

CARRYING THE TORCH

Dr. Malkin assumes presidency in era of rebuilding



Scott Warner, CMS

Incoming CMS president Steven M. Malkin, MD, right, is congratulated by Craig A. Backs, MD, ISMS president, following inauguration ceremonies on June 11.

CMS IS RETURNING TO ROBUST HEALTH with a new advocacy mission and more responsive governing structure, said incoming President Steven M. Malkin, MD, during his inauguration as CMS' 157th president.

Dr. Malkin made these comments during the Annual Dinner, held at the Chicago Athletic Association June 11.

Looking back at the "inciting event," the decision to no longer make membership a

prerequisite for ISMIE liability insurance, Dr. Malkin said that delinking "forced us to reevaluate who we are and what we should be doing."

As a result, CMS retooled to meet the challenges of the 21st century. "The new tax status restructured our organization and allowed us to be more politically active....We must guide the legislators, since nobody knows more about the health care system than we do," Dr. Malkin said.

A recent example of CMS' newfound influence is the passage of tort reform legislation, said Dr. Malkin. "We must take great pride that a bill that includes caps on non-economic damages passed through the Democratic-controlled Illinois House

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CMS outreach visits strengthen grassroots advocacy

IN THE LAST TWO MONTHS, CMS EXECUTIVE Director James Tarrant and staff have visited a number of area hospitals and medical societies to answer questions and address the concerns of longtime and new physician-members.

The predominant subject everywhere was tort reform and the latest developments in Springfield. Each site visit provided valuable feedback, and many physicians expressed tremendous gratitude that CMS took the time to spend a day with them. Quite a few enjoyed the aerial photo of the big CMS downtown rally two years ago, and could not resist searching for themselves and colleagues in the crowd shot and reminiscing about what a great day it was for organized medicine.

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Marella L. Hanumadass, MD, (left) accepts the CMS Public Service Award, as Outgoing President Peter E. Eupierre, MD, and Executive Director James Tarrant, look on.

and Senate. To top it off, we have a promise by a Democratic governor to sign it. *We must proudly present this achievement to all physicians and make sure they know it was the work of the county medical societies in conjunction with the state society.*"

In outlining future strategy, Dr. Malkin cautioned doctors to remain on the offensive. "Our efforts must not stop here. We must make sure our patients understand the problem, as well as the compromise legislation. We must keep the public on our side. This legislation will be tested at the Supreme Court, and we must be prepared whether it is upheld or rejected."

CMS must also create policy and bring forward ideas that have the potential to change the face of medicine, Dr. Malkin said. "While some issues are outside the scope of CMS to change, they are not outside the scope of the Illinois State Medical Society or our AMA. When advocating on universal issues such as patient access, Medicare, tort reform, and patient safety...nothing is better than a united house of medicine representing all doctors."

Dr. Malkin's inaugural speech will be printed in its entirety as the President's Perspective in the summer issue of *Chicago Medicine*.

Outgoing President Peter E. Eupierre, MD, reported on progress CMS has made on the three priorities of his presidency—access to care, financial strength, and tort reform. On the patient safety front, Dr. Eupierre described the Society's work with Resurrection Health System and Advocate Health Systems to encourage development of a patient simulation center.

In other activities, CMS has supported efforts to

ban smoking in Illinois prisons and joined coalitions to help the uninsured.

The financial outlook for the Society has improved greatly with the start-up of the CMS Insurance Agency and the hiring of Phil Seroczynski as its broker.

CMS is ahead on total dues paying members, and has commitments from Resurrection to enroll its residents as CMS and ISMS members. "Altogether we are looking at over 520 new members as of July 2005," Dr. Eupierre said. As for tort reform, CMS contributed to the successful legislative outcome by giving updates at hospitals, writing letters, sending emails and faxes, and supporting ISMS. "We felt that ISMS had the most dedicated, most intelligent, most savvy staff and we could trust them to sit at the table, listen and negotiate the best possible deal," he said.

Dr. Hanumadass wins public service award

Marella L. Hanumadass, MD, former Chairman of the Division of Burn Surgery, and Clinical Director, Burn Center at Cook County Hospital, was awarded the Henrietta Herbolsheimer, MD, Public Service Award for his community service over the past 10 years. Dr. Hanumadass helped found the Indian American Medical Association (IL) Charitable Foundation Free Health Clinic on Chicago's north side; he has served as chair of the foundation and is currently its executive director. He has contributed greatly to the care of burn victims in India.

Complete coverage of the CMS Annual Dinner will appear in the summer issue of Chicago Medicine.

Leadership looks at city's health

CMS PRESIDENT-ELECT SHASTRI SWAMINATHAN, MD, and Executive Director James Tarrant met recently with John Wilhelm, MD, Commissioner of Health for the City of Chicago. Drs. Swaminathan and Wilhelm share a mutual interest in public and mental health and current trends in mental health practice. Topics discussed included the wide gap between the private and public health sectors and efforts to support private practice primary care physicians. Dr. Wilhelm invited Dr. Swaminathan, a psychiatrist, to participate in some of the Department's activities. Both agreed there were many opportunities for future collaboration.

GRASSROOTS ADVOCACY *(continued from page 1)*

Physicians today continue to acknowledge the importance of such events and the vital role they played in getting the public to realize that the crisis adversely affects everyone.

Visits like these also are important because it is during face-to-face meetings that CMS can communicate the many benefits available to all members, such as our new CMS Insurance Agency, access to CME/Education, and opportunities for all individual physicians to promote a policy agenda that reaches Springfield and Washington, DC.

For some, our visits also serve as a wake-up call to those who have let their membership lapse. *CMS needs every physician's support to successfully combat the opposing interest groups.*

So, don't forget to ask your colleagues if they are, in fact, active members. If they are not, feel free to share with them the **membership application on the facing page.**

Finally, CMS thanks all of you, especially those physicians at the following hospitals and associations, who volunteered to take membership applications to colleagues who have allowed their membership to fall by the wayside:

Advocate Christ Medical Center, Illinois Masonic Medical Center, Indian American Medical Association (IL), Little Company of Mary Hospital, Louis A. Weiss Memorial Hospital, MacNeal Hospital, Polish-American Medical Society (Chicago), St. Alexius Medical Center, Saint Elizabeth Hospital, Saint Joseph Hospital, Saint Mary of Nazareth Hospital.

To arrange a CMS visit to your hospital, please contact Cathy Faedtke at (312) 670-2550.

Members are invited to CMS Council meetings

We remind you that all members are invited to Chicago Medical Society Council meetings. If you are interested in observing the CMS policy-making body in action, call (312) 670-2550, ext. 322, to reserve an agenda packet and for location information. CMS members who are not Council members must obtain permission of the Chair to speak at Council meetings before the meeting convenes. When the Chair grants this permission, it will be for a specified period of time. The next Council meetings are scheduled for 7 p.m. on Tuesdays, Sept. 13, Nov. 15, 2005, and Feb. 7, and May 9, 2006.



Give it a Shot!

**Wednesday, September 14
Ruffled Feathers Golf Club
1 Pete Dye Drive
Lemont, IL**

**Noon ▪ Registration and Lunch
1:00 pm ▪ Golf ▪ Shotgun Start,
Scramble Format
After Golf ▪ Cocktails and Awards**

**Registration \$100 Members
 \$125 Non-Members**

**To Register:
Please contact Lillie Arias at
312-670-2550, ext. 331 or
larias@cmsdocs.org**



CMS Golf Outing



Illinois State Medical Society

Membership Application

Chicago Medical Society



Personal Information

Check one: Physician 1st year 2nd year 3rd year 4th year Student Degree Gender

Last Name (as shown on medical license) First Middle MD DO M F

Spouse's Last Name Spouse's First

Home Address City State Zip

Home Telephone Home Fax Home E-mail Birth Date (m/d/y)

Place of birth ME # if known Maiden Name (if applicable)

Social Security Number Medical School Name Graduation Year

Practice Type: Group Solo Medical Teaching Medical Research Administrative Other

Professional Information

Primary State of Licensure State License Number Date License Expires (mm/dd/year) Other State Licenses Primary Specialty

Office Address City State Zip

Office Telephone Office Fax Office E-mail

Hospital Affiliation Hospital Affiliation Group Affiliation

Beginning Year of Medical Practice Date Preferred Mailing Address: Office Home

Membership Application and Qualification Questions

Members abide by the ISMS Code of Medical Ethics and the bylaws of the Society. To assist us in upholding these standards, please provide answers to the following questions, sign and date. **If you answer yes to any of these questions, please attach full information.**

Yes No

- 1. Have you ever been convicted of fraud or a felony?
- 2. Has any action, in any jurisdiction, ever been taken regarding your license to practice medicine? This includes actions involving revocation, suspension, limitation, probation, or any imposed sanctions or conditions.
- 3. Have you ever been the subject of any disciplinary action by any medical society or hospital medical staff?

I am aware that information submitted in this application will be verified. I hereby authorize other organizations having information relating to this application, including governmental and regulatory entities, to release any and all such information.

I understand that any false or misleading statement made on my application may be grounds for denial of membership or probation or censure by, or suspension or expulsion from the medical society (ies).

The foregoing information is true and complete.

Help Us Say Thank You

If you are joining ISMS at the suggestion of a current ISMS member, we would appreciate the opportunity to say thank you. Please indicate the ISMS member who referred you.

Name of the ISMS Member

Signature Date

Return Information

Please submit application to:
Membership Department or fax: **312-670-3646**
Chicago Medical Society
515 N. Dearborn St.
Chicago, IL 60610

AMA president outlines plan for future before CMS Council

Dr. Nelson lays issues before us

"THE PLIGHT OF THE UNINSURED IS A NATIONAL shame, and we must take the lead to make sure all Americans have access to care," said AMA President John C. Nelson, MD, MPH, to his CMS colleagues.

Dr. Nelson made this challenge at the June 7 Council meeting during a wide-ranging talk on access to care, tort reform, pay for performance, and the sustainable growth rate (SGR).

More than 1 million of the 45 million uninsured live in Illinois, said Dr. Nelson. Gathered in one place, the uninsured would populate the second largest city in the state, two-thirds the size of Chicago itself. Under an AMA proposal, which Dr. Nelson outlined, workers who purchased health care coverage would get a tax credit large enough to buy affordable coverage. More than nine out of 10 Americans could get coverage under this plan, he said. The AMA is currently working with state associations and groups to launch a series of test cases to provide an evidence-based scientific foundation for a workable solution, Dr. Nelson said, conceding that Washington is not ready for a \$60 billion tax credit.

Another solution for the uninsured is enacting caps on pain and suffering state by state. "At heart, medical liability reform is about the health of our patients," Dr. Nelson explained. Since he became president of the AMA, 12 states have enacted some type of liability reform. Illinois would make that



Liz Sidney, CMS

"We need a health care system based on science, not fear," AMA President John C. Nelson, MD, told the CMS Council on June 7.

13—which may be a lucky number this time, Dr. Nelson said. Thirty-five states have begun considering some form of reform legislation. A national solution is unlikely because a few persistent antagonists in the Senate ignore the opinion of the majority of American people, he stated.

The most direct way doctors can improve the overall health of Americans and lower health care

NEWS FOR CHICAGO PHYSICIANS

chicago
CHICAGO MEDICAL SOCIETY
THE MEDICAL SOCIETY
OF COOK COUNTY
medicine

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515 N. Dearborn St.
Chicago IL 60610

James R. Tarrant, CAE, *Executive Director*
Liz Sidney, *Co-Editor/Editorial*
Scott Warner, *Co-Editor/Production*

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FACING THE CHALLENGE *(continued)*

costs is to fight the scourges of our society: alcohol and drug abuse, obesity, tobacco addiction, violence, STDs and teen pregnancy, suicide, and automobile accidents, he continued. Together they add an estimated \$800 billion each year in medical costs—virtually half of the total outlay for health care in America last year, Dr. Nelson added. “We must lead the way with science, caring, and ethics, taking full advantage of every opportunity to educate, to inform, to sell the idea of healthy lifestyles and preventive medicine,” said Dr. Nelson.

On the Medicare reimbursement front, Dr. Nelson reported that AMA is advocating—alongside the Medicare payment advisory group to Congress—for increases in payments—not cuts. AMA is urging Congress to scrap the current formula—and adopt one that’s not tied to the ups and downs of the economy. If a 5% cut goes into effect on Jan. 1, more than a third (38 percent) of physicians surveyed say they will be forced to see fewer new Medicare patients. Even more will be forced to spend less time with those patients, reduce staff or



Liz Sidney, CMS

Joining Dr. Nelson (center) at the CMS Council meeting are, from left, Richard A. Geline, MD, chairman of the ISMS Board, Shastri Swaminathan, MD, incoming CMS president-elect, and Sandra F. Olson, MD, past president of CMS and ISMS.

quit seeing patients altogether, said Dr. Nelson. The good news: in May bipartisan legislation was introduced in both the House and Senate to stop the looming cuts.

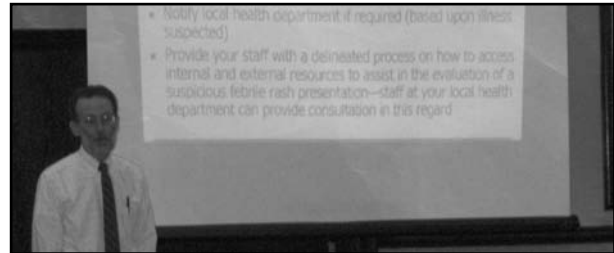
PREPAREDNESS

CMS and CDPH offer bioterrorism training

THE CHICAGO MEDICAL SOCIETY IS PRESENTING "Emergency Preparedness for the Community Physician."

Developed by the Chicago Department of Public Health, this one-hour course is designed to give the city's community clinicians a framework and tools to respond to possible infectious disease emergencies in Chicago. Community medical offices are at greatest risk for exposure to endemic or imported infectious diseases. The SARS outbreak of 2003 demonstrated most clearly the risk of exposure to communicable pathogens in the health care environment, both for staff and patients. Early recognition and isolation of potentially infectious patients is essential from both a personal and public health safety standpoint. Planning ahead is crucial to avoid unnecessary exposure, illness and death.

This program outlines the components of comprehensive health care preparedness practices, including issues related to detection, isolation and



Amy Eisenberg, CMS

Dr. Arthur Frank, Associate Professor of Pediatrics and Head, Division of Infectious Diseases at UIC, presenting "Emergency Preparedness Planning for the Community Physician" at the Holiday Inn in Skokie on June 22.

reporting of infectious patients; protecting yourself and your staff from occupational exposure to infectious diseases; and preventing your patients from being exposed to diseases in your office.

This infectious disease preparedness program addresses both naturally occurring events and those that would result from a bioterrorist attack.

For information on upcoming dates and sites, or to register, please see the notice below.



EMERGENCY PREPAREDNESS PLANNING FOR THE COMMUNITY PHYSICIAN

Presented by

Chicago Medical Society

in conjunction with the

Chicago Department of Public Health

Who Should Attend?

All Chicago-area health care professionals

Why?

This new 2005 program provides critical information on protecting your patients, your staff, and yourself in the event of an emergency and earn one hour of free CME

Course Objectives:

At the end of this activity, participants should be able to:

- Explain the rationale for emergency preparedness in the community physician practice;
- Describe the basic components of acute infectious respiratory illness and febrile rash illness protocols;
- List the critical actions that should be taken in response to a communicable disease of concern;
- Describe appropriate use of personal protective equipment when dealing with a potentially infectious patient;
- Discuss the health department's role in responding to an infectious disease emergency.

Can't find a convenient date?

CMS may be able to offer this seminar at your site

To register and for more information call 312-670-2550 x324 or visit www.cmsdocs.org

Illinois patients and physicians share legislative victory

"It's a new day, a new court and new legislation"
—Chicago Tribune, May 27, 2005

IN THE END, IT WAS A UNITED COALITION of patients and medical professionals that convinced state legislators to forge a bipartisan solution to keep doctors in Illinois and preserve access to care.

The passage of SB 475 ended two years of stalemate and now awaits the signature of Governor Blagojevich, who has said he will sign it. The Illinois State Medical Society, ISMIE Mutual, and Illinois Hospital Association worked closely with legislators to write the compromise and advance it through the General Assembly. At the grassroots level, the county medical societies organized rallies, wrote to the media, visited legislators, and rallied their members.

"We believe this legislation will reduce frivolous lawsuits, lead to more equitable awards for patients, and substantially improve the state's hostile litigation climate," said Peter E. Eupierre, MD, outgoing CMS president. "Although the Third District supported a \$250,000 cap, we recommended that ISMS not focus on caps alone but look at all options for reform. Today, we have much to celebrate."

The agreed-upon bill includes a \$500,000 cap on non-economic damage awards and a \$1 million limit for hospitals; a greatly strengthened affidavit of merit that discloses the identity of the physician reviewer; and higher standards for expert witnesses, including board certification or board eligibility in the same or similar specialty as the defendant. Doctors will be allowed to apologize for adverse outcomes without having to fear that such an apology will be used against them in court. In addition, the compromise will allow for payment of annuities for injuries over time.

On a less positive note, the compromise mandates stringent rate regulation of medical liability insurers and Internet profiles of physicians' medical malpractice histories. Protection of physicians' personal assets was not included. "These concessions were a pre-condition for achieving medi-

cine's top policy priority, caps on non-economic damage awards," said ISMIE Mutual Chairman Harold L. Jensen, MD. In fact, "ISMS/ISMIE Mutual's strong opposition resulted in defeat of an amendment that would have put caps at \$1 million for physicians."

Cap proponents believe that bringing down the amount of awards and settlements will lower the risk to physicians' personal assets.

Next challenge: the state Supreme Court

While marking a significant step forward, the fight is far from over. Trial lawyers and consumer groups have promised an immediate challenge to the measure in the Illinois courts once it becomes law. The Illinois Supreme Court has twice rejected damage caps as unconstitutional, most recently in 1997, when it struck down a similar but more sweeping law. Supporters say this bill is different because it is a focused solution to a public health crisis, caused by the departure of doctors from Illinois, and applies only to malpractice caps. They argue that the face of the Supreme Court has changed since 1997 as well; five of the seven justices are new. With the election last fall of Republican Lloyd Karmeier to replace retiring Justice Philip J. Rarick, a Democrat, the political composition shift-

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CMS members: Do we have your e-mail address?

We want to keep you updated on the latest news concerning legislation, public health alerts and bioterrorism.

*Please send us your address by e-mailing:
askcmsdocs.org or by faxing: (312) 670-3646.*

CAPS (continued from page 12)

ed. A decision today to uphold caps would require the support of one of the four Democrats on the court and all three Republicans. Proponents believe that's entirely possible because judges are not immune from public opinion.

"ISMS is working hard to make sure this bill becomes law. They wrote this legislation so it can hold up to a constitutional challenge and attempt to repeal it," said Dr. Eupierre. Incoming CMS President Steven M. Malkin, MD, urged doctors to keep talking to patients about reform and keep the public on their side.

Impact of caps: states' experiences

California lawmakers passed a law known as MICRA in 1975 that limits non-economic damage awards to \$250,000. In the 30 years since the law took effect, premiums for doctors in California have risen more slowly than in the country as a whole—245 percent in California versus 750 per-

cent nationally, according to the National Association of Insurance Commissioners. In Texas, which passed a similar cap in 2003 through a constitutional amendment, state regulators say all five of the major insurers have actually cut their rates for doctors. The largest of them did so by 17 percent.

What to expect in Illinois

Doctors should not expect any immediate reduction in insurance premiums as a result of the new legislation because caps would not apply to cases still working their way through the courts.

"We have 5,300 cases currently on the books to be settled or tried under the old rules," Dr. Jensen said.

The experience of other states gives reason for long-term optimism, however.

"Caps do work," added Dr. Jensen. "States that have effective caps on non-economic damages have significantly lower liability premiums and have become a magnet for relocating physicians."

The bill goes into effect on the date of signing.

SB 475 Summary

JUDICIAL REFORMS

- \$500,000 cap on non-economic damage awards for physicians and \$1 million cap for hospitals. Firm cap, not indexed for inflation and no exceptions.
- Improvements to the affidavit of merit, requiring disclosure of consulting physician's name, and that the physician be an expert in the area of medicine that is the subject of the lawsuit.
- Stronger standards for expert witnesses. Witnesses must be board certified or board eligible in the same specialty as the defendant. The expert must also devote a majority of time to the practice of medicine, teaching or research. Retired experts must be current with continuing medical education.
- Allow the use of annuities for the payment of portions of the award for medical costs.
- Good samaritan immunity extended to retired physicians providing free care and for free care provided in the home.
- Allow physicians to say "I'm sorry" or other expressions of grief and apology without the statement being used against them.

MEDICAL DISCIPLINE

- Medical Disciplinary Board expanded from nine to eleven members. Four members must be members of the public.

- Doubles the number of IDFPR investigators.
- Extends the statute of limitations from five to ten years for IDFPR to investigate allegations of a pattern of practice.
- IDFPR disciplinary fine increased to \$10,000 maximum.
- Good faith immunity for persons reporting to peer review committees alleged violations of Medical Practice Act.
- Internet profiling of physicians' professional credentials, and disciplinary and medical litigation histories.

INSURANCE REGULATION REFORM

- More power for the Division of Insurance to call hearings to determine whether rates are excessive or inadequate. Hearings are to be held at the request of one percent of insureds within a specialty, or at the request of 25 insureds (whichever is greater). Department will call for a hearing when an increase is over six percent.
- Encourages insurers to offer policies with deductibles and premium discounts for risk management programs.
- Requires submission of claims statistics and other data to the DOI. All information will be made available to the public.

Source: Illinois State Medical Society. Reprinted with permission.

LEGISLATION

State medical malpractice reform— 2005 numbers at a glance

(As of May 11, 2005)

LEGISLATION INTRODUCED

421 bills addressing aspects of the medical malpractice issue have been introduced in the state legislatures of 48 states.

LEGISLATION ENACTED

19 states have enacted medical malpractice reform legislation into law, including a governor's signature.

AFFIDAVITS OR CERTIFICATES OF MERIT

16 states are considering expert affidavits requirements and standards.

DAMAGES

27 states are considering introducing non-economic damage limits or changing damage limits already in statute.

EXPERT WITNESS QUALIFICATIONS

27 states are considering expert witness standards.

Source: National Conference of State Legislatures

Two new studies find medical liability reforms work

RECENT STUDIES BY ECONOMISTS AT THE Agency for Healthcare Research and Quality (AHRQ) published in *Health Affairs* and by independent university researchers published in *JAMA* show that medical liability reforms increase physician supply.

To read more, go to the *Health Affairs* Web site at <http://content.healthaffairs.org> or to the AMA Web site www.ama-assn.org.

Alaska passes MICRA-like reforms

THE STATE OF ALASKA RECENTLY PASSED the Alaska Medical Injury Compensation Reform Act of 2005 (AMICRA) to provide sensible medical liability reform.

The bill, supported by the Alaska State Medical Association, is awaiting the governor's signature. AMICRA caps non-economic damages for physicians and other health care professionals at \$400,000 for death or severe permanent physical impairment more than 70 percent disabling. For all other negligent medical injuries, the cap on non-economic damages is \$250,000. These caps are the aggregate without regard to the number of health care professionals against which the claim is asserted. The bill also pro-

vides a definition of "economic damages" where no such definition in statute previously existed.

Alaska is on the AMA's list of states showing problem signs of a potential medical liability crisis, as rising medical liability insurance rates have made it difficult to recruit physicians there.

Legislation introduced to stop Medicare payment cuts

A BILL INTRODUCED BY REPS. CLAY SHAW (R-FL) and Ben Cardin (D-MD) would stop the impending Medicare physician payment cuts and replace the flawed physician payment formula.

The Preserving Patient Access to Physicians Act of 2005 (HR 2356) would protect patients' access to care by increasing Medicare physician payments by at least 2.7 percent in 2006. It would also stop payment cuts in 2007 and beyond by replacing Medicare's flawed "Sustainable Growth Rate" formula, or SGR, with a new formula that reflects changes in the Medicare Economic Index. The bill was introduced in the U.S. Senate as S 1081.

The 2005 Medicare Trustees Report projected sharp Medicare physician payment cuts of 26 percent over six years beginning in 2006. That same Medicare Trustees Report indicates the cost of running a practice and caring for patients will increase 15 percent during that time. The two bills introduced implement the Medicare Payment Advisory Commission's (MedPAC) recommendations for change.

If Congress doesn't act soon, Medicare will cut reimbursement payments to physicians by 26% over the next six years—including a 4.3 percent cut on Jan. 1, 2006.

Urge your representatives and senators to cosponsor HR 2356 and S 1081 today!

AT YOUR LEISURE

Picnic at Thyme; sail on luxury CME Caribbean cruise next March

CHICAGO GOURMETS, THE CMS-ENDORSED FINE-dining organization, invites all CMS members to attend upcoming events:

● **Picnic in Thyme's Garden with author Jeremy Jackson** ("Good Day for a Picnic"), SATURDAY, JULY 16, 12:30 P.M. Chef John Bubala will serve a poached salmon entree, with many other courses, paired with wines. *Thyme Restaurant, 464 N. Halsted, Chicago; \$59 per person, all inclusive.*

For more details, view the *ChicaGourmets Web site: www.chicagourmet.com/*. Or, go to the *Chicago Medical Society Web site: www.cmsdocs.org/* and click on "links," then go to the *ChicaGourmets Web site*. For further information, contact: *Don Newcomb, founder, ChicaGourmets, (708) 383-7543; or e-mail donaldnewcomb@comcast.net*

For information on Seabourn's 5-Day CME Caribbean Cruise, beginning March 14, see ad on facing page.



Scott Warner, CMS

Anne Willan, founder of La Varenne Cooking School in Burgundy, France, holds a copy of her latest book, *The Good Cook*, at a ChicaGourmets dinner in her honor on May 11 in the Wine Room at Kendall College. Joining Ms. Willan are (from left): Kendall's Dean, Chris Koetke, Don Newcomb, founder, ChicaGourmets, and Jim Tarrant, CMS executive director.

OSHA WORKSHOPS

CMS offers OSHA training for clinicians and staff

OSHA REQUIRES ANNUAL TRAINING FOR ALL health care workers with potential occupational exposure to blood borne pathogens. Attending the Chicago Medical Society's two-hour training course and updating your exposure control plan satisfies most of your yearly OSHA regulations.

DATES & LOCATIONS:

- Fri., Aug. 12, St. Francis Hospital, Evanston, 10 am
- Wed., Sept. 21, Oak Lawn Hilton, 10 am
- Wed., Oct. 5, Advocate Lutheran General Hospital, Park Ridge, 5 pm
- Fri., Nov. 18, Holiday Inn-Skokie, 10 am

LEARNING OBJECTIVES:

All seminars are taught by specialists in exposure control. The course is designed for clinicians and their staff. At the conclusion of this activity, participants should be able to:

- Identify the requirements of OSHA standards including blood borne pathogens
- Explain how the standards apply to them
- Discuss and select safer needle devices
- Identify safety and health hazards at their facility

SPEAKER/TRAINER:

Sheila M. Hall, Compliance Program Manager and Industrial Hygienist, OSHA—Chicago North Office. Ms. Hall has no significant financial relationships to disclose.

FEES:

\$49 each CMS member or staff person.
\$99 each non-member or staff person.

TO REGISTER:

Call: (312) 670-2550 Ext. 338.

Need on-site training? Please call (312) 670-2550 ext. 339.

Chicago Medicine classified advertising form

Classified Rates (Per Insertion)	25 Words or less	26-40 words	41-60 words	61-80 words	81-100 words
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- Payment must accompany the ad. We accept check, money order, Visa or MasterCard.
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- Box reply numbers are assigned upon request at an additional \$5 per insertion (see below).
- Return this completed form to: Chris Sienko, *Chicago Medicine*, 515 N. Dearborn St., Chicago, IL 60610; or fax it to (312) 670-3646. If you have any questions, call Chris Sienko at (312) 329-7334.

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Address: _____

City: _____ State: _____ Zip Code: _____

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If you want ad responses sent via box #, add \$5 per insertion (optional).	
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Number of insertions (months)	_____
TOTAL AMOUNT DUE	_____

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Signature of cardholder: _____

Use lines below to type ad exactly as it should appear. Use additional paper, if necessary.

Classified policy

Acceptance of advertising is restricted to professional and business opportunities, practices for sale and rent, and medical office space available. All requests for classified advertising must be submitted in writing. Although *Chicago Medicine* believes the classified advertisements published within these pages to be from reputable sources, *Chicago Medicine* does not investigate the offers made and assumes no liability concerning them. *Chicago Medicine* reserves the right to decline, withdraw, or edit advertisements at its discretion. While *Chicago Medicine* makes every attempt to achieve accuracy, it cannot accept responsibility for typographical errors.

CLASSIFIED ADS

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PRIME DOWNTOWN NAPERVILLE location. Office/medical space available immediately in newly constructed building. Easy access to interstates and Metra train station. On-site restaurants, banking, shopping. Near Edward Hospital. Call (630) 554-3408.

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OFFICE SPACE AVAILABLE IN A MEDICAL building located at 3401 N. Central Avenue in Chicago, between Belmont and Addison. Highly visible location with parking. Various sizes for lease. Call Richard: (773) 774-7300 or (773) 716-7701.

WELL-ESTABLISHED MEDICAL CENTER for lease, with option to buy in two years. Rent \$4000/month. Near four hospitals, 30 patients daily. Offer won't last. Respond to Box #2236. c/o *Chicago Medicine*.

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FT. LAUDERDALE, FLORIDA: ESTABLISHED BCFP seeking BC/BE or Med/Pede English/Spanish. 100K to start. Full benefits. Low in-patient. Profit sharing, no J-1, no recruiter. Fax (954) 742-5967; telephone (954) 742-4667.

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PHYSICIANS NEEDED—FULL- OR PART-time available. Downtown Chicago and suburban Chicago locations, northwestern and western suburbs. Urology, GI, and anesthesiology specialties wanted. Residents in Illinois programs welcome. Malpractice insurance available. Hourly or salaried positions avail-

able. Mail CV to Administrator, 1640 N. Arlington Heights Rd., Suite 110, Arlington Heights, IL 60004; or fax to (847) 398-4585; or email: Tammy.s@covad.net.

A NEWLY LICENSED ILLINOIS-LICENSED doctor is needed to join a well-established practice with possibility of partnership. Call (708) 779-5070 from 10 a.m.—4 p.m.; or (708) 351-4100 or (847) 630-7358 (Rodelia).

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