311	Total expenditures anticipated = \$2,162,400

Currently projected revenues for fiscal year 2004-2005 are comparable to actual revenues of \$2,006,037 in 2003-2004. Revenues in 2002-2003 were \$1,894,268.

SGIM membership has been relatively stable over the last three years. Thus, increasing annual revenues over time are in part attributable to increases in annual dues and registration fees. In fiscal year 2004-2005,

annual dues increased by six percent to \$295. Meeting registration dues remained stable this year at \$495. Royalties from Up-to-Date have also increased over the last several years. However, based on SGIM's current contract with Up-to-Date, royalties from this source will not exceed \$250,000. Future growth in revenues will likely require increases in annual membership dues and meeting registra-

tion fees or a steady increase in the number of SGIM members.

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

2005 SOCIETY OF GENERAL INTERNAL MEDICINE ANNUAL MEETING AWARD WINNERS

Melissa McNeil, MD, MPH

Below is a list of those who received awards at the 29th SGIM Annual Meeting, in New Orleans, LA. SGIM is proud to recognize these individuals, who have exhibited exceptional leadership and initiative in the field of general internal medicine in the past year. Congratulations, and continue your good work!

- **Elnora M. Rhodes SGIM Service Award**
 - Robert S. Wigton, MD; University of Nebraska Medical Center
- **Lawrence S. Linn Award**
 - Gail Berkenblit, MD; Johns Hopkins University School of Medicine
- **Robert J. Glasser Award**
 - Ralph I. Horwitz, MD; Case Western University
- **Mid-Career Research Mentorship Award**
 - Carol M. Mangione, MD, MSPH, MSW; UCLA School of Medicine
- **John M. Eisenberg National Award for Career Achievement in Research**
 - Neil R. Powe, MD, MPH, MBA; Johns Hopkins University School of Medicine
- **Outstanding Junior Investigator of the Year**
 - Nancy L. Keating, MD, MPH; Harvard Medical School
- **Herbert W. Nickens Award**
 - Joan Y. Reede, MD; Harvard Medical School
- **National Award for Career Achievements in Medical Education**
 - Dennis W. Cope, MD, FACP; UCLA School of Medicine
- **Best Published Research Paper**
 - Bruce E. Landon, MD, MBA; Harvard Medical School
“Comparison of performance of traditional Medicare v. Medicare managed care,” *JAMA*. 2004 Apr 14;291(14):1744–52
- **National Awards for Scholarship in Medical Education**
 - Stephen D. Sisson, MD; Johns Hopkins University School of Medicine
 - Auguste H. Fortin, VI, MD, MPH; Yale University School of Medicine
 - John A. Flynn, MD; Johns Hopkins University School of Medicine
- **Geriatrics Awards**
 - *Best Paper/Poster*: Rebecca Sudore; University of San Francisco Medical School
 - *First Runner-Up*: David Arterburn; University of Cincinnati School of Medicine
- **California Regional Resident Presentation of the Year**
 - Stephanie Harman; Stanford University
“A Patient’s Request for Physician-Assisted Suicide”
 - Allison Himmel; University of San Francisco Medical School
“Galactorrhea: Double Trouble”
- **Southern Regional Resident Presentation of the Year**
 - Michele Guidry; Tulane University Department of Medicine
“Providing Pharmaceutical Samples: More Harm Than Good?”
 - Jami Rubright; Tulane University Department of Medicine
“The Conductor Who Couldn’t Conduct”
- **New England Regional Resident Presentation of the Year**
 - Tara Hamilton; Beth Israel Deaconess Medical Center
“I Lost 185 Pounds But My Joints Started to Hurt: Inflammatory Polyarthritis After Gastric Bypass”
- **Northwest Regional Resident Presentation of the Year**
 - Christy Risinger; Providence Portland Medical Center
“Doc, I Have Pain All Over!” A Case of Vitamin D Deficiency
 - Annabelle Sammis; Providence Portland Medical Center
“Pruritis in an Elderly Woman: An Atypical Presentation of Scabies”
- **Mid-Atlantic Regional Resident Presentation of the Year**
 - Ganesh Veerappan; Walter Reed Army Medical Center
“Computed Tomography Colonography For Generalized Colorectal Cancer Screening”
 - Natasa Milojkovic; University of Pittsburgh Medical School
“Flapping Toilet Seats and Flapping Hands”
- **Midwest Regional Resident Presentation of the Year**
 - Basant Arya; Medical College of Wisconsin
“Young Man with Overt Gastrointestinal Bleed But No Source Found on Multiple Investigations”
- **UpToDate® Subscription Grant**
 - New Heights Clinic, Vancouver, Washington
 - Mulago Hospital, Kampala, Uganda
- **Mack Lipkin Sr. Associate Awards:**
 - Ian Matthew Kronish, MD; Mount Sinai School of Medicine
“Depressed Patients Are Less Likely to Follow Recommended Risk Reducing Behaviors after Acute Coronary Syndromes”
 - Amal N. Trivedi, MD, MPH; Brigham and Women’s Hospital
“A Closing Gap: Racial Disparities in the Quality of Care for Medicare Managed Care Beneficiaries Between 1997 and 2003”
 - Niteesh K Choudhry, MD, PhD; Brigham and Women’s Hospital
“The Impact of Adverse Events on Warfarin Prescribing in Atrial Fibrillation: A Matched-Pair Analysis”
- **Milton Hamolsky Junior Faculty Awards**
 - Margaret C Fang, MD, MPH; University of California, San Francisco
“Intracranial Hemorrhage is the Dominant Determinant of Death And Disability From Warfarin-Associated Hemorrhage”
 - Lori Orlando, MD, MHS; Duke University and Durham VAMC
“Chronic Kidney Disease: Relationship of Nephrologist Involvement and Disease Course”
 - Vineet Arora, MD, MA; University of Chicago
“A Randomized Controlled Trial of Night Float: Effects on Resident Sleep, Fatigue, And Patient Care”
- **Clinical Vignette Awards:**
 - Dhruv S. Kazi, MD; Baylor College of Medicine
“A Swan Song for the Pulmonary Artery Catheter”
 - Roshani Sanghani, MBBS; Stroger Hospital of Cook County and Rush University Medical Center
“Acquired Hemophilia”
- **Journal of General Internal Medicine Creative Medical Writing Contest**
 - *Poetry Award*: Benjamin Morris, “Prognosis”
 - *Prose Award*: Leslie G. Cohen, “Skin”

VA COLUMN

VA Events at the 2005 National Meeting

Jeffrey Whittle, MD, MPH

The 2005 national meeting continued to demonstrate the strong link between the Society of General Internal Medicine and the Department of Veterans Affairs Veterans Health Administration (VA). Almost every abstract session included research presentations supported by VA funds, carried out by VA investigators and/or focused on VA patients or hospitals. Clinicians and educators with VA appointments were prominent presenters at workshops, clinical vignette sessions, and innovations in medical education and practice management. In addition, three special sessions specifically devoted to VA issues were supported by the VA Health Services Research and Development Service. These included a meeting of the VA research interest group, a career opportunities workshop, and a research symposium "Improving Quality in Healthcare Systems: Does the VA Experience Translate to Other Healthcare Settings?" The VA continues to have a strong interest in the research presented at SGIM, as demonstrated by the attendance of Shirley Meehan, MBA, PhD, the Acting Director of Health Services Research in VA (and also the 2000 recipient of SGIM's Elnora Rhodes Service Award).

At the VA Research Interest Group meeting, Gerald M. Cross, MD, the recently appointed head of the VA Office of Primary and Ambulatory Care, spoke on the critical role of primary care physicians in shaping the VA's clinical agenda. Dr. Cross, a family medicine trained primary care physician, asked for SGIM members to participate in the agenda setting process. He noted that the VA has an active Primary Care Field Advisory Committee made up of primary care clinicians and administrators who supervise primary care clinics. He

invited feedback about specific issues (e.g., the scope of practice for members of multidisciplinary teams) and more generally. He can be reached by email at gerald.m.cross@e2k.va.gov.

The career opportunities workshop was part of the Student, Residents and Fellows curriculum, but also attracted junior faculty interested in the research career development program in the VA. Senior researchers from three of the fifteen VA Health Services Research Centers of Excellence presented a brief overview of the eligibility and review criteria for the VA health services research career development program, and discussed the level of support that the program provides. These experts, Dr. Meehan, and Stephan Fihn, MD, Acting Chief Research and Development Officer for VA, answered a range of questions on the application and review process. They provided tips on selecting mentors and responding to reviews. The session also featured a discussion of VA support for clinicians and educators. In addition to directly supporting faculty development activities, the VA makes facility level payments to cover the costs of resident education. Finally, the session included an overview of the VA's special fellowships program, which includes traditional health services research oriented fellowships, and fellowships to develop clinical and educational leaders in areas targeted by VA. These areas include ambulatory care, women's health, quality improvement, spinal cord injury, war related undiagnosed illnesses, and others. All can be accessed at the website for the VA's Office of Academic Affiliations (www.va.gov/oaa/specialfellows).

The research Symposium opened with presentations by Steven M. Asch, MD and Eve Kerr, MD on the quality of care revolution that has occurred in VA

over the last 10 years. These were coupled with presentations on the effectiveness and difficulties of implementing similar quality improvement techniques in other settings by Thomas L. Garthwaite, MD, Head of the LA County Department of Health Services and Joe V. Selby, MD, Director of the Kaiser Permanente Division of Research. The bulk of the session was allotted to a panel discussion regarding which of the changes made by VA during the last 10 years were responsible for the observed improvements in quality. Panelists considered this the key question that must be answered if other organizations are to learn from the VA's transformation. In addition to the speakers, Lisa Rubenstein, MD, Director of the Center for the Study of Healthcare Provider Behavior, and Joe Francis, MD, the director of VA's Quality Enhancement Research Initiative participated on the panel.

Panelists and audience members cited several factors that likely contributed to the VA's success. First they noted the continued development and increasing reliance on a sophisticated electronic medical record that includes computerized physician order entry and integrated pharmacy, laboratory and clinical data. They also emphasized that measurement and timely feedback of performance data was a key motivator for physician behavior change. Similarly, they suggested that sustained and consistent support from the clinical leadership was a key contributor to widespread acceptance of the importance of guideline adherence. Additionally, panelists pointed out the importance of giving primary care providers both the mandate and the necessary resources to ensure that patients received key processes of care. Finally, all agreed on the importance of estab-

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SGIM MEMBERS HONORED

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inquiry in multicenter trials to examine variations in treatment effectiveness in relevant patient subgroups.

Dr. Horwitz has rigorously applied these new methods to address fundamental questions related to the etiology, prognosis, and treatment of a diverse array of medical conditions, including: postmenopausal estrogen replacement and endometrial cancer; myocardial infarction; bacterial endocarditis; breast cancer, aspirin and Reye's syndrome; asthma; alcohol dependence; congestive heart failure; cerebrovascular disease and elder abuse. Because of its scientific rigor and importance, Dr. Horwitz's research has had a direct and lasting influence on clinical practice and public policy. For example, the FDA ordered over-the-counter phenylpropanolamine off the market based on the results of his case-control study which demonstrated a strong and consistent association between phenylpropanolamine and hemorrhagic stroke in women.

In addition to his remarkable accomplishments as a clinical investigator, Dr. Horwitz has had a distinguished career as a medical educator. Perhaps his most enduring contribution will be as a mentor to a large and growing cadre of postdoctoral fellows and junior faculty. As Co-Director of the Yale Robert Wood Johnson Clinical Scholar Program, Dr. Horwitz trained and mentored over 100 postdoctoral fellows and countless junior faculty in the basic science of clinical epidemiology and research methodology.

At Yale, Dr. Horwitz demonstrated unparalleled leadership skills and vision; now at Case Western, he will undoubtedly apply his "generalist" vision to enhance the lives of students, residents, fellows, and faculty alike while simultaneously enhancing the lives of the patients under their care. Throughout his career, Dr. Horwitz has been a tireless advocate for generalism in medicine. His example has inspired us and, undoubtedly, many others to pursue academic excellence in general internal medicine.



Dr. Neil Powe, of Johns Hopkins University School of Medicine, speaks after receiving the John M. Eisenberg National Award for Career Achievement in Research. (photo by Pat Garin)

John M. Eisenberg National Award for Career Achievement in Research

Neil R. Powe, MD, MPH, MPB; Johns Hopkins University School of Medicine Nominated by Frederick L. Brancati, MD, MHS

I am delighted to nominate Dr. Neil R. Powe for the John M. Eisenberg Career Achievement in Research Award. Neil has achieved notable career achievement in GIM scholarship. His research has had a significant impact on management of chronic disease and has made chronic kidney disease a model of how generalists can work productively with subspecialists. Neil's important research has improved assessment of chronic kidney disease care serving as a model of development of measures for outcomes, quality of care and cost-effectiveness for chronic medical conditions. Neil's landmark investigations have advanced understanding of the effectiveness of chronic disease care and medical technologies. His research is notable for creativity, rigor and methodological innovation, outcomes examined and impact on policy (e.g. national practice guidelines). Neil's research activity has been prolific and he has made major contributions to "value science" for

preventive, diagnostic and therapeutic interventions.

Cost-effective use of medical practices has been a central focus of his work. In the 1980s, Neil published extensively on cost-quality trade-offs in using high vs low osmolality contrast media in imaging procedures commonly ordered by generalists. In 1992, he published a landmark paper on use of recombinant human erythropoietin, showing that this new biotechnology was disseminated widely with adequate health insurance. Nationally, this accelerated interest in technology assessment and focused attention on how to optimize care for chronic kidney disease patients. Neil's ongoing work went on to catalyze the rigorous evaluation of this chronic disease. His work has shown that not-for profit facilities have better survival and kidney transplantation rates that for-profit facilities, suggesting competition on quality rather than cost could lead to better patient outcomes; disparities can be eliminated with provision of health insurance and access to providers; early referral can have a beneficial impact on survival stimulating attention to co-management of patients by primary care physicians and specialists, targeted screening for identification of kidney disease can be cost-effective in high risk groups and sit-down rounds can improve patient outcomes. Neil has published other seminal articles on technology assessment (carotid endarterectomy), outcomes research (acute MI), and allocation of NIH funding and health care disparities.

Neil's research, writing, and mentorship have been recognized by election to the ASCI, IOM and American Epidemiologic Society. He has testified before Congress on three occasions: 1) importance of biomedical innovation in healthcare, 2) science of assessing value in healthcare and: 3) national policies for chronic kidney disease care, the former two bearing on AHRQ funding. Probably the greatest

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2005 ANNUAL MEETING PHOTO ALBUM



Keynote Speaker Christine Cassel speaks at the Opening Plenary Session, on the causes of chaos in internal medicine, and what generalists can do to improve quality of care. (photo by Pat Garin)



Bradley Rosen performs a sonogram on a chicken, as David Elvin and Mark Ault look on during the opening poster session. (photo by Pat Garin)



Nina Bickell, discussing a poster presentation with Constance Liu. (photo by Pat Garin)



The opening poster session. (photo by Pat Garin)



Discussing research at the opening poster session. (photo by Pat Garin)



The onsite program was essential to navigating through the poster sessions. (photo by Pat Garin)



Yue-Harn Ng and Paul Frey attend the First Time Attendee Reception. (photo by Pat Garin)



2005-2006 Council President Barbara Turner, with fellow SGIM members at the First Time Attendee Reception. (photo by Pat Garin)



Angela Fowler-Brown, Ada Emerenini, Giselle Corbi-Smith, and Anthony Operaji, attending a reception. (photo by Pat Garin)



First Time Attendees, at the reception held in their honor. (photo by Pat Garin)



Members attending the First Time Attendee Reception. (photo by Pat Garin)



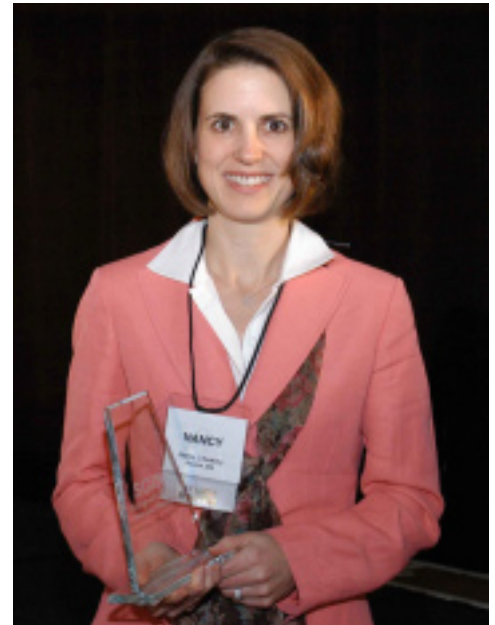
A bird's eye view of the First Time Attendee Reception. (photo by Pat Garin)



Keynote Speaker Jack Wennberg speaks at the second Plenary Session, on Decision Quality and the Care of the Patient and the importance of sound clinical practice. (photo by Pat Garin)



Keynote Speaker Dr. Al Mulley speaks on the challenges of day-to-day clinical practice, and his use of decision theory and outcomes research to improve quality of care. (photo by Pat Garin)



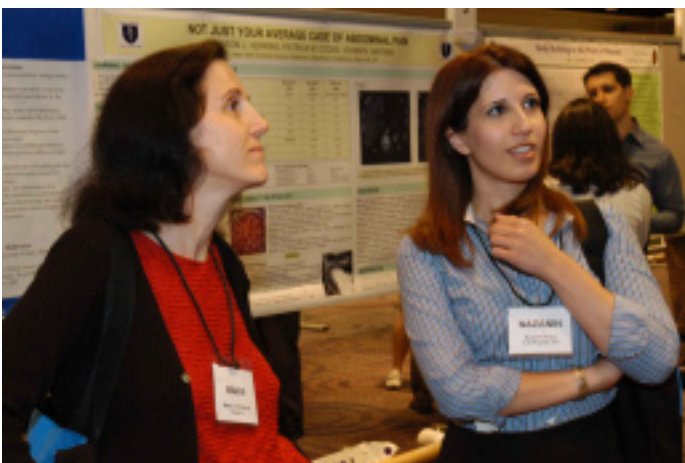
Outstanding Junior Investigator of the Year Award winner Nancy Keating displays her award for her accomplishments in breast cancer research. (photo by Pat Garin)



Dr. Erica Johnson stands before her research poster on the association of hyponatremia and low carbohydrate diets. (photo by Pat Garin)



Neil Mehta and Rugmini Warriar discuss the research presented at the second Poster Session. (photo by Pat Garin)



Maria Cannarozzi and Nazamin Firooz look on at the second poster session. (photo by Pat Garin)



Margaret Fang, Vinny Arora, and Lori Orlando, enjoying a moment before the final Awards Lunch. (photo by Pat Garin)

2005 ANNUAL MEETING PHOTO ALBUM (CONT.)



Malcolm L. Peterson Honor Lecturer, Dr. A. Eugene Washington, of UCSF Medical School, speaks on the promise of health policy for better general internal medicine. (photo by Pat Garin)



2005–2006 Council President Barbara Turner introduces SGIM's current President, Mike Barry, before his address at the Awards lunch. (photo by Pat Garin)



This year's SGIM President, Barbara Turner, accepts her Presidential Gavel from current SGIM President, Mike Barry. (photo by Pat Garin)



National Award for Scholarship in Medical Education winners Stephen Sisson, Auguste Fortin, and John Flynn. (photo by Pat Garin)



Midwest Regional Resident Presentation of the Year winner Basant Arya, of the Medical College of Wisconsin. (photo by Pat Garin)



Mack Lipkin Sr. Associate Award winner Ian Kronish, of Mount Sinai School of Medicine, accepting his award. (photo by Pat Garin)

We are very interested in learning about key issues that would be ripe for future chiefs' surveys.

Executive Committee has identified several key goals and initiatives for the coming year.

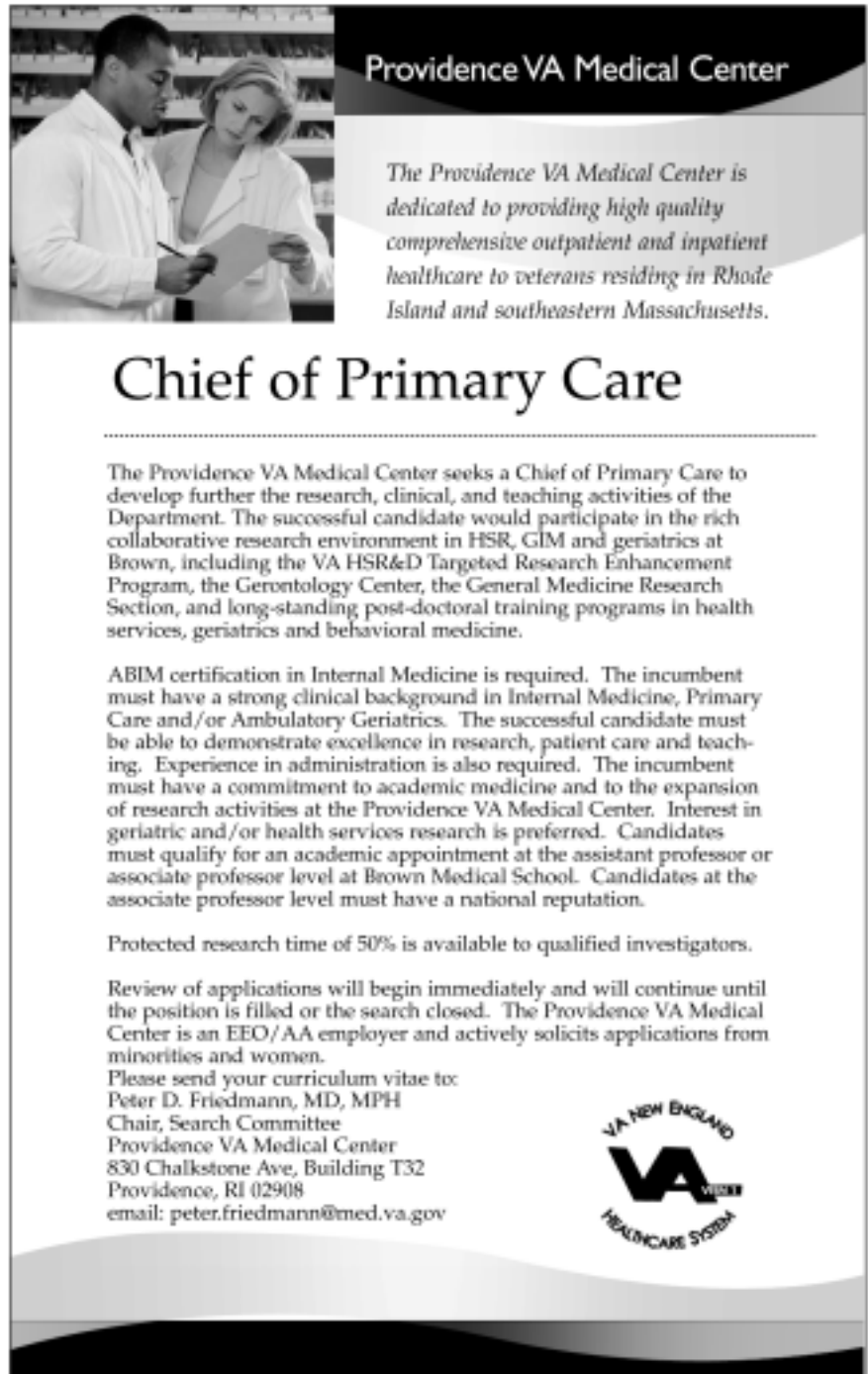
First (and foremost), a special push will be made to involve more chiefs in this year's activities and in developing agendas in areas of vital importance to chiefs. Our goal is that all of our members will play vital and formative roles in the organization. New committees are being established in such areas as Chiefs Curriculum Development and Membership. We also want to hear from you about the key issues and challenges you face in your positions. *Please let us know how ACGIM can better meet your needs (acgim-feedback@sgim.org) and if you are interested in participating in these new activities.* The more involvement we have, the more effective we will become.

Second, we look to more actively use the ACGIM listserv to provide timely feedback to chiefs. We will also be launching new web survey software to collect and report data to chiefs on high priority issues. We are very interested in learning about key issues that would be ripe for future chiefs' surveys. *Please email us (acgim-feedback@sgim.org) your thoughts and ideas.*

Third, we look to actively reach out to new members. While ACGIM has been quite successful in attracting members in academic medical centers, we've been less successful in attracting chiefs in larger community-based teaching hospitals and VA hospitals. A special emphasis will be placed on actively recruiting chiefs from these institutions. We will be contacting many of you to help in recruiting chiefs of divisions in your neighborhood who have not yet found ACGIM.

Fourth, we look to further build on our partnering with SGIM. In addition to working to increase our influence within other Internal Medicine organizations, we look forward to working closely with

SGIM on new initiatives being launched in clinical practice redesign and quality improvement under the direction of Greg Rouan (SGIM Clinical Practice Task Force). These efforts have tremendous implications for divisions. *Please let us know (acgim-feedback@sgim.org) if you would like to participate in these initiatives. SGIM*



Providence VA Medical Center

The Providence VA Medical Center is dedicated to providing high quality comprehensive outpatient and inpatient healthcare to veterans residing in Rhode Island and southeastern Massachusetts.

Chief of Primary Care


The Providence VA Medical Center seeks a Chief of Primary Care to develop further the research, clinical, and teaching activities of the Department. The successful candidate would participate in the rich collaborative research environment in HSR, GIM and geriatrics at Brown, including the VA HSR&D Targeted Research Enhancement Program, the Gerontology Center, the General Medicine Research Section, and long-standing post-doctoral training programs in health services, geriatrics and behavioral medicine.

ABIM certification in Internal Medicine is required. The incumbent must have a strong clinical background in Internal Medicine, Primary Care and/or Ambulatory Geriatrics. The successful candidate must be able to demonstrate excellence in research, patient care and teaching. Experience in administration is also required. The incumbent must have a commitment to academic medicine and to the expansion of research activities at the Providence VA Medical Center. Interest in geriatric and/or health services research is preferred. Candidates must qualify for an academic appointment at the assistant professor or associate professor level at Brown Medical School. Candidates at the associate professor level must have a national reputation.

Protected research time of 50% is available to qualified investigators.

Review of applications will begin immediately and will continue until the position is filled or the search closed. The Providence VA Medical Center is an EEO/AA employer and actively solicits applications from minorities and women.

Please send your curriculum vitae to:
Peter D. Friedmann, MD, MPH
Chair, Search Committee
Providence VA Medical Center
830 Chalkstone Ave, Building T32
Providence, RI 02908
email: peter.friedmann@med.va.gov



SGIM MEMBERS HONORED

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accolades come from his peers such as the words of a senior colleague at another university:

“Neil, one of the world’s foremost experts on outcomes and health policy in chronic kidney disease, has made fundamental and pathbreaking research contributions that catalyzed the rigorous investigation of chronic disease care and helped to shape the science of outcomes research. A creative scholar, he has: addressed challenging cost-quality and disparities hypotheses pushing frontiers of knowledge; integrated clinical investigation, epidemiology and health services research; influenced clinical practice and national policy; and cultivated many young investigators.”



National Award for Career Achievements in Medical Education winner Dennis W. Cope, MD, FACP, accepts his award from Stewart Babbott (photo by Pat Garin).

National Award for Career Achievements in Medical Education

*Dennis W. Cope, MD, FACP; UCLA School of Medicine
Nominated by Shakaib U. Rehman, MD, FACP*

Knowing the importance of the SGIM Career Achievement in Medical Education Award, I am pleased to enthusiastically nominate Dennis Cope, MD, a founding member of SGIM as the 2005 recipient. His thirty years of contribution as a practitioner, teacher, mentor, and leader in primary care and medical education especially in the field of doctor-patient communication have

been both powerful and far-reaching. Dr. Cope has had a tremendous impact on the practice of medicine and medical education.

Dr. Cope has dedicated his professional life to promoting effective healthcare communication skills. His teaching and writing have inspired scores of clinicians, researchers, and other health care workers across the country and even around the globe. While at UCLA, he developed an educational model for teaching doctor-patient communication with emphasis on the behavioral aspects of the encounter. His model, which employs trigger tapes and role playing, allows learners to experience and express empathy in clinical situations. Dr. Cope has been highly sought as a teacher in the AAPP courses. He was among the founding members, and has directed and participated in numerous educational activities and courses for the academy.

Dr. Cope is a recognized expert in the areas of primary care and behavioral medicine. He has been a consultant to the Institute of Medicine’s task force on defining the scope of primary care and who are primary care providers. While at UCLA, where he has spent most of his career, he has been credited with the establishment of a strong internal medicine residency program and for contributions to the Center of Excellence in Research in Doctor-Patient Communication. He has mentored several generations of medical students, residents, fellows, and faculty. He was recognized with the two highest teaching awards at the UCLA School of Medicine: the UCLA School of Medicine Excellence in Education (in recognition of outstanding dedication, innovation and sustained excellence in education) and the Sherman M. Mellinkoff Faculty Award (for teaching exemplifying dedication to the art of medicine and the finest in doctor-patient relationships).

In conclusion, there are many scholars deserving of the SGIM Award. So what is special about his nominee?

Quite simply, Dr. Dennis Cope is a representation of what SGIM stands for in healthcare and education. He has served numerous medical communities with his patient work, teaching, mentoring and leadership. For in him, we are able to approach the basic issue of who we are as internists, how we appear to our patients and how they appear to us, how that affects our ability to deliver quality services and how that interrelationship affects the outcomes for massively important diseases like hypertension and diabetes. It is indeed the right time to recognize the person of Dr. Cope with the Career Achievement In Medical Education Award.



Herbert W. Nickens award winner Joan Y. Reede receives recognition for her outstanding commitment to cultural diversity in Medicine (photo by Pat Garin).

Herbert W. Nickens Award

*Joan Y. Reede, MD;
Harvard Medical School
Nominated by Valerie E. Stone, MD, MPH
and Joseph R. Betancourt, MD, MPH*

It is with great pleasure that we write this letter in nomination of Dr. Joan Reede for the 2004 Herbert W. Nickens Award. Dr. Reede is a superb candidate for this award given her incredible work in the area health care workforce and minority leadership development and diversity. Currently, Dr. Reede is Dean for Diversity and Community Partnership at Harvard

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SGIM MEMBERS HONORED

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Medical School. In this role and her former role as Associate Dean of Faculty Development and Diversity, Dr. Reede has developed and now leads numerous programs that all contribute to the goal of increasing diversity in medicine and improving the effectiveness and leadership skills of minority individuals who enter the medical profession.

Dr. Reede attended college at Brown University and then completed medical training at Mount Sinai School of Medicine. She then trained in pediatrics at the Johns Hopkins University program. Dr. Reede's medical career, upon completing her training, however, did not begin in the Ivy League or in the hallowed halls of academe, but instead at community and school based health centers where she felt her true connection. After working in this environment for several years, she saw a clear need for advocacy and leadership in minority health. This desire to create change at a broader level led her to Harvard, where she gradually began to build an incredible portfolio of programs and activities through sheer dedication and drive. She became equally effective communicating with Deans, academic faculty, public health officials, federal and state government representatives, heads of foundations, and CEO's of private industry as she had with families and children she cared for in the community. Most importantly, through her new role, she began to provide a *voice* for those disenfranchised communities that she cared so much about and for the need to increase diversity within the medical profession.

Upon meeting Dr. Reede, you quickly realize her passion, commitment, and drive to improve the health status of minorities and the underserved in this country. Her particular vision for achieving this goal has centered on diversifying the health care workforce, and on developing leaders who might address the pressing health issues facing our communities of color. Perhaps what is most impressive about Dr. Reede is how she has gone about realizing her

vision. The Commonwealth Fund-Harvard University Fellowship in Minority Health Policy is just one of an entire continuum of programs she has created and manages. This one-year, Master's in Public Health degree granting program for physicians has as a primary goal to develop a cadre of well-trained leaders in minority health and health policy. Components of the fellowship include leadership development, site visits to familiarize fellows with the Department of Health and Human Services, and a research practicum. This unique, innovative, and first program of its kind in the nation was developed and designed by Dr. Joan Reede. The Biomedical Science Career Program, which Dr. Reede began in 1991, has the objectives of identifying, informing, supporting, and mentoring academically outstanding minority students throughout the entire New England region. This program identifies students at the high school level and beyond and provides ongoing financial support, mentoring, networking, contacts, resources and more, thereby dramatically improving the likelihood that these students will succeed and will do so by entering a health profession. Amazingly, this program has grown each year and now involves and touches (and provides all of these supports for) approximately 700 students!

There is no doubt that Dr. Reede, through her passion and commitment, has motivated hundreds—if not thousands—of young students of color to believe in themselves and pursue academic excellence. She has inspired, supported and mentored countless individuals to positions of success, and has shepherded countless more who have been uncertain about their potential. Her influence is broad and far-reaching, and her strategic yet fearless nature has rubbed off on many who have benefited from her direct tutelage. Her spirit of collaboration has led her to develop a broad range of funding partnerships that have supported her vision to improve the

diversity of the *entire* educational pipeline. Needless to say, her vision is becoming a reality. So it is with great enthusiasm and pleasure that we nominate Dr. Joan Reede for the 2004 Herbert W. Nickens Award. We think she is more than deserving of the Society's Award for contributions in the area of diversity in medicine and in improving the effectiveness of the minority physicians practicing and leading in medicine in the U.S.



Dr. Robert Wigton, of the University of Nebraska College of Medicine, accepting the Elnora M. Rhodes SGIM Service Award for his commitment and dedication to SGIM (photo by Pat Garin).

Elnora M. Rhodes SGIM Service Award

Robert S. Wigton, MD; University of Nebraska Medical Center

Nominated by: Jeff Jackson, MD MPH and Ann B. Nattinger, MD, MPH

We would like to propose Dr. Robert Wigton as a candidate for the Elnora M. Rhodes SGIM Service Award for 2003.

Dr. Wigton is a long-standing member of SGIM, having joined in 1980. He was a member of the SGIM Council in the mid 1980's, and has also been a member of the Program Committee for the National meeting. In addition to these important positions, he has served on numerous committees for the society.

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SGIM MEMBERS HONORED*continued from previous page*

Although his other service to SGIM is important, the service to which we would like particularly to call the committee's attention is Dr. Wigton's stewardship of the annual meeting Associates and Junior Faculty Awards Prize Committee. Dr. Wigton has chaired this committee since the mid 1990's. Specifically, he has organized and managed both the Lipkin and Hamolsky awards, coveted and important awards for our members. Until 2001, there were no dedicated sessions for finalists, so he had a tremendously difficult task, trying to coordinate judges to attend all the various sessions. At his suggestion, in 2001, we started having dedicated abstract presentation sessions for the top 12 Lipkin and Hamolsky finalists. These have been extremely well attended, standing room only in large venues. In addition to giving greater visibility for the finalist presentations, it also allows the awards to be given during a plenary session, which allows the entire society to see the winners.

This is a very important committee for the Society, yet chairing the committee is not always the easiest position. As you know, the associates and junior faculty research awards are made based primarily on the presentation which occurs at the annual meeting. The members of the prize committee, therefore, must arrange their schedule to view as many presentations as possible, and this is particularly true of the chair of the committee. This means that the committee chair must spend most of the annual meeting attending junior faculty presentations in preference to other presentations which might be of particular interest to them. In short, the committee chair spends much of the annual meeting in service to the society and to the junior members who are nominated for these awards. Most program committee chairs provide service for only a year or two. We think Dr. Wigton's long tenure of service chairing this committee is particularly important and notable.

Although perhaps not a direct service criterion, there is one other aspect of Dr. Wigton's relationship with SGIM that we wanted to point out. This is the fact that Dr. Wigton has been such a regular attendee of both the national meeting and the Midwest regional meetings throughout his illustrious career. We sometimes see that senior SGIM members are less likely to attend the annual meeting once they achieve senior status and develop responsibilities in other areas of academic medicine. In contrast, Dr. Wigton has continued to be a regular

attendee at both the national and regional meetings, despite the fact that he has held important posts for his institution, such as Associate Dean for Academic Affairs and Associate Dean for Graduate Medical Education. By attending the meeting and frequently commenting on the work of trainees and junior faculty, Dr. Wigton has certainly benefited many junior members of the society.

In closing, we strongly recommend Robert S. Wigton as an outstanding candidate for the SGIM Elnora M. Rhodes Service Award. **SGIM**

VA COLUMN*continued from page 6*

lishing a culture of quality, whether manifested as celebrating improvements in quality measures, attention to finding and addressing root causes or being willing to spend the money required to support achievement of agreed upon quality goals.

The special relationship that SGIM has with the VA, and in particular with VA Health Services Research provides value to both organizations. SGIM members should anticipate ongoing efforts to build that relationship at both the national and regional level. **SGIM**

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Located at <http://www.sgim.org>

There are studies that support the value of generalist care for patients with complex health care needs.

know about the important work of Elliot Fisher, co-chair of our recent national meeting, whose group reported that patients in higher Medicare spending regions of the country used specialists more but had no better quality of care and somewhat worse preventive care (Fisher ES et al., *Ann Intern Med.* 2003;138:273-87). My own research group reported that HIV-infected patients were more likely to use the emergency room (excluding visits leading to a hospitalization) if they were managed by an ID physician instead of a generalist, even after adjusting for disease severity and other factors (Mauskopf, *Health Serv Res* 1994;29:489-510). We guessed that these findings reflected generalists' practices having greater accessibility for acute care.

Shelly Greenfield pointed me to several relevant studies. For example, a SEER-Medicare, case-control study of colorectal cancer patients found that the cancer survivors were less likely than controls to receive recommended care for diverse chronic medical conditions but those with shared care between a generalist and an oncologist fared much better on these measures (Earle CC & Neville BA. *Cancer.* 2004;101:1712-9). This group (with Helen Burstein) reported similar findings in breast cancer survivors. Shelly was a co-author on a study of diabetic patients that reported those who were managed in diabetes clinics had a two-fold greater risk of inadequate blood pressure control than those managed by generalists (Pellegrini F et al. *Arch Intern Med.* 2003;163:473-80). A shared care model of cardiologist and generalist care for post-MI patients has been associated with significantly reduced mortality compared with care

from either type of provider alone (Ayanian JZ et al. *N Engl J Med.* 2002;347:1678-86). So there are studies that support the value of generalist care for patients with complex health care needs. Admittedly, most studies do not focus on general internists alone. I look forward to a systematic review by our Research Committee on this aspect of the generalist-specialist debate. In the meantime, if you know of other such studies please feel free to email me (bturner@mail.med.upenn.edu). We need an evidence basis to our contention that we serve a central role in the care of adults with complex health care needs. **SGIM**



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SGIM FORUM

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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.

CHIEF, GENERAL INTERNAL MEDICINE : Superb opportunity for an experienced physician leader at Lehigh Valley Hospital, a premier academic community hospital in southeastern Pennsylvania's Lehigh Valley. Our new Chief of GIM will combine clinical, administrative, educational and research responsibilities and report to Chair of Medicine. Oversee geriatrics, GIM and hospitalist programs, participate in freestanding internal medicine and transitional residency and medical student programs and lead division's clinical research. Combine the best of both worlds at a fiscally strong community hospital with a significant academic focus in a beautiful suburban area near two great cities. Offering an attractive compensation package and a faculty appointment at Pennsylvania State University. The Lehigh Valley has over 700,000 people, good schools, 10 colleges and universities, great cultural and recreational offerings and is located 1 hour north of Philadelphia, 1.5 hours west of New York City. Email CV to John Fitzgibbons, MD, Chair of Medicine c/o Tammy.Jamison@LVH.com, or fax to (610) 402-7014. Call (610) 402-7008 for more information or visit our website at www.LVH.org

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FELLOWSHIP IN MEDICINE AND PUBLIC HEALTH RESEARCH – NYU SCHOOL OF MEDICINE, NEW YORK: The New York University School of Medicine offers a 2-year Fellowship in Medicine and Public Health Research beginning in July 2005. A rigorous curriculum in core public health disciplines and research methods is followed by mentored research addressing real-world challenges at the interface of medicine and public health. Each Fellow will receive a stipend, full tuition, health insurance, books, travel, and related program expenses, including support for a research project. A master's degree in clinical investigation will be awarded at completion of the program. For more information contact Dr. Marc Gourevitch, Director, Division of General Internal Medicine (marc.gourevitch@nyumc.org) or Dr. Mark Schwartz, Program Director (mark.schwartz3@med.va.gov). <http://www.med.nyu.edu/medicine/dgim/education/publichealth.html>. Note: Application deadline has been extended.

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