Generalists Engaged in Population Health

Improving Outcomes and Equity through Research, Education and Patient Care

MEETING EVALUATION REPORT
Evaluation Committee Report
2016 Annual Meeting of the Society of General Internal Medicine
Diplomat Hotel and Spa
Hollywood, Florida
May 11-May 14, 2016

Submitted by:

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The 2016 Annual Meeting included both educational programming and SGIM organizational sessions, including:

- **TEACH Core Session**
- **LEAD Core Session**
- **Quality Improvement Skills for Reliable Care**
- **ACLGIM Leon Hess Management Training and Leadership institute (including the Lead Core Session)**
- **3 Plenary Sessions, each with a keynote speaker**
  - **Opening plenary session** including the annual Presidential Address by Marshall Chin, MD
  - **Friday plenary session**, including the 2016 Malcolm L. Peterson Honor Lecture, Progress in Improving Healthcare Delivery, by Timothy G. Ferris, MD, MPH, Senior Vice President, Population Health Management, MGH, MGPO, Partners HealthCare
  - **Saturday Awards Breakfast**, including *Mapping Your Journey: An Armchair Conversation across Generations about CaREER Development*.
    - **Moderator**: Christopher Masi, MD, NorthShore University HealthSystem, Clinical Associate Professor, University of Chicago
    - **Panelists**:
      - Robert H. Fletcher, MD, MSc, Professor Emeritus, Harvard Medical School, Department of Population Medicine
      - Suzanne W. Fletcher MD, MSc, Professor Emerita, Harvard Medical School, Department of Population Medicine
      - Jada C. Bussey-Jones, MD, Chief, General Medicine and Geriatrics, Professor of Medicine, Department of Medicine, Emory University School of Medicine
      - Brita Roy, MD, MPH, MHS, Assistant Professor, Section of General Internal Medicine, Department of Internal Medicine, Yale University School of Medicine, Director of Population Health, Yale Medical Group
- **Two Distinguished Professor Programs**, each with a keynote address
  - Thirteenth Annual Distinguished Professor in Geriatrics: Elizabeth Eckstrom, MD, MPH
  - Ninth Annual Distinguished Professor of Women and Medicine: Karen B. De Salvo, MD, MPH, MSc
  - **2016 VA Series**, including five workshops and a lunch with VA Leadership
- **Patient Centered Outreach Research Institute (PCORI) Series**, including a keynote and three workshops
- **9 Clinical Updates**
- **48 Workshops** selected through submission and peer review
- **Oral Presentation Sessions**:
  - 25 scientific abstract oral presentation sessions
  - 6 clinical vignettes oral presentation sessions
  - 2 Innovations in Medical Education oral presentation sessions
  - 2 Innovations in Clinical Practice oral presentation sessions
• 7 Poster Sessions
  • 3 scientific abstract poster sessions
    New in 2016: three poster “walk and talk” sessions:
    • Medical Education Scholarship: Reena Karani, MD, MHPE, Icahn School of Medicine at Mount Sinai
    • Hospital-Based Medicine: Daniel P. Hunt, MD, Emory University School of Medicine
    • Cancer Research: Nancy L. Keating MD, MPH, Harvard Medical School
  • 3 clinical vignettes poster sessions
  • 1 innovations poster session
• MOC Sessions
  • SGIM Women’s Health MOC Module
  • ABIM Update in Internal Medicine
• Annual Meeting Mentoring Panels
  • Disparities Mentoring Panel
  • Clinician Investigator Careers
  • Clinician Educator Careers
  • Parenting in Medicine Mentoring Panel
  • Student, Resident and Fellow Mentoring Panel
• 31 SGIM Committee and Task Force meetings
• 65 SGIM Interest Group meetings
• 12 Regional events
There were 2181 registered attendees, compared to 1939 in 2015. The majority of responding attendees stayed at Diplomat Hotel (67%), the meeting headquarters hotel, followed by 12.5% at the Crowne Plaza Hollywood Beach, 21% elsewhere. This is compared to (74.2 %) stayed at Sheraton Centre-Toronto at prior meeting. Compared to prior years, 87% of evaluation respondents reported attending the meeting on Thursday compared to 94.6%, and 89.4 % compared to previous year’s 95.2% reported attending on Friday, only 49.6% compared to 58.8 % of respondents attended sessions on Saturday. This pattern compares similarly to 2014.

The table below provides the number of submissions, presentations, and acceptance rates by type of session. Acceptance rates in respective categories in 2015 are shown for comparison.

<table>
<thead>
<tr>
<th>Session Type</th>
<th># Submissions (N)</th>
<th># Accepted</th>
<th>Acceptance Rate 2015</th>
<th>Acceptance Rate 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scientific Abstracts</td>
<td>724</td>
<td>715</td>
<td>81%</td>
<td>98%</td>
</tr>
<tr>
<td>Workshops</td>
<td>227</td>
<td>48</td>
<td>40%</td>
<td>21%</td>
</tr>
<tr>
<td>Vignettes</td>
<td>886</td>
<td>626</td>
<td>65%</td>
<td>71%</td>
</tr>
<tr>
<td>Innovations in Medical Education</td>
<td>165</td>
<td>110</td>
<td>52%</td>
<td>66%</td>
</tr>
<tr>
<td>Innovations in Clinical Practice</td>
<td>157</td>
<td>111</td>
<td>57%</td>
<td>71%</td>
</tr>
<tr>
<td>Updates</td>
<td>9</td>
<td>9</td>
<td>90%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Overall meeting evaluations were assessed with an online survey, with 946 responses received up from 206 in 2015 (response rate 43%), higher than the historical average of about 30%. The mean rating score for the overall meeting this year was 7.64 out of 10, compared to 7.01 out of 10 in 2015 and 7.60 in 2014. There has been a pattern of lower scores that correspond with higher response rates (2013: response rate 35%, mean score of 7.5; 2012: response rate 39%, mean score 7.2; 2010: response rate 48%, mean score 7.0). **Staff developed both a new online evaluation and attendees’ communication schedule, which clearly improved the response rate.**

Respondents rated the meeting highly compared to other meetings of similar type they have attended in the past. 35.7% rated the meeting as outstanding or top 5% compared with 33.5% in 2015, 42.2% in 2014, and 39% in 2013.

<table>
<thead>
<tr>
<th>How would you rate this conference compared to other conferences of this type that you have attended? (N=886)</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below Expectations</td>
<td>1.8%</td>
<td>16</td>
</tr>
<tr>
<td>Average</td>
<td>21.1%</td>
<td>187</td>
</tr>
<tr>
<td>Truly Above Average</td>
<td>41.3%</td>
<td>366</td>
</tr>
<tr>
<td>Outstanding</td>
<td>27%</td>
<td>239</td>
</tr>
<tr>
<td>Top 5%</td>
<td>8.7%</td>
<td>77</td>
</tr>
</tbody>
</table>

33.9 percent of the respondents identified their primary role as “clinician,” “investigator” and “educator”. Of note, 19.9% of attendees were residents.

<table>
<thead>
<tr>
<th>Which description best characterizes your current primary professional role? (N= 972)</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident</td>
<td>19.9%</td>
<td>191</td>
</tr>
<tr>
<td>Educator</td>
<td>12.1%</td>
<td>116</td>
</tr>
<tr>
<td>Clinician</td>
<td>11.9%</td>
<td>114</td>
</tr>
<tr>
<td>Investigator</td>
<td>10.0%</td>
<td>96</td>
</tr>
<tr>
<td>Assistant Professor</td>
<td>9.8%</td>
<td>94</td>
</tr>
<tr>
<td>Associate Professor</td>
<td>7.0%</td>
<td>67</td>
</tr>
<tr>
<td>Professor</td>
<td>6.5%</td>
<td>62</td>
</tr>
<tr>
<td>Fellow</td>
<td>6.3%</td>
<td>61</td>
</tr>
<tr>
<td>Administrator</td>
<td>5.3%</td>
<td>51</td>
</tr>
<tr>
<td>Student</td>
<td>4.1%</td>
<td>39</td>
</tr>
<tr>
<td>Other(please specify)</td>
<td>3.3%</td>
<td>32</td>
</tr>
<tr>
<td>Hospitalist</td>
<td>2.2%</td>
<td>21</td>
</tr>
<tr>
<td>Instructor</td>
<td>1.6%</td>
<td>15</td>
</tr>
<tr>
<td>Non-Physician Health Professional</td>
<td>1.4%</td>
<td>13</td>
</tr>
</tbody>
</table>
Goals of Attending the Meeting
The four most important reasons cited for attending the Annual Meeting, as determined by responses of very important, were networking (63.1%), meeting with collaborators (51.1%), hearing about new research (47.7%), and disseminating one’s own work (37.5%). The majority agreed these top four goals were met with a range of 92% to 95%. Responses relating to goals met were comparable to those of 2013 (82%-96.1%).

<table>
<thead>
<tr>
<th>Goals</th>
<th>Somewhat important (%)</th>
<th>Moderately important (%)</th>
<th>Very important (%)</th>
<th>Goals met (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network</td>
<td>10.4</td>
<td>24.7</td>
<td>63.1</td>
<td>94.3</td>
</tr>
<tr>
<td>Meet with collaborators</td>
<td>14.7</td>
<td>29.3</td>
<td>51.1</td>
<td>92.4</td>
</tr>
<tr>
<td>Hear about new research</td>
<td>15.9</td>
<td>34.8</td>
<td>47.7</td>
<td>95.8</td>
</tr>
<tr>
<td>Disseminate my work</td>
<td>20.6</td>
<td>32.2</td>
<td>37.5</td>
<td>92.9</td>
</tr>
<tr>
<td>Learn or re-evaluate teaching skills</td>
<td>27.2</td>
<td>30.3</td>
<td>30.7</td>
<td>77.1</td>
</tr>
<tr>
<td>Learn or re-evaluate current healthcare</td>
<td>31.1</td>
<td>38.5</td>
<td>23.7</td>
<td>83.4</td>
</tr>
<tr>
<td>Learn or re-evaluate clinical skills</td>
<td>32.3</td>
<td>29.6</td>
<td>25.2</td>
<td>70.1</td>
</tr>
<tr>
<td>Learn or re-evaluate research skills</td>
<td>29.0</td>
<td>35.7</td>
<td>20.0</td>
<td>71.7</td>
</tr>
<tr>
<td>Learn or re-evaluate administrative skills</td>
<td>33.5</td>
<td>29.2</td>
<td>14.3</td>
<td>66.0</td>
</tr>
</tbody>
</table>

Logistics and Meeting Planning
Approximately 90% (802/886) of respondents registered online and 88% (841/958) felt comfortable with online registration.

Future Plans
92 percent of respondents plan to attend the 2017 annual conference, and 98 percent would recommend the conference to others. This compares favorably with the 2015 meeting.
As shown in the Table below, the most commonly cited new behaviors endorsed by respondents for the upcoming year were “starting a new or modifying an existing research project” (66.3%), “modifying how I communicate with patients” (54.6%), “changing the way I teach” (47.6%), “change the way I teach others to teach” (42.2%). The percentages of the endorsed behaviors were comparable to 2015 in terms of order of priority.

<table>
<thead>
<tr>
<th>Future Plans</th>
<th>Percent Endorsing 2016</th>
<th>Percent Endorsing 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start new or modify an existing research project</td>
<td>66.3%</td>
<td>72.5%</td>
</tr>
<tr>
<td>Modify how I communicate with patients</td>
<td>54.6%</td>
<td>56.4%</td>
</tr>
<tr>
<td>Change the way I teach</td>
<td>47.6%</td>
<td>57.1%</td>
</tr>
<tr>
<td>Change the way I teach others to teach</td>
<td>42.2%</td>
<td>59.8%</td>
</tr>
<tr>
<td>Use a &quot;new&quot; diagnostic or therapeutic technique for outpatient</td>
<td>41.1%</td>
<td>46.9%</td>
</tr>
<tr>
<td>Use a &quot;new&quot; diagnostic or therapeutic technique for inpatient</td>
<td>23.3%</td>
<td>32.4%</td>
</tr>
<tr>
<td>Start or modify a QI project</td>
<td>40.7%</td>
<td>48.0%</td>
</tr>
<tr>
<td>Implement &quot;new&quot; administrative methods</td>
<td>30.4%</td>
<td>39.0%</td>
</tr>
<tr>
<td>Use a &quot;new&quot; research technique</td>
<td>28.5%</td>
<td>24.2%</td>
</tr>
</tbody>
</table>
Plenary Sessions

- The Thursday-opening plenary session included the annual Presidential Address by Marshall Chin, MD, MPH. His presentation received a rating of “truly above average” or “outstanding” by 58.6% with an additional 5% rating it as “Top 5%”. 62.2% of respondents attending indicated they would implement a lesson learned.
- The Friday plenary session, by Timothy Ferris, MD, MPH received a rating of “truly above average” or “outstanding” by 53.2% with an additional 1.5% rating it as “Top 5%”. 54.5% of respondents attending indicated they would implement a lesson learned.

Saturday Awards Breakfast and Keynote Address

- The session titled Mapping Your Journey: An Armchair Conversation on Career Development received a rating of “truly above average” or “outstanding” by 64% with an additional 12% rating it as “Top 5%”. 84% of respondents attending indicated they would implement a lesson learned.

Plenary Attendance

Thursday’s opening plenary session had 1231 attendees and Friday’s plenary session had 820 attendees. The Saturday Awards Breakfast had 548 attendees. These numbers almost exactly match those at the corresponding 2015 plenary sessions.

Other Educational Content

All types of content had high mean scores in terms of the overall evaluation, particularly the Clinical Updates and VA sessions. Other specific scores were similar across types of content.

<table>
<thead>
<tr>
<th>Domain*</th>
<th>Workshops</th>
<th>Clinical Updates</th>
<th>Special Symposia</th>
<th>VA Sessions</th>
<th>Fellows Symposium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Evaluation</td>
<td>4.57</td>
<td>4.31</td>
<td>4.59</td>
<td>4.52</td>
<td>N/A</td>
</tr>
<tr>
<td>Quality of Content</td>
<td>4.49</td>
<td>4.30</td>
<td>4.61</td>
<td>4.52</td>
<td>N/A</td>
</tr>
<tr>
<td>Amount of Material Covered</td>
<td>4.40</td>
<td>4.31</td>
<td>4.55</td>
<td>4.44</td>
<td>N/A</td>
</tr>
<tr>
<td>Quality of Faculty</td>
<td>4.70</td>
<td>4.45</td>
<td>4.77</td>
<td>4.68</td>
<td>N/A</td>
</tr>
<tr>
<td>Audiovisual Materials</td>
<td>4.24</td>
<td>4.13</td>
<td>4.45</td>
<td>4.23</td>
<td>N/A</td>
</tr>
<tr>
<td>Audience Interaction</td>
<td>4.57</td>
<td>4.00</td>
<td>4.36</td>
<td>4.55</td>
<td>N/A</td>
</tr>
<tr>
<td>Prior to this workshop, my overall knowledge of the topic covered was</td>
<td>3.29</td>
<td>3.42</td>
<td>3.62</td>
<td>3.55</td>
<td>N/A</td>
</tr>
<tr>
<td>Audience size for this session</td>
<td>2.08</td>
<td>1.98</td>
<td>1.83</td>
<td>1.96</td>
<td>N/A</td>
</tr>
<tr>
<td>How likely is it that you will make a concrete change in your teaching, research, patient care, or administrative work as a result of this workshop?</td>
<td>3.99</td>
<td>3.67</td>
<td>3.90</td>
<td>4.03</td>
<td>N/A</td>
</tr>
<tr>
<td>Would you recommend inviting this workshop to your institution for presentation?</td>
<td>4.05</td>
<td>3.83</td>
<td>4.11</td>
<td>4.05</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*All evaluations based on a 1-5 scale where 1=poor and 5=excellent, except for audience size where 1=too small and 3=too big, and “will make concrete change”/“would invite to my institution” where 1=no/definitely not and 5=extremely likely/definitely.
Workshops
Total attendance for the 56 workshops was 2049 with an average attendance of 42. The average attendance during the Saturday workshops was 46.7 compared to 10.7 in 2015. This year, the response rate from the workshops was 72.2% compared with 63.3% in 2015.

Clinical Updates
Topics for the clinical updates included: Update in Primary Care (87 attended), Update in Geriatric Medicine (13 attended), Update in Perioperative Medicine (66 attended), Update in Medical Education (83 attended), Update in HIV Medicine (56 attended), Update in Quality Improvement and Patient Safety (69 attended), Update in Women’s Health (116 attended), Update in Pain Medicine (96 attended), and Update in Health Policy (53 attended). Total attendance for clinical updates was 543 compared to 908 in 2015; average attendance was 67.8 compared with 82.5 in 2015. The session with the lowest attendance was geriatrics (with 13). Sessions held on Saturday (Update in Primary Care and Geriatric Medicine) may account for their lower attendance. Symposia of higher importance may be considered for earlier sessions. The evaluation response rate from clinical updates was 45% compared to 40% in 2015.

Special Symposia
Topics for the eight special symposia included: Informatics in Health Information Technology in Population Health, Bridging Healthcare and Community for Population Health, Clinical Integration in Accountable Care Organizations, The Health Impact of Racial Bias and Social Injustice, How to Navigate the Medical Information Highway, Bridging Healthcare Delivery and Population Health, Novel Approaches to Reward and Retain Ambulatory Faculty, Primary Care Practice Transformation. The total attendance was 348 with an average of 58 per session. The evaluation response rate from special symposia was 40% down from 57% in 2015.

VA Series
There were five VA sessions:
- Panel Management - A VA Series Workshop
- Generalists and Chronic Pain Care: A VA Series Workshop
- Using Big Data to Improve Population Health - A VA Series Workshop
- Population-based Intensive Management Programs for High-risk Patients
- Using Shared Medical Appointments A VA Series Workshop

Total attendance for the VA sessions was 121 (132 in 2015), with an average of 30.5 (33 in 2015). The evaluation response rate from the VA sessions was 66%, compared to 38% in 2015, 28% in 2014, and 31% in 2013.

Fellows’ Symposium
The Fellows symposium did not include CME and no evaluation data are available. Attendance was 49.

Abstract Sessions
There were 26 oral abstract sessions with a total attendance of 941 (1164 last year) and an average of 44 attendees per session. The Lipkin Finalists abstract session received the highest attendance at 104.
David E. Rogers Junior Faculty Education Awards
The David E. Rogers Junior Faculty Education Awards were given to three junior faculty who coordinated workshops at the meeting. Four criteria were applied:
1) At least 20 attendees came to the workshop (determined by the official staff head count).
2) At least 60% of attendees completed and returned evaluation forms for the session.
3) The session received the highest overall rating of eligible sessions.
4) The session coordinator was an eligible faculty person (faculty rank below associate professor).

21 Sessions were eligible for the Award.

In 2016, the David E. Rogers Junior Faculty Education Awards went to (ratings in parentheses):
WL 08-The Didactic Distillery: Teach More by Narrowing Your Topic. (4.92)
Session Coordinator: Lucas Golub, MD, Instructor of Medicine, Emory University

WE07-Breast Cancer Risk Assessment & Chemoprevention for the PCP (4.72)
Session Coordinator: Rachel Vanderberg, MD, Hospitalist, Clinical Instructor, University of Pittsburgh Medical Center

WG05-Teaching Clinical Reasoning (4.72)
Session Coordinator: Denise M. Connor, MD, Assistant Clinical Professor, San Francisco VA Medical Center and University of California, San Francisco
Open-ended comments are included in an Appendix to the main document. Most attendees liked the hotel amenities although the overflow hotels may not have been optimally located and layout with the meeting rooms being close to each other. Among the participants who provided comments, there was some level of dissatisfaction with the quality and availability of food service for vegetarians as well as with the lack of Wi-Fi access in the hotel meeting areas. Many of the respondents did not express discontent with the online registration process. Some of the residents and fellows respondents found the overall meeting and registration costs too high. ScholarOne continues by attendees who provided comments to be somewhat difficult or clumsy.

Most attendees commented positively on the many networking opportunities that the meeting provided and on the high quality of all the sessions, including workshops, clinical updates, VA plenary sessions. Actionable suggestions provided for the issues related to low attendance include having fewer concurrent options and presenters to increase attendance at each of the sessions, incorporating more clinical updates and ending the meeting earlier.

SUGGESTIONS FOR FUTURE MEETINGS
As with all surveys, both non-response bias and social desirability bias may limit how informative the data are from survey evaluations. Notwithstanding, some suggestions for future meetings from 2015 evaluation data are listed below.

- **Electronic Platforms (mobile app, website).** There was some dissatisfaction among responders with the lack of WiFi access in the meeting rooms and other locations throughout the hotel. A few expressed the website was not easy to navigate in order to find abstracts and posters.

- **Session Attendance.** While most sessions had very good attendance, there appeared to be a sense that attendance in the Saturday sessions was less than optimal again. The lower Saturday attendance may be related to attendees leaving early to return home to their families. Additionally concurrent sessions may hinder peoples’ attendance. The location of the conference (Beach Resort) may also have played a role.

- **Suggested topics for the 2017 meeting.** Improving the ScholarOne App. Many attendees suggested including more topics on QI, Clinical updates, and disparities. Ensuring adequate wifi connection was also a main issue; as was avoiding overlapping sessions to allow attendance. Emphasis on disparities of care was suggested. The program committee should consider these suggestions in their planning of the program for the 2016 meeting.

- **Meeting Evaluation Returns.** The overall meeting evaluation return rate this year was 946 of 2181 registered attendees or 43.4% compared with 17.3% in 2015, 16.8% in 2014; lower than the return rate 35% in 2013and 16% in 2011. This year’s response rate impacted the mean rating score for the overall meeting that was 6.23 out of 10 compared with 7.01 in 2015; 7.60 in 2014 (2013: mean score of 7.5). Some attendees found sticking to timelines during sessions that overran problematic. As well, the quality of the plenary session (too long) was brought up by a few who found it not as inspiring. Food service was raised as a concern (running out too quickly, or not adequate for
vegetarians), as was lack of wifi connectivity, several remarks about the overall cost were also raised. Continued emphasis on the importance of evaluations by the Program Committee chairs will be important to ensure high return rates in 2015.

- **Meeting Location in 2017**
  Attendees voiced no concerns about the location of the meeting in 2017. A number of suggestions revolved around engaging policy makers at the legislative lever as well as emphasis on QI, health disparities and networking. The program committee should consider these suggestions in their planning of the program for the 2017 meeting: ensure universal wifi connectivity, sessions with minimal overlapping/concurrent sessions, built-in 15-30 minute breaks between sessions, and possibly ensure food service offered is adequate.
What suggestions do you have for the SGIM 2017 Annual Meeting in Washington, DC on April 19-22, 2017?

**Plenary Sessions**
- Avoid oral presentations after the awards ceremony if at all possible
- Continue to find outstanding/top5% plenary speakers
- Dynamic plenaries
  - I disliked the keynote plenary speaker. Perhaps this could be re-addressed (the selection and topic).
- Include in plenary a session in which a master diagnostician discusses an unknown case
- Keep the Proud to be GIM mentoring panel
- Plenary choices were odd
- Plenary sessions re: social justice
- Rethink the plenary sessions, focus on presenting abstracts with the highest level of evidence and scientific rigor.
- Shorter plenaries
- The oral sessions at the opening plenary were not engaging and set a bad starting tone for the conference.

**Workshops**
- More medical education-related content, especially workshops!
- More education workshops
- The workshops this year lacked practical focus - such as take home skills/toolkit
- More sessions oriented to educators, educator specific poster sessions, more workshops emphasizing teaching skills.
- The categories and ratings forms for workshops needs to be updated to reflect the new SGIM strategic priorities. Workshops on practice redesign don't seem to do well with the current rating forms and categories and review groups. If this is one of SGIM's main foci, then the national meeting planners need to help facilitate some of these workshops getting air time in the national meeting.
- More workshops
- The TEACH sessions were great - would include these often
- I think you should be more intentional about workshop acceptance. We had a phenomenal workshop that was on high utilizer efforts but it was not accepted and I am flummoxed why. There was nothing else like this in a meeting full of pop health. I was sad there were not better forums to collaborate other than a measly hour for a workgroup. I am tempted to think SGIM is not the best forum for this work -- however -- I will keep submitting to SGIM. Maybe IHI wants this work more. I will still come to SGIM, no doubt.
- I think it would be helpful to have a workshop, targeted at junior SGIM members, on making transitions to or within academic medicine - i.e. switching from being primarily a community-based provider to being a clinician-educator at an academic institution, or switching %time spent on activities within an academic job.

**Updates**
• Also would be helpful I think to not have similar "updates" on at the same time (geriatrics and primary care updates both at the same time left me torn!)
• Bring back the update in Hospital Medicine session
• bring back Updates in Hospital Medicine
• Continue to offer update sessions (very valuable), consider offering more skills sessions
• I think it would be great to include a musculoskeletal medicine clinical update periodically at SGIM, since this clinical info is not often taught in med schools and residencies but musculoskeletal problems are the 2nd most common reason that our patients come to see us in primary care in the US. Could be a presentation of the most influential and practice-changing papers in the past year. I'd be happy to coordinate this.
• More "clinical update" sessions on key topics for practicing internists.
• more clinical updates - too many workshops and not enough clinical knowledge
• More didactics on updates in internal Medicine  Sessions that are specifically geared towards either primary care or hospitalist
• more helpful update in educational literature.
• more updates in clinical medicine.
• Primary care updates should not be on the last day
• Updates on bundled payments (I’m anticipating there will be even more by the next time).

Special Symposia
• Keep up the idea of important special symposia.

Scientific Abstracts
• More disparities research talks
• More science--there is so much exciting research being done that this can be the premier forum to do showcase
• Increase research methodologic presentations, particularly in non-RCT methods.
• filter abstracts and make it possible to be an informed consumer in the meeting
• Should have more scientific abstract sessions.
• Keep abstract sessions on time (instruct moderators to keep on schedule).

Clinical Vignettes
• I know the poster sessions are designed to bring in trainees, but the absolute number of vignettes is too many, and the result is either "no-shows" or trainees standing around with no one to speak with. Many of the vignettes were pretty average.
• Do not have sessions where the only thing occurring is the case vignette poster session
• less clinical vignettes

Poster Sessions
• Schedule fewer things when posters are up. Even if you need to make these sessions shorter (e.g. 45 min)
• The walk and talk sessions for posters were awesome- it was a first for me. I think it would be really helpful if the facilitators had a good 20-30min after the walk through to talk about the posters and the participants in the session (those doing the walking from poster to poster) as I felt we didn't really get the chance to do this, and it would provide valuable networking for future collaboration.
• Grouping the posters by content is excellent and would help to identify these content areas in the program.
• Poster presentations should be Judged and announced-it adds a bit of thrill and competitiveness.
• Decrease the number of poster sessions. They have limited value other than to allow people to share their work.
• I would work on a way to reign in the number of posters that are accepted, trying to hone in on true quality work, and spotlight those posters in some fashion. I know PAS has poster plenary where researchers summarize their posters to an audience. I would consider this format.
• Consider having more Professor walk tours of posters to engage senior members and increase their interaction with junior members.
• Not sure if this is true—but this year there seemed to be an increased number of poster sessions— the sheer enormity was overwhelming— might recommend a more competitive process for next year with few posters selected.
• Return to 90 minute poster sessions
• longer poster sessions
• Poster sessions 90 minutes
• Poster sessions 1.5 hours
• Poster sessions should be 1.5 hours or 2 hours, not 1 hour.
• Make poster sessions longer
• Longer poster sessions. 1 hour is too short.
• group the clinical vignette poster sessions into related topics 1-20 neurologic conditions; 21-50 infectious, etc. (obviously there will always be overlaps). Perhaps the same could be done for other poster sessions?
• longer poster sessions. Buck the terrible national trend of shortening poster sessions; junior people really need poster time for senior people to see their work.
• Schedule poster sessions so that you get more attendance.
• more time for networking together. the poster session central to that with food and drink

Content Suggestions
• Consider panel-style discussion for resilience
• Since the theme is on grit and journeys -- I recommend you incorporate the Dr. Seuss book The Places You Go -- interestingly, there were a few people I spoke to this week who talked about how they had been stuck in, and then escaped, 'the waiting place.'
• Theme of resilience is very important; however, it's been discussed quite a bit at AAIM, SHM, AAMC regional meetings this year. Advise not overemphasizing burnout/resilience so attendees don't burn out from talking about burnout.
• Addressing primary care overload, burnout and policy changes to address this directly
• Focus on ways to address burnout. Provide details on use of scribes and other novel models of practice. Provide details on consideration of panel size in compensation.
• Properly vet submissions for meeting a minimum criterion of being truly novel addition to the literature.
• bring back the cancer sessions
• clinical exam sessions
• continue with high-quality programming for generalists, including some with primary care focus continue with high-quality programming for clinician educators
• Continued focus on health equity
• Expand sessions and networking opportunities to involve non-clinicians.
• For the topic discussions some of them have too little detail.
• include a session on public speaking
• include some well-being activities
• Increase opportunities for networking - build in explicit "Networking" time into the meeting schedule (i.e. over breakfast, lunch or happy hour)
• Increased focus on implementation science, scalability, and sustainability of intervention
• Keep women's health events on one track so less overlap
• Make sure you get some mindfulness workshops to the burnout meeting
• Might be good to have pcori and ahrq leaders giving a session. Had ahrq director here this year and have had Selby from pcori last year. Would be good to continue to do this in coming years.
• Models of integrating public health and primary care
• More content for hospitalists
• more educational administration sessions
• More focus on higher quality work as opposed to quantity of work
• More leadership and teaching techniques workshop
• More mentors, possibly more on how to find a job/negotiation etc.
• More on all aspects of a health professionals life marriage child care etc
• More on health policy and impact of CMS decisions on careers in primary care. What does outpatient practice need to be to be both attractive and successful? Try to explain alignment between patients and primary care physicians.
• more on home care quality
• More on population health/value-based care innovation.
• More on QI & programs geared towards hospitalists
• more opportunities to explore work after career
• more opportunities to practice clinical skills
• More research methods workshops or precourses; More research career development offerings
• More teaching sessions
• More workshops for young faculty
• Physicians want high RVU patients yet no patient wants to be a high RVU patient, etc.
• provide offerings which address practical conundrums in clinical care
• qi track
• Section on teaching evidence based physical exam, by system
• there is very little focus on clinical aspects of GIM
• Workshops that include how to do (whatever it is about) practically into your practice, research or teaching are the most meaningful and impactful.
• Would love to see the important cancer research highlighted through an oral abstract session and Distinguished Professor. That’s the part that’s most relevant for what I do.

Health Policy Content
• A policy plenary on the future of the ACA
• add a policy session or chance for groups to meet with government leadership actively to talk about issues important to them.
• Advocacy - many white coats in one place very powerful! Even if congress not in session.
• advocacy options on the Hill leverage location by bringing in key health policy -makers for presentations and also for dialog
• Advocacy talks vs. Advocacy Day -
• Considering that we will be in the capital city, there should be some actionable plans for further visibility of our values towards health and social justice. It's one thing to preach to the choir, which is important, but I think that we need to get out there and make our voice heard for true reforms.
• Create opportunities for advocacy on SGIM's policy (which would also need to be better advertised to members beforehand) to maximize the location/proximity to government representatives
• Despite the stated theme for the conference, given the location I think bringing in policy and policy makers would be great.
• Discussion of Precision Medicine with NIH/FDA/VA
• Facilitate engagement with legislators, and members of government groups / national organizations,
• Family oriented activities focused on DC and policy
• Focus on health policy and advocacy (of course).
• Focus on health policy, organize an issue for SGIM to advocate/lobby for, given we'll be in DC
• Get government leaders and policy makers to come in
• Have a focus on health policy.
• Have sessions that go to the hill!
• Health policy focus for meeting in DC
• Health policy: Try to spread this out so its not all on one day.
• I would like to see us use the location to advance our health policy agenda and continue to encourage members to advocate locally and in their state and at the federal level.
• If at all possible, and if there is PCOR related programming the details are presented sooner than they have been in the past.
• I’m hoping for more policy at 2017 due to location of dc
• Incorporate an on-the-hill advocacy component to the conference
• Involve more policy-makers
• It’s hard to be in DC and not focus on advocacy it seems odd. Grit and reliance in politics maybe
• Lots of health policy updates from people actually working on this policy--which way are the winds blowing. This kind of information cannot be obtained outside Washington DC.
• Lots of interaction with federal officials
• More advocacy/policy focused including visiting congressional folks within DC.
• more policy speakers
• Organize activities that engage providers to learn more about politics/policy -esp since we will be in D.C.
• Possible lobbying/advocacy component for members given that it is in DC.
• Since IAH is one of the few home runs from the ACA, and will likely convert to a Medicare benefit in 2017, to raise the profile of hbpc and team-based primary care, linked to the targeting and reimbursement model that reinforces the clinical care.
• Take advantage of being in DC. Bring lawmakers as guest speakers, have policy forums.
• Take advantage of being near the federal government. Work to get folks from NIA, NIH, AHRQ and policy makers from Congress, the White House, etc to the meeting
• Take advantage of location to advocate for patients and healthcare with increased health policy events. Also, several national societies are located in DC, e.g. AHA, American Cancer Society, etc. they should be included in the career fair as should other governmental orgs such as NIH, AHRQ, SAMHSA, etc.
• Take advantage of policy opportunities, and try not to schedule too many things concurrently with those special policy opportunities so as to optimize participation.
• There are a lot of pressing policy issues that GIM can impact and what better way than in DC! May be interesting to have a keynote speaker that is in the political space come present
• tie it to policy and advocacy
• Utilize our presence in DC - pull in policy makers, politicians, etc
• would be good to have some type of advocacy focus.
• Would love to capitalize on DC location with more policy/political information/interaction.

Clinical Content
• more clinical stuff. there is a lot of stuff that is the same year to year. what is new in GIM?
• More clinical skills
• More clinical content
• More clinical sessions including procedural workshops
• Again, more clinical workshops
• I would like to see more clinical workshops.
• more workshops/session devoted to hospital medicine and clinical practice topics such as disease management ect.
• More focus on clinical skills and teaching/learning clinical skills
• More clinical workshops "Meet the Professor"

Quality Improvement Content
• More Qi skills building and hospital medicine content
• I like keeping Qi as a strong thread running through. For many of us this is our focus.
Student, Resident, Fellow Programming
- Anything we can do to make it as accessible to trainees would be welcome. The cost for them can be prohibitive.
- More options for resident networking
- Have more targeted sessions for students/residents/fellows.
- Not sure if the SRF Lounge was successful, it had good attendance at the beginning of the conference but not later
- The timing of the resident interest group can be modified to later in the day so that attendance would improve

Regional Events
- Please keep the NWSGIM regional meet and greet in the noontime slot, the attendance was awesome compared to when it’s at 0700, especially since next year’s meeting is also in the Eastern time zone. Thanks!

Member Services
- if there are people familiar with SGIM located near the registration booth, it would be great to have one or two people there who can help understand how to utilize GIM connect and other online resources specific to the organization.

Miscellaneous
- Ability to submit power point slides for presentation electronically
- Allow everyone who wishes to serve as a mentor or mentee
- better locations for career fair and flyers
- Bigger room needed for the Distinguished Professor in Women and Medicine Keynote Address, it was too full to allow everyone to attend who wanted to.
- Child care
- Consider having formal evaluation of oral case presentations and posters, so residents can get feedback about their work
- Consider taping sessions (the more popular ones) and reshowing them (either formally in a conference room with the ability for discussion or informally online or at a kiosk). Make the presentations available.
- Consider the broad roles of general internists and appeal to all of those. Consider all of the missions of an academic General internal medicine division including teaching research and clinical medicine. Consider that there’s Primary care hospitalist medicine perioperative Medicine and even research sections. Treat your speakers with some respect and not as if they are indentured servants. Your staff are not at all thankful or friendly when dealing with the speakers. Since the speakers get absolutely no financial incentive to speak at the meeting, they should at least be treated nicely. I speak at multiple meetings nationally, and I cannot believe how this meeting interacts with faculty. You need to take some lessons from the other societies, even if the ways you improve speaker engagement do not cost you money
- Consider updating the program to be more user-friendly
- Could you please list EVERYTHING in date and time order, providing room information with session information? I realize you can’t list all the abstracts in the program, but putting the abstract sessions in a different place in the book means one has to look elsewhere to find the info on topics and locations. as the meeting gets bigger, it becomes increasingly hard to make choices about what to attend, and if the program is difficult to follow (and I did try the online scheduler as well, but did not find it helpful), folks can’t get to the sessions they want to get to.
- encourage interest groups and committees to email members with relevant topics/posters/presentations.
- Have a Facebook page or other message board for families accompanying participants to connect
• have a list of very close things to do in the city in walkable distance from hotel to go with collaborators for dinner, fun, etc.
• Have a social event at local museum such as Newseum. I think it would be fun to take true advantage of the DC surroundings.
• Have the Awards posters in a more prominent location.
• Have the opportunity for patient-partners to attend at discounted rates; ask PCORI to fund a workshop on developing patient partners and supporting patient partner attendance.
• I have already brought this up at my task force meeting, but I suggested the idea of starting a 5K run/walk for SGIM to focus on the health of attendees, build community within SGIM, and fund-raise.
• If this is the Society of General Internal Medicine, make it more inviting for the non-academic general internist as well.
• Improve communication with members overall.
• is it possible to provide a participant list/attendee list about 3 weeks before the conference to facilitate networking?
• I’ve been to other smaller meetings (e.g. SMDM) where the culture is really different. Perhaps because those meetings are smaller, they are much friendlier. Everyone introduces themselves to each other. I find people at SGIM generally friendly but somewhat insular in that they tend to stick to talking with the people they know or people from their own institution. I wonder if there’s any way to generate that feeling of cohesiveness at a larger meeting. Maybe not, but perhaps worth thinking about.
• Make the location of special means apparent. I never found them.
• Make the theme and emphasis more congruent with the fundamental goals of SGIM
• MOC and CME are important.
• More CME
• more interactive sessions rather than passive learning activities
• More interest group sessions
• More opportunities for "New/Assistant/Associate administrative leaders (i.e. other than dept chairs)."
• Not require invited speakers to pay registration fee
• Offer discounts to selected GIM division members who are not members and then try to convert them to members.
• Please broadcast the childcare options. Academia has to stop acting like women do not come attached with children. If we can better incorporate the little ones into the things we do (go to work, go to conferences etc) we would be a happier bunch.
• Reduce the number of interest groups by merging those of similar topics.
• Solicit extra fee courses from the community
• Structure of sessions, poster sessions later in day one at end.
• There should be a 5K run
• Use members of existing SGIM committees and subcommittees to lead and be members of abstract and workshop review groups.
• Way-finding was difficult because the space was hard to figure out and there was not enough guidance. I would have appreciated a larger summary sign in the foyer of the second and third level of the convention center each morning and afternoon listing the sessions on that level. for the smaller meeting rooms a session directory placed near the elevators indicating which sessions were on which side of the bridge would have been very helpful.

Exhibits
• I may have missed it, but I did not once hear our exhibitors acknowledged from the podium, nor did I hear attendees encouraged to visit their tables. Given our stance on conflicts of interest (which I strongly support), we need to maximize the value for those exhibitors we are able to welcome. The exhibitors against the far wall of the hall really seemed to have a hard time attracting attention. Perhaps the exhibitors should be arranged along a "corridor" in the middle of the room with posters displayed along either side. Another idea for the poster sessions is to provide an upright box at the end of each
row of poster boards, to allow presenters to park their poster tubes in a safer and more orderly fashion. I have seen this done at other meetings, and it really make the space feel less disorderly.

Meeting App

- The scholar one app could be improved as I filled out my schedule early on (months ago) and somehow it didn't translate to the app, so I had to re-select everything. This said, the fact that you are using an app is awesome as so many professional meetings don't use this and should!
- It was very difficult to access my schedule that I had pre-registered for when I actually went to the conference. I had invested significant time in pre-registration, and was very disappointed that I had to re-create my schedule from scratch.
- The itinerary planner app was a great idea, didn't work with my Android platform; can't tell if that was just me or the app.
- Would be great if the planning app was available for Android phones.
- The Scholar One App is terrible - you should skip having an app altogether rather than that app
- Enhance networking with technology. Did abstract central app exchange contact info?? I wish I could scan/ search people and save their contact info to reach out later.
- change the program to have links for topics - make it online - hard to find presentations by other persons if they were not the first authors.
- There should be an app for the conference--both PAS and Obesity Week have amazing apps that let you plan your visit, access schedules, maps, details/abstracts for talks, and lets you set reminders for yourself. Very, very useful.
- Would also be great to have an app that allows you to map out what sessions you want to attend with alerts when they are about to start. This would allow people to get real time updates about room changes etc. and also be more convenient than carrying the big book around.
- Better program scheduler app
- Better smart phone app like Whooa
- Also, please make a more seamless process between selecting sessions online and having that itinerary available later, either in printed or electronic form. It seems that the information after entering it initially goes away and it's hard to remember which sessions I had selected.

Wi-Fi

- Make sure to have wifi available.
- Not having wifi in the meeting rooms for workshops is not ideal, maybe negotiate a better rate for that access.
- WIFI
- Ensure wifi access for all
- Ensure there is wifi available throughout the meeting.
- Include Wi-Fi in the conference registration fee and in all of the meeting areas

Print Materials

- As I reviewed the onsite program, I frequently encountered meetings which were marked (Members Only). Seeing that in the general program made me feel left out. Members of the various groups and committees should already be aware of these meetings, so leaving them out of the general program should not cause them a problem, and would remove a subtle signal to many members of SGIM that they are outsiders in their organization.
- It would be helpful to index the workshops, interest groups, and updates by name in the program booklet in addition to the research abstracts.
- More info on the workshops presented in the on-site program
Quality control should be used to verify that the events chosen for presentation are consistently listed in the paper program that is sent out, and that those listing correspond exactly to the course numbers/titles in the online registration mechanism.

Reduce more paper--make program all electronic

Scheduling

- add more networking opportunities
- Allowing for a dedicated lunch period (possibly overlapping with poster sessions, but NOT overlapping with talks) so that those talks are not under-attended.
- Also, there were so many concurrent sessions that there were almost always conflicts with sessions my colleagues and I were presenting and sessions that we wanted to go to. One of my colleagues was scheduled to present at two sessions simultaneously.
- April is the terrible month for Japanese clinician educators, since academic year in Japan starts from April. If you could have meeting in May or June, it would be better and more attendee will come from Japan.
- Avoid oral presentations of research and clinical vignettes as the final session of the day. There would ideally be a wrap-up plenary session to tie things together.
- avoid scientific abstracts posters during lunch time, unless food is comingled with posters. that limits attendance.
- Be more flexible with meeting space with adjustments as needed- our workshop overflowed the room while our meeting space for a much smaller interest group was large and hurt group intimacy. This is a high bar to set however...
- Consider a med ed track so that education-oriented sessions do not overlap with one another.
- Do not have presentations Wednesday, as fewer folks attend which is disappointing to presenters, ditto for Saturday. Would be better to combine all of these events to 3 days
- Don't make too many really early am events-west coast members have the equivalent of 3-4 am meetings!
- Don't overlap the medical resident clinic interest group with the medical innovations posters
- eliminating oral presentations during the last session of the meeting.
- fewer sessions during concurrent sessions
- Fewer sessions, more streamlined
- Find a way to schedule downtime that allows for catchup amongst collaborators and/or colleagues
- GIMF Symposium should not be relegated to Saturday afternoon every year
- have a full day of workshops/posters on Wednesday and eliminate Saturday for the general meeting
- I also noticed that a lot of people left by Friday evening - that limits networking opp and also reduces attendance at the "graveyard" sat 11.30 AM session (that being said we had a great turnout)
- I also think that the pall care/EOL abstract session on the last day of the conference (oral abstracts) could have been moved to a more central part of the conference- this is a specialty that is relevant to all generalists in IM (inpt and outpt alike) and may be more meaningfully attended if located not at the periphery of the conference.
- I liked set up of this meeting-timing of workshops--was a good balance. Would keep schedule like this years.
- I liked the later start on Thursday.
- In a meeting that purports to focus on burnout and wellness, I surely hope the meeting structure fosters this, rather than undermines it.
- It would be good to have more than just the poster session on Wed to make it more worthwhile to come in for a meeting on that day.
- I've noticed many people (including myself) typically leave Friday evening. I know dates are set for the next several years, but I would consider eventually starting the meeting a day earlier and ending it on Friday. It's nice to get home to friends/family by the weekend.
- Keep the same format
- Keep the wiggle room time between sessions, it's great networking time or just time to figure out where one is going next.
- Longer "coffee breaks"
- Maintain the more open schedule this year's meeting had.
- Make fellow symposium on Wednesday instead of Saturday.
- Make Saturday sessions more substantive. Otherwise, perhaps we should dismiss on Friday and thereby return to a meeting of two full days.
- Make sure that Updates in Hospital Medicine is included in the program.
- Maybe spread the interest group times out more so they don't conflict.
- More networking time
- More plenary/lectures Less abstract presentations
- More time in between sessions
- Move fellows symposium to Wednesday PM have cancer oral abstracts session again
- Move Fellows Symposium to Wednesday so more fellows can attend
- Move GIM fellows session from Saturday to Wednesday
- Move the fellow's symposium to Wednesday, so more people can attend.
- Organization time with later start for interest grps, plenary was nice to preserve time for ppl who want to workout in the morning prior to the meeting. Maintaining our personal healthy lifestyle during mtgs is incredibly important, and it's great that sgim accommodates this.
- Perhaps there can be more sessions on Wednesday afternoon?
- Poster sessions should not be concurrent with other sessions such as interest groups/oral abstract sessions
- Prefer 9 am start for morning plenaries.
- Regional meetings should not be at noon hour.
- Saturday needs to change.
- Sessions not so tightly scheduled next to each other, allow coffee breaks (10-15 mins) with snacks for afternoon sessions.
- Smaller sessions that are 1 hour are much better at engaging us.
- Spread out sessions that fit the same track (geriatrics and health policy)
- Start plenary sessions at 9.
- The conference could be extended a day or the full day could be used on the first day such that the sessions could be spread out more. There were only really 2 full days of the conference and the amount of sessions could easily take up 4 days.
- The fellows half day session at the end of the conference left very little time for networking within the session- it would have been really neat if there was an earlier session where people could just meet each other for an hour on the first day (perhaps right after the first poster session) and then re-meet on the last day during the half-day session.
- The Wednesday evening session is hard to attend - would require 3 full days out of office.
- There was many interesting sessions scheduled at the time not allowing me to see all that I was interested in.
- There was often too many activities scheduled at the same time. I know there is a lot to do, but I often felt conflicted on what to do.
- There were lots of great workshops, abstracts, vignettes, posters and all sorts of other small group meetings; however, there was almost no time that wasn't scheduled for at least two things I wanted to do, and there were hardly any smaller chunks of unencumbered time to mingle, network, etc. I would hope that we can incorporate more time in the meeting for people to mix, rather than rushing from event to event, or feeling like one needed to skip an event in order to catch up with old friends. In the past the poster sessions had served that function. This year the posters were always scheduled against other activities, except for the first poster session. I wasn't able to attend any of the poster sessions, after Wednesday, because of other meetings. I recognize the tension between wanting to accept more high quality submissions, and not wanting to make the meeting longer and more expensive, but perhaps it is time to start cutting back on something, or scheduling more early evening poster sessions.
• This format works well - there is time for networking and time to get from 1 session to the next. Comfortable pace of the day. There will always be times when one would like to attend 2 sessions at the same time - not much you can do to fix that. Getting home Sat. with still some time in the weekend to get work done is ideal.

• Try to schedule the interest groups at times other than during sessions. I had trouble attending everything that I wanted to do because of scheduling conflicts.

• Would be great to have a little more information available on-line about the sessions - just a few lines in addition to the title to explain the goals or purpose/outline of the session.

Hotel

• Being at a resort property on a beach that was not Disneyesque was incredible. After Washington and Denver, would be really nice to be back on a beach.

• Better accommodations (i.e., parking, shuttle service, travel time, etc.) should be made for individuals who have to stay in the overflow hotels. It was difficult to truly engage in the meeting and maximize opportunities for networking and collaborating.

• Better light in poster presenting halls

• Really different presentation rooms are located closer to each other than those at the diplomat. facilitates going back and forth between rooms, and facilitates networking/mingling in between sessions.

• Do not have the conference at the Gaylord.

• enough hotel rooms available at the host location.

• I think for farther in the future look for GREEN-certified venues that do not over air condition their facilities or do so with renewable energy

• Keep the price down Have some affordable hotels

• Larger blocks for rooms at host hotel.

• Loved the Florida beach location and hope future SGIMs are in beach front locations

• Make sure that enough hotel room slots are secured as it looks like attendance is going up at the meetings but the hotel sells out so quickly you need to scramble for other hotels.

• many of rooms were too small and overcrowded during scientific abstracts sessions.

• More government rate rooms

• Move it to a beach location

• Prefer smaller conference spaces where you can run into colleagues more easily.

Food

• Better and more plentiful food at every meal

• Breakfast at plenary.

• Breakfast available longer hours (not just 7-8am)

• Breakfast was only adequate.

• Coffee availability always a plus. Also enjoyed separate times for lunch.

• Food was better than last year but still needs improvements.

• For food-vegetarians need protein too! I got a lettuce wrap as my main course. Really? Menu not designed by someone who understands a vegetarian diet.

• Healthy food choices should always be available.

• I really appreciated the availability of fruit and vegetables during this conference, but I would have liked to have seen more protein. The vegetarian options seemed particularly light with the veggie wrap on Thursday offering little more than lettuce and a few garbanzo beans. This left me a bit hungry most of the time I was at the conference.

• Improve lunch options, the sandwiches served were not very good nor healthy

• Keep providing food -- it was nice not to worry about meals during the day.

• less cost better food

• More coffee.
• More food than this year.
• More space for people to eat lunch/network together.
• Please ensure food for vegetarians is adequate
• Provide protein options at breakfast.
• Should have coffee available in between sessions.
• snacks for afternoon sessions
• Snacks provided in afternoon
• tea and coffee availability during the conference
• the food is terrible. there must be something that can be done about that!

Compliments
• breakfast session on Sat was great, both for networking and hearing from the panel
• Career panel with big name gen med heroes such as the Fletchers was inspiring. Enjoyed this addition.
• Don't worry about doing the "tracks" - we did fine w/o those.
• Keep doing what you are doing- content and structure and great
• Keep doing what you're doing.
• Keep up the great work! Appreciated the flexibility to try different sessions as some of the ones I originally signed up for were not quite what I expected and I was able to choose different ones that turned out to be great.
• Loved the book club
• many things are done very very well - bravo!!!
• More of the same. Really think it is good to have so many opportunities for faculty, residents and students to present - it's interesting and a good building block for academics.
• No major changes- I thought this was well organized, nice mix of workshops and abstracts.
• Such a great meeting. I am really excited for next year!
• Wish I could attend next year, but will be starting subspecialty fellowship! Thanks so much.

Suggested Events
• family event
• Create more social events for networking to happen throughout - such as excursions especially to the capitol
• Cherry Blossom Tours
• Organize touring trips of DC
How could the SGIM 2016 Annual Meeting have been improved?

Plenary Sessions
- Once again, research seemed to take priority over education and practice. I applaud putting a highly rated clinical vignette and education abstract into the opening plenary. Why didn't we do the same for the Friday plenary?
- The Saturday morning plenary was a great idea but a few of the speakers were not helpful and didn't have concrete take-aways
- Longer breakfast session about the mentoring panel (Sat). That was great.
- Plenary speaker Friday morning was very disappointing
- The plenary abstract session on Thursday was underwhelming. The presenter of the case has not even seen the patient, and reviewed topics that were not novel. The innovations abstract was not particularly innovative. I think the level of rigor and quality of the evidence should be factored into what is presented at the plenary. Case reports are not a high level of evidence.
  - figure out a way not to highlight in plenaries work that has already been highlighted at regional meetings
  - include opportunities for meaningful dialog and updates on presidential platforms in an election year
- Improved plenary sessions.
- Better Keynotes and Plenary sessions. Nothing that interesting to me highlighted here.
- The Breakfast conversation is better suited for a smaller audience and not a plenary.
- The plenary events were not quite as inspiring as prior years
- Plenaries need to be more dynamic - especially the President's plenary
- I didn't get as much out of the Thursday morning speaker but these things can be hit or miss.
- Marshall Chin could have delivered a better address linking the opportunity for SGIM at this inflection point for healthcare in the US.
- More rousing/inspirational plenary address could set a different tone for the meeting. For a conference focused on population health, could have integrated more outsiders: government, AHRQ, public health department, etc.
- Better plenary speaker
- Less politics and biographical elements in plenary sessions.

Content
- Meeting content was very good.
- I wished that all of my workshop submissions had been accepted!
- Weight of emphasis is a bit too much on clinical vignette-oriented stuff now, in my view
- We could have better defined what was meant by population health.
- For whatever reason there just weren't many offerings that interested me this year, but I don't think that is anyone's fault, after nearly 20 years, it was bound to happen
- I regret the increased emphasis on clinical vignettes and the decreased emphasis on science. If the mantra that we are first of all a scientific organization, this is getting lost or at a minimum very diluted.
- I think it would be nice if there were more abstract and clinical vignette sessions to choose from

Missing Content Areas
- It's been a few years since I attended SGIM. There used to be a Distinguished Professor in Cancer Research, which was terrific. I missed having that this year.
- More interactive sessions
- More sessions emphasizing clinical skills (Ultrasound workshops, IUD insertion workshops, etc)
- More focus on international research projects in GIM
• Sessions on nitty-gritty of how practices are actually changing workflow and staffing to improve the practice environment and provider satisfaction. This is a SGIM strategic priority and remains under-represented in the national meeting.
• Having an oral cancer session and cancer program featuring a distinguished professor.
• More on quality improvement, more inclusive involvement of hospitalists (I love the updates in hospital medicine which was not featured this year)
• Make the meeting applicable to all of the missions of the academic general internist including education research and clinical. Stop over emphasizing poster sessions and provide more didactic and content sessions.
• I missed the sessions on orthopedic exams, (shoulder, knee), I find them very helpful.
• I would have liked more sessions to enhance my clinical practice. Also seemed a little lighter this year relative to hospital medicine, so would have liked just a little more material of relevance to academic hospitalists.
• There was discussion about fewer research presentations and more clinical vignettes. I think a greater emphasis on scholarly work would be positive.
• Include career advice for working in "non-academic" environments.
• As a non-clinician, I would have loved to seen a networking opportunity for others like myself, especially given the membership option for non-clinicians.
• Some networking events for non-physician researchers.
• Work-life balance is important, but the session was disappointing.
• More emphasis on addressing primary care burnout.
• More sessions on teaching - not just disseminating educational innovations but actually covering the relevant teaching skills. There was little in the meeting on TEACHING population health.
• Including experts in population health. While the theme was topical, it seemed it was a little bit of the "blind leading the blind" with several workshops where people just shared limited experiences without any one person having training or authority.
• Research and methodology seemed somewhat less prominent at this year's meeting than in years past. This is an important focus to retain as we diversify our mission.
• More CME workshops on Wednesday.
• A dedicated track to learn more about research methods in current work.
• I would have liked more clinical workshops.
• More clinical skills workshops.
• More Qi and hospital based medicine content.
• More evidence-based medicine/ clinical epidemiology/ medical decision making.
• I would have liked to have seen more sessions focused on improving day to day patient care. Many of the topics this year seemed focused on broader (more population based) topics that, while important, were not practice changing. I would have liked to have had more practice changing "update" type of sessions. Those that were offered seemed to compete with each other so I had to choose one vs another rather than being able to attend both.
• More interactive sessions.
• Add more clinical sessions that are not just posters or clinical vignettes.
• More research methods workshops or precourses.
• Consider having workshops about teaching outpatient procedures.
• Clinical lectures from expert faculty.
• More focus on practical aspects of practice improvement.
• More clinical content.
• Seemed a little light on basic research methods.
• More inpatient clinical care issues.
Workshops

- Some of the workshop sessions were "too packed" with folks standing at the back of the room, so that it was either too hard to hear or to participate. Maybe look at workshops that had too few vs those that had too many to strategize for next meeting on how better to plan workshops.
- Workshop titles don't always reflect their content, would be nice to have a synopsis to know what to expect or to help choose. There is a lot of overlap and redundancy in the workshops. There was a lot of redundancy re the theme at the meeting overall.
- Some of the workshops were less helpful than I expected.
- It was excellent. Some of the workshops could have been higher yield. Overall the abstract presentations were very good.
- Workshops were relatively unstructured and seemed geared to only a segment of the participants. Eg a pcori workshop on how clinicians can become involved in research was titled inappropriately and not at all applicable to me. I think a "getting started in research" bootcamp or crash course for clinician educators would be helpful. However, it would only be helpful with appropriate content. I have concerns about "experts" in the field being able to teach clinician educators. I think it would be helpful to look at members and try to determine needs. EG what are the things that clinician educators want to know at this meeting? The first question on this survey was a good example - I am not primarily a clinician or primarily an educator - I balance multiple roles. One cannot be prioritized over another. I know that there are multiple tracks at the meeting - might be worth taking another look at these tracks. I get a sense that the people who are leaders in SGIM are not reflective of the membership, and that they may not always know what the members are interested in.

Abstracts

- The general quality of the research presentations Format and material seems to be getting stale--its always the same year to year
- Filter research quality; make it possible to shop among abstracts on a relevance quality basis (program is unhelpful in that regard
- Quality of scientific abstracts presented orally was lower than previous years.

Poster Sessions

- The walk and talk sessions for posters were awesome- it was a first for me. I think it would be really helpful if the facilitators had a good 20-30min after the walk through to talk about the posters and the participants in the session (those doing the walking from poster to poster) as I felt we didn't really get the chance to do this, and it would provide valuable networking for future collaboration.
- For poster sessions, either judges should clearly be visible and provide each participant time to evaluate their work, or participants should be told upfront that judging may occur at a separate time and not occur at the poster.
- Look for opportunities to engage more trainees at the poster session- at regional meeting, we have had a volunteer group of senior faculty agree to see 5-10 posters each, so that each trainee gets to talk to several faculty about his/her work.
- I think you could consider having the poster sizes be smaller (just for ease of flying w/a poster, the size that was recommended was too large for the airline to allow carry on, but I appreciate the option of having the poster delivered to the meeting, I just didn't do that). Seemed like the 8ft long poster was longer than needed. Is there any way to do electronic posters in future? Would save time/money/paper.
- It is very hard to see others posters if you are presenting your own poster at the same time.
- Longer poster sessions and no concurrent activities if possible during poster sessions (ie, Thursday lunchtime poster session appeared to be not well attended because of concurrent activities).
- Though I appreciated the wide variety of posters, as a poster presenter, having the vast display of posters meant far fewer visitors to my poster than I have experienced at other meetings.
- Longer poster sessions - 1 hour is too short.
Poster sessions should not be all "clinical vignettes" or "research" since some members may prefer one to the other.

We need to rethink how to get more out of poster sessions --- I think most presenters don't get enough interaction from observers. Any new ideas?

More organized pathways in the posters, themes grouped together (the designation helped but would have been nice to see them all together).

I think SGIM accepts far too many posters of quite varying quality. Honestly, while there are aspects of the meeting I enjoy and gain insight from, I need to find another venue for my research. I have been a faithful attendee for the past several years, and, with one exception have been only been invited to present posters. I have had very little traffic at my posters despite having national data to share on a topic relevant to general internists-vaccines!!!!! Having some way to spotlight posters more-i.e. more walking and talking might help.

I also thought poster sessions were longer in the past (90 min); maybe I’m wrong. But we need poster time to see students, residents, fellows and junior faculty's work. Also,

Scientific poster sessions around lunch time, when other meetings happen, especially for more senior SGIM members, which limits their presence at posters.

VA Sessions

The VA programming was aimed entirely at clinical practice. The VA needs to maintain its research focus, and SGIM should be one of the best venues to present VA research and research methods. More research methods topics, please!

Updates

Include which topics/articles will be covered in the "Updates in ***" sessions in the program so that we can make a more educated decisions regarding which one to attend

I like the clinical updates and wonder if in future we could have an Update in Musculoskeletal Medicine talk.

Updates in Hospital Medicine were missing in this meeting

The fact that Updates in Hospital Medicine was not presented this year was very disappointing.

An update in hospital medicine session

Have an update in hospital medicine. This session has been so well done in previous years

Include more content for hospitalists. The Update in Hospital Medicine was missing this year.

The update in primary care session should have been offered during the times of highest attendance (Thurs/Friday).

Bring back update in hospital medicine with Brad Sharpe

Interest Groups

Some of the interest groups need to be consolidated -- there are too many and many are very similar.

Combine CCM and superutilizer interest group, or split into two groups of the same type

Schedule

There are so many simultaneous great sessions and posters. It would be good to be able to have the opportunity to see them. For the posters, perhaps have a longer time when the posters are up (without authors) so they can be viewed at other times. For sessions, it would be good to survey to see which ones may be the most popular and tape them and make them available for viewing at a separate time with discussion available, or at kiosks during the conference, or online.

Keep to time. Not enough time following the plenary session to get lunch, eat, go to next session.

One thing that would be helpful would be to ensure that moderators of oral presentations keep their rooms on time (not too fast or too slow), as many of us try to move between sessions to hear different presentations and need to be able to plan based on expected start time of each presentation.
• add a networking event within the conference.
• Would recommend starting plenary sessions at 9 a.m.
• morning yoga
• Poster sessions at 1 hour are too short. better with 1.5 hours.
• the schedule felt a little different this year, not better or worse, just different. Will take a little getting used
• Have organized evening events, dinners, etc.
• the abstract sessions in later afternoon were poorly attended, but not sure how you could help that :)
• the schedule of the different sessions was chaotic.
• spread out common topics to different times. This applies to interest grps, abstracts, posters. Sometimes similar topics presented simultaneously so unable to attend it all.
• Perhaps have topics that would appeal to a group (HIV, Hep C, homelessness) scheduled at different times so more people can attend all three sessions
• There is very little downtime in the schedule -- this puts attendees in a difficult position when it is a beautiful day and they have to choose between going to the meeting and spending some personal time on the beach. For all the talk about wellness and burnout, the meeting’s schedule is so packed that folks have to choose between personal wellness and going to SGIM from 7 am-6pm -- this is a perennial problem. The meeting theme focuses on wellness and burnout next year, so why not practice what we preach and build 2 hrs every afternoon into the program for UNSCHEDULED activities? I would gladly come a day earlier in order to have space in the meeting program to enjoy the city that the meeting occurs in each afternoon. Otherwise we are just building a system for our meeting that is no different than the healthcare system that causes burnout and that we rail against in our program. 2) I miss the days when there was nothing else scheduled during the poster sessions. I feel like the poster sessions are a centerpiece of the meeting, and to schedule interest groups and other activities during the posters diminishes a key part of the meeting and again causes us anxiety when we have to choose.

Schedule – Too Much Content At One Time
• It’s hard to squeeze so much amazing content into a short period of time. I wish there were more time because often there were 2-3 things I wanted to attend, all happening simultaneously.
• There were many interesting talks that overlapped with one another. It was hard to pack everything in.
• Because SGIM is growing and this being the most attended Annual Meeting to date (congrats!), it becomes increasingly difficult to attend all the sessions one would like. So many happen at the same time. This is a good problem to have, but it leaves one still feeling as though he/she missed a lot.
• Fewer competing simultaneous sessions.
• There were too many competing events. There is always conflict, but this year it seemed to me to be much more than usual. For example, I don’t recall interest groups occurring at the same time as workshops.
• there were to many sessions that I wanted to attend but overlapped. Simplify the schedule
• I don’t know how to fix this, but there are always too many things I want to attend that conflict with one another.
• There were lots of great workshops, abstracts, vignettes, posters and all sorts of other small group meetings; however, there was almost no time that wasn’t scheduled for at least two things I wanted to do, and there were hardly any smaller chunks of unencumbered time to mingle, network, etc. I would hope that we can incorporate more time in the meeting for people to mix, rather than rushing from event to event, or feeling like one needed to skip an event in order to catch up with old friends. In the past the poster sessions had served that function. This year the posters were always scheduled against other activities, except for the first poster session. I wasn’t able to attend any of the poster sessions, after Wednesday, because of other meetings. I recognize the tension between wanting to accept more high quality submissions, and not wanting to make the meeting longer and more expensive, but perhaps it is time to start cutting back on something, or scheduling more early evening poster sessions.
• Fewer things at the same time.
• Overlapping sessions of similar or related content should be minimized.
• There are so many sessions/things I was interested in, but unable to attend. This is a good problem to have- but is there a way to video the sessions or have the slides available to attendees online?
• There is always the challenge of choosing which event to go to at a given hour. I favor shorter sessions that would allow you to have more of them during the day.
• there are so many good workshops at the same time it is hard to choose; maybe extend the meeting to have workshops on Wed Afternoon
• several times had multiple sessions I wanted to attend and some had very little, but hard to predict that
• the hardest challenge as always was having multiple events planned at the same time
• Try to space the meetings as I missed some very good sessions.
• There were often competing interests going on simultaneously. For example, updates in Geriatrics was at the same time as Updates in Primary Care. I wonder if it would be possible to repeat popular talks like "Updates" so you could attend both
• There were many instances where same themed workshop, poster, and oral presentations were happening at the same time. I was presenting a poster and was not able to attend sessions that were my research interests. Also some of committee meetings were at the same time as presentations.
• It's frustrating when two sessions with similar audiences overlap - I felt there were many things I wanted to attend but had conflicts with, whereas there were other times where there were no sessions of interest to me.
• There are many events going back-to-back that I wish to attend. Scheduling is difficult.
• There were so many interesting things at the same time. For example I heard the special symposium was phenomenal, but had to be at another session at the same time. I guess too many good things isn't really need for improvement, perhaps just the timing of such important events to not compete with other events.
• Distribute the scheduling of the health policy and systems sessions more evenly, less conflict between them

Breaks
• less time between lectures
• More break time between workshops.
• more time for breaks in between to allow casual networking opp
• Would have liked some more down time for networking- 30 min breaks instead of 15min.
• Would be nice to have built-in breaks between sessions for networking/talking to speakers other attendants after workshops. Felt like always moving immediately from one session to the next without time for reflection/absorption.
• More space for networking during lunch
• More time is needed for poster sessions and in between sessions for networking and discussion.
• I needed a longer break during the day to check in with my office

Saturday
• Moving mid-late day Saturday sessions earlier
• Move the fellow’s symposium from Saturday to Wednesday.
• It would be great if the fellows’ symposium happened on Wednesday, not Saturday.
• Perhaps avoid late Saturday poster presentations if scheduling makes that possible, but it was overall a great annual meeting.
• The MOC sessions on Saturday afternoon should be moved to earlier time.
• Some of the oral presentation at the last day were more interesting and worth needing attention and could have been move to earlier days.
• Last day was kind of too short to do anything and could have been eliminated completely
• Schedule topics such as "Update in Primary Care" during the weekday. Saturday is generally when everyone leaves, so it’s hard to attend sessions that day.
- Consider not placing oral abstract presentations on the last session on the last day. Although this in theory is thought to encourage folks to stay, relatively few do. Attendance is sparse compared with sessions the other days. If people do attend, most leave the session with their bags to go checkout/go to the airport before it is completed. There is no conversation after the abstract session as everyone disappears. Presenting in this session was disappointing.

- move fellows symposium to Wednesday afternoon--was very well attended on Saturday afternoon but a number of fellows wanted to stay but couldn't. also would allow for larger number of faculty to be available.

- The pall care/EOL abstract session on the last day of the conference (oral abstracts) could have been moved to a more central part of the conference- this is a specialty that is relevant to all generalists in IM (inpt and outpt alike) and may be more meaningfully attended if located not at the periphery of the conference.

- The fellows half day session at the end of the conference left very little time for networking within the session- it would have been really neat if there was an earlier session where people could just meet each other for an hour on the first day (perhaps right after the first poster session) and then re-meet on the last day during the half-day session.

**Technology**

- WiFi
- provide wifi in the meeting areas
- It would be helpful to have a user-friendly website to see all the abstracts, at least of the posters. It could be password protected or an opt-in option by the presenter, but it would be helpful. This is particularly true for the scientific abstract posters - I didn't get a chance to see those presented at the same time I was standing by my own poster, which is unfortunate, because that is when most of the posters pertaining to my interests/content area are being presented. Making the abstracts available would enable more collaboration.

- More easy accessibility real time to slides, More easy accessibility to contact information for participants & speakers,

- Wifi internet access should be provided throughout all of the meeting areas.

- The fact that there was no wifi throughout the meeting was just not acceptable. Many of us need to continue to do clinical or administrative work when we are at the meeting, and without internet access, many of us had to leave the meeting space to get our necessary work done. Additionally, some of the presenters anticipated having wifi and having people at their sessions download the necessary forms/paperwork, but we were unable to because of the lack of wifi. This must be fixed for future meetings. This was a huge oversight.

- Wifi - difficult to access and would have liked to be able to look things up at networking sessions or small groups when we were referencing others works or wanted to email a person to share contact info in real time

- Not having internet in the meeting space was an issue.

- The scholar one app could be improved as I filled out my schedule early on (months ago) and somehow it didn't translate to the app, so I had to re-select everything. This said, the fact that you are using an app is awesome as so many professional meetings don't use this and should!

- if there are people familiar with SGIM located near the registration booth, it would be great to have one or two people there who can help understand how to utilize GIM connect and other online resources specific to the organization

- virtual map to find rooms that is linked to session so could click on a session/workshop title and map would appear showing room location

- free wifi at a conference with a price tag of 535 US-Dollars is a necessity in the year 2016!

- There should be an app for organizing interesting talks and such. ScholarOne is really not a good alternative, having to log-in all the time is a pain. –

- Better organization of program book - found it too overwhelming (long lists of posters, hard to figure out which ones I want to see). Perhaps an app would be useful!
As always, wifi access would be wonderful, but I realize this may be cost prohibitive.
Better communication of room changes particularly between onsite/app program
we need Wi-Fi at the conference
In 2016, it is unacceptable to have a meeting where there is not WiFi throughout the conference center. All of us have non-stop work demands, which requires having WiFi while we're at the conference. Not having WiFi at the meeting had a major negative impact on my work.

**Hotel**

- The location was somewhat isolated. I would like to be somewhere with walkable places to go to in the evening / on breaks.
- Hotel was suboptimal. Between poor location ($15 cab ride to any outside restaurant) and very poor staff attitudes it really distracted from the conference.
- Unfortunately being in such beautiful venue turned out to be a distraction.
- venue was outstanding
- Meeting setting was perfect - i hope we can go back to the Diplomat sometime! Meeting flow was great - rooms were generally nearby, good places to sit down with colleagues, etc.
- Meeting rooms were too cold (I had to leave 2 lectures due to the temperature of the room)
- Venue was not optimal - gathering areas kind of scattered.
- somehow the distribution of lunch boxes somewhat chaotic, but I don't know how to offer suggestion.
- Venue was a little expensive
- far too cold in rooms
- This venue was beautiful - but it felt like the sessions were more spread out and some were hard to find which I suspect reduced attendance - The meeting should always be in a warm location! For those of us coming from northern climates, it provides an opportunity for the meeting to be a vacation
- Location - - hard to get to, isolated. Prefer more central location.
- I would have liked to stay at the conference hotel however the hotel filled very early. Meeting space was great though.

**Food**

- The lunches provided did not provide enough variety.
- provide coffee in the afternoons
- Should have coffee available in between sessions.
- The mushroom sandwiches had very little caloric value and did not make for much of a lunch.
- The food options were quite expensive in the host hotel-- in some conferences they are able to give food "tickets" that can be utilized instead of the lunches provided. This might be a useful election to give participants when they sign up, but understand how complicated this can get.
- boiled eggs at breakfast
- Boxed lunches were not healthy or tasty. In this meeting, we are highly invested in prevention of diabetes, better cardiovascular health, and a boxed lunch of processed chips, cookie, and a sandwich that is mostly high glycemic index bread with processed meat is the anti-thesis of how we teach our patients to eat. Must of these boxes get thrown away as waste, and if you eat it, you'll be in a carb coma by the afternoon sessions. Why not have a nice salad bar with options for proteins, dressings, etc to meet various preferences? Also, something besides room temperature water or soda pop, like ice tea, fruit infusion water, etc.
- Would appreciate more protein at breakfast.
- Coffee in the afternoon!!
- More coffee during the breaks!
- The food could be improved. The selections for breakfast and lunch were quite poor and unsatisfactory.
- Coffee breaks mid-morning and afternoon
- improved vegetarian food choices
- Coffee breaks (or coffee during the posters)
• Breakfast was only adequate.
• My only suggestion is more gluten free food :)

Miscellaneous
• Overall, logistics were great, lots of people out and about to direct attendees if we got turned around, good communication over things like the lunch changing. Ideally, not changing the time of the lunch on Thursday would have been best but there are always curve balls like that, what is important is that appropriate damage control was done.
• It would be helpful to have descriptions of the workshops.
• An intended audience would be helpful for the workshops / plenaries etc - junior, mid-level, advanced.
• A needs-assessment about what participants might want to hear and then planned sessions / workshops based on this might be a more practical approach to designing content.
• Sessions should encourage state of the art teaching methods.
• Lower cost of registration free, especially for residents/fellows.
• Felt like there were fewer sessions and fewer interesting sessions overall
• More available cme. It is hard to come to a conference for almost no cme every year
• Better room allocation and info for sessions with changed rooms. Most of audience for my oral abstract was sitting in the wrong room
• Please keep the meeting in April rather than May. Interfered with other meetings.
• Size seems to be getting too big? The prize posters were out of sight around the corner.
• Access to more outside (non-SGIM) guests speakers
• Lower registration costs
• Changing the descriptions! For research sessions, please state what individuals will talk about. In addition, I (and others) often felt that sessions had great titles which were not truly reflective of what the researchers talked about (i.e. the titles were more aspirational).
• Would be nice to have bags.
• If there is modulators in Clinical Vignette session, it would be much better.
• I wish it were smaller...
• too spread out - esp with respect to information.
• Longer period, so there is less overlap between sessions participants are eager to attend. There was space limitation in a couple of interesting sessions
• better signage for getting to rooms on the 3rd floor
• Better tech support
• Clarify ppt presentation formats. But the company who did the AV work was amazing overall, including Joe Kinney (?). Such a cheerful and professional person.
• re-instate cancer distinguished professor program
• I feel that the annual meeting should do more to involve EHR vendors. The constant struggle of using the EHR in clinical practice was a constant theme throughout the conference. Rather than viewing EHR vendors as part of the "evil empire" they need to be more involved with general internist to reach the common goal of better patient care.
• Make disclosures more accessible.
• More skepticism in the health policy discussions (things aren't as rosy in the real world as the meeting made them appear).
• I had requested a room with round tables for my workshop but had a room with rows of chairs instead. We made it work, but this would be important to keep in mind in future meetings so everyone has the room setup that is best for their activity.
• Perhaps better signage within the hotel/conference center would have helped; it was somewhat difficult to know where different sessions were located.
• Way-finding was difficult because the space was hard to figure out and there was not enough guidance. I would have appreciated a larger summary sign in the foyer of the second and third level of the convention center each morning and afternoon listing the sessions on that level. for the smaller meeting
rooms a session directory placed near the elevators indicating which sessions were on which side of the bridge would have been very helpful. As I reviewed the onsite program, I frequently encountered meetings which were marked (Members Only). Seeing that in the general program made me feel left out. Members of the various groups and committees should already be aware of these meetings, so leaving them out of the general program should not cause them a problem, and would remove a subtle signal to many members of SGIM that they are outsiders in their organization. I may have missed it, but I did not once hear our exhibitors acknowledged from the podium, nor did I hear attendees encouraged to visit their tables. Given our stance on conflicts of interest (which I strongly support), we need to maximize the value for those exhibitors we are able to welcome. The exhibitors against the far wall of the hall really seemed to have a hard time attracting attention. Perhaps the exhibitors should be arranged along a "corridor" in the middle of the room with posters displayed along either side. Another idea for the poster sessions is to provide an upright box at the end of each row of poster boards, to allow presenters to park their poster tubes in a safer and more orderly fashion. I have seen this done at other meetings, and it really make the space feel less disorderly.

Compliments

- well organized meeting!!!
- Liked the career fair option on Saturday
- It was a great meeting.
- It was excellent as usual; so I can't think of anything specific
- It's always great
- It was an excellent meeting.
- It was a great meeting.
- I was excited to attend my first SGIM meeting - no changes.
- This was one of the all-time best SGIMs (10 under my belt)
- Great meeting in every way- have to admit that i am just not a big Florida fan which reduced my overall satisfaction.
- This was an excellent meeting.
- It was great. No suggestions for improvement.
- One of the best SGIM meetings I have ever attended. Great speakers and sessions. Beautiful venue. Great vibe at the meeting - energetic, idealistic, friendly, collegial, committed. Thanks for organizing a terrific meeting.
- This was one of the best assembled meetings I have seen. Copy what you did for this meeting and repeat.
- it gets better each year
- best meeting to date. I am very proud of all the junior folks who were there presenting outstanding work, and of Marshall Chin's leadership. Great place, which also helps!
- as usual with a very nice location,
- It was extremely high quality meeting - kudos to organizers. Meeting rooms were incredibly easy to navigate, great signage, sufficient time to get from 1 place to the next. This was the best venue (Diplomat-convention ctr.) in 35 years of attending meetings!
- Excellent meeting.
- it was amazing!

Print Materials

- Nice program, well organized and clearly labeled which sessions were which. Also nice to have color-coded by days.
- Would have liked a little more information about what the sessions would entail - I found this year that the titles were not as informative or direct as they have been in the past.
- Program manual is a little hard to figure out for my first time, bigger rooms for some of the workshops
- I continue to feel, after more than a decade of SGIM meeting attendance that the incomprehensible program format makes it hard to identify and get to the sessions relevant for me. Please try to make it easier to read and work with in the future!
- More description of the workshops in the program guide