Notable Highlights from the 2016-2017 Year

1. The ProudtoBeGIM campaign funded 20 institutions at $1000 each to organize local ProudtoBeGIM events aimed to increase understanding about the field of general internal medicine (GIM) and recognition of SGIM. These events were publicized through extensive use of social media platforms, increasing the reach of our organization and potentially leading to growth. Many of these events highlighted the diverse career opportunities within GIM, and thus expanded the knowledge about career development options for current and potential future SGIM members. The campaign also produced two new videos, which can be found on the SGIM YouTube channel.

2. The ProudtoBeGIM campaign held #ProudtobeGIM week, January 23-27, 2017. During this week, members of the ProudtoBeGIM workgroup held SGIM’s first Tweet Chat in which 60+ people joined during the hour and exchanged 300 tweets. Social media metrics from the month of January recorded over 1.23 million timeline impressions, the largest SGIM has ever recorded.

3. The Membership Committee invited all seven Regional Membership Chairs to participate on the National Membership Committee. Together, they developed a resource that will provide a regional “dead zone” map that targets a list of institutions for additional outreach. The new regional toolkit includes email scripts to help with outreach communication to these institutions, and a spreadsheet of all AAMC medical schools, teaching hospitals, and health systems as well as all DO schools in each region.

4. The Program Committee successfully organized the 2017 SGIM Annual Meeting “Resilience & Grit: Preventing Burnout in GIM and Pursuing Organizational Change”, April 19-22, 2017 in Washington, DC. We experienced an increase in the number of submissions overall in both Round 1 and Round 2. As of April 10, registration was at 2316, which is on track to make this the largest meeting in SGIM history. There will be many firsts at the meeting this year; a brief list of enhancements and improvements include:
   a. The Program Committee increased the value of the meeting by providing Maintenance of Certification (MOC) points for attendees.
   b. The workshop acceptance rate increased to 48% at SGIM17 from 21% at SGIM16 (largely due to scheduling more frequent, shorter sessions).
   c. The pilot of a mobile app during the meeting
   d. Complimentary access for all attendees to an online conference library of 30 recorded plenary sessions, Updates, and Symposia.

5. The ACLGIM Summit took place in Austin, Texas, December 4-6, 2016 with a record attendance of 70 Chiefs and leaders. The theme of this year’s meeting was “Maximizing your Role as a Leader in GIM.” Speakers addressed topics such as developing a leadership strategy, strategic planning for academic leadership, keeping the education mission alive, integrating and collaborating with hospital medicine.

6. ACLGIM Leon Hess Management Training and Leadership Institute at SGIM17 is poised for great success with 100 registrants including LEAD program participants and UNLTD Scholars. The theme of this year’s Institute is “Making the Case: Tools to Advance Personal and Professional Fulfillment in GIM”. Speakers and breakout sessions will address topics such as novel methods of clinical practice, faculty development strategies, rapid response strategies for faculty in distress, thriving through change, and creating urgency and influencing senior
leaders.

7. The ACLGIM LEAD program is in its fourth year, as it graduates its third cohort and engages a fourth group of 19 new LEAD scholars and coaches. LEAD is a year-long structured program experience designed to explore and expand leadership capabilities through sill based in-person sessions, asynchronous learning throughout the year, and monthly leadership coaching.

8. ACLGIM developed the WELL (Wellness Engaged Longitudinal Leaders) Program, building on the work ACLGIM has done to measure and reduce burnout in divisions across the country. WELL will begin with a full day retreat on Tuesday prior to SGIM17, with a goal of building a community of “Wellness Champions” (WCs), from GIM and other primary care fields. We hope that the WCs will receive skills and knowledge that will help them to improve worklife conditions at their home institution, and that they will take their knowledge to other institutions facing stress and burnout. In partnership with Dr. Mark Linzer, Division Director in GIM at Hennepin County Medical Center, and well-known expert in the study of work life balance, this year-long program includes an in-person training session and continued discussion and collaboration via an online community. With 30 participants in this first year it is poised to be a successful collaboration with a cross section of GIM, Medicine-Pediatrics, and Family Medicine faculty.

9. Regional Meeting Highlights: Six regions held their 2016-2017 annual meetings between September 2016 and March 2017. The regions include California-Hawaii, Midwest, Mountain West, New England, Northwest, and Southern. In an effort to unpack spring regional meetings and even out SGIM staff workload, the Mid-Atlantic region moved their meeting to the fall of 2017. Overall, the 2016-17 total regional meeting attendance had several all-time attendee highs and/or comparable attendance from the previous year with a combined total of 1449 attendees for all regions. Combined content submissions totaled 1341; 1019 submissions were accepted. The overall regional acceptance rate of 76% is up from 70% in the 2015-2016.

10. In an effort to clarify and streamline the seven different sets of regional bylaws, the Board of Regional Leaders (BRL) and the Workgroup on Regions composed a new single uniform bylaws document to replace all the existing regional bylaws. Over the course of the year the BRL and the regional staff members have worked to have all seven regions to ratify this new set of bylaws either in person at their regional meeting or via online voting. All seven regions now operate under this unified set of bylaws.

11. Forum, SGIM’s outstanding monthly 16-page newsletter, offered four special themed issues during the 2016-2017 year. The issues include Social Media (June 2016); Medical Education (December 2016); Environmental Health for GIM (January 2017); and End-of-Life Care (March 2017).

12. SGIM has named a new editor-in-chief for Forum. Joseph Conigliaro, MD, MPH will begin a three-year editorial term beginning with the July 2017 issue of the newsletter. Dr. Conigliaro has served a chair of the communications committee for the past two years and was also a prior Associate Editor of Forum.

13. The Journal of General Internal Medicine (JGIM) is the society’s flagship peer-reviewed journal. JGIM’s 2015 impact factor increased to 3.494, continuing its steady upward trend over the past seven years. JGIM remains the #1 ranked journal in the primary health care category according to the Google scholar H-5 index, beating out several of other highly regarded peer journals. JGIM’s five-year impact factor rose to 4.040; JGIM is ranked 20th of 151 journals in “Medicine: Internal and General,” and 10th of 87 journals in “Health Care Sciences and Services”.

14. JGIM published three supplements/symposia/special issues during 2016-2017, including: Reinventing Primary
Care (funded by the California Health Care Foundation – Kravitz/Feldman, editors); Weight Management in the Veteran’s Health Administration (funded by VA HSR&D - Frankel/Nicolaidis, editors); and Internal Perspectives on General Internal Medicine (special issue - Greene/Feldman, editors).

15. After an extensive, 18 month search, SGIM has appointed a new editorial team for the Journal of General Internal Medicine. The new editorial team, Jeffrey L. Jackson, MD, MPH; Carol K. Bates, MD; and Steven M. Asch, MD, MPH, will begin their five-year term with full responsibility for the January 2018 issue of the Journal.

16. SGIM, ACLGIM and SHM co-sponsored the 8th Annual Academic Hospitalist Academy in Austin, Texas in September. The AHA provides academic hospitalists with the educational, scholarly and professional development skills they need to advance their careers and begin a pathway to success in academic hospital medicine. The highly successful program attracted a record 100 attendees in 2016.

17. GIM Connect, SGIM’s member-only online networking community, launched in 2013 and continues to evolve to meet member needs. Since last March, over 60,000 posts have been sent through the community site. SGIM members continue to actively collaborate through GIM Connect by asking questions, sharing information and compiling resources.

18. Due in part to the increased visibility of streaming TweetWalls, media walls and promotion of the meeting hashtag, the number of individuals tweeting during the SGIM16 increased by 38% over the previous year, and the overall number of tweets using the meeting hashtag increased 49%. In addition to tweets from attendees, members of the media, patients, scientific journals, research and professional organizations, NGOs and non-GIM healthcare personnel engaged in the conversation. SGIM’s influence in the social media realm continues to grow. Over the last twelve months, SGIM’s Twitter followers have increased by 26%, Facebook by 14% and LinkedIn by 10%.

19. SGIM’s development activities in 2016-2017 included continuing the Capital Campaign (launched in late 2015) to support the purchase of adjacent office space to our national office; funds raised totaled $18,000. The third annual Career Fair showed continued expansion, with 19 participants and over $32,000 in revenue. SGIM’s virtual sponsorship program earned over $10,000. In 2016-2017, the internal funds donation line on the website earned $7,000 overall for five target programs: Regional Training Fund, Distinguished Professor in Geriatrics (Geriatrics Task Force), Distinguished Professor of Women and Medicine, Career Advising Program and Women’s Health Programming (Women and Medicine Task Force), Toolkit of Measures for Research on Root Causes of Health and Health Care Disparities (Disparities Task Force), and the Unified Leadership Training for Diversity (UNLTD) Program in Internal Medicine.

20. Funding and Grants: In 2016-17, SGIM received $32,000 in support for VA activities at the Annual Meeting from the VA HSR&D Quality Enhancement Research Initiative (QUERI) and an additional $55,000 from the VA to support a future JGIM supplement on Weight Management. SGIM also received $25,000 in funding from the Hess Foundation, which is being used to support our advocacy activities.

21. SGIM hosted a successful Hill Day March 7-8, 2017 in Washington, DC. 58 SGIM members took their message directly to Capitol Hill, lending their front-line experience on some of the big issues confronting lawmakers. SGIM members took part in 97 meetings with members of Congress and their staff, covering a range of topics from the Affordable Care Act (ACA) and graduate medical education reform to research funding and health professions training. Speaker Eugene C. Rich, MD, FACP, Center Director, Mathematica Policy Research Center on Health Care Effectiveness, hosted a talk and Q&A session on March 7 at a pre-Hill Day orientation session. Orientation for this session occurred via SGIM’s first ever webinar.
22. The Health Policy committee has successfully started a Leadership in Health Policy Program (LEAHP) for the 2017-2018 year. 20 applicants were selected from an amazing group of 40 applicants to participate in the inaugural program which will run from the 2017 annual meeting through the 2018 annual meeting. The program will include in-person sessions, independent coursework, webinars, conference calls, and a mentorship program.

23. The Health Policy committee has increased its advocacy efforts since the latter half of 2016. SGIM has been active on a number of issues including the President’s Executive Order on Immigration, the nomination of Tom Price for Secretary of HHS, and the possible repeal of the ACA. CRD, SGIM’s long-time government relations firm, is now working to produce a bi-monthly eNewsletter, “Health Policy News”, aimed at education of the SGIM membership.

24. Council approved the creation of SWAG (Senior Wise Advisors Group) in summer 2016. This group, led by Bob Fletcher and consisting of 6-8 past presidents and senior SGIM leaders, serves to advise SGIM Council on matters like strategic planning, external organization partnerships, and development/finance/membership matters.

25. At this year’s meeting in Washington, SGIM will welcome the fifth TEACH cohort into the year-long program focused on teaching skills. In addition, a growing number of TEACH graduates convene each year at an annual meeting session dedicated to scholarship and community building. Eighty-six scholars have successfully completed the TEACH certificate since the program’s inception. The TEACH program consists over 12 hours of coursework at two annual meetings and scholars complete both independent and online study and create interactive ePortfolios.

26. The MOC Task force continues to offer three MOC modules: Cultural Competence and Disparities in Health and Healthcare Module (tests core knowledge about racial, ethnic, and other disparities in health and health care); Women’s Health Module (assesses a series of women's health cases encountered in an ambulatory care setting); and the Evidence-Based Medical Education Module (focuses on best practices in teaching medicine, including evidence-based methods for educating medical students and resident physicians). The Task force worked to provide wider access to the modules, which can now all be accessed for free through the SGIM website for members. Starting at the annual meeting, the MOC task force will become a permanent subcommittee of the education committee so that it can carry out its work for SGIM and its members.

27. The Evidence-Based Medicine Task Force completed New Bottom Line summaries with distribution on the JGIM Web Only content site, Twitter, Facebook, and Instagram, as well as on GIM Connect. The new summaries are as follows: Imaging for Low Back Pain, Preventing Diabetes: The Impact of Lifestyle Intervention and Metformin, Statins for Primary Prevention (HOPE-3), Effectiveness of the High-Dose Influenza Vaccine in Older Adults.

28. Geriatrics Task Force – In 2015, task force members collaborated with representatives from AMDA and AGS to write best practices guidelines. This project was funded by ASP grant. Their paper was published in February 2017.

29. The GIM for Young Adults Task Force published a book this year, Care of Adults with Chronic Childhood Conditions, which was endorsed by SGIM. The task force also underwent a name change this year (previously Adults with Chronic Conditions Originating in Childhood) to better represent the new strategic directions of the task force.
30. The Clinical Practice Committee is working with the AMA to co-brand the Steps Forward Practice Improvement Modules that are being produced by SGIM members in collaboration with the AMA for a practice redesign toolkit.

31. The CaREER workgroup completed an extensive categorization of career offerings, which reviewed offerings from the last three years (2014-2016) of SGIM Annual Meetings, ACLGIM Winter Summits, TEACH workshops and ACLGIM LEAD workshops and placed them into major career content buckets. This activity allowed for a gap analysis of career development offerings. In September 2016, a market feasibility study was administered to SGIM membership-at-large to gauge the level of interest for career development programming and identify the most promising program structure. Findings from the market feasibility were presented to SGIM Council at the December 2016 retreat.

32. Staffing News: Three new staff members joined SGIM in 2016-2017. Allison Barrett and Gina Spear together tackle all seven regions and the Board of Regional Leaders. Linda Woodland was the latest staff addition in December, coming on as Office Administrator. With the unexpected early retirement of long-time Director of Annual Meetings, Sarajane Garten, and the short stint of the Executive Director who was hired in June 2016, all staff have stepped up in countless ways to fill gaps, learn new skills, and collectively support, guide and drive the organization and its volunteers to accomplish all of the above activities.