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FUNDING CORNER

Success in Starting a Research Career

Wishwa N. Kapoor, MD, MPH

The Funding Corner articles by Ann Nattinger (October 2005), John Ruffin (February 2006), Mary McDermott (August 2006), and this one by Wishwa Kapoor are part of a series of essays on various aspects of NIH funding designed to reduce its mystery and mystique. A similar series on the NIH grant application process will be authored by senior SGIM members early in 2007.

One of the greatest sources of satisfaction in my career has been the opportunity to nurture and watch junior investigators grow into successful independent researchers. There are many factors that contribute to the development of successful investigators. Of course, it is important to have innate talent and, even more important, to have passion for what you are doing. Effective mentoring is essential, but you also have to have the resources and protected time to develop your research career. I have found that one of the most useful mechanisms for ensuring protected time is to acquire an NIH K (career development) award. K awards are designed explicitly for career development. There are K awards for patient-oriented research, K awards for quantitative research, K awards targeted toward physicians, K awards for PhDs, institutional Ks, and many others. I direct you to NIH's K Kiosk <http://grants1.nih.gov/training/careerdevelopmentawards.htm> to see a comprehensive list of all of the different K mechanisms and their targeted recipients. AHRQ also has a K-08 mechanism.

K awards have evolved over the years and have improved. Many years ago, I was

the lucky recipient of a K award. It was a K04 award designed for physicians who wanted to become researchers. This particular mechanism doesn't exist any more. Its requirements were also different from today's K awards. For example, you had to have your own independent research grant that was peer reviewed. I was fortunate enough to have an NIH R01—not an easy task for junior investigators today. It also had no requirements for training of any sort; you simply had to indicate how the award would help you develop your career, and you had to commit to 80% protected time for research and career development. It provided no funds for research—only salary support—and it provided \$50,000 in salary support. Still, this K award was invaluable in allowing me time to pursue my research interests and acquire the advanced training that I needed.

Today's K awards are vastly improved. They provide 75% salary support generally for five years, require concrete career development activities, and provide limited funds for research—all very valuable commodities for junior investigators. Most importantly, you don't need an R01

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ASK THE EXPERT

A Career as a Consultant

Anthony Suchman, MD, MA, with Carol Horowitz MD, MPH

Anthony Suchman, MD, MA, has had a career-long interest in health care relationships. His work evolved from teaching and research to administration as he recognized the profound effect that organizational behavior has on patient care (clinicians are far more likely to treat patients as people and partners if they're treated similarly). Seven years ago he left academia to start a consulting practice focused on organizational change in health care.

Why did you become a consultant?

I can focus on the work I find most interesting and meaningful. It's pure action research and puts my core beliefs to the ultimate real-world test. I can apply and disseminate what I learn on a wider scale working with multiple organizations simultaneously. And I couldn't have lived with myself if I had chickened out and didn't give it a try.

What were the challenges of starting a consulting career?

It was terrifying (and exhilarating). It took two years to develop steady work and income, and I still endure fluctuations as projects end and the economic environment changes. I wasn't risking destitution—I could always fall back on clinical practice—so much as identity destruction. What if I failed and all this

was a misguided venture? I worried about what you, my colleagues, would think: "Such a good career and he threw it all away!"

There were many new things to learn, each one offering an opportunity to feel incompetent: registering a business name, writing proposals, establishing fees, negotiating contracts, and developing a marketing style consistent with my values.

I also needed to let go of control and "trust the process," to be okay with "not knowing," to keep believing in what I was doing, and to stay in conversation with people, waiting for opportunities to emerge.

What helped you along the way? My wife, Lynne, was very supportive and my young adult children were fascinated to see me trying to figure out my identity just as they were. My dear friend and colleague Penny Williamson (who had made a similar leap a few years before) offered hope, commiseration, and partnership. My academic network (from years of SGIM meetings) offered me encouragement and validation and was the source of many work opportunities.

So how is it now?

It's incredibly satisfying to make a difference: to see measurable change in organizations, feel hope return, and hear stories about work becoming more meaningful. I enjoy the diverse people I work with. Each project is unique and keeps me learning and growing. I like

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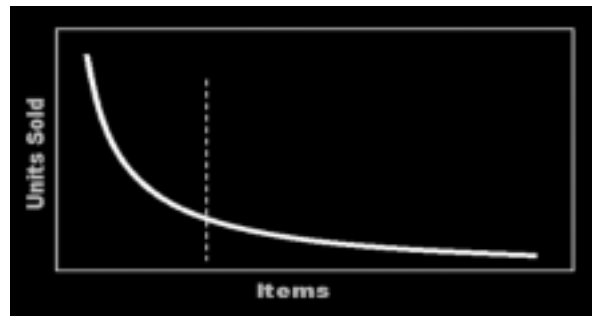
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Long Tails, Short Heads and What Makes a Great Internist

Robert Centor, MD

This obtuse title comes from the book titled *The Long Tail* by Chris Anderson (editor-in-chief of *Wired Magazine*). The concepts in this book come from the graph of sales. We have the “short head,” which includes the big sellers. These “hits” account for around 80% of all sales. The “tail” is comprised of everything else. This concept is known as the Pareto Principle. The book talks about how the Internet has made the long tail a profitable business model. Amazon and iTunes, for example, make significant profit from long-tail sales.

So what does this have to do with internal medicine? When I think about what I do in medicine, I recognize that our profession deals with short-head and long-tail diagnoses. We can all name the conditions that we see repeatedly



either in the outpatient or inpatient setting—diabetes mellitus, hypertension, heart failure, obesity, depression, etc. These short-head conditions are the focus of performance measures and quality improvement. As internists we must do an excellent job of addressing these conditions.

But the short head probably only represents 80% of our profession. Certainly, some short-head issues distinguish the great internist, but I would suggest that great internists understand when the patient has a long-tail problem.



In case I am being too obtuse and using too much jargon, let me give examples of long tail conditions. These are diagnoses that I have made over the years. As a disclaimer, I only include my clever successes (and am likely clueless about the diagnoses that I missed). All of these patients presented to me either in the outpatient or inpatient setting.

A 60-year-old woman presented complaining that her stools had changed. She was no more specific than that. After several months I found (in a very indirect way) that she had Zollinger-Ellison syndrome.

A 50-year-old man presented to the hospital with low-grade fever and malaise. We diagnosed hairy cell leukemia and cryptococcal sepsis.

A 64-year-old man came to see me for fatigue and hand, shoulder, and hip pain. He had been sick for three months and had seen several other physicians. He had the overlap syndrome of seronegative rheumatoid arthritis and polymyalgia rheumatica.

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THIS MONTH IN JGIM

Inequity Among Us: Salaries of Internists Differ Based on Race and Gender

Adam Gordon, MD, MPH

This Month in JGIM, William B. Weeks of the VA Outcomes Group Research Enhancement Award Program and Dartmouth's Center for the Evaluative Clinical Sciences reports on, "Race and Gender Differences in General Internists' Annual Incomes."

Well established disparities exist in health and the provision of health care. While effort has been made to promote equity among patients and reduce disparities in health care, new research indicates that disparities based on race and gender exist within the ranks of internal medicine. This month in JGIM, William B. Weeks, MD, MBA, reports on, "Race and Gender Differences in General Internists' Annual Incomes." In this study, Dr. Weeks and co-author Amy E. Wallace, MD, MPH, sought to determine the influence of race and gender on general internists' annual incomes after considering the impact of work effort and provider and practice characteristics. They used data from an American Medical Association telephone-administered annual survey of a random sample of physicians conducted from 1992 to 2002. Overall, they evaluated data from 1,746 physician surveys.

Independent factors in the analyses included physician work effort (number of patient visits), provider characteristics (number of years practicing, ownership of practice, board certification), and practice characteristics (practice location, population near the practice, proportion of Medicaid patients).

After adjusting for inflation and these independent variables, they found that compared to white male internists (mean income = \$196,024), black male, white female, and black female internists had approximately 4%, 19%, and 29% lower salaries.

Dr. Weeks relates, "Our study suggests that after correcting for work effort, length of time in practice,

physician characteristics, practice location, and some patient characteristics, female internists have substantially lower annual incomes than their male counterparts."

Furthermore, he points out, "among men, black race was not statistically associated with lower incomes, but the income disparity was dramatic when comparing males to females. This suggests that income equity across races is less of a problem than income equity across gender for internists."

Suprising Findings

Dr. Weeks' study generated three unexpected findings: "We were surprised that race did not have a greater effect on income than gender. We were further surprised that the proportion of Medicaid patients represented in black internists' practices was so much higher than that in white internists' practices. Finally, we were surprised by the difference in board certification rates of black and white internists."

Future Directions

Overall, Dr. Weeks' study is a first step in examining gender and racial inequality in salaries among physicians. In the future, Dr. Weeks and colleagues will be exploring salary relationships among physicians of other specialties: "We have begun to do so and have found similar results—a more dramatic gender effect than a race effect—in every specialty we've examined."

However, Dr. Weeks' results confirm that gender and to a lesser extent racial inequality do occur among salaries for internists. He explains, "It really appears that female internists may not be getting a fair shake in the

workplace. While our analysis could not incorporate other factors likely to have an influence on incomes, female internists experience the same costs of tuition; the same time obtaining education; and need to have the same stamina, brainpower, and determination as their male counterparts. It may be that a glass ceiling of sorts is in place in medicine."

While health and health care disparities are confronted among patient populations, Dr. Weeks points out, "If our findings are validated, the field should dedicate resources to ensuring gender and race-based equity to opportunity *within* medicine." **SGIM**

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

SGIM Artistic Expressions

Do you write haikus, limericks, or other types of verse while sitting through hopelessly long committee meetings? Are you as adept with the camera as you are with clinical decision making? Have you retained your high school passion for doodling on just about anything? *SGIM Forum* is looking for artistic expressions to feature periodically in the newsletter. Specifically, we are looking for poems, line drawings, and photographs that reproduce well in a black-and-white format. To apply, please send your submission with a brief explanation of what inspired your expression. Please send all submissions electronically to Christina Kuenneth, managing editor, at cakuenneth@ucdavis.edu. *Forum's* Artistic Expressions will debut in 2007.

Political Advocacy: Local Efforts Can Have a National Impact

Christine A. Sinsky, MD

Christine Sinsky, MD, is a member of the Health Policy and Clinical Practice committees and was a member of SGIM's Blue Ribbon Panel. She is a general internist in private practice in Dubuque, Iowa.

Have you ever considered getting involved in political advocacy and then dismissed the idea, thinking it would take too much time or perhaps more political experience than you had? If so, you might be surprised by how little time or political expertise is required and how interesting the work can be.

My own decision to become involved is based on a bedrock belief in the value of general internal medicine and the lucky fact that one of my US senators is in a powerful position relative to health care policy.

My first experience with political advocacy through SGIM began with Capitol Hill Day, 2005. This is one day per year when SGIM leaders, members of the Health Policy Committee, and other members, usually from the Northeast for ease of travel, converge on Capitol Hill to meet with congressional staff to express SGIM's positions on the current legislative agenda. CRD Associates, SGIM's government affairs representative, provides background information and sets up the appointments. I was fortunate to be paired with fellow SGIM member Mark Liebow, who is experienced in matters of Congress and lobbying.

Senator Grassley (R-Iowa) is Chair of the Senate Finance Committee and as such has considerable influence over Medicare policy. He has been an early proponent of pay-for-performance (P4P) and is thus a key contact for SGIM to reach. I felt it was useful to share a frontline perspective on the complexities of P4P if implemented at the individual physician level, using illustrations from my practice. I also shared some of the limitations of the

Resource-Based Relative Value Scale (RBRVS) system for primary care physicians. Senator Grassley noted that he heard often from surgeons about RBRVS but not from primary care physicians.

I've met with Senator Grassley and his staff several times since Capitol Hill Day, both in Washington and during the senator's trips to Iowa. Over the past year, I've learned a few lessons about advocacy that others might find useful. First, advocacy is easy. For the most part it involves picking up the phone. It is less work than composing a letter. Identify yourself as a constituent and ask to speak with the legislative aide for health care. In my experience, that staffer will call back within a few days and be free to talk for 30 to 60 minutes. I suggest obtaining his/her email address and arranging to communicate again as issues arise. Some specific advice:

Keep the message simple. The message I have stressed is:

1. Quality is higher and costs are lower with strong primary care.
2. The number of physicians choosing primary care is rapidly diminishing.
3. The declining workforce in primary care is mainly due to disparities in physician reimbursement—thus, the need for payment reform.

Keep it local. I've emphasized to Senator Grassley that the number of Iowa graduates choosing primary care has dropped by 50% in the past decade. This resonated with him, as he had worked hard in earlier years to increase the number of primary care residency slots in Iowa.

Make it personal. A specific illustra-

tion from your practice that demonstrates your point can be powerful and will stay in the minds of the legislator and his/her staff.

Do your homework. The SGIM website has background information that can be read quickly so that you will be up to speed about legislative initiatives pertinent to your topic.

Multi-task. If you are going to be in Washington for another purpose, consider arranging a visit with your congressional staff. I met with Senator Grassley, for example, while I was in DC for an NCQA meeting, thus saving on travel costs. Lyle Dennis and Erika Miller of CRD briefed me on the latest legislative issues pertinent to P4P before the meeting.

Follow-up. When something new comes up, send a brief note to the staffer. I sent a copy of the American College of Physicians' *The Impending Collapse of Primary Care*, with a brief summary, to my contacts in each congressional office. You can be the staffers' ally, a source of front-line information, and the personification of the abstract issues on which they are working.

Why get involved in political advocacy? It is remarkably easy. It's also fun, rewarding, and a pleasant change of pace from routine clinical activities. You may find, as I did, that developing contacts with your local representatives can have a significant impact on the national debate over the direction of our health care system. **SGIM**

From the Regions is edited by Keith vom Eigen. Please send any comments, suggestions, or ideas for columns to Keith at vomeigen@adp.uchc.edu.

INNOVATIONS IN CLINICAL CARE

Guided Self-Care for UTIs: An Interview with Eva Aagaard

Rachel Murkofsky, MD, MPH

In this 2005 Annual Meeting retrospective, Eva Aagaard, MD, Associate Professor of Medicine and Associate Chairman of Education for the Department of Medicine at the University of Colorado in Denver, Colorado, discusses, "An Interactive Computer Kiosk Module for the Treatment of Recurrent Uncomplicated Cystitis." Her talk on this topic was presented during the Innovations in Practice Management session in New Orleans.

What was your innovation?

When I was at UCSF, I worked with Ralph Gonzales to create a computer kiosk module that allows women with uncomplicated urinary tract infections (UTIs) to receive treatment for this medical problem without seeing a physician or provider. Based on telephone algorithms that were already published in the medical literature, we developed the questions for the module. We had a computer programmer use a program called Authorware to create the module based on our specifications.

What was the problem your innovation addressed?

A huge number of women don't have a primary care physician (PCP) or may not have access to a PCP for an urgent health issue, such as a urinary tract infection. In those situations, they seek care in an urgent care center or emergency room for this straightforward problem. The wait time to be seen in our urgent care center or emergency room can be as long as 1.5 to 3 hours.

Our UTI kiosk allows a woman to come in and get triaged to the computer kiosk, where she is asked a series of questions that identifies with high probability whether she has an uncomplicated urinary tract infection. If she does have a simple UTI, the kiosk gives the patient a printout with her responses to the questions, a list of her medications and allergies, and a list of antibiotic choices. A provider then reviews the responses without seeing the patient, chooses an appropriate antibiotic, signs the script, and the paper is returned to the patient.

What makes it innovative?

The benefit of our program is rapid access to care for something women already know they have. It's also a nice way to educate patients, whether or not point-of-care treatment is received, in an interactive way.

What barriers to implementation did you experience, and how did you overcome them?

The biggest barrier was getting staff to adequately identify and triage patients. It took a fair amount of time to get providers to understand the process, to

train them, and to get their buy-in that this was a good thing. Once patients started going through the process and were happy, it was easy. Now, the staff gets frustrated if there is any computer problem that comes up that prevents women from using the kiosk. With temps and different front office staff, it took two months to get everyone on board.

Where do things stand now with your project?

The project was initially implemented in December 2004. The project is now *continued on page 9*

POLICY CORNER

Health Policy: Not on the Congressional A-List

Mark Liebow, MD, MPH

The mechanics of putting out a newsletter mean that *Forum* articles are not breaking news. Sometimes, however, we can predict the future. In a year when many House and Senate members fear for their seats, campaigning (and political posturing) will have priority over legislating this fall. This is not good news for health policy issues.

Many programs in research and education of interest to SGIM members, including Title VII programs, AHRQ, NIH, and VA clinical care and biomedical research, rely on annual appropriations. Congress was unusually far behind in the appropriation process when it left for its August recess. By the time you

read this, we will be a month into the new Federal fiscal year and these problems will almost certainly be funded by a continuing resolution at or near the same level as this year. It's not clear whether there will be a year-long continuing resolution or whether appropriations bills will be passed in a lame-duck session. The results of the mid-term elections may determine which path the outgoing Congress takes.

The annual battle to see if organized medicine can prevent this year's cut (projected at 5.1%) in Medicare payments called for by the Sustainable

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FUNDING CORNER

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to get one; in fact, you *can't* have an R01. These awards are designed to provide junior faculty the opportunity to initiate research careers. In 2005, NIH awarded just over a thousand K awards among the almost 3,000 reviewed; currently, there are

about 4,500 active K awardees.

In the Division of General Internal Medicine at Pitt, our model for getting junior faculty started in research is largely through success in securing a K award within the first three years of their fac-

ulty careers. Over the last several years, we have had 23 faculty funded on K or career development awards out of 23 submissions, many on their first applications. The table below shows elements of a successful K award:

The Applicant

- Demonstrate long-term interest in research (such as research in college, med school, residency, fellowship)
- Tell the story of who you are and why you are seeking a career in research (you want the reviewer to see you as a person)
- Provide a long-term vision of your research career (be bold)
- Describe your prior training in research including degrees (MPH, MS) and what you still need to learn to reach your career goals
- Cite yourself—your publications, presentations

Training (required component of K awards)

- Fit a training plan within your research and be clear that it strengthens your prior training and experiences
- Identify all relevant degree programs, courses, independent study, intensive seminars with experts, and courses at national meetings
- Show how the training you need

contributes directly to the research you are proposing and your career development

Mentors

- Choose a senior primary mentor and one to two other mentors who contribute their expertise (one can be junior); each must be NIH funded with his/her own record of publications
- Show that there is a match with your mentors' interests, expertise, and content
- Choose mentors from multiple different disciplines to improve your chances

Environment

- Show that you are or will be part of a major research organization such as a Center, Institute, or Program that will help support you and your research
- Show that there is significant research being conducted in your Division
- Describe the research infrastructure available to you (e.g., design, biostatistics, data management, etc.)

Research

- Show innovations that can be accomplished with limited budgets (scope of the planned studies is small)
- Present preliminary studies to build upon
- Describe the details of the proposed studies and how they will contribute to your future goals, independence, and R01s
- Recognize and report the limitations of your work so the reviewers don't have to report them to you

Support Letters

- Submit mentors' letters that are strongly supportive and show prior working relationship, specifics of meetings (such as meeting every Tuesday), and scholarship in progress (e.g., manuscripts, abstracts, etc.)
- Ensure that Division Chief's and Chair's letters are specific about their support, unwaveringly committing % effort on research and providing infrastructure and resources

In the planning process, I recommend that faculty contact the relevant NIH institute and discuss their ideas with program contact individuals. These individuals are very helpful, and they provide you with information specific to that institute and your area of study. It is often useful to direct specific questions to them when they arise during the preparation of the application. They will often offer to review your proposal prior to formal submission. Take them up on this offer, as they will help you focus it appropriately for their institute.

I develop a timetable for application

with my faculty as they start (usually in July). For faculty starting in July, we generally gear the deadline for a February 1 submission. We go backwards and work toward a schedule for developing the specific aims and methods, identifying mentors, and developing the rest of the application. I feel that a timetable with clear deadlines and assistance from the leadership are important elements in putting together a successful K application.

Finally, let your mentors and other more senior faculty review your proposal and ask them for critiques. We have a formal process in which all proposals are re-

viewed by at least two more senior faculty who are not part of the proposal process or the grant itself. I have found that these senior reviewers are remarkably generous with their time, and they will provide you with extensive reviews that will improve your proposal. And when a very successful senior investigator makes a recommendation, listen! They have been doing this for a while, and they have been doing it well. **SGIM**

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

ASK THE EXPERT

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I wasn't risking destitution—I could always fall back on clinical practice—so much as identity destruction. What if I failed and all this was a misguided venture?

working for myself. But I work very hard (interns' hours, sometimes). I have to generate all my own motivation and momentum. The travel is wearying, and the time away from home is difficult. For all its good and bad points, though, consulting feels like what I was meant to do—the culmination of everything that has come before. I'm grateful to have found my way to this work.

How would someone know if they are ready to become a consultant?

Ask yourself: Are you passionate about a particular aspect of your work? Do you have something to offer that clients need and may be willing to pay for? Are you willing to step off a clearly demarcated

career path? Can you thrive amidst uncertainty? Are you self-disciplined and entrepreneurial? Are you willing to learn business skills? Can you tolerate a couple lean financial years? Will your family accept the lifestyle changes of consulting work (frequent travel, financial unpredictability)? If you answer "yes" to these questions, maybe you're ready.

What advice would you offer to someone who is just getting started?

Before you leave your salaried job, set up some consulting projects on the side to test the market and to test yourself! Prepare a brief, compelling statement of what you offer and test it with other people. Design a strategy for seeking work opportunities in a way that fits your values. (Hint: Like clinical work, it begins with careful listening and demonstrating your understanding of the other person's situation; never start by "pushing your product.") Ask friends and colleagues for help and advice; explore work opportunities with them. Finally, hire a coach to help you successfully transition into this role. **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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A 50-year-old woman with a 15-year history of diabetes mellitus was referred by a colleague for left upper quadrant abdominal pain. She had undergone every known diagnostic test for abdominal pain prior to asking for my second opinion. On physical exam, I noted that her pain was really dermatomal and not abdominal. We proved with nerve conduction studies that her pain was caused by diabetic neuropathy.

A 58-year-old man was admitted to our service for chest pain. During our discussion, he complained primarily of right upper quadrant pain that had started six weeks earlier. He only had had one episode of vague chest pain the previous night. On physical examination, he had a positive Murphy's sign. Expecting gallstones, we did a right upper quadrant ultrasound (after the previously scheduled stress test). The ultrasound showed a mass, which was determined to be an abscess on CT scan. The next day he developed a fever

Certainly, some short-head issues distinguish the great internist, but I would suggest that great internists understand when the patient has a long-tail problem.

and eventually had his *Staphylococcus aureus* abscess drained.

I could fill many paragraphs with long-tail diagnoses. I suspect that everyone reading this column could quickly recall patients who fit this grouping.

I submit that great internists excel in two long-tail tasks. First, we must recognize that we are in a long-tail situation. We can never make a diagnosis unless we consider it. Second, we either make the diagnosis or know who

can help us make the right diagnosis.

The current fad of performance measurement does not and probably cannot measure how we function in the long tail. One must ask if focusing on the short head could distract from the long tail. I must confess that my greatest intellectual thrills come

predominantly in the long tail. I probably became an internist because of the long tail. We must champion the value of internists to address both varieties of medical problem. **SGIM**

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

INNOVATIONS IN CLINICAL CARE

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fully implemented, and patients have access to the kiosk as long as the clinic is open. Patients are highly satisfied with the kiosk, with 98% of women stating that they would recommend the program to friends or family with similar complaints and frequent unsolicited comments, like “This kiosk rocks!” As of March 2006, we had 180 women who had gone through the kiosk. Thirty five percent were treated by the kiosk; the other 65% were kicked out because they did not meet criteria for an uncomplicated UTI or they had another condition that put them at risk for having a complicated UTI. The number of women who go through the module each month varies—it depends on the frequency of UTIs in the population and sometimes on the retraining of front-desk staff during times of turnover in the clinic.

Have you considered expanding your project to include other conditions? We recently completed a study investigating the use of the kiosk for the

Patients are highly satisfied with the kiosk, with 98% of women stating that they would recommend the program to friends or family with similar complaints and frequent unsolicited comments, like “This kiosk rocks!”

evaluation of acute pharyngitis and are planning a study to investigate its use for Chlamydia screening and education. We are looking at other diseases as well. The ideal diseases can be ruled in, or at a minimum triaged, with high probability based on history alone.

How could other institutions replicate or integrate your results? This program is readily transferable to

other institutions. It has simple algorithms it runs that could be used at a kiosk or computer station. It is not specific to UCSF and could be adapted to meet the needs of patients anywhere. The one cautionary note is that it would be prudent to validate the safety and accuracy of the algorithms among one’s own patient population. Interested parties should

contact Dr. Aagaard at Eva.Aagaard@UCHSC.edu or Dr. Ralph Gonzales at ralphg@medicine.ucsf.edu. **SGIM**

To provide comments or feedback about Innovations in Clinical Care, please contact Rachel Murkofsky at rmurk@hawaii.rr.com.

POLICY CORNER

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Growth Rate formula will also be deferred until after the election. Any attempt at a permanent fix will likely have to wait for 2007. Of course, this issue wasn’t settled for 2006 until February, so getting even a temporary fix for 2007 this year will be an accomplishment.

Major changes in Medicare and Medicaid often come in an end-of-session budget reconciliation bill. What such a bill would look like is often hard to predict, but it’s safe to say it won’t happen before the election, either.

Most Federal programs are supposed to be authorized every few years. Authorizing legislation defines the goals and strategy of a program as well as setting a maximum appropriation for it. While programs whose authorizations have expired can continue to get appropriations, authorizations are helpful in

establishing a program’s legitimacy and making clear what the program is supposed to be doing. It is unlikely any new authorizing legislation for health programs will be passed in 2006.

Since Congress can’t even finish its routine responsibilities, it’s very unlikely it will pass legislation starting any new health programs—even in a lame-duck session—no matter how worthy they may seem.

Health policy issues are likely to be overlooked this year in favor of national security issues, “wedge-issue” legislation designed to embarrass one side and comfort the other, and less controversial

Major changes in Medicare and Medicaid often come in an end-of-session budget reconciliation bill. What such a bill would look like is often hard to predict, but it’s safe to say it won’t happen before the election, either.

appropriations issues. Better luck in 2007. **SGIM**

To provide comments or feedback about Policy Corner, please contact Mark Liebow at mlielow@mayo.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.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.

RESEARCH THAT MAKES A DIFFERENCE IN GENERAL INTERNAL MEDICINE. Geisinger Center for Health Research (located on the campus of Geisinger Medical Center, Danville, PA) seeks a Clinician Investigator with an interest in General Internal Medicine. This position will have at least 50% time dedicated to research and the remaining time focused on patient care. The Center offers unparalleled opportunities and resources for health services, effectiveness, epidemiologic and genetics research. The Center is an integral part of a highly collaborative healthcare environment, invites innovation and offers unique opportunities to translate existing knowledge into effective, real-world solutions. The Department of General Internal Medicine is a 25 member, collegial group that 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. Geisinger provides care to more than two-million residents of Central and Northeastern Pennsylvania. The healthcare system uses an electronic health record system that includes data on diagnosis, prescriptions and lab values, as well as imaging, structured clinical notes and supplementary patient questionnaire data. In addition, efforts are under way to establish a system-wide biobank on patients in primary and specialty care.

Walter F. Stewart, PhD, MPH; Associate Chief Research Officer; Director, Geisinger Center for Health Research; 100 N. Academy Avenue, Danville, PA 17821-3003. wfstewart@geisinger.edu
 • Phone: 570-214-9391 • Fax: 570-214-9451

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 prac-

tice (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 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.

CLINICIAN-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 innovative 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.

BIOETHICS FELLOWSHIPS AT THE NATIONAL INSTITUTES OF HEALTH. The Department of Clinical Bioethics at the National Institutes of Health, US Department of Health and Human Services invites applications for its two-year fellowship program. Fellows participate in bioethics seminars, case conferences, ethics consultation, review of research protocols and IRB deliberations, and have access to multiple educational opportunities at the NIH. Fellows conduct theoretical and empirical research in the ethics of health policy, international research ethics, and human subject research. Two year positions are available beginning in September 2007. Salary is commensurate

with Federal guidelines. Applications are to include resume/CV, official undergraduate and graduate transcripts, a 1000-word statement of interest, a writing sample(s) not to exceed a total of 30 pages, and three letters of reference. **APPLICATION DEADLINE: RECEIVED BY DECEMBER 31, 2006.** Submit applications by mail to: Becky Chen, Department of Clinical Bioethics-NIH, 10 Center Drive, 10/1C118, Bethesda, MD 20892-1156. Direct inquiries to: 301/496-2429; fax 301/496-0760, email bchen@cc.nih.gov. Further information: www.bioethics.nih.gov.

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.

ASSISTANT PROFESSOR, GENERAL INTERNAL MEDICINE. The Division of General Internal Medicine, Mount Sinai School of Medicine, seeks BC applicants at the assistant professor level on the clinician-educator research track with strong interest in mental health. Candidates must have fellowship training as well as additional training in evidence-based medicine, musculoskeletal medicine, and mental health. Candidates will be asked to direct a primary care mental health consult clinic in addition to supervising residents on the in/outpatient setting. In addition, candidates must have knowledge in research methods, publishing, and statistical programming. NY Medical License is required. Schedule will include a minimum of 9 clinical sessions/week, some nights and weekends. Please send CV and cover letter to: HR/IP, Mt. Sinai Medical Center; Job Ref #1682719; 1 Gustave Levy Pl., Box 1514; New York, NY 10029

FACULTY IN GERIATRICS POSITION. The Ohio State University College of Medicine is seeking an Assistant or Associate Professor to serve as a Geriatrician clinician-educator in the Division of General Internal Medicine, Department of Medicine. The Ohio State University Medical Center, the only academic medical center in central Ohio, is a five-hospital campus with 962-beds, including University Hospital, named as one of "America's Best" by U.S. News and World Report for more than twelve years running. The Ohio State University College of Medicine is ranked 32nd by US News & World Report. By becoming a member of the Division of General Internal Medicine you will join approximately 25 generalists at three clinic sites and strong and innovative undergraduate and graduate educational programs. The faculty member will have inpatient and outpatient clinical, teaching and scholarly responsibilities. Protected time and academic appointment is commensurate with experience. This individual will have a major responsibility for teaching in the Geriatric fellowship and will join a team of two full-time geriatricians. This is an excellent opportunity for a geriatrician interested in a clinician-educator track to participate both in a geriatrics fellowship and a core Internal Medicine program. Our housestaff are excellent,

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and the institution is financially strong, stable, and rapidly growing. Columbus is an outstanding city in which to live and raise a family, with wonderful housing, education, recreation, and cultural opportunities available. The successful candidate must be BC in Internal Medicine and have either have completed training in Geriatrics or be BC in Geriatrics. Prior experience as a faculty member in a residency program is desirable. To join our team, please send cover letter and CV to Nancy Davis, Administrative Assistant, Division of General Internal Medicine, The Ohio State University, 4715 Cramblett Hall, 456 West 10th Avenue, Columbus, Ohio 43210-1282, nancy.davis@osumc.edu, Fax: 614-293-6890 Academic appointment commensurate with experience. The Ohio State University is an Equal Opportunity/Affirmative Action Employer. Qualified women, minorities, Vietnam-era Veterans, disabled veterans and individuals with disabilities are encouraged to apply. This is not a J-1 opportunity.

CLINICIAN EDUCATORS at OHIO STATE UNIVERSITY COLLEGE OF MEDICINE. The Ohio State University College of Medicine is seeking faculty physicians at the Assistant or Associate Professor level to serve as Clinician Educators in the Division of General Internal Medicine, Department of Medicine. The Ohio State University Medical Center, the only academic medical center in central Ohio, is a five-hospital campus with 962-beds, including University Hospital, named as one of "America's Best" by U.S. News and World Report for more than twelve years running. The Ohio State University College of Medicine is ranked 32nd by US News & World Report. By joining the Division of General Internal Medicine you will join approximately 25 generalists at three clinic sites. The faculty member will have inpatient and outpatient clinical and teaching responsibilities. They will join strong and innovative undergraduate and graduate educational programs. Opportunities exist for career development in leadership and administration, for educational scholarship through the Office for Scholarship in Medical Education, and for research collaboration through our Primary Care Research Institute. The successful candidate must be BE/BC in Internal medicine. To join our team, please send cover letter and CV to Catherine Lucey MD, Division Director, General Internal Medicine c/o Nancy Davis, Administrative Assistant, The Ohio State University, 4510 Cramblett Hall, 456 West 10th Avenue, Columbus, Ohio 43210-1282, nancy.davis@osumc.edu, Fax: 614-293-6890 Academic appointment commensurate with experience. The Ohio State University is an Equal Opportunity/Affirmative Action Employer. Qualified women, minorities, Vietnam-era Veterans, disabled veterans and individuals with disabilities are encouraged to apply. This is not a J-1 opportunity

INTERNAL MEDICINE – METROWEST, MASSACHUSETTS. Excellent opportunities available for BC/BE Internal Medicine Physicians. We are seeking internists to partner with existing hospital affiliated primary care practices as well as hospital based employment opportunities with MetroWest Medical Center. MetroWest Medical Center is a

full-service community teaching hospital system located 20 miles outside of Boston. This geographic area offers superb quality of life. There are a variety of practice opportunities available located in Natick, Framingham, Milford and Franklin, so you can select the setting that is right for you. Excellent opportunity to build a strong practice. These practices are offering attractive salary and benefits. If interested, please email CV to: gmariona@vhsnewengland.com or call: Gina Mariona at 508-363-9919 or fax: 508-363-9997.

ACADEMIC GENERAL INTERNIST. Three positions are available in the Division of General Internal Medicine, University of South Carolina. We are seeking clinician-educators, preferably with academic or fellowship experience. Third-year student clerkship director and associate residency director positions are currently open. Job descriptions are flexible, and candidates with research interests are also encouraged to apply. We offer a close-knit, collegial, and supportive work environment, with excellent relationships between generalists and specialists. The medical school is located in Columbia, the state capital and site of the University's main campus. EOE/AA. No J-1 or H-1 visas. Send CV and letter expressing interest and career goals to: Allan Brett, MD, Director, General Internal Medicine, University of South Carolina School of Medicine, 2 Medical Park, Suite 502, Columbia, SC 29203. Phone 803-540-1000; abrett@sc.edu.

FELLOWSHIP - GENERAL INTERNAL MEDICINE AT MOUNT SINAI SCHOOL OF MEDICINE, New York. Mount Sinai's Division of General Internal Medicine offers a 2 year fellowship with a focus on clinical research or medical education starting July 2007. Curriculum includes MPH courses, research/medical education seminars, mentored research projects, teaching, and patient care activities. Areas of expertise include: clinical epidemiology, health disparities, health services research, health beliefs, adherence, chronic disease management, doctor-patient communication, quality of care, medical errors, patient safety, medical education, evidence-based medicine, women's health, public health, geriatrics, palliative care, and informatics. All candidates are eligible to receive a MPH. Competitive salary, benefits, and tuition provided. Contact Dr. Ethan Halm (ethan.halm@mountsinai.org) or visit <http://www.mssm.edu/medicine/general-medicine/fellowship/introduction.shtml>.

VISITING MEDICAL EDUCATION PROFESSORSHIP AT THE UNIVERSITY OF TOKYO SCHOOL OF MEDICINE. Japan's leading medical school seeks to identify candidates for a visiting professorship in medical education. As a professor in the International Research Center for Medical Education, the incumbent will collaborate with senior faculty at U.T. to advance teaching methods, educational resources, faculty development, and curriculum evaluation. Training and experience in one or more of these areas is an important credential. The candidate must be a physician who would be less than 61 years-old at the time of the visit. A minimum of three consecutive months' stay is re-

quired, but six months' stay is desirable. The visit should take place during the interval April 2007-June 2008. Personal financial support, office, and assistance with the logistics of living abroad are provided. If interested, please respond with a letter describing relevant experience and CV to Thomas Inui, MD; e-mail: tinui@iupui.edu by October 25, 2006.

Department of Internal Medicine, Wayne State University. **SECTION CHIEF, HOSPITALIST PROGRAM.** The Division of General Medicine of the Wayne State University School of Medicine seeks a Section Chief for their Hospitalist Program. The position includes clinical practice and teaching, leadership of the hospitalist physicians and physician assistants, and oversight of inpatient quality improvement initiatives. This position reports directly to the Division Chief of General Medicine. WSU School of Medicine is the largest single-campus medical school in the country and is located within the 110 acre campus of the Detroit Medical Center in Mid-town Detroit. A salary commensurate with qualifications will be provided. Send CV and letter describing interests to: Donald Levine, M.D., Chief, Division of General Medicine, Wayne State University, School of Medicine, 4201 St. Antoine, UHC-5C, Detroit, MI 48201. Fax: (313)745-4707; e-mail: dlevine@med.wayne.edu

GENERAL INTERNIST UMDNJ. UMDNJ-School of Osteopathic Medicine has several openings in Internal Medicine in the areas of Hospitalist, Nursing Home and Ambulatory settings at the Southern New Jersey campus and satellite offices. Join our osteopathic medical school for professional growth in an academic setting by participating in our clinical, educational and research missions. Must be Board certified or eligible. We offer a competitive salary and benefit package. Send CV to: Stephen L. Burnstein, D.O., Acting Chair, Dept of Internal Medicine, UMDNJ - SOM, 42 E. Laurel Road, Suite 3100, Stratford, NJ 08084. UMDNJ is an AA/EOE, M/F/D/V.

HEALTH SERVICES RESEARCH FACULTY. The Division of General Internal Medicine of New York University School of Medicine seeks to recruit an accomplished physician investigator in health services research. Our goal is to define effective and generalizable strategies to advance chronic disease prevention and management, and behavior change, in general medical settings. Remarkable research opportunities exist across three major hospital systems (Bellevue Medical Center, VA-NY Harbor Health System and NYU-Tisch Hospital) with extensive and varied ambulatory services, and with NYC public health agencies. Cross-disciplinary collaboration is possible with NYU's many schools, including the Wagner Graduate School of Public Service. Core qualifications include: strong record of quality scholarship and of extramural funding; excellent mentoring skills; a research agenda that relates to chronic disease prevention or management, behavioral medicine, brief interventions, health literacy, or quality and safety; and an approach that addresses population health, underserved populations, and/or issues of effective-

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SGIM FORUM

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CLASSIFIED ADS

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ness, implementation and dissemination. Applicants of any faculty rank will be considered, with positions tailored accordingly. Board certification or eligibility in internal medicine, and NY State licensure or eligibility required. Send cover letter and CV to: Dr. Marc Gourevitch, Director, Division of General Internal Medicine, NYU School of Medicine, 550 First Avenue, OBV A-618 New York, NY 10016 or to: lauren.williams@nyumc.org. NYU School of Medicine is an Affirmative Action Equal Opportunity Employer

ACADEMIC INTERNIST. Clinician educator/Clinical Medical Director position available at the University of California, San Diego, in the Division of General Internal Medicine/Department of Medicine. Rank commensurate with experience. Part-time and Full-time ambulatory clinical practice in internal medicine in an academic setting. Excellent opportunities for teaching and pursuing other primary care/academic interests with time dedicated to teaching and scholarly activity... Superb benefits package. Salary/rank commensurate with candidate's experience and established UCSD salary scales. California medicine license/eligibility and board certification/eligibility in internal medicine required. Reply to: Joe Ramsdell, MD, UCSD Medical Center, 200 W. Arbor Drive # 8415, San Diego, CA 92103-8415; 619-543-7241. AA/EOE

ACADEMIC INTERNIST. Clinician educator positions available at the University of California, San Diego, in the Division of General Internal Medicine/Department of Medicine. Rank commensurate with experience. Part-time and Full-time ambulatory clinical practice in internal medicine

in an academic setting. Excellent opportunities for teaching and pursuing other primary care/academic interests with time dedicated to teaching and scholarly activity. Superb benefits package. Salary/rank commensurate with candidate's experience and established UCSD salary scales. California medicine license/eligibility and board certification/eligibility in internal medicine required. Reply to: Joe Ramsdell, MD, UCSD Medical Center, 200 W. Arbor Drive # 8415, San Diego, CA 92103-8415; 619-543-7241. AA/EOE

ACADEMIC HOSPITALIST/CLINICIAN-EDUCATOR. The Division of General Internal Medicine at the University of Cincinnati College of Medicine, Cincinnati, OH, is seeking a BE/BC faculty member to join our academic hospital medicine program. Ideal candidates will have inpatient clinical experience, and a passion for teaching. Faculty in the Division of GIM have the opportunity to participate in a variety of clinical teaching activities with residents and medical students and may collaborate with researchers in our Center for Clinical Effectiveness. Interested applicants should submit a CV and cover letter to Mark H. Eckman, MD, Director, Division of General Internal Medicine, University of Cincinnati Medical Center, 231 Albert Sabin Way, PO Box 670535, Cincinnati, OH, 45267-0535, or via e-mail to Mark.Eckman@uc.edu. AA/EOE.

CLINICIAN EDUCATOR, The Division of General Internal Medicine, University of Pittsburgh, is seeking Clinicians and Clinician Educators. The successful candidate will have a demonstrated track record of patient care and teaching. Fellowship training is desired. Salary and rank commensurate

with qualifications. Send letter of interest and CV to Wishwa Kapoor, MD, 200 Lothrop Street, 933 West MUH, Pittsburgh, PA 15213 (fax 412 692-4825) or e-mail Noskoka@upmc.edu. The University of Pittsburgh is an Affirmative Action, Equal Opportunity Employer.

CLINICIAN RESEARCHER. The Division of General Internal Medicine, University of Pittsburgh, is seeking a clinician investigator with fellowship training and PhD investigator. We are particularly interested in health services research, medical education research and clinical epidemiology. Academic rank will be Assistant, Associate Professor or professor level in the tenure stream. Salary and appointment commensurate with qualifications. Send letter of interest and CV to Wishwa Kapoor, MD, 200 Lothrop Street, 933 West MUH, Pittsburgh, PA 15213 (fax 412 692-4825) or e-mail Noskoka@upmc.edu. The University of Pittsburgh is an Affirmative Action, Equal Opportunity Employer.

HOSPITALIST. The Division of General Internal Medicine, Department of Medicine at the University of Pittsburgh is building a large academic hospitalist program. The positions provide exciting opportunities for long term careers in patient care or a combination of patient care, teaching and research. Starting salary of \$150,000 or higher depending on qualifications/experience. Send letter of interest and CV to Wishwa Kapoor, MD, 200 Lothrop Street, 933 West MUH, Pittsburgh, PA 15213 (fax 412 692-4825) or e-mail Noskoka@upmc.edu. The University of Pittsburgh is an Affirmative Action, Equal Opportunity Employer.