

ASK THE EXPERT

Being Known Beyond Where You Work: Developing a Regional and National Reputation

Pam Charney, MD

This month in Ask the Expert, Carol Horowitz challenges Pam Charney, MD, with the question: "Why should we worry about our reputations, and how do we get the reputation we need?" Dr. Charney is the Program Director, Internal Medicine Residency, at Norwalk Hospital in Connecticut and Clinical Professor of Medicine at Albert Einstein College of Medicine.

Why all the fuss about reputations?

Whether you are an educator or researcher, you can't get promoted without one! Reputation reflects how we are valued where we work. Our value depends on not only our performance but also our personal productivity, attitudes, and how we interact with others. Developing a reputation for high-caliber work, being reliable, and having a positive attitude can lead to new opportunities. Conversely, being slow to complete tasks effectively or on time, or a tendency to see every glass half empty, often leads others to create distance from you. The impact of how you are perceived affects your professional relationships and your career course more than you may realize.

Is it really worth putting in effort to develop a more-than-local reputation?

Yes. Sharing your scholarly activities across institutions and participating in the development of regional and national activities can set the groundwork for external support—a key element for promotion at all medical schools. Your reputation will also help you develop local, national, and even

international collaborations, which will broaden your perspective, and opportunities for funding and publication. You will expand your opportunities to find students and faculty who can mentor you, work with you, and eventually steer talented individuals your way to aid the expansion of your work and grow your division. Perhaps most importantly, you will increase the joy and fun of longstanding relationships to sustain you in your career.

How do I get started?

What do you do well? What do you love to do? How do you want to spend your time? How much time do you have? Your reputation will evolve from what you chose to become involved with and how you do so. Since most tasks take more time and energy than expected, it is worthwhile choosing an initial task that speaks to you personally. Be realistic about how much time and energy you can commit. It is better to take on less while being effective in what you do. Mentors can aid your decision making about what tasks are worth your time and energy.

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ACGIM

One Chief's Muse

Anna Maio, MD

"Music is your own experience, your thoughts, your wisdom. If you don't live it, it won't come out of your horn."
—Charlie Parker

I have been skeptical about the relationship between the professions of medicine and music. Music, driven by a creative muse, in some ways seems the antithesis of the highly regimented medical profession. However, with an open mind, I attended the "The Art of Leading Change: Medicine and Music," at the SGIM ACGIM Annual Meeting in April, presented by Jack Silversin and Deborah Borda. Jack is President of Amicus, Inc., and has spent much of his career helping

physicians navigate change. Deborah, a violinist by training, is president and CEO of the Los Angeles Philharmonic. She led great changes at the Philharmonic, including a move to the Walt Disney Concert Hall. She set the stage for the afternoon by presenting from her music stand.

With some prodding, we realized that professional musicians and physicians were more similar than different.

The common positives: We afford each group respect for its craft and its commitment to the betterment of society. Society gives each group a fair amount of autonomy. Both have fantastic historical knowledge of their work culture. Experts of all types are

often resistant to change. Professionals apply lessons learned at one institution to new situations.

The common challenges: Professionals in particular are difficult to change because they believe that they are the experts. Therefore, what they are already doing must be correct. Physicians and musicians both operate independently, can be challenging to lead, and may resist any type of control.

The lessons: During the presentation, I became more cognizant of these cultural professional norms. Effective leaders should remember that individual professionals may be more knowledgeable about some aspect of their profession than the leader could ever be. Respect for this expertise by the leader is critical and cannot be superficial.

Managing change can be difficult amongst a group of professional experts. Messages I took away from the presentation were to always come to the table in a non-confrontational manner, without preconceived ideas or notions, and to deal with problems as soon as they occur. The speakers noted that change required time and that the people affected by the change would want to know the reasons for it (often in great detail). They suggested that leaders avoid cynicism while communicating changes and describe transition periods with both passion and courage. Deborah said she meets with the orchestra regularly for lunch, where she fields questions and does a "state of the orchestra" summary. This enables her to elicit concerns and identify pockets of resistance she might not otherwise uncover.

Deborah used these tactics when she floated the idea of a weeknight concert series to the orchestra. Her goal was to offer concerts with a more modern flare on weeknights to entice people to stay downtown after work.

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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 those engaged in the study, teaching, and 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. Please send your ideas and pieces to Christina Kuenneth, who will direct you to the appropriate Associate Editor for consideration. The SGIM World-Wide Website is located at <http://www.sgim.org> © 2005 by the Society for General Internal Medicine. All rights reserved.

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Our Job as Detectives

Robert Centor, MD

*"The temptation to form premature theories upon insufficient data is the bane of our profession."
—Sherlock Holmes*

I have often told students and residents that part of my motivation for choosing internal medicine came from my love of detective stories. I still read and listen to many detective novels. My current favorite authors and their characters seemingly descend from the Dashiell Hammet/Raymond Chandler School of Mystery:

- **John Rebus** - written by Ian Rankin. This is my favorite. Rebus is a heavy-drinking depressed Scot. His personality requires that he find the answer to the puzzle.
- **Alan Banks** - written by Peter Robinson. This English series improves with each release. Banks is a sometimes depressed loner who in his latest book started smoking again. Like most of my heroes, he has disdain for regulations, especially if he feels that they hamper the search for truth.
- **Harry Bosch** - written by Michael Connelly. Depressed (see a theme here?) and difficult to work with, Harry solves the toughest cases in Los Angeles. His personality has gotten him fired several times.
- **Elvis Cole** - written by Robert Crais. Elvis, the self-proclaimed "World's Greatest Detective," is a wise-cracking irreverent LA private investigator. His early works were more humorous. His later works are more thought provoking.
- **Dave Robicheaux** - written by James Lee Burke. Dave lives near New Orleans. His mysteries include Creole history and much evil. Robicheaux does his best to take a world in chaos and restore order.



For several years, I have taught "The Columbo Moment." Peter Falk starred in this wonderful mystery TV series. In almost every episode, Columbo would interview the seemingly clever criminal. The high-class criminals viewed him as a "schlub," a bumbling stumbling character. As Columbo would exit the room, he would slowly turn and enunciate his classic, "Well professor, it's something that's bothering me."

Last December, the *BMJ* published a wonderful article, titled "White Coats and Fingerprints: Diagnostic Reasoning in Medicine and Investigative Methods of Fictional Detectives." This article nicely describes various models of investigation. As internists, we excel when we select the right model for our patient. This model resonates with characteristics that I value, that are the basis of "The Colombo Moment":

1. Observation
2. Deduction
3. Knowledge
4. Ability to reconstruct psychological and social profiles and to conduct an interview
5. Ability to spot inconsistencies

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SGIM 2006 Annual Meeting ♦ Los Angeles



Title VII, SGIM, Mentors, and Focus: Ingredients to Success for Mary McDermott

P. Preston Reynolds, MD, PhD

When Mary McDermott graduated from Yale University with an undergraduate degree in biochemistry and lots of coursework in the humanities, she never envisioned herself as a clinical investigator heavily endowed with R01 NIH grant awards. However, destiny would intervene.

From Yale, Mary entered Michigan State College of Human Medicine. She wanted to be closer to home, and Michigan State offered the opportunity to return to the Midwest. She remained in the Midwest, and began her internal medicine residency at Northwestern in 1989. As a young resident, she remembers being impressed by the wealth of excellent general internists on faculty—great role models for someone who had decided *not* to pursue a career as a specialist. Gary Martin, at the time Northwestern's GIM division chief, offered Mary a two-year fellowship in general internal medicine funded through a Title VII faculty development grant to which he served as PI. Intrigued, Mary applied and found herself taking courses in epidemiology and statistics, in preparation for becoming a clinician investigator. Her early projects covered the areas of breast cancer screening, heart failure, and the functional status of peripheral vascular patients. Gary Martin, her first mentor, was keen to link Mary with two outstanding teams of investigators: first, his own team, with funding from AHRQ; second, Phil Greenland, with funding from NHLBI. Both groups were studying cardiovascular disease in the elderly.

Phil Greenland's mentorship was critical to Mary's early success. He was direct: "If you're interested in focusing on peripheral vascular disease, I can mentor you, but not if you want to do everything else." Mary decided to work with Phil Greenland, a decision she's

never regretted. She saw in Phil a great person who was doing work he enjoyed and who had a career in clinical research that she wanted to emulate.

Phil Greenland also offered Mary a connection into NHLBI, where he had received grant funding. Greenland also introduced Mary to Kiang Liu, PhD, an epidemiologist and statistician at Northwestern with substantial experience serving on NHLBI study sections. The two of them walked Mary through her first R01 grant submission. Kiang Liu continues to work closely with Mary, and Phil remained a co-investigator on every subsequent application (prior to his promotion as Northwestern's executive associate dean for clinical research).

Now with seven R01 grants under her belt, Mary McDermott is ready to mentor others and lead her own career as an independent investigator.

Mary contends that she could not have become this successful without SGIM, which she sees as both her professional home and her career development training school. Participating in the one-on-one mentoring program, Mary learned from Jeff Carson that she needed at least 50% protected time as a junior faculty member to establish herself as an investigator. From Linda Fried, she learned how to structure and balance a successful career as a generalist investigator with other demands in life. A workshop on writing R01s unveiled the hidden mysteries of NIH. Mary took all of these suggestions back to Gary Martin, only to find him receptive to her requests for protected time and help in securing extramural grant funding.

Mary's recognition from SGIM includes several Midwest Region Research Awards and the 2001 Junior Investigator of the Year Award. She is convinced these awards were critical to

her success in competing for career development awards from the American Heart Association and the Robert Wood Johnson Foundation and preparing numerous NIH grant applications. To SGIM, Mary says, "Thank you for your mentorship, recognition, and opportunity to serve as a leader, colleague, and friend." **SGIM**

To provide comments or feedback about Funding Corner, please contact P. Preston Reynolds at pprestonreynolds@comcast.net.

Meeting Schedules

SGIM 30th Annual Meeting

April 25–28, 2007
Sheraton Centre Toronto
Toronto, Ontario, Canada

ACP

April 19–22, 2007 in San Diego

AGS

May 2–6, 2007 in Seattle

SGIM 31st Annual Meeting

April 9–12, 2008
Pittsburgh, Pennsylvania

ACP

April 3–5, 2008 in New Orleans

AGS

April 30–May 4, 2008 in Washington, DC

SGIM 32nd Annual Meeting

May 13–16, 2009
Miami, Florida

ACP

April 23–25, 2009 in Philadelphia

AGS

April 27–May 3, 2009 in Chicago

THIS MONTH IN JGIM

Health Literacy: Advancing the Field Through a JGIM Special Issue

Adam Gordon, MD, MPH

This Month in JGIM is a special issue regarding research on health literacy. Sunil Kripalani, MD, MSc, of the Division of General Medicine at Emory University School of Medicine discusses his article, "Predictors of Medication Self Management Skills in a Low-Literacy Population."

Best medical practices require clear and comprehensible dialogue between patients and health care providers. As the United States becomes more diverse ethnically, culturally, and linguistically, health care providers must become cognizant of problems of low health literacy. In the August issue of JGIM, the problems associated with low health literacy and interventions to address them are examined.

This month in JGIM, Sunil Kripalani, MD, MSc, discusses his article, "Predictors of Medication Self-Management Skill in a Low-Literacy Population." Dr. Kripalani indicates that low health literacy and medication non-adherence are enormous issues in the provision of health care and that each one affects about half of all adult Americans: "My colleagues and I are trying to better understand the factors that may mediate the relationship between literacy and medication use, such as understanding of how to take medications, self-efficacy, and social support."

In his study, Dr. Kripalani and colleagues examined the effects of low literacy, medication regimen complexity, and sociodemographic characteristics on medication management capacity. They evaluated 152 primary care patients' ability to identify, open, and describe the dose and timing of their medications. They then compared these results with standard literacy scores, mini mental examination scores, medical regimen complexity, and sociodemographic characteristics.

They found that about half of their sample had inadequate literacy skills

and that more than a quarter had marginal literacy skills. In addition, subjects with inadequate literacy skills had more than ten times the odds of being unable to identify all of their medications when compared to those with adequate literacy skills.

Dr. Kripalani observes: "This study showed that low-literacy patients have trouble identifying their medications and distinguishing one from the other. As primary care physicians, we should be careful to communicate clearly and confirm patient understanding when we discuss medications with patients,

especially if changes are made to the regimen."

Suprising Findings

Internists often have to address medications and medical compliance issues in day-to-day practice. In his study, Dr. Kripalani made an interesting discovery: "Patients didn't have trouble indicating how much medication to take or what time of day to take it. Low-literacy patients may actually be able to take all of their medications correctly, but without always knowing which ones

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FROM THE FIELD

Misimagining the Unimaginable

Peter Ubel, MD

This month, Forum hears from Peter Ubel, MD, director of the Center for Behavioral and Decision Sciences in Medicine at the Ann Arbor VAMC and University of Michigan. Peter's recent book, You're Stronger Than You Think (download Chapter 1 at www.cbdsdm.org), explores how and why people fail to predict the emotional impact of chronic illness and disability.

Several years ago, I took care of Mr. J at the Philadelphia Veterans Affairs Medical Center, who was suffering from severe ulcerative colitis. Despite being on a host of medicines, he rarely slept through the night without having to race to the bathroom.

Realizing that his medicines weren't up to the task, I spoke with him about undergoing a total colectomy. Horrified at the thought of a colostomy, he said he'd rather stick with the devil he knew.

But was Mr. J correct in predicting that life with a colostomy would be worse than life with ulcerative colitis?

Research has found that people often mispredict the emotional consequences of unfamiliar circumstances. Junior faculty members, for instance, predict that they will be miserable if they fail to receive tenure, but studies find no discernable difference in faculty members' happiness one year after either receiving or being denied tenure.

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SGIM 2006 Annual Meeting ♦ Los Angeles



2006 Society of General Internal Medicine

ANNUAL MEETING AWARD WINNERS

Below is a list of those who received awards at the 29th SGIM Annual Meeting, in Los Angeles, California. 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. For a complete list of award winners, please visit <http://www.sgim.org/am06/2006AwardWinners.pdf>.

Congratulations, and continue your good work!

Nominated Awards

Elnora M. Rhodes SGIM Service Award

Stephan Fihn, MD, MPH, University of Washington Medical School

Robert J. Glaser Award

Wishwa Kapoor, MD, University of Pittsburgh Medical School

Herbert W. Nickens Award

Lisa Cooper, MD, MPH, Johns Hopkins University School of Medicine

Research Awards

John M. Eisenberg National Award for Career Achievement in Research

Harry P. Selker, MD, MSPH, New England Medical Center

Outstanding Junior Investigator of the Year

Kevin Volpp, MD, PhD, University of Pennsylvania School of Medicine

Mid-Career Research Mentorship Award

Christopher Callahan, MD, FACP, Regenstrief Institute

Best Published Research Paper

Richard Kravitz, MD, University of California, Davis School of Medicine

R. L. Kravitz, R. M. Epstein, M. D. Feldman, C. E. Franz, R. Azari, M. S. Wilkes, L. Hinton, and P. Franks
Influence of Patients' Requests for Direct-to-Consumer Advertised Antidepressants: A Randomized Controlled Trial
JAMA, April 27, 2005; 293(16): 1995–2002.

Mary O'Flaherty Horn Scholars Program

ACCEPTING APPLICATIONS

The Mary O'Flaherty Horn Scholars Program in General Internal Medicine will be accepting applications between September 18, 2006, and January 19, 2007.

This program is for clinician-educators to balance their family needs, social responsibilities, and career achievements by working in half of a full-time funded academic position. Applications will be available after September 1, 2006, at <http://www.sgim.org>.

ASK THE EXPERT

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Working locally is a good place to start. Regional activities are generally easier to engage in, whether participating in meeting planning, an academic project, or presenting at another local institution. Regional activities, such as the SGIM regional meeting, often offer great opportunities for junior faculty to promote themselves and their work.

What are some tips you've found helpful?

Use meetings to network and let people know who you are. Prepare in advance. Know who you may want to "curbside" at a meeting. Know about them, and be prepared for a brief conversation with them. What do you want to ask them?

Summarize your interests and recent work succinctly; practice this with colleagues, and receive feedback so you can make the most of brief encounters. Have business cards handy. Be respectful of the time of people who are willing to speak with you despite their busy schedules. For those individuals you want more time with, arrange this in advance. Thank individuals in a brief email after the contact.

Use email and phone calls wisely. Well-written emails receive more attention, especially when concise. Remember, spell check can be your friend. Conference call discussions can be challenging, but they become easier with experience.

Pursue opportunities to let your passion and skills shine. Become more active in SGIM. Sign up for task forces and interest groups. Volunteer to review abstracts and workshops. Work with others to submit a workshop. Do this kind of work in specialty societies in your area, such as the American Geriatrics Society, American College of Physicians, Society of Hospital Medicine, and American Academy on Physician and Patient. Join on-line discussion groups in your field of interest. **SGIM**

To provide comments or feedback about Ask the Expert, please contact Carol Horowitz at carol.horowitz@msnyuhealth.org.

PRESIDENT'S COLUMN

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When my ward team has a slow day, I have some classic patient stories that I present as puzzles. One of my favorite teaching cases is about a 51-year-old postal carrier with Crohn's disease, who presented with atypical chest pain and tachycardia. He had hypercalcemia and had recently developed 5 liters/day of ileostomy output. We entered The Columbo Moment.

In order to make his diagnosis, our key observation was the markedly increased ileal output. This had just occurred during the past few weeks. We combined knowledge (the differential diagnosis of hypercalcemia) with deduction. The list of possible causes of hypercalcemia is finite. We knew his diagnosis existed within that list, and we could deduce the possibilities. Our original differential included occult cancer, hyperparathyroidism, and granulomatous disease. We then reconsidered his history. Our postal carrier had lost weight despite a good appetite. He was not sleeping as much as usual. We added hyperthyroidism to our list—an unusual cause of hypercalcemia but one that fit his history.

His free T4 level was markedly elevated. (This patient presented prior

to highly sensitive TSH testing.) Success! Radioactive iodine ablation resolved the signs and symptoms of his hyperthyroidism over time.

As I consider our profession, I see that we value these skills and attributes. Our curiosity drives us to excel as clinicians and as investigators. We understand that deducing the answer really does matter. As the authors of the BMJ article state:

"If one investigative quality marks

out the mature clinician, it is the ability to spot possible inconsistencies among the clinical, instrumental, and laboratory examinations, considering not only what is present but also what is missing."

A spirit of investigation defines our society and our members. We solve mysteries. **SGIM**

To provide comments or feedback about President's Column, please contact Robert Centor at rcentor@uab.edu.

ACGIM

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The orchestra balked at such an idea until they saw the hall fill up; now they look forward to these performances. She was patient, repeatedly brought up the idea, and moved it forward.

This change brought to mind my own effort to start evening clinics and how we brought about that change. I needed to respect their craft a little more and allow them to come to the conclusion more as a group rather than push it through.

Within that afternoon, my initial skepticism had passed, and I began to

see more similarities than differences between medicine and music. Next time perhaps I will even learn to appreciate classical music, but for now I will continue to listen to Ben Folds.

I'd like to acknowledge our program chairs, Michelle Schreiber and T. Shawn Caudill, for organizing this special event. **SGIM**

To provide comments or feedback about ACGIM, please contact Anna Maio at amaio@yahoo.com.

THIS MONTH IN JGIM*continued from page 6*

they are taking or perhaps what each medication is for.” He indicates that other studies in *JGIM*’s special issue show that there is not a clear relationship between literacy and medication adherence.

Dr. Kripalani speculates that medication non-adherence may be related to other factors, such as the availability of social support, medication aids like pill boxes, patients’ comfort level with a particular medication regimen, and whether changes have been made to the regimen recently.

Future Directions

As with many clinical investigations, Dr. Kripalani notes that his study raises more questions than answers. His research team is conducting randomized trials to test different and combination

interventions such as specialized medication counseling, patient education tools, and reminder systems that may improve medication use for all patients, including those with limited literacy skills. The *JGIM* special issue on health literacy is just one step to improve physician practices and advance the important research that is being conducted regarding health literacy.

As Dr. Kripalani relates, “Health literacy is a relative newcomer to research on safe and effective medication use. However, medication use is a cross-cutting issue in health care. We should collaborate across disciplines to

Low-literacy patients may actually be able to take all of their medications correctly, but without always knowing which ones they are taking or perhaps what each medication is for.

gain a better understanding of the factors that impact medication use and develop new practical approaches to promote proper medication use that can be disseminated on a large scale.” **SGIM**

To provide comments or feedback about This Month in JGIM, please contact Adam Gordon at adam.gordon@med.va.gov.

FROM THE FIELD*continued from page 6*

Similarly, lottery winners soon return to their normal level of happiness.

People also mispredict the emotional consequences of chronic illness and disability, imagining that paraplegia or emphysema or kidney failure would make them miserable when, instead, most people with these conditions report being quite happy.

These mispredictions affect our patients, since good health decisions often depend upon accurate predictions. Inaccurate personal predictions lead to bad decisions. People choose to go to mindless action movies, when more intelligent films will bring greater edification and longer lasting pleasure. Students tape humorous posters up in their college dorm rooms, even though research has shown that they’d be happier with more tasteful décor.

My patient with ulcerative colitis faced a much more serious decision. But in making that decision, Mr. J was just as dependent on accurate predictions as filmgoers and college students decorating their dorms. In deciding whether to

have his diseased colon removed, he needed to imagine what life with a colostomy would be like.

Recently, our research team found that patients with colostomies report experiencing positive moods for the majority of their waking hours. By contrast, when healthy people imagine life with a colostomy, they envision experiencing predominantly bad moods, just like my patient.

At the time I cared for Mr. J, our team’s quality of life work was still underway. So, I asked Mr. J to collect his own data and speak to patients with colostomies about their lives. To a person, they said that having a colostomy wasn’t as bad as they thought and was far better than living with ulcerative colitis symptoms.

Despite what they said, Mr. J was skeptical. “They told me they were happy,” he said, “but I simply can’t believe it.”

As general internists, we strive to help our patients make informed health care decisions.

As general internists, we strive to help our patients make informed health care decisions. I thought that information alone would help Mr. J realize that surgery might improve his quality of life. I was wrong. In the time I cared for him, Mr. J never opted for a colostomy, choosing instead to suffer regular severe abdominal pain and nights of interrupted sleep. To be honest, I was absolutely sure he would choose to have surgery once he could make an informed decision.

It seems that I, too, am susceptible to mispredictions. **SGIM**

To provide comments or feedback about From the Field, please contact Peter Ubel at Paubel@med.umich.edu.

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.sгим.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.

ASSISTANT/ASSOCIATE PROFESSOR. Division of Outcomes and Effectiveness Research, Department of Public Health, Weill Cornell Medical College - New York Presbyterian Healthcare System (WCMC/NY-P). WCMC/NY-P is seeking a tenure track faculty member at the Assistant/Associate Professor level. We are especially interested in recruiting faculty with a strong interest in areas of quality of care research and in evaluating information technology as method of improving quality of care. The selected faculty member will receive an appointment in the Department of Public Health and a secondary appointment in the faculty member's clinical discipline. The faculty member will also be appointed Assistant or Associate Attending Physician. This position will report to the Chief of the Division of Medical Outcomes and Effectiveness Research. Responsibilities include: 1) Develop research studies in the areas of quality of care, outcomes research, cost-effectiveness research, and related disciplines. Develop new grant opportunities in collaboration with other department faculty. 2) Participate in education programs, including teaching and mentoring medical students, residents, and fellows within the College and the Hospital. 3) 20% of candidate time will be devoted to clinical activities in their area of expertise. Requirements: MD degree. Board certified in his or her specialty field. Candidate will be fellowship trained in an appropriate field, such as medical outcomes research, health services research, clinical epidemiology, or related fields. Interested candidates should send CV, along with three letters of reference to: Mark Callahan, MD, Chief, Division of Outcomes and Effectiveness Research, Weill Medical College of Cornell University, 411 East 69th Street, New York, NY 10021

HEALTH SERVICES RESEARCH. The USC Department of Medicine and Division of Geriatric and General Internal Medicine are seeking an established physician-scientist in the broad field of health services research. The successful candidate will have board certification, experience in leadership in an academic setting, a record of extramural funding in health services research, and scholarly accomplishments that would qualify for the rank of Associate Professor/Professor (tenure track). The successful candidate will have great interest in mentoring junior faculty and building a center for health services research. The USC Health Sciences Campus in-

cludes the LAC+USC Medical Center (a very large public hospital) and the USC University Hospital. Review of applications will begin immediately and continue until the position is filled. Please submit a letter of interest and curriculum vitae to Jennifer Severa by email to severa@usc.edu or by FAX to 323-226-2718.

ACADEMIC GENERAL INTERNIST. The Washington Hospital Center, the largest private teaching hospital in Washington D.C., is seeking a full-time general internist to join its expanding Section of General Internal Medicine. Responsibilities include medical student and resident teaching in the inpatient and ambulatory settings, curriculum development, and inpatient and outpatient clinical practice. Opportunities for research exist. The ideal candidate would have experience in medical education, be fellowship trained, and/or have experience in primary care research. Candidates should be board-certified in internal medicine. Interested applicants should send their CV to: Carmella Cole, M.D., Director Section of General Internal Medicine, 110 Irving St., N.W. Room 1A-50, Washington, D.C. 20010

CLINICIAN-EDUCATOR. Good Samaritan Hospital is seeking a dedicated clinician-educator physician to provide medical care (50%) and teaching (50%) in our community-based residency program. Clinical responsibilities include the development of a practice within the faculty practice group, and precepting residents in the inpatient and outpatient settings. Teaching responsibilities include developing curricula, participating in conferences, and developing personal and resident scholarly activities. The program is affiliated with Johns Hopkins University School of Medicine, and is part of the MedStar consortium of teaching hospitals. Candidates should be board certified in Internal Medicine, and fellowship training (especially in GIM) is desirable. Send, fax or email CV and two letters of reference to Cordelia Grimm, M.D.

CHAIR, DEPARTMENT OF MEDICINE. Good Samaritan Hospital in Baltimore, Maryland (goodsam-md.org), a 360-bed facility and a member of MedStar Health, is seeking a Chair of Medicine. Both a specialty facility and comprehensive community hospital, Good Samaritan has centers of excellence in orthopedics, rheumatology, nephrology, and physical medicine & rehabilitation programs. Good Samaritan has a reputation in the community for providing high-quality, service-oriented care and had 17,383 admissions last fiscal year. The Chair provides clinical and administrative oversight over the Department of Medicine, internal medicine residency program, hospitalist program, faculty practice, and subspecialty medicine. The Internal Medicine Residency Program is affiliated with Johns Hopkins Hospital and an academic appointment may be available for a qualified candidate. The successful candidate for Chair of Medicine will be a dynamic, proven physician leader with strong administrative skills and have demonstrated excellence in clinical care, teaching, and quality improvement. Salary will be commensurate with level of experience. Those interested should submit a cover letter and CV to Martin L. Binstock, M.D., Vice President, Medical Affairs, Good Samaritan Hospital, 5601 Loch Raven Bou-

levard, Baltimore, MD 21239; e-mail: martin.binstock@medstar.net.

CHIEF OF GENERAL INTERNAL MEDICINE/ VICE CHAIR OF MEDICINE. Lehigh Valley Hospital, a premier academic community hospital with 800 beds, is seeking a Chief for the Division of General Internal Medicine. The Division Chief also serves as the Vice-Chair for Clinical Services. Leadership experience required. Outstanding opportunity to blend educational, research, administrative, and clinical interests at a nationally-recognized, fiscally sound, award winning hospital with great resources in a desirable, suburban location in southeastern Pennsylvania. Lehigh Valley Hospital has been recognized for ten consecutive years by U.S. News and World Report Guide to America's Best Hospitals. We are offering excellent salary and academic appointment at our affiliate, Pennsylvania State University College of Medicine. The Lehigh Valley has a population over 700,000, an abundance of recreational and cultural offerings, great schools and a moderate cost of living, just 1 hour from Philadelphia and 1.5 hours from NYC. Email CV to John Fitzgibbons, MD, Chair of Medicine, c/o Tammy.Jamison@LVH.com, phone: (610) 969-0207, fax: (610) 969-0214.

INTERNAL MEDICINE. Massachusetts General Hospital is seeking BC/BE Internists for its Primary Care network. Qualified candidates eligible for formal academic appointment through Harvard Medical School and MGH staff appointment. Comprehensive compensation package, including teaching and CME time. Not a J-1 visa opportunity. Email or fax CV to kpeckham@partners.org; (617) 726-3838.

GENERAL INTERNAL MEDICINE OPPORTUNITIES. Geisinger is seeking general internists dedicated to education and scholarship to join our 25 member, collegial Department of General Internal Medicine. Geisinger General Internal Medicine is the largest Department within Medicine, and performs the bulk of teaching for the Internal Medicine Residency program. The Department has a General Internal Medicine Fellowship and is expanding health outcomes research capabilities, and possesses growing sections of Hospital Medicine and Geriatrics.

MEDICAL DIRECTOR, General Internal Medicine, Ambulatory Practice, Danville, Central Pennsylvania. Our department's large outpatient practice (35,000 visits per year) is also the site of the Internal Medicine Residency's continuity clinic. This is an innovative practice that includes open access models and a fully integrated EMR. A Director is sought to coordinate performance improvement activities and education. The successful candidate will be a generalist leader with a proven track record of excellence in and commitment to practice operations and educational innovation. Knowledge and skill in medical informatics and performance improvement is a must. This position reports directly to Chief, General Internal Medicine.

CLINICIAN-EDUCATOR, Consultative Medicine, Danville, Central Pennsylvania. Geisinger

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SGIM FORUM

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

CLASSIFIED ADS

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seeks a clinician-educator skilled in perioperative consultative medicine to lead an expanding program in preoperative evaluation. Responsibilities include teaching and curriculum development for the Internal Medicine Inpatient Consultative rotation. This position also offers the opportunity to perform research.

CLINICAN-EDUCATOR, General Internal Medicine, Ambulatory Practice, Danville, Central Pennsylvania. We are seeking generalist physicians dedicated to the practice of evidence-based medicine and teaching. This opportunity combines outpatient practice and resident precepting in an inno-

vative practice environment with a fully integrated EMR. Opportunities for outcomes research and curriculum development. Geisinger offers physicians: Paid medical malpractice coverage with tail coverage; An excellent benefits package that includes 4 weeks vacation and 3 weeks CME with stipend annually; The benefits of Pennsylvania living—good schools and affordable homes in nice neighborhoods—just an afternoon's drive from the Poconos, New York City, Philadelphia and Washington, DC. Last year, more than 100 physicians joined Geisinger Health System. And it's no wonder. While many healthcare organizations are struggling,

Geisinger is experiencing unprecedented growth. At Geisinger, you'll experience the support, camaraderie and professional challenges of a leading practice while discovering the charms of Pennsylvania living. To discuss this opportunity, contact: Valerie Weber, MD, Chief, General Internal Medicine, c/o Kathy Kardisco, Recruiter
Geisinger Department of Professional Staffing; 100 North Academy Avenue, Danville, PA 17822-2428. Phone: 1-800-845-7112 • Fax: 1-800-622-2515 • e-mail: kkardisco@geisinger.edu. Geisinger is a drug-screening employer; EOE/M/F/D/V. www.geisinger.org/docjobs

MEDICAL COLLEGE OF WISCONSIN General Internal Medicine Urgent Care Faculty

The Medical College of Wisconsin seeks clinician-educator faculty to teach residents and students and to provide urgent care services for patients in our continuity practice at the MCW-affiliated teaching hospital and at the Veterans Administration Medical Center in Milwaukee.

Faculty enjoy a well established, successful career development program and a competitive compensation plan with excellent benefits. Milwaukee is located on the shoreline of Lake Michigan, about 90 miles north of

Chicago, and offers excellent schools and cultural opportunities. Send CV and letter describing interests to:

Ann B. Nattinger, MD, MPH
Chief, Division of General
Internal Medicine
Code: MGIMU8F
Medical College of Wisconsin
9200 W. Wisconsin Ave.
Suite 4200
Milwaukee, WI 53226
Ph: 414-456-6860
Email: anatting@mcw.edu
www.mcw.edu/hr
EOE M/F/D/V



MEDICAL COLLEGE OF WISCONSIN Academic Hospitalists

The Medical College of Wisconsin seeks General Internal Medicine hospitalist faculty members. Both clinician-educator and clinician-investigator pathways are available. Hospitalist faculty provide inpatient care, supervise medical students and house staff and during non-inpatient months perform medical outcomes or health services research, quality improvement activities, and/or other clinical activities. Clinician-investigator candidates should have research training. All faculty benefit from a well established, successful career development program and a competitive compensation plan with excellent benefits. Milwaukee is located on the shoreline of Lake Michigan, about 90 miles north of Chicago, and offers excellent schools and cultural opportunities. Send CV and letter describing interests to:

Ann B. Nattinger, MD, MPH
Chief, Division of General
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