

ANNUAL MEETING UPDATE: PART III

Insights from SGIM's 40th Anniversary Symposium: Learning from the Past and Preparing the Future

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Summary of the Event

The SGIM 40th Anniversary Symposium, on the last day of the National Meeting in April 2017, actively engaged senior and junior members to “look back” and “look forward” about SGIM’s past and future in an evolving health care system. The symposium had two components: First, four past presidents from each of four decades since SGIM’s founding offered brief reflections about the key issues confronted by SGIM at the time and ways in which it advanced academic general medicine. Second, SGIM leaders* directed discussions by attendees at each table about future directions for SGIM in response to one of three questions: 1) How can SGIM grow as a leading organization in GIM? 2) How can SGIM expand its role in healthcare delivery research and primary care practice redesign? and 3) In what ways can SGIM encourage trainees to pursue GIM?

For each table of attendees, a designated scribe took notes about the discussion and submitted them to the session leaders. Notes were analyzed using ATLAS.ti qualitative software.

Results

Fifty-two SGIM leaders served as table leaders for this event that had 533 attendees. Of 46 table groups, 43 (93 percent) submitted notes regarding discussions about at least one question, with 40 percent answering more than one question. The following section describes themes that emerged from the dis-

ussion about each of the questions with illustrative quotes.

Question 1. How can SGIM continue to grow as a leading organization and integral voice in academic general internal medicine?

Attendees at 25 tables discussed this question about SGIM’s role as a leading organization and the following four key themes emerged:

1) Trainees are critical for growth (25 tables).

“Students, residents, and fellows are our future. We must find a way to get them to our meetings, and get them excited about general internal medicine. If the spark is lit early, it often stays lit”

2) SGIM needs to continue advocating for patients through its health policy work at the regional and national level (24 tables).

“Lobbying for our values, for social justice—this is key. Especially now.”

Several related comments urged SGIM to invite patients to meetings as some other organizations have done.

“Patients have the opportunity to attend other medical conferences and meet with researchers and physicians. Perhaps SGIM could consider this.”

3) SGIM should further increase its efforts to integrate hospitalists (15 tables).

“SGIM members are general internists. That means we are primary care doctors and hospitalists. We need to include hospitalists more, particularly as transitions of care work and QI aligns us more than ever.”

4) SGIM should partner with other generalist societies to increase our voice in health care reform (16 tables).

“We need to align forces with STFM, Pediatric societies, AAFP, ACOG.”

Question 2. What are ways for SGIM to expand its role at the forefront of research on health-care delivery and primary care practice redesign?

Groups at only six tables responded to the second question about primary care practice redesign and all endorsed SGIM’s health policy advocacy as the most effective way to operationalize our role in primary care practice redesign. Four groups suggested collaborating with other like-minded societies and organizations on this effort.

“SGIM should team up with family medicine and pediatrics to see how they are doing this. Why re-invent the wheel?”

In addition to policy efforts, five groups recommended that SGIM should promote research by directly addressing practice transformation. Suggestions included using the annual meeting, publications, and webinars to showcase health services research related to health systems and primary care practice redesign in which our members are engaging.

“SGIM’s annual meeting, the Forum and JGIM would be great outlets to showcase current efforts and work of leaders in these areas.”

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“Special symposium on these topics—at annual meetings or at webinars”

Question 3. How can SGIM continue to encourage medical students and residents to pursue general internal medicine as a career specialty?

Groups at 30 tables discussed promoting GIM as a career. Related to the theme of engaging trainees from the discussion about the first question, many endorsed attendance by trainees at regional and annual meetings to stimulate enthusiasm about GIM as career. Another strategy was offering more trainee scholarships and travel stipends, suggested by groups at 25 tables.

“We must encourage students and residents to attend. SGIM ought to offer more scholarships and travel stipends.”

Fostering and growing the GIM pipeline was a theme from discussions at 25 tables. Specific ways to accomplish this included: payment reform, decreasing burnout, increasing mentoring at the institutional level as well as at regional and annual SGIM meetings; involving trainees in GIM and health services research; expanding the “Proud to Be GIM” campaign; and offering leadership opportunities for trainees within SGIM.

“The pipeline is the key to our success. In order to inspire the next generation, SGIM must continue to do what it does best—mentor!”

Next Steps

The newly identified member-driven themes were the subject of lengthy discussion by the SGIM Council during its June 2017 retreat. Council identified initiatives that are already underway related to themes from the Anniversary Symposium, such as:

- SGIM’s new year-long Leadership in Health Policy (LEAHP) course, that teaches SGIM members to become effective and active health policy advocates, local health policy experts, leaders, and teachers.
- The Primary Care Collaboration (PCC), a newly formed consortium of GIM, family medicine, and pediatric societies which is working to advance policies that support generalists.
- The Hospital Medicine Task Force, which works to better engage and incorporate hospitalists within SGIM.
- The #ProudtoBeGIM Campaign, that aims to cultivate the next generation of general interests.
- The Young GIM Scholars program, which offers scholarships for medical students and residents to attend the annual SGIM annual meeting.

Thus, in addition to improving how ongoing activities are communicated to SGIM members at large, the themes from the Symposium

provided an impetus to advance additional initiatives. Specifically, Council committed to further developing initiatives that align with SGIM’s six strategic priorities: 1) Improving the work environment, 2) fair reimbursement for primary care providers, 3) increasing the value of SGIM for members, 4) increasing career development opportunities, 5) leadership in cutting-edge issues, and 6) growing SGIM membership at a healthy rate.

Although the data presented herein reflects suggestions from only a subset of SGIM’s members, the themes are likely to resonate within a broad membership. This conversation needs to be continued into the next year as we celebrate our previous successes as a thriving organization but also consider ways to increase its role in advancing the role of GIM in education, research, clinical care, and national health policy. Additionally, upcoming annual meetings might consider adopting this event’s format to solicit the perspectives of members about SGIM’s future.

* Leaders were defined as past presidents, current and former council members, current and former regional leaders, chiefs of GIM divisions, and current and former committee and/or task force members. In addition, we sought to achieve a geographically representative sample. SGIM