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SGIM FORUM

To Promote Improved Patient Care, Research, and Education in Primary Care

Division Spotlight

GIM at The University of Alabama at Birmingham

James C. Byrd, MD

The School of Medicine at the University of Alabama at Birmingham (UAB) is recognized as a premier research institution. Few people know that UAB has the largest university-based primary care internal medicine residency training program in the country, according to Robert Centor, MD, Chief of General Internal Medicine. "Our categorical and primary care tracks both have 16 to 18 residents per year." Dr. Centor believes that primary care has flourished at UAB because, "outpatient problems are evaluated with the same respect and intellectual rigor as inpatient problems."

In 1993, Dr. Centor became GIM Division Chief at UAB, where he also serves as the Associate Dean for Primary Care. Since July of last year, he has been the Interim Dean at the Tuscaloosa campus where 25 UAB students spend their third and fourth years of medical school. Dr. Centor received his undergraduate degree from the University of Virginia. He then completed medical school, his residency, a chief residency, and 1 year of a nephrology fellowship, where he "learned a technique (micropuncture) rather than answering questions," at the Medical College of Virginia. He subsequently joined the MCV faculty in General Internal Medicine and performed research, served 5 years as residency program director, and spent his last 4 years as Division Chief. His move to UAB was an opportunity to get back to his roots: training physicians to become patient-centered but maintaining a rigorous evidence-based model of care delivery.

Although Dr. Centor is active administratively, he continues to staff 2 months of inpatient wards each year, supervise residents in clinic 1 or 2 half-days per week, and see his own patients two sessions per week. While Dr. Centor is widely recognized in SGIM for his clinical investigation, he considers himself now to be a "senior re-

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INSIDE

Evolutionary Changes Continue at VA

David K. Lee, MD

VERA? Eligibility? These are not questions about the marital status of a particular woman, but two new changes in the way the Veterans Health Administration (VA) conducts business. The ramifications of these alterations will be huge.

During 1993, I had the opportunity to address the Subcommittee on Oversight and Investigations of the House of Representatives Committee on Veterans Affairs. At that time, I concluded that then current eligibility rules were complicated and difficult to understand, unevenly applied across the United States, a major cause of dissatisfaction for caregivers and patients, and inimical to the practice and teaching of primary and preventive care.

These defects were due to several factors. The majority were written at a time when medical care centered on the hospital bed, and they were not unitary in design, but a product of incremental changes.

Public Law (PL) 104-262, dated October 9, 1996, was passed to address needed change. Eligibility rules are now the same for inpatients and outpatients. (In the past, a patient might have to be admitted to get a set of crutches for a sprained ankle.) Dental and nursing home rules remain unchanged.

Two major categories are now defined. The first one contains patients to whom the VA "shall" furnish care, but only to the extent that Congress

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SGIM's Clinician-Educator Initiative

William T. Branch, Jr., MD
Leader, Clinician-Educators Task Force
Council Member, SGIM

Two years ago, the Council of SGIM developed a Strategic Plan, largely derived from in-depth interviews with past presidents and other stakeholders. A major component of the plan was more active involvement of clinician-educators in SGIM. From this came the Clinician-Educator Initiative, organized and given high-priority by Wendy Levinson during her year as SGIM President. With Wendy's active support and participation, and additional input from me as leader of the initiative and Kurt Kroenke as co-leader, we evolved a second series of interviews, this time with clinician-educators conveniently selected by the Council. We learned much from these interviews about the needs of clinician-educators, and formulated goals for the initiative:

- To identify the needs of clinician-educators in academic medicine.
- To find ways for SGIM to meet their needs.
- To include clinician-educators in larger numbers as active participants in SGIM.

The Clinician-Educator Initiative has taken several steps. We formed a Task Force of clinician-educators within SGIM who are particularly interested in our project. Within the Task Force, individuals or small groups of members have undertaken a number of their own projects:

1. David MacPherson and Steve Haist are working on faculty recognition and promotion for clinician-educators. They are in contact with Eric Bass and Scott Wright who have designed a questionnaire for medical school promotion and tenure committees to assess the promotion process for those engaged in medical education.
2. Greg Rouan and Ray Wong have undertaken a project regarding defining the job description and necessary financial reimbursements for faculty teaching in ambulatory settings. Greg and others at the University of Cincinnati Department of Medicine have already developed a detailed reimbursement plan for clinician-educators.
3. Elliot Moshman, Rick Kaplan, Judy Bowen, and Cheryl Walters are working on ideas for faculty development and ambulatory teaching. They are helping us design a precourse, "Career Development for Clinician-Educators," to be held at the next SGIM meeting. Among the topics for the precourse are basic ambulatory teaching skills, role play with the patient in the exam room, evaluation, time management, discovering innovations in teaching and writing curriculum development articles for peer-reviewed journals, and designing and implementing research on education.

We have organized a supplement on the clinician-educators scheduled to appear in the *Journal of General Internal Medicine* in April of 1997. The articles in the supplement will reflect the views of many leaders of internal medicine and other primary care disciplines.

Under Wendy's leadership, funds were raised and the Education Committee created awards recognizing the accomplishments of clinician-educators. We now give a national award to young teachers who are currently making an impact at their institutions, and a career award to the teacher who has contributed significantly to benefit medical education over his or her career. These awards will provide well-deserved recognition for educational accomplishments.

The Clinician-Educator Initiative also held interest groups at both the 1995 and 1996 annual meetings now upgraded to a Task Force. These attracted over 100 participants. Several regional meetings also included interest groups. We have thus compiled names and addresses of clinician-educators interested in belonging to SGIM.

We identified many of the needs and concerns of clinician-educators from our interviews with them, and made these concerns the focus for our plans. Clinician-educators, many of whom are new faculty in academic centers, feel under-appreciated. Among their major concerns is the need for academic recognition and promotion based on their teaching and educational accomplishments. SGIM had already developed promotion guidelines, and we will actively promulgate these guidelines to assist clinician-educators seeking academic promotion. The SGIM guidelines are endorsed by the Federated Council of Internal Medicine (FCIM).

We heard that clinician-educators felt very time-pressured. Many have expressed a sense that practice productivity goals subsume educational goals. Perhaps this concern has to do with insecurity about teaching skillfully enough. If one is trying to see patients in larger numbers while simultaneously working with a student or resident, one's efforts may feel frustrated. As a response to this, members of The SGIM Task Force on Clinician-Educators undertook the project to analyze the costs of medical education in outpatient settings. We will also publish an article on the economics of teaching in our upcoming supplement on clinician-educators.

It is a major interest of medical schools to develop their clinician-educators as outstanding faculty. In this regard, funding to make the time for education will be essential. Another aspect will be faculty development. The experience with new educational programs at schools such as Stanford and the New Pathway Project at Harvard, certainly opened eyes to the possibilities of teaching through faculty development. The new generalist faculty, who are clinician-educators, are ideal candidates. They have expressed a strong desire to participate in faculty-

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Mission

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"...OUR WORK AND FOCUS HAS APPLICATIONS WELL BEYOND ACADEMIA"

This seemed to be especially true as SGIM has positioned itself into a leadership role as medical education moves to the ambulatory arena.

So what do we do now? We had tried very hard, with expert help from an astute facilitator, to come up with a good Mission Statement, and it was utterly wrong. Eric Larson came to our rescue. He pointed out his objections to the new Mission Statement and suggested that we look at the one we had already incorporated into SGIM's Bylaws. It reads simply: "The Society is incorporated exclusively for charitable, educational, and scientific purposes, specifically to promote improved patient care, teaching, and research in primary care and general internal medicine." He also pointed out that, to change it, we would have to obey the cumbersome rules for changing our Bylaws, not something we should consider lightly. He felt that the old Mission Statement was better anyway and encouraged us not to change it.

At our recent Winter Meeting, the Council revisited the Mission Statement. We unanimously agreed that the old one was best: clear, to the point, and inclusive. Therefore, we have scrapped the new Mission Statement and retained the old one.

In addition, there was interest in responding to the challenge of finding ways for SGIM to better serve its non-academic (or "hypo-academic") members. To some extent, we are already doing so by creating activities at the national meeting such as clinical updates that specifically target the educational needs of our more clinically-oriented members. But I also invite anyone reading this column to volunteer to help us establish more activities to serve clinicians. If there is sufficient interest, we may establish a Task Force or Interest Group. Send me a letter if you are interested or, if you're not a "joiner," just send me suggestions on how we might better serve the clinical interests of our members.

When I was on the Council as Treasurer from 1991–92, there was some discussion about whether SGIM should try to become "the" organization for all general internists. The sentiment at that time was no, that we could not and should not compete with the ACP. We then discussed how big we thought SGIM should get. At that time, SGIM had under 2000 members; the best guess optimum size was 3000 members.

Well, as of this writing, SGIM has almost 2900 members, about three-quarters of whom are full-time faculty. Because we've recently been hit upside

"...WE HAVE SCRAPPED THE NEW MISSION STATEMENT AND RETAINED THE OLD ONE"

the head on the Mission Statement, it seems like an opportune time to revisit the issue of who we are, who we should represent and serve, and how big we should get. Now that you have our attention, ponder this over the ensuing month or two, and give your opinions to me or another Council member at this year's national meeting. ***SGIM***

ANNUAL MEETING

Mark your calendars! The 20th Annual Meeting for SGIM will be held at the JW Marriott Hotel in Washington, DC May 1–3, 1997.

Contact Elnora Rhodes at (800) 822-3060 for more information.

Initiative

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development programs. The Clinician-Educators Task Force is working on faculty-development to improve outpatient teaching.

No group is under more pressure to keep up with the medical literature than clinician-educators, who are generalists. Articles in our supplement will examine keeping up with the medical literature. We also actively advocated the inclusion of medical topics as lectures and workshops at the annual meeting. In this way, SGIM will be most valuable for clinician-educators. They will participate in the workshops, hear abstracts on education, meet and network with other teachers, and at the same time, learn good clinical education and the latest research findings.

What do we see for the future? Our goal will be for the Task Force on Clinician-Educators to become self-sustaining and continue to spin off projects with participation by many members. Another goal is that we attract as new members of SGIM clinician-educators who are actively involved in teaching. As medical education moves into community settings, SGIM should be there, fully represented, as the only organization specifically for general internists. ***SGIM***