

EVALUATION COMMITTEE REPORT

34<sup>TH</sup> ANNUAL MEETING OF THE SOCIETY OF GENERAL INTERNAL MEDICINE

THE MANY FACES OF GENERALISM: BUILDING 21ST CENTURY MEDICINE  
THROUGH EDUCATION, RESEARCH, POLICY AND PRACTICE

May 4-7<sup>th</sup>, 2011  
Phoenix, Arizona

**Submitted by:**

G. Caleb Alexander, MD, MS  
The University of Chicago  
5841 S. Maryland, MC 2007  
Chicago, IL 60637  
Phone: 773-834-9177  
Fax: 773-834-2238  
Email: galexand@uchicago.edu

Thomas H. Gallagher, MD  
University of Washington  
4311-11<sup>th</sup> Ave NE, Suite 230  
Seattle, WA 98105  
Phone: 206-616-7158  
Fax: 206-616-1895  
Email: thomasg@uw.edu

## 1. SUMMARY

The 34<sup>th</sup> Annual Meeting was convened in Phoenix, Arizona from May 4<sup>th</sup> through May 7<sup>th</sup>, 2011. There were 1592 attendees. There were a total of 5 precourses, 70 workshops, 9 clinical updates, 10 special symposia, 52 interest groups, 29 scientific abstract sessions, 3 scientific poster sessions, 8 clinical vignette sessions, 2 innovations in medical education sessions, 1 session on innovations in practice management, and 9 meet-the-professor sessions.

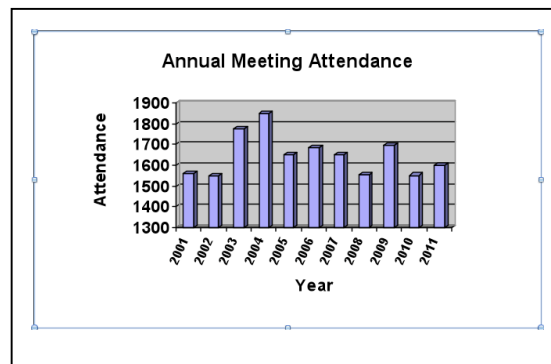
Precourses, workshops, clinical updates, and special symposia were evaluated individually with surveys at the end of the sessions. At least some surveys were returned from each session – the mean response rate per session was 60.3%. Global meeting evaluations took place using an online evaluation with 249 evaluations completed (response rate 15.5%). The response rate represents a substantial decline in evaluations relative to the 2010 Annual Meeting when 747 online evaluations were completed (response rate 48.1%). Ensuring an adequate participation among attendees is always a challenge and we make suggestions in Section 8 regarding the 2012 Meeting. We believe that response rates will return to historical norms with increased effort to increase attendee participation.

The overall rating of this year’s meeting had a mean score of 7.5 on a scale of 1 (below average quality) to 10 (above average quality), reflecting generally high satisfaction levels. This overall meeting rating was higher than 2010 (mean 7.0), but lower than prior years (7.9 in 2009, 7.6 in 2008, 7.8 in 2007).

Participant’s goals for attending the meeting were largely consistent with those expressed in previous years. The goal rated most frequently as “moderately important” or “very important” was to “network” (90%), followed by “meet with collaborators” (83%) and to “hear about new research” (79%). The majority of attendees felt these goals were met.

## 2. SUBMISSIONS AND ATTENDANCE

Attendance increased slightly from 1552 registrants in 2010 to 1592 registrants in 2011. Attendance was predictably lower on the final day of the conference; 95% of individuals reported attending Thursday and 95% reported attending Friday whereas only approximately two-thirds (64%) reported attending Saturday.



The following table illustrates the number of submissions, presentations and acceptance rates across specific session types.

Session Type	Submissions (N)	Number Presented	Acceptance Rate
Precourse	9	5	---
Scientific Abstracts	669	610	91%
Workshops	128	68	53%
Vignettes	413	330	79%
IME	88	78	88%
IPM	45	42	93%

\*IME=Innovations in Medical Education; IPM=Innovations in Practice Management; two precourses invited without peer review

### 3. RATINGS OF OVERALL MEETING QUALITY

The 2011 meeting received high ratings, consistent with the high ratings traditionally given to the SGIM annual meeting. Respondents were asked to rate the meeting overall compared to prior SGIM meetings. The overall rating of this year's SGIM meeting was a mean score of 7.5 on a Likert scale of 1 (below average quality) to 10 (above average quality). This overall meeting rating was higher than the previous year, which had a mean of 6.99. A large majority (80.8%) considered this conference to be above average when compared to similar conferences.

How would you rate this conference compared to other conferences of this type that you have attended (N=214 respondents)?		
	<i>Response Percent</i>	<i>Response Count</i>
Below Expectations	1.4%	3
Average	17.8%	38
Truly Above Average	37.4%	80
Outstanding	30.8%	66
Top 5%	12.6%	27

#### Meeting Goals

Respondents were asked to rate the importance of various personal goals for meeting attendance and were asked to indicate whether these goals were met. The most common goal was to network. Other common goals were to meet collaborators and to hear about new research. Among the nine goals queried, the average proportion of survey respondents who felt their personal goals for attending were met was 82.1%.

	<i>"Moderately important" or "Very important", %</i>	<i>Goal met, %</i>
Network	90%	96%
Meet with collaborators	83%	91%
Hear about new research	79%	97%
Disseminate my work	66%	84%
Learn/re-evaluate healthcare policy	61%	88%
Learn/re-evaluate teaching skills	65%	78%
Learn/re-evaluate clinical skills	56%	74%
Learn/re-evaluate research skills	49%	72%
Learn/re-evaluate administrative skills	36%	59%

#### Effect of Meeting on Attendee Behavior

Attendees were asked whether the annual meeting would change their behavior in nine target areas. The most commonly endorsed change was to start a new or modify an existing research project (77%) followed by communicating with patients differently (67%) and changing how attendees teach (67%). These are consistent with the top three cited in 2008, 2009 and 2010.

<i>After attending this meeting, I will:</i>	<i>Percent Endorsing</i>
Start new or modify an existing research project	77%
Modify how I communicate with patients	67%
Change the way I teach	61%
Use a "new" diagnostic or therapeutic technique for outpatient	55%
Change the way I teach others to teach	53%
Start or modify a QI project	47%
Implement "new" administrative methods	34%
Use a "new" research technique	37%
Use a "new" (new to me) diagnostic or therapeutic technique for inpatients	28%

#### 4. INDIVIDUAL SESSION EVALUATION RESULTS

The SGIM Annual Meeting provides a wide variety of opportunities for attendees to learn new information, meet new colleagues and reconnect with friends, and share opinions, perspectives and insights on a vast array of topics. The meeting was comprised of 5 precourses, 70 workshops, 9 clinical updates, 10 special symposia, 52 interest groups, 29 scientific abstract oral presentation sessions, 3 scientific poster sessions, 6 clinical vignette oral presentation sessions, 2 clinical vignettes poster sessions, , 2 innovations in medical education sessions, and 1 session of innovations in practice management. The innovations in medical education and innovations in practice management sessions are combined oral and poster presentation session.

##### Plenary Sessions

As in previous years, there were three plenary sessions. During the first plenary on Thursday, Dr. Holly G. Atkinson's presentation "*Should Medical Professionalism Include Advocacy?*" was rated highly ("outstanding" or "top 5%") by 64%, with 74% of respondents indicating that they would implement a lesson learned. Dr. Edward H. Wagner's Friday plenary "*The Complex Patient and the Future of Primary Care Internal Medicine*" was highly rated by 61% of respondents and 69% reported they would implement a lesson learned. Professor Sir Michael G. Marmot's plenary on Saturday entitled "*Fair Society, Healthy Lives*" was highly rated by 88%, and 89% said they would implement a lesson learned. Sir Marmot's lecture was the 2011 Malcolm L. Peterson Honorary Lecture.

##### Scientific Abstracts, Innovations and Vignettes

There were 7 scientific abstract sessions, which were consistently very well received and felt to have high impact.

<i>Abstract Session</i>	<i>% Outstanding or Top 5%</i>	<i>Implement Lesson Learned</i>
Thursday session	49%	84%
Friday session	45%	79%
Saturday session	25%	81%

Oral vignette sessions received lower scores and were perceived to have less impact on attendees.

<i>Oral Vignette Session</i>	<i>% Outstanding or Top 5%</i>	<i>Implement Lesson Learned</i>
Thursday session	10%	57%
Friday session	11%	58%
Saturday session	5%	70%

There were 2 innovations in medical education (IME) sessions: 23% rated the sessions as Outstanding or Top 5%, with 74% indicating they would implement a lesson learned. For the Friday innovations in practice management session, 25% rated the session as Outstanding or Top 5% and 83% reported they would implement a lesson learned.

### **Precourses, Workshops, Updates, and Symposia**

There were 5 precourses offered in 2011 with 102 attendees. The precourses received a mean overall rating of 4.68 on a scale of 1 (poor) to 5 (outstanding).

<i>Domain</i>	<i>Scale</i>	<i>Precourses</i>	<i>Workshops</i>	<i>Clinical updates</i>	<i>Symposia</i>
Overall Evaluation	1=Poor, 5=Outstanding	4.68	4.41	4.23	4.46
Quality of Content	1=Poor, 5=Outstanding	4.63	4.37	4.29	4.41
Amount of Material Covered	1=Poor, 5=Outstanding	4.43	4.27	4.24	4.39
Quality of Faculty	1=Poor, 5=Outstanding	4.76	4.53	4.38	4.68
AV Materials	1=Poor, 5=Outstanding	4.18	4.19	4.08	4.23
Audience Interaction	1=Poor, 5=Outstanding	4.56	4.49	3.82	4.42
Prior Topic Knowledge	1=Poor, 5=Expert	2.88	3.34	3.45	3.20
Audience Size	1=Too small, 3=Too big	1.78	1.97	1.94	1.89
Will Make Concrete Change	1=Definitely not, 5=Extremely likely	4.09	3.79	3.66	3.54
Would Recommend	1=No, 5=Definitely	4.21	3.78	3.66	3.79

#### *Workshops*

There were a total of 70 workshops presented at the 2011 Annual Meeting. Attendance for the workshops reached a total of 2469, with an individual workshop attendance averaging 35.3 attendees. The evaluation response rate was 64.2%. Overall, workshops received a mean rating of 4.41 on a scale of 1 (poor) to 5 (outstanding).

#### *Clinical Updates*

The meeting included 10 clinical updates that included sessions on perioperative medicine, preventive care, medical education, new medications for primary care, palliative care, geriatrics, women's health, general internal medicine and hospital medicine. Attendance ranged from 61 to 180. Overall, clinical updates received a mean rating of 4.23 on a scale of 1 (poor) to 5 (outstanding).

## Special Symposia

There were 10 special symposia at the 2011 meeting. The following sessions were offered:

<i>Special Symposia</i>	<i>Name of Coordinator</i>
Town Hall on Violence	Megan Gerber
Health Care Delivery and Immigration	Priya Radhakrishnan
VA Symposium: EHRs for Quality and Safety	Hardeep Singh
Health Care Reform and Generalism	William Moran
VA HSR&D Career Development Awards	David Haggstrom
Film Screening: Fighting for Life	Lynn Byars and Kent DeZee (Discussants)
Immigration Law and Health	Cristina Gonzalez
Educating Residents for PCMH	Judith Bowen
Research in Latin America	Eliseo Pérez-Stable
Intl Symposium: Best of the Best	Dawn Dewitt

## 5. E-POSTERS

The Innovations in Medical Education and Innovations in Practice Management poster presentations participated in a pilot project so these presentations were displayed on computer monitors instead of paper on standard 4x8 poster boards. Overall, this change was well received by attendees, although presenters raised several concerns. The most common critiques received were that the font was too small and that three to four posters per screen was too many. Although instructions identified a minimum font size, some presenters nevertheless designed posters outside of these guidelines. Requiring a minimum font shown to be readable when displayed and increasing the number of screens could ease these concerns. Based on the ratings of different areas, “technical problems” received the highest rating (with 4.32 out of 5), meaning little troubles were experienced due to this shift. “Satisfaction with the 20 minute time slot/ format” had the lowest rating (3.41). E-posters are not being planned for 2012 for a number of reasons, including their cost.

<i>Domain</i>	<i>Mean Rating</i>
Overall Satisfaction with Format	3.68
Visual Quality and Readability	3.57
Satisfaction with 20 Minute Time Slot/ Format	3.41
Adequacy of Time for Discussion with Presenter	3.49
Satisfaction with the Number of Simultaneous Presentations	3.53
Technical Problems	4.32
*1=Poor, 5=Outstanding	

## 6. USE OF SOCIAL NETWORKING MEDIA

Given the increasing popularity of social networking, efforts were made to incorporate the use of these media during the conference. A total of 545 tweets were posted discussing the conference, from 129 twitter users. The majority (80%) of these tweets were made by 26% (34) of the twitterers. And the top ten twitterers (7% of total group) made 352 of the tweets. Sixty-five percent (85) of the twitter users tweeted about the conference only once. While a handful of users provided the majority of comments, it is noteworthy that approximately 8% of registered attendees (129 of 1552 registrants) used twitter to discuss items related to the conference.

## 7. VERBATIM OPEN-ENDED COMMENTS

A breadth of open-ended comments were obtained regarding the conference and these are included verbatim in the Appendix.

## 8. SUGGESTIONS FOR FUTURE MEETINGS

As with prior meetings, overall the evaluations were generally favorable. The low rate of participant response substantially limits the Planning Committee's ability to know whether the feedback received was representative of the broader community's views. As with all surveys, both non-response bias and socially-desirable response bias may limit how informative the data is that is derived from survey evaluations. Nevertheless, some recommendations regarding future meetings follow:

**Social media and electronic platforms.** As an increasing number of SGIM members gain comfort with routine use of these media and platforms, their potential to enhance communications during the meeting should be considered. We believe this is a promising area for the Program Committee to develop. Possible steps include: increasing twitter use by ensuring meeting members who use twitter are prospectively identified and encouraged to sign up (the twitter hash mark has already been set up), designing a Facebook page for the conference, and sending electronic emails daily with key highlights of the meeting and/or reminders to registrants regarding key meeting events or noteworthy activities meriting publicity. Text for daily emails is finalized 2-3 weeks before the meeting. In 2012, the online submission management system, ScholarOne, will also allow meeting attendees to create and download their own personal meeting itinerary. This will include session titles, times and meeting room name. They will also be able to download abstracts for each session.

**E-posters.** Despite the potential novelty of e-poster, there were also several ways in which their contribution was technically limited. Given their cost in 2011, we believe that abandoning their use and returning to the use of traditional posters is reasonable. Staff continues to investigate ePoster technology.

**2012 meeting.** A variety of survey respondents have provided helpful comments and suggestions regarding Orlando and the Program Committee is referred to the verbatim comments that follow for this feedback.

**Meeting evaluation returns.** Ensuring adequate returns of evaluations is always a challenging task, and no single measure will ensure maximal returns. Common methods of increasing participation, such as an emphasis on the importance of evaluations during a plenary session as well as follow-up by email, may boost response rates. Such electronic communications might be particularly valuable if personalized and sent from the SGIM President, Program Committee Chair, or other key leaders. Although there were dedicated computer stations available, these alone are insufficient to ensure high participation rates. Returning to the dual use of written and electronic evaluations remains an option, albeit with greater costs associated with the transcription of written evaluations.

## Appendix. Verbatim Global Comments on the Meeting.

### HOTEL

- Convenience of having conference program actually held in the hotel was great.
- Excellent hotel. Wonderful business center facilities downstairs.
- Good sizes of meeting rooms"
- great facilities; comfortable conference space
- Great food, organized, good advance notice, lots of downtime
- great venue
- hotel facilities/meeting rooms were great
- hotel had everything located in easy to find locations
- Hotel was a nice surprise, good common space for networking.
- hotel was very compact made it very easy to network, excellent
- I like that it was located in a hotel and not a conference center. Much easier to get from one's room to the sessions. Conference center in Minneapolis was too big, did not have the feeling that the meetings have when done in a hotel.
- I liked the hotel- things were pretty compact.
- Meeting area was adequate, well lit and clean
- Nice pace, everything in one location
- Physical plant encouraged interaction"
- Sheraton Conference Staff were the most polite and helpful I have EVER seen at a conference. Simple things like offering to pour cup of coffee while I was trying to balance breakfast and conference materials; walking around picking up plates/handing out napkins...Overall, very polite and helpful."
- The close proximity of all sessions was very nice.
- The hotel size was just right. The more intimate setting compared with a convention center made it easier to meet with colleagues and mentees.
- The meeting rooms were appropriately sized.
- The meeting space was good, not too confusing in layout.
- The physical space really helped facilitate networking
- Venue was good
- venue was perfect
- Very nice facility

### FOOD

- box lunches were delicious
- continental breakfast - keep the boiled eggs & bagels
- Continental Breakfast and Box lunches are much appreciated
- Food was good but placement got in way of traffic flow a few times.
- Great food during the breaks and always had coffee!
- nice break refreshments and then breakfast and lunch always helpful

### CONTENT

- "well organized.
- abstract sessions were outstanding
- choices of things to attend
- Continue to offer variety of sessions; continue to strive for clinical content.
- Excellent breadth of topics with something appealing at every hour/session
- Excellent workshops and new info.
- Focus on Health Policy and Teaching very important
- Good diversity of clinical topics
- Great variety of topics, speakers, formats
- I found that the meeting offerings were richer this year and so I got more out of the meeting.
- I like the mix of research methods, results and clinical workshops.
- I liked the overall format of the meeting, the location of the poster sessions (central), and the general quality of research.
- I thought the content of the program was excellent across the board. I would keep it the same.
- I thought the quality of the research in the posters was above average. I found more that interested me and that I will incorporate into my own research.
- I thought there was a good balance of sessions, always something interesting.
- interesting and varied content
- More focus on practice change

- The hotel was a terrific venue.
- The meeting space was excellent. The rooms were generally a good size, but still felt manageable. It was nice to have the meeting space within the hotel rather than in a separate convention center for convenience.
- The mix of educational and clinical workshops is great.
- The quality of the plenary speakers was outstanding.
- The workshops targeting health disparities were excellent.
- themes and theme organization were an excellent idea."
- This meeting was fantastic. I learned so much. I loved the innovations abstract session. I learned so much that I could bring to my own institution. I left riding a wave of inspiration. I also loved the healthcare policy session. It helped to see how I could be more active.
- Wonderful diversity of topics, great plenary speakers, and just enough downtown to meet with colleagues and network between sessions.
- would like more clinical skills and updates sessions
- would like to see more interesting topics for clinical updates

#### PLENARY SESSIONS

- Allow a little more time for plenary speaker questions
- Dr. Atkinson's talk was truly motivating and energizing.
- I enjoyed the keynotes.
- I found the Friday speaker to be ""preaching to the choir"" with his repeat of what we already know about the need for primary care and the struggles we have. Seems to have been a program more geared for those who don't understand IM. I had mixed feelings about Dr. Atkinson's admonitions about advocacy (my work life balance is poor now as it is) but her comments were thought provoking (her name wasn't on this form for evaluation, by the way). I wish Dr. Marmot's talk had been the initial plenary session. He was such a dynamic speaker that it's a shame more members didn't hear him.
- Marmot rocks, people of his insight and experience as plenary session speakers are a must.
- Mix of plenary speakers GREAT !
- Plenary sessions were outstanding—esp. Sat. morning plenary-really spectacular; it was too bad that many folks had left.
- Plenary speakers were excellent.
- Saturday's plenary speaker!
- Sir Marmot's session was outstanding.
- Sir Michael Marmot was truly outstanding-one of the best plenary speakers.
- The plenary sessions were the best.
- The plenary speakers and theme were great. Although allowing the plenary speaker to go way over time on Saturday was quite bad and hampered workshops that began at 10:30.
- The plenary speakers this year were consistently excellent!
- Themed plenary sessions with outstanding plenary speakers.

#### ePOSTERS

- Allow posters to be projected for longer than 15-20 minutes- lots of work goes into them and to have them have to be taken down or have them leave the screen was disappointing. Liked the electronic version of posters.
- do away with electronic posters- print too small, and too little time to present- really annoying
- E-posters seemed neat
- great posters in the IME section ..should do more of that
- I felt the video posters seemed a little difficult to time seeing, but didn't spend much time with them...I'm not sure they are worth the expense I assume they incur.
- I loved the innovations abstract session.
- I was very impressed with the e-poster sessions - an outstanding concept for doing posters, as well as an excellent set of IME posters.
- I would like to see more e-posters--saves money for presenters. I think this should be advertised more.
- If you use electronic posters again (as you did with the IME poster session this year), please provide the approximate TIME when each poster will be displayed, for people who want to go in and out of sessions to catch specific presentations. I ended up waiting in that session while orals were presented to see a poster, then ended up missing a colleague's presentation in another room because I couldn't figure out the timing of the two.
- Loved the IME computer presentations
- Would be a plus if the e-posters, as well as the others, could be posted to the SGIM website and available for download - along with contact info for the presenter. There were many I'd like to review again, and possibly ask more questions of the presenter"

## MEETING WEBSITE

- It would be helpful to have the extended session/workshop abstract available online during the meeting, not just during registration (at least I couldn't find the session descriptions while we were there)."
- On the web, prelim, and on-site program, provide a 1-2 line description of the unknown vignettes. I don't think this is explained, and therefore they truly remain "unknown" to people who are perusing the program.
- We need a better way of planning an individual schedule. The workshop titles need to match on the web/registration site, the schedule, and the receipt at registration. A schedule oriented receipt has worked much better than an alphabetical list of sessions.

## AWARDS LUNCH

- having the luncheon Friday made a lot of sense
- Keep Friday lunch
- Liked that the awards lunch was on a Friday, esp. for the east coasters who headed out Saturday
- More people came to the Banquet since it was on Friday. I wonder if even fewer people went to sessions on Saturday b/c of the banquet being on Friday.
- Moving the lunch to Friday-way better attendance.

## ORLANDO

- Arrange for special packages for members to attend Disney. If not able to, then have Disney summarize options for members in easy to use format."
- Arrange shuttles or other transportation for members and their families to get to sites. since the number of members attending with families will be large with a large number of children, it would be wonderful to have specified transportation available so that families do not need to struggle with this on their own.
- Discuss Florida's upcoming change to Medicaid HMO, as well as ethical implications of decreasing malpractice claim max of \$300,000 for Medicaid patients.
- have organized family sessions through SGIM for members to participate in activities with their colleagues and families
- It is going to be hard to compete with Disney especially for those who bring their kids--though it's probably during school for many people. It's tempting to think of having some 7p-9p or 6p-8p evening sessions as a way to capture attendees who might go the parks with their kids or spouses during the day. I live in Florida and know that the afternoons can be VERY hot (as hot as Phoenix but more humid...) Attendees may THINK that going to parks in midmorning/afternoon w/kids is great idea and plan to attend an evening session but may find that the heat makes them rearrange plans to go to the parks in the cooler evening--especially since staying on Disney property allows for extended hours access to parks. I wonder if room rate could be extended on either side of the meeting to encourage attendees to do the Disney stuff before or after the meeting instead of missing sessions.
- Orlando is obviously problematic due to the heavy draw of amusement parks. SGIM routinely schedules sessions late into the day (8 PM). I would suggest decreasing the number of interest groups, poster sessions, etc, and ending the day at 5 PM- which gives people plenty of time to go to parks (usually open until 9 or 10 I think). Breaks can be short (15-20 minutes). Although it is disappointing to have your abstract or workshop rejected, it is WORSE to prepare for many months, only to have no one come to your session or poster.
- Orlando: more sessions (keynote) about correctional healthcare (link to human rights and ethics),"
- The innovations were great! To add an element of fun, I would suggest for the Orlando meeting a partial indoor/outdoor evening poster session, either daring poster presenters wear some piece of a Disney costume or inviting some Disney characters to do a quick walk through.
- what about setting a place to watch parade Sat night for example

## NETWORKING

- chance to meet with like minded people
- Chance to meet with others interested in health literacy--I'd like to have a renewed presence of this topic next year...
- collaboration and networking
- Collaboration was awesome especially as a new physician. It was inspiring!
- Consider having evening interest groups (though these will conflict with department meetings, etc)"
- enjoyed meeting collaborators and fellow general internists
- I also appreciated the opportunity for networking with various interest groups.
- I always like seeing my friends & colleagues and ""rejuvenating"" or reinvigorating scholarly activities.
- I really enjoyed the networking
- Networking opportunities
- Opportunity to meet and talk with others involved in medical education in multiple structured settings
- opportunity to network with other institutions"

- Something about being among hundreds of benevolent eggheads trying to improve health care in the US and the world is just inspiring, and sometimes hard to believe.

#### EVALUATIONS

- have evaluations available real-time online that can be done in part

#### SCHEDULING

- better align sessions for med ed so they don't overlap (such as scholarship abstracts and Update in Med Ed)
- Change time period from tues-fri
- geriatrics poster walk session should start a bit later
- I liked having the award luncheon on Friday.
- I submitted my abstract as ""women's health"" with ""cancer"" as a second focus. My poster was scheduled during the cancer poster session. This was fine, but I would have liked to have had it reviewed by the women's health professor during her rounds.
- I very much liked the schedule with a reasonable break between sessions.
- I wished I'd had more energy to see the posters and IME sessions but the sheer number of choices was almost overwhelming. I appreciated the attempt to group them into manageable numbers but I found myself avoiding entire sessions b/c of visual overload. Would it be possible for any of the posters (especially the e-posters in particular) to be posted on the web for viewing later? Many posters come with pdf proof for the author, could SGIM get those from poster presenters?
- It seems that there is never enough time to get through everything at the 1.5 hour plenaries. Would you consider starting the plenaries at 8 all three mornings?
- Less overlap between sessions such that you were less likely to be forced to choose between two interesting sessions.
- Liked the variety of activities and sessions in the meeting. I would like to see better distribution of sessions based on individual or group's interest. This would allow attendee to participate in many activities and not to miss others.
- no Saturday sessions
- Schedule mixing interest groups and breakfast, and no evening meal is a good idea.
- The educational resources at SGIM are my favorite, thought I did attend more Updates this year than in past.
- The scheduling was nice with good breaks.
- There was unfortunate conflict between sessions with similar topics (e.g., Update in Med Ed and Med Ed Abstracts Friday at 4:00). I know scheduling is a beast, but would be great to avoid such conflicts to the extent possible.
- Too few posters on Friday evening and too many Sat with NOT enough to hold people (think pre-Mother's Day no help) BUT Disney should help...

#### MENTORING

- I loved the opportunity for networking, research-team building and mentoring. I thought the mentoring program went well this year, better than last year, and would continue the matching-up the way it was done this year.
- Perhaps have a mentor/mentee meeting location that isn't outside in 100 degree weather.
- The disparities mentoring group was great--we should offer several of these ""group"" mentoring sessions as compared to the one-on-one."

#### ORANIZATION

- Extremely well-organized physically: meeting rooms were spacious with reasonable temperatures, sufficient seating, functioning audio-visuals, and all within short walking distance of each other
- I thought it was superbly well-organized.
- This year I liked that during the poster session you had "meet and greet" tables for the interest groups.
- Very pleasant meeting headquarters, staff was very informative. I like the size of the meeting and the opportunity to choose between many different venues
- Well run, well organized, , nice physical environment (hotel), overall excellent plenary sessions, including abstract presentations.

#### ACLGIM

- ACLGIM leadership institute was outstanding!!
- I will definitely sign up for the ACLGIM session again, although technically I'm not a chief. I appreciated the 37,000 foot view at that session."

#### MISCELLANEOUS

- - I appreciated the provision of handouts whenever possible. I know things will be posted on the website afterward and that we're all trying to ""go green"", but it's good to have material at the time of discussion

- absence pharmaceutical firms
- Conference was efficient and well run!
- excellent meeting,
- Excellent use of technology!
- Good quality childcare on sight that does not cost an arm and a leg.
- Have a smart phone app for the meeting to personalize your schedule, tell you where to go, etc."
- I liked everything except the city
- I liked the fact that we had 1000+ people how seemed to be mostly on the same page about a duty to advocacy.
- I think we need to frame ourselves as recruiters into generalism as much as leaders. If we are not better about bringing younger trainees into our fold then we will not have replacements for when that time comes."
- I wish the meeting was a bit more inviting to people who aren't well entrenched. It's better than some but still not as friendly as it might be. People are nice and helpful when asked but it could be better.
- I would suggest putting more of a description ("one liner") about each session in the program. Sometimes it was hard to tell just from a brief title what the session would be about.
- I would suggest that the program once again have a searchable index by authors/coauthors. Also, I would suggest an online index of the meeting presenters/titles that could be searched by topic area, authors, affiliations.
- Incorporate more sessions for residents and perhaps a social event.
- Insist on high environmental standards at the meeting -- the hotel meeting spaces should not be kept at a frigid temperature (participants should not need to carry/wear a sweater or jacket), an ambient temperature of 76 degrees F is more comfortable and MUCH more environmentally sound than 66 degrees F; the hotel should actively practice a ""no new towel daily unless specifically requested policy"" rather than using such a policy as unenforced window dressing. These are examples only. There should be an environmental chair or director for each meeting, if there isn't already; we need to take the lead on discouraging waste and pollution, rather than sponsoring it.
- limit award acceptance speeches to 3 minutes.
- networking, small groups, poster sessions; excellent meeting; continue to build on existing success
- open mindedness
- overall great meeting
- planning was great
- Registration was easy as was evaluation
- SGIM is a very left-leaning organization in which many speakers tend to wear their politics on their sleeves. It would be nice to have meaningful debate from both sides during a meeting.
- Some discussion of working in resource poor organizations (safety-net healthcare settings)
- *Specify a NO PDA policy at least for workshops and especially abstract sessions. Many SGIM members apparently suffer from PDA addiction and do not recognize how discouraging it is for a speaker to face an audience of whom a quarter or more have their eyes downcast, glued to their PDA's. If someone is expecting an important call, text, or email, they should leave the room quietly when it arrives."*
- Stimulating, thoughtful ideas from the best colleagues in the country
- The energy at the meeting was fantastic. .
- The meeting was well organized, and had a nice mix of presentations/workshops for participants in different tracks (research, clinician educator). The hotel and meeting location were also very pleasant.
- This was my first SGIM meeting in several years, I tend to go to the ACP meetings. This meeting is more academic/research based than ACP and that has both advantages and disadvantages. Some of the breakout sessions (Educating residents for PCMH and Optimizing the learning environment) were rather loosely structured. *I would suggest that workshop planners identify 3-4 takeaways that summarize what participants should gain from the activity and create a handout that identifies these points.*
- Those who are less so-inclined probably left more empowered to be a strong voice.
- To give an example, Dr. Landefeld in his acceptance speech for his well-deserved award took a shot at physicians practicing concierge medicine. Although I may agree with him, I think his comment was inappropriate and shows a lack of tolerance and understanding of what an individual clinician faces. I have followed Dr. Landefeld's career over the years and I suspect that he has never been a full-time clinician."
- translational research"
- very glad to have no corporate/pharma sponsorship
- very inspiring in terms of making case for physician advocacy

#### DEMONSTRATION

- I admired the leadership in having the protest.
- I am so proud of our leaders like Drs. Earnest and Carrasquillo who led the rally. That is the type of activity that pretty much everyone I heard from supported.
- Protest was a great event. .

- The opportunity for physicians to unite behind a cause (against the anti-immigrant legislation of AZ). I very much appreciate how our voices were heard by the leadership.

#### CMC

- The larger issue for me was the changing time on the submission process. I had 2 potential posters to present and was excited about this. I wasn't able to submit due to confusion over the process and initial delay with the online platform. Certainly partly my fault but I don't think it makes sense to have a 12 noon deadline for submissions - 5pm or midnight for a clearly indicated time zone (often indicated as pacific since it's the last for us) would be less confusing."
- Wish the abstract registration will be smoother next year. it was not a user friendly system and then there were problems with it being submitted."

#### SERVICE PROJECT

- The service project experience should become a regular feature of SGIM. A lot of participants talk about diversity, indigent populations, and helping the underserved - but the service project provides a great means to actually carry through in the name of SGIM.
- I really enjoyed the community service event

#### COST

- This is a rather expensive meeting to attend, especially for junior faculty...this is probably why I only see research faculty from my institution that have grants with budgets for travel...primary care clinical faculty wouldn't have enough CME funds for this meeting to attend even as the only meeting they attend."