



37th Annual Meeting • April 23-26, 2014 • Manchester Grand Hyatt Hotel • San Diego, California

Evaluation Committee Report

37th Annual Meeting of the Society of General Internal Medicine

Building the Bridges of Generalism: Partnering to Improve Health
April 23-26, 2014

Manchester Grand HyattHotel
San Diego, California

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1. MEETING DETAILS:

The 37th Annual Meeting was convened in San Diego, California from April 23rd – 26th, 2014. Educational programming included:

- TEACH Core Session
- LEAD Core Session
- Quality Improvement Skills for Reliable Care
- ACLGIM Leon Hess Management Training and Leadership institute (Advancing the Value of GIM)
- 2 Plenary Sessions, each with a keynote speaker
 - Opening plenary session including the annual Presidential Address by Eric Bass, MD, MSPH
 - Thursday plenary session, including the 2014 Malcom Peterson Lecture by Mark D. Smith, MD, MBA
- Saturday Awards Breakfast including a keynote address by America Bracho, MD
- Three Distinguished Professor Programs, each with a keynote address
 - Distinguished Professor of Cancer Research: Karla Kerlikowske, MD
 - Distinguished Professor Program in Women's Health: Melissa McNeil, MD, MPH
 - Distinguished Professor Program in Geriatrics: Catherine Sarkisian, MD, MSPH
- 2014 VA Series including four workshops
- 2014 SGIM Town Hall focusing on Choosing Wisely/Routine Visits
- 8 invited special symposia
- 11 clinical updates, selected through submission/peer review for the first time
- 53 workshops
- Oral Presentation Sessions:
 - 24 oral abstracts
 - 6 clinical vignettes
 - 1 Innovations in Medical Education
 - 1 Clinical Practice Innovations
- 7 Poster Sessions
 - 3 scientific abstract poster sessions
 - 3 clinical vignettes poster sessions
 - 1 innovations poster session
- Annual Meeting Mentoring Programming
 - 93 One-on-One mentor matches made
 - Four mentoring panels
 - Disparities Mentoring Panel
 - Clinician Investigator Careers
 - Clinician Educator Careers
 - Parenting in Medicine Mentoring Panel
- 33 SGIM committee and task force meetings
- 61 SGIM Interest Group meetings
- 8 networking opportunities
- 6 Regional "Meet and Greet" sessions
- ABIM MOC Sessions
 - ABIM Geriatric Medicine Module ABIM B1-P
 - ABIM Internal Medicine Module ABIM CO-P

2. SUBMISSIONS AND OVERALL ATTENDANCE

There were **2000** registered attendees, an increase of 10.6 % from 2013 that has been the largest registration in the history of SGIM. The majority of attendees (73.65%) stayed at Manchester Grand Hyatt- San Diego, the official meeting hotel. Similar to prior years, 94.85% of evaluation respondents reported attending the meeting on Thursday, and 95.76% reported attending on Friday, but only 56.70% of respondents attended sessions on Saturday compared with 89.6% in 2013.

The table below provides the number of submissions, presentations, and acceptance rates by type of session. Acceptance rates in respective categories in 2013 are shown for comparison.

Session Type	Submissions (N)	Number Accepted	Acceptance Rate	Acceptance Rate in 2013
Scientific Abstracts	624	588	94%	87%
Workshops	158	52	33%	53%
Vignettes	616	587	95%	85%
Innovations in Medical Education	131	103	78%	76%
Clinical Practice Innovations	81	65	80%	83%
Updates	15	11	73%	n/a

3. OVERALL MEETING EVALUATION RESULTS

Overall meeting evaluations were assessed with an online survey, with 335 responses received (response rate 16.8 %), lower than the historical average of about 30%. The mean rating score for the overall meeting this year was 7.60 out of 10. There has been an established 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). This year's results were in contrast with the established pattern. A lower response rate was associated with a rating similar to 2013.

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

How would you rate this conference compared to other conferences of this type that you have attended (N=329)		
	Response Percent	Response Count
Below Expectations	3.65%	12
Average	18.2%	60
Truly Above Average	35.9%	118
Outstanding	31.6%	104
Top 5%	10.6%	35

64.6 percent of the respondents identified their primary role as “clinician,” “investigator” and “educator”.

Which description best characterizes your current primary professional role? (N= 404)		
Professional Role	Response Percent	Response Count
Clinician	19.3%	78
Investigator	19.3%	78
Educator	26.0%	105
Administrator	7.4%	30
Hospitalist	4.2%	17
Fellow	4.5%	18
Resident	12.9%	52
Student	3.0%	12
Non-physician	3.5%	14

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 (62%), meeting with collaborators (49.3%), hearing about new research (43.5%), and disseminating one’s own work (36.1%). The majority agreed these top four goals were met with a range of 80.6% to 96.7%. Responses relating to goals met were comparable to those of 2013 (85%-96%).

Goals	Somewhat important (%)	Moderately important (%)	Very important (%)	Goals met (%)
Network	9.4%	26.8%	62%	96.7%
Meet with collaborators	14.5%	31.9%	49.3%	91%
Hear about new research	16.2%	39.1%	43.5%	95.8%
Disseminate my work	23.4%	29%	36.1%	80.6%
Learn or re-evaluate teaching skills	26.1%	31.2%	27.9%	72.6%
Learn or re-evaluate current healthcare policy	36.7%	34.0%	21.5%	79.3%
Learn or re-evaluate clinical	33.1%	31.9%	18.5%	62.8%
Learn or re-evaluate research skills	31.9%	35.4%	14%	66.7%
Learn or re-evaluate administrative skills	35.4%	25.5%	10.8%	58.7%

Logistics and Meeting Planning:

Approximately 94.2% of respondents registered online and 49.71% felt comfortable with online registration.

Future Plans:

87.9 percent of respondents plan to attend the 2015 annual conference and 97 percent would recommend the conference to others. This compares favorably with the 2013 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” (72.1%), “modifying how I communicate with patients” (61.7%), “changing the way I teach” (57.1 %), “change the way I teach others to teach”(50.2%). “Modifying how to communicate with patients” superseded “changing the way one teaches” when compared to 2013. The percentages of the endorsed behaviors were higher compared to 2013 (64%, 50%, and 55% respectively).

Future Plans	Percent Endorsing
Start new or modify an existing research project	72.1%
Modify how I communicate with patients	61.7%
Change the way I teach	57.1%
Change the way I teach others to teach	50.2%
Use a "new" diagnostic or therapeutic technique for outpatient	45.6%
Start or modify a QI project	40.6%
Implement "new" administrative methods	35.6%
Use a "new" research technique	28.7%

4. INDIVIDUAL SESSION EVALUATION RESULTS

Plenary Sessions:

- The Thursday-opening plenary session included the annual Presidential Address by Eric Bass, MD, MSPH. His presentation received a rating of “truly above average” or “outstanding” by 59.45% with an additional 1.83% rating it as “Top 5”.
- The Friday plenary session, included the 2014 Malcom Peterson Lecture by Mark D. Smith, MD, MBA entitled “Primary Care: Romance and Reality” received a rating of “truly above average” or “outstanding” by 50.31% with an additional 15.26% rating it as “Top 5”. 76% of respondents attending indicated they would implement a lesson learned.

Saturday Awards Breakfast and Keynote Address:

- The session included the Awards Ceremony and the Keynote Address by America Bracho, MD entitled “Rethinking How to Strengthen Partnerships with Communities” that received a rating of “truly above average” or “outstanding” by 51.01% with an additional 13.13% rating it as “Top 5”. 64% of respondents attending indicated they would implement a lesson learned.

Thursday’s opening plenary session had 1185 attendees and Friday’s plenary session had 825 attendees. The Saturday Awards Breakfast had 582 attendees.

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.

<i>Domain*</i>	<i>Workshops</i>	<i>Clinical Updates</i>	<i>Special Symposia</i>	<i>VA sessions</i>	<i>Fellows Symposium</i>
<i>Overall Evaluation</i>	4.47	4.81	4.45	4.66	4.45
<i>Quality of Content</i>	4.44	4.47	4.45	4.31	4.35
<i>Amount of Material Covered</i>	4.49	4.54	4.43	4.45	4.75
<i>Quality of Faculty</i>	4.36	4.49	4.50	4.7	4.10
<i>Audiovisual Materials</i>	4.26	4.16	4.17	4.31	4.50
<i>Audience Interaction</i>	4.48	4.23	4.33	4.79	4.20
<i>Prior to this workshop, my overall knowledge of the topic covered was</i>	3.31	3.47	3.24	3.56	3.30
<i>The audience size for this session was:</i>	1.97	1.98	1.75	1.98	2.00
<i>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?</i>	3.90	3.85	3.63	3.54	3.75
<i>Would you recommend inviting this workshop to your institution for presentation?</i>	3.98	3.89	3.91	3.47	3.85
<i>*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.</i>					

Workshops

Total attendance for the 62 workshops was 1879 with an average attendance of 31.8. The average attendance during the Saturday workshops was 24.4 which was higher than the respective attendance in 2013 (11). This year, the response rate from the workshops was 58%, about 7% lower than in 2013.

Clinical Updates

Topics for the 10 clinical updates included: update in hospital medicine, medical education, USPSTF updates, diabetes, geriatric medicine, women's health, hepatology, perioperative medicine, primary care, anticoagulation and thromboembolism, and quality improvement/patient safety. Total attendance for clinical updates was 1202; average attendance was 109. The sessions with the lowest attendance were quality improvement/patient safety (31), anticoagulation and thromboembolism (58), and geriatric medicine (50). The remaining sessions ranged in attendance from 86-180. The Quality improvement/patient safety, and anticoagulation and thromboembolism workshops were held on Saturday which may account for their lower attendance. Thus, symposia of higher importance may be considered for earlier sessions. The evaluation response rate from clinical updates was 37%, about 15% lower than in 2013.

Special symposia

Topics for the 10 special symposia included: stakeholder engagement in patient-centered research, evolutionary biology in GIM, implementing the internal medicine milestones, personalized medicine for the generalist, medical reader's theater, the affordable care act-implications for immigrant health, medical journals and the media-a common purpose, examine the painting examine the patient, caring for adults with conditions originating in childhood, and the town hall meeting with SGIM members: choosing wisely/ routine visits. The total attendance was 420 with an average of 42 per session. The evaluation response rate from special symposia was 36%, which is 1% lower than 2013.

VA

There were four VA sessions, on adapting medical home models to vulnerable populations, using lessons from VA to improve care for women, novel approaches to managing pain, and technology to support VA primary-specialty care interface. Total attendance for the VA sessions was 118, with an average of 29.5. The evaluation response rate from the VA sessions was 28%, which is 31% lower than 2013.

Fellows' symposium

The Fellows symposium attendance was 20 with an evaluation response rate of 100%.

Abstract Sessions

There were 25 abstract sessions with a total attendance of 1106 and an average of 46 attendees per session. The health disparities abstract session received the highest attendance at 135.

5. 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).

12 Sessions were eligible for the Award.

In 2014, the David E. Rogers Junior Faculty Education Awards went to:

Kerri Palamara, MD from Massachusetts General Hospital for
Need Directions? A Roadmap to Understand and Assess Ambulatory Milestones

Maricel Pilapil, MD from Hofstra North Shore-LIJ School of Medicine for
Preventive Screening in Young Adults with Special Health Care Needs (YASHCN): A Primary Care Perspective

Stefani Russo, MD from Icahn School of Medicine at Mount Sinai for
Talking the Talk: Optimizing Communication between Residents and Multidisciplinary Care Team Members in Academic Primary Care Practices

6. VERBATIM OPEN-ENDED COMMENTS

Open-ended comments are included in an Appendix to the main document. Most attendees liked the hotel amenities and layout with the meeting rooms being close to each other. Among the participants who provided comments, there was a high level of dissatisfaction with the quality and availability of food as well as with the lack of Wi-Fi access in the hotel meeting areas. Many of the respondents expressed discontent with the online registration process, and some commented that it was difficult to navigate through the process while the courses they had selected were not saved in their profile. Some of the residents and fellows respondents found the overall meeting and registration costs too high. One quarter of the attendees (24.85%) used the ScholarOne, and many of the attendees who provided comments found the itinerary builder platform somewhat difficult or clumsy, and requested more specific instructions on how to use this application in the future meetings.

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 and USPTF sessions, posters and plenary sessions. Many attendees commented very positively on the idea of organizing the poster sessions by theme. While the number of concurrent sessions was the same as prior years, there was frustration because of missed sessions due to overlapping times. Another issue raised by many attendees was the low attendance during many of the sessions which was attributed to the significant number of overlapping sessions. The overall attendance on Saturday was lower compared with the attendance on other days, but higher than in 2013. 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, 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 2014 evaluation data are listed below.

- *Electronic Platforms (mobile app, website).* There was a relatively high level of dissatisfaction among responders with the lack of WiFi access in the meeting rooms at the Manchester Grand Hyatt-San Diego. Some attendees complained about not having handouts available for each of the sessions on the website and through the ScholarOne itinerary builder which they felt would have been very helpful considering the time conflicts resulting from the many interesting concurrent sessions. Many attendees experienced difficulty with the usability of the ScholarOne platform. It will be helpful for the 2015 meeting to make every effort to have these resources available and to provide detailed instructions on how to use the ScholarOne itinerary builder application.
- *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 and one commenter suggested doing away with them while another suggested using these for MOC. The low Saturday attendance may be related to attendees leaving early to return home to their families. The program committee may consider ways to avoid this issue in the future, possibly having fewer workshops (which are particularly sensitive to low attendance, as opposed to larger sessions) on the last day.

In addition, the program committee may want to consider ways to increase participation and enhance the experience of fellows, residents and students who are presenting posters. Facilitating their participation by lowering registration fees and providing funding to support their travel may attract more trainees to the meeting.

- *Suggested topics for the 2015 Toronto meeting.* Many attendees suggested including more topics on the Affordable Care Act, comparisons between the Canadian and American healthcare systems, and improved streamlining as far as less clutter poster presentations. There was also strong interest in expanding the LEAD program and in non-research VA programming. Other topics that were recommended include pain management, aging/geriatrics, health policy, improving clinical practice, hospital medicine, updates in primary care. The program committee should consider these suggestions in their planning of the program for the 2015 meeting.
- *Meeting Evaluation Returns.* The overall meeting evaluation return rate this year was 16.8%, lower than the return rate in 2013 (35%) and comparable with the 16% return rate in 2011. This year's low response rate did not impact the mean rating score for the overall meeting that was 7.60 out of 10 (2013: mean score of 7.5). Some attendees found the evaluation forms confusing and difficult to complete. The option for participants to complete evaluations on mobile devices may help to improve the response rate, and should be continued for future meetings. Perhaps, enhancing the evaluation form format and content may increase the response rates. 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 2015*
Attendees from the VA voiced concerns about the location of the meeting in 2015. Being an international meeting, VA participants will need approval and advanced logistical support for VA travel. Some VA attendees felt that this may preclude their attendance at the 2015 meeting. Some attendees commented on the need to have a passport that is valid to travel to the meeting and recommended that SGIM should consider sending reminders to the meeting attendees about this. One attendee suggested the idea of offering opportunities to attendees to visit a Canadian hospital/ambulatory teaching site during the meeting. The program committee should consider these suggestions in their planning of the program for the 2015 meeting and work with the VA on the logistics of travel for the VA participants.

APPENDIX - OPEN-ENDED COMMENTS FROM EVALUATION FORMS

MEETING LOGISTICS/SCHEDULING

- Great job programming meeting done by chair and co-chair; Lots of great VA work; Need good mentoring
- The meeting felt more hectic than previous ones. There were fewer breaks, no break at all for lunch on Friday. I felt like there was less opportunity for networking and meeting new people, which is the main reason I come to the meeting. The Saturday morning breakfast was a disaster. Everyone came looking for breakfast at 7 and rather than the coffee bringing everyone together, it dispersed them, so there was much less conversation/networking than usual.
- I appreciated having 1-hour networking sessions built into the schedule.
- I really like having the breaks between sessions to facilitate informal meetings with others. I also think it is important to have the meeting rooms close to each other. The set up at this hotel worked fairly well.
- Aside from learning, the slightly later start was fantastic. I wasn't so tired for the rest.
- Every attendee had different things to share based on where they were in their career. The poster sessions were just long enough for time to see most of them AND have meaningful conversations with the presenters. We should go to community not expect them to come to us.
- The options were confusing. Specifically the options for additional sessions. It should be clearer what is the core conference and what are additional items to put in your "shopping cart"
- The online process is cumbersome since you have to pick individual sessions, and the update button you have to click with each new session you add takes a while.
- When I arrived none of the courses I selected were reserved and my request for a vegan option was not met.
- I appreciate the effort to provide increased time for networking, but there were many 60 to 90 minute breaks with not much happening. However, instead of people milling around, it seemed that folks were more likely to go to their room or go for a walk, so I actually think it decreased the opportunity for networking. The Update in Primary Care (previously update in GIM) was excellent. Room was too small, this is always such a great session, suggest bigger room and featuring it more. I was really disappointed that the ABIM sessions were on Saturday instead of Wednesday. I liked that the abstracts experimented with a new format, but don't like the format. With abstracts, it is helpful if you can go from one session to another to catch mentees, colleagues, etc who are presenting in different sessions. This is impossible with the 9 minute format. Plus, 9 minutes really is too little time to describe a study and its results in any meaningful way.
- Stress handouts for the updates - update in primary care with no handout and no list of the articles chosen; 1 1/2 hours was too long for each session and there is too much overlap. Many times I missed workshops I would have liked to attend.
- STREAMLINE!!!! SGIM tries to do too many things for too many purposes and gets lost along the way. There are too many concurrent and competing things. I went to and enjoyed and talked with many people at the poster sessions, yet one cannot get CME credit for that, where I learned a ton (some of these were better than the talks and workshops). I do really like that there were break/networking times dispersed throughout the day, otherwise it is completely exhausting. Hotel was great.

- Please make the resident price at a rate that residents can comfortably afford. The almost 400 is totally overpriced for residents who are lucky to make 60K before taxes. we are not given much money to go to these conferences and i promise that no one is enticed to go into primary internal medicine when the organizations are making them pay through their nose to go to a meeting. There are specialty conferences that charge residents less than 100 and you charge about 400. just crazy. do not make the high holy idea of "no money from pharma" but then take it from residents who are 1/4 million in debt...doesn't make any sense. you should give it to us for almost free so that we are begging to go and learn and be interested in internal medicine
- I would improve the way that the abstract submissions are categorized. In particular, I think that the implementation science categories are strange and should be deleted. I would also favor adding a 'transitions of care' section and then delivering these abstracts together. I am eager for more training in D&I and found this to be a disappointing session. Also, would like to see more addictions work highlighted, in particular around systems change and addictions allow some time during awards breakfast for conversation / discussion (i.e. shorten time spent giving awards and having speakers)
- I think if all handouts were available ahead of the conference it would be better to keep track during the sessions. -More clinical updates in different specialties there needs to be more time between sessions for switch over of attendees.. Those lingering from the last one and those trying to set up for the next one... especially after the lunch sessions when all of the trash is around. i really liked the idea of a themed, moderated discussion after the abstracts instead of the one off abstract traditional form at... it allows for more connections between research to be made and new ideas generated off of the work.
- This is one of the more confusing meeting evaluations I have completed. I wasn't sure what sessions the questions were referring to -- those presented at plenaries or others?
- The itinerary builder and the paper schedule were very difficult to follow. The days are very long, and not having snacks available, especially in the afternoon, was very difficult. I also felt that 1.5 hour sessions were mostly too long and could have been abbreviated. There was a lot of confusion with the interested groups. Some seemed to be redundant.
- Please put learning objectives on the workshops, hard to evaluate whether to go to them. Sometimes the name of the workshop and description does not really help.
- This meeting had the lightest schedule with more breaks as compared to any SGIM meeting that I have attended in >20 years, and I think that is a really bad idea. People can skip sessions if they wish to. I attended less at this meeting than ever, and I got the least amount for my money of any meeting that I have attended. Please don't make this look like APDIM or AAMC. I also miss the opportunity for a meal. It was terrible to wait till 9:00 for breakfast which is noon east coast time - and then to serve the identical food that was at the continental breakfasts. Am sure this is dictated by finances, but would urge society to rethink.

MOBILE APP/ WEBSITE

- Wifi available in meeting rooms to all attendees, not just those staying at the hotel.
- better internet access in meeting rooms
- Internet access in the meetings
- Wi-Fi in the hotel
- wireless at least in conference area snacks
- Universal WiFi access at the conference would have been helpful.
- Free or discounted wi-fi in the conference area.
- Scholar one application is "buggy" not a user friendly. Didn't allow me to email my itinerary and wasn't able to import sessions into calendar. Also having to search from the beginning of each day

each time I opened the app was not helpful. Would also help to put the Updates at times that conflict less with other sessions.

- I found the ScholarOne online and app interface to be clunky, and the itinerary builder did not work well for me. It wasn't clear to me when I registered how the on-line itinerary was to interface with the mobile app, so all the work I did when registering was lost because I could not remember the name/password (didn't see utility in writing it down at the time, and I later thought my SGIM username/password would work). If it had gone smoothly, I would not have needed the paper on-site program at all.
- Need better internet access in meeting rooms It was hard to access the abstracts the people wrote- the links are clumsy on the Thompson app, and I could not easily use it on the iPhone.
- Please include full session descriptions in the ScholarOne itinerary builder. Some sessions had this, but not all. I discussed this with several other attendees who preferred to rely only on the app and not carry around a cumbersome paper program. We were often picking sessions solely on titles because the app did not have more information. Additionally, PLEASE let us download slides/handouts for all sessions. ACP Internal Medicine 2014 had all handouts posted online and it makes it much easier to sit back and absorb material when you are not frantically taking notes.
- The web browser kept asking me if i wanted to display nonsecure content after every single click
- For 2 years in a row, I have carefully selected workshops and registered, but my list has not been provided to me at registration. (the registration "work" is LOST!!) Please go back to giving us a reminder list of what we signed up for!
- When you need preapproval for a trip, you have to complete the registration as far as payment and then exit the program to await approval. Then you have to go back into the program, hoping that what you entered previously was not lost. Then, administrator has to enter payment info, so takes 3 steps.
- Website is not easy to navigate, I was registering as part of a group from an institution, there was a long delay in having our registration noted on the site and we couldn't sign up for individual workshops as a result
- My registration was lost and I had to register manually anyway
- Registering for the individual sessions was somewhat confusing.
- The ScholarOne itinerary builder is not really usable. For example, it does not have the poster numbers so you just wind up with a list of things you want to see and not where they are.
- The ScholarOne app crashed quite frequently so was difficult to rely upon it as method for planning - having revisions or different system to use technology for coordinating through meeting would be great.

FOOD

- Continue providing refreshments between sessions and adequate places to sit and congregate and network within meeting hotel. The breakfast awards meeting was an excellent idea and is much preferred over lunch or dinner.
- Veggie lunch on second day had just a sandwich - no chips, etc. Goof on part of hotel?
- The food while adequate was somewhat less abundant and less interesting, than I have experienced at similar meetings. The vegetarian lunch on Friday was really stingy.
- More snacks throughout the day
- The beverage/snack service was skimpy and was limited to the 2nd-floor rooms. The 3rd-floor rooms were quite far removed from all of the other conference activity.
- sit-down breakfast menu was same as every other day's breakfast--this was too bad
- More frequent coffee/snacks available in the lobbies between programs
- I really think that the food was the only problem. First, they took the breakfast away so fast! Second, the lunches were not very substantial. Having said that, the salads were yummy. Third, no snacks. :(

Fourth, the awards breakfast would have been a little better with a hot component. I did like having the Saturday session be a breakfast instead of a lunch.

- Need more food. Spent the whole time starving.
- The service for vegetarian food was not very good. At lunch on Friday there was no vegetarian option available on the counters, and when I went to the "special dietary needs" booth, I was given a wrap by itself, and told I could not have the box that meat sandwiches get (i.e. with the apple, etc). Since I pay the same as everyone else, it is not clear to me why the vegetarian option at SGIM is always treated like a second-class citizen (this has happened at previous years' meetings as well). Additionally, since a huge number of non-vegetarians eat the vegetarian lunch, why not just have one of the options be vegetarian every day
- The food is honestly terrible. Not just this year but every year. It's so bad I'm starting to think that we should take money from outside entities to combat the food desert that is the SGIM annual meeting. I try to bring my own food, buy my own meals, but it really is the worst food I have ever had at a conference. The issue is that it encourages people to leave the conference to obtain food elsewhere, which means missing sessions.

SESSIONS/CONTENT

- Ask all attendees to commit to going to one clinical vignette session and interact with 5 posters from presenters not in your institution. Shame to have residents do posters and not have anyone to present to. The game was a great first stab at getting these sessions to be better attended, not sure how successful it was?
- I have never been to such an unbiased meeting in my career. To see no "pharma" representation or presence was refreshing. This was my first SGIM meeting and hopefully not my last.
- Awesome as always The LEAD workshops were the BEST part of the program. Please bring them back repeatedly. I learned a tremendous amount from the section about emotional intelligence. Will implement ALL that I learned there AND will follow up with reading the recommended references. Thank you.
- Teach faculty development sessions in small groups - get them talking Take health care back to the community; Mix it up - loved the combinations of med ed innovation, research in the plenary abstracts
- I felt the USPSTF task force meeting was both provocative and informative and helped me appreciate how difficult their job is. Dr. Davis's talk was truly inspiring. I was very impressed with the scholarship of the younger members (poster sessions, etc.).
- I am a nurse; it was interesting to compare the physician conference to a nursing conference. I loved the poster presentations because they highlighted all the work that is being done across the country I learned we are all suffering from growing pains and having to readjust how we do things...

PLENARY SESSIONS/KEYNOTE SPEAKERS

- I want to see more of our GIM research featured. I really see no role for having a clinical vignette presented at the Plenary even though it was well done. The case was still a rare one and reinforces the traditional internal medicine teaching rather than the principles of primary care. There has been some dilution of the research as the QI and vignettes have played an increasing role. I am supportive of engaging students and residents this way but we need to pay attention to the core academic currency that the clinician investigators bring to the table.
- I had a meeting with a deaf person for an hour--first time in a non-patient context Mark Smith was eloquent in his presentation and optimistic about our future
- Maintenance of Certification details. Best articles about quality and patient safety in 2013. Challenges and opportunities facing SGIM and its members.

- I loved the Life Lessons Learned for the Women's Health plenary speaker. - I appreciated the opportunity to network. - I learned from walking through the abstracts and seeing all of the new QI research going on in the field of medicine
- 1. Got very good advise on running large clinical/academic organizations. Learned about the need to create systems for large organizations. 2. The talk by Mark Smith MD was really outstanding. I don't think I have heard such an articulate description of the history of our field and such a clear vision for the changes that will likely occur in medicine and primary care with changing technology and reform. 3. The Cancer Speaker from UCSF was also outstanding. Her description of risk-based screening is very helpful for other areas of research in chronic disease management.

MENTORING

- The mentorship program is very valuable. I should collaborate with members outside of my home base. I should volunteer to help out sgim.
- Mentoring lessons Networking opportunities Women's caucus is an open group!

SUGGESTIONS FOR FUTURE CONFERENCES

- More content from outside GIM that is of interest and potential research/educational value to GIM folks. For instance bring insurance companies, tech innovators, health policy folks, non-profit, venture philanthropists so new ideas can enter our field.
- Have some "debate" topics
- Non physician participation in the meeting needs help - one day registration for them - especially with next years theme working in teams
- Allow time for posters to be hung without presenters there for some period of time so can see the poster if unable to attend the 1.5hrs when presenter will be in front of poster.
- Please have badge ribbons for FELLOWS!!! You had it for everyone else but us.
- Less overlap between sessions to allow attendees to attend more of them; more workshops for residents specifically
- More non-research VA programming, expand the LEAD program
- More outpatient posters!
- Increase awareness of the Scholar One App for the i-phone - it was quite valuable after I learned about it.
- Please try to disperse the concurrent sessions somewhat as there are several occasions where I had 4-5 concurrent sessions that I would love to attend that occurred simultaneously. A good problem to have, but I would have loved to have attended more of these sessions.
- Reduce the fees for fellows to participate in the fellows' symposium
- Workshop or forum for QI projects done by SGIM members for the ABIM MOC requirement to showcase their work. Could spawn collaboration and foster new ideas.
- Remind people to get their passports as post office application process in our city is very difficult.
- I suggest there be more emphasis on self-care: incorporate walks, yoga, nutrition, mindfulness into the meeting structure/schedule Have more clinically relevant topics (the musculoskeletal workshops are great, but I feel there could be much more) Attempt to include different institutions in workshops and abstracts- there seems to always be the same institutions represented and the quality of the workshops/presentations is not consistent
- Liked awards breakfast but start earlier. Make innovation in med ed/innovations in clinical practice its own time, rather than overlap with other sessions. Good stuff in there but hard to choose between that and workshops
- Don't schedule concurrent VA sessions

- Cheaper fees
- Maybe an online guide through an app so I can build my itinerary Free wifi or unlimited wifi for a small fee during the conference and in our rooms
- Please do not have so many interesting sessions concurrently as you miss out on 2 when you are attending one session of interest! Please space out at different hours of the day so that it is feasible to attend many sessions. I know it is difficult logistically but please see if it is possible!! Also, please have more availability of space and participation in the interesting sessions like the painting session this year and the knee and shoulder exam sessions. Thanks
- Please include full session descriptions in the ScholarOne itinerary builder. Some sessions had this, but not all. I discussed this with several other attendees who preferred to rely only on the app and not carry around a cumbersome paper program. We were often picking sessions solely on titles because the app did not have more information. Additionally, PLEASE let us download slides/handouts for all sessions. ACP Internal Medicine 2014 had all handouts posted online and it makes it much easier to sit back and absorb material when you are not frantically taking notes.
- I appreciated having 1-hour networking sessions built into the schedule.
- If you are really encouraging us to bring teams, will there be a break in registration price?
- Please get rid of the Saturday workshops. For people who have them it is terrible as so few people come. These take a lot of work and it is ridiculous to have them when people leave. I would suggest that wed afternoon is a better option or get rid of them all together. Board certification stuff would be great for sat.
- More on education, health policy
- More clinical sessions! Less down time in between sessions (30 min instead of 1 hour). Have more "concurrent sessions" or other activities during the plenary sessions -- those are too big and not that useful, I would have liked to attend several sessions that occurred at the same time.

TORONTO

- Offer trip on the lake Opportunity to visit Canadian hospital/ambulatory teaching site
- Perhaps more sessions on clinical updates
- More clinical sessions! Less down time in between sessions (30 min instead of 1 hour). Have more "concurrent sessions" or other activities during the plenary sessions -- those are too big and not that useful, I would have liked to attend several sessions that occurred at the same time.
- Please get rid of the Saturday workshops. For people who have them it is terrible as so few people come. These take a lot of work and it is ridiculous to have them when people leave. I would suggest that wed afternoon is a better option or get rid of them all together. Board certification stuff would be great for sat.
- Give more attention to Affordable Care Act and impact
- Book more rooms at primary hotel site or have alternate hotel with rooms book at onset have internet access available at meeting
- Social party for all of SGIM on the Friday night as everyone is leaving the next day with some type of way of meeting new people/mixer activity. More clinical workshops. More on ways to get directly involved with advocacy at state or national level with petitions, etc
- One of the most important aspects of the meeting is seeing old trainees and colleagues, but memory always fail us, so having name badges that have first name in LARGE PRINT and that don't twist around, makes that interaction even smoother. This year the name size was good, the twisting, was rampant.
- I would like to see research papers comparing the US and Canada Health Systems in terms of patient experience, cost, the role of insurance, drug treatment

- Build more networking time into the schedule. If possible, it would be helpful to have a more detailed description of the workshops available before or at the conference, perhaps online, so that attendees know what to expect at the workshops. Would repeat the Fellows' Symposium it would be nice to avoid New England public school vacation week (third week in April) in the future (3 out of 4 years falls on this week after years of being first week in May).
- I liked the breakfast on the last day (I think the awards and perhaps final plenary speaker had been at lunch on Friday in the past). Could you negotiate for free internet in the hotel rooms? It turned out to be quite expensive.
- Request advance logistical support for VA travel
- Holding SGIM in Canada precludes most VA-affiliated physicians from attending. I was told my VISN Director would have to personally sign an approval for me to go, which would only happen if I were a plenary speaker or performed a similarly high-profile role. And then there is the issue of the "VA passport". I would love to attend, but will not be able to.
- Have clear instructions/guidelines for VA participants since it is an "international" meeting and we will have trouble getting approval.
- If necessary, let's invest SGIM funding in completing travel of VA participants to Toronto (busing from Buffalo?) and other professional members of our fellow primary care societies outside medicine.
- The poster sessions are a great way to meet with people and talk to them directly about their research or about the clinical case. I especially liked that this conference was rich in poster sessions. I'd like that to be kept like that for the 38th. I assume it's going to be cold in Canada even in April: having proper hot lunch (even if it doesn't come in boxes) would definitely be a plus.
- I really dislike Toronto as a location. Passports, few flight options, dealing with Canadian money, just not worth it.
- I think my passport may expire before then. Will be a hassle to get a new one, but I guess I need one anyway for other purposes. Sigh...

MISCELLANEOUS

- SGIM and ACP need to collaborate more for the good of primary care and academic general internal medicine; I liked the thursday plenary with the top abstracts in various categories including clinical vignette; Importance of networking and maintaining connections for your career
- Mostly about networking with collaborators; my first time presenting a workshop and found it to be very satisfying
- Great participation from the audience! enjoyed meeting the audience members as potential future collaborators
- Importance of networking; Importance of research; Learned about how to start organizing group visits
- 1-Lifestyle is still very much underrepresented among the general workshop offerings, though I appreciated the abstract sessions that talked somewhat about it. 2- There is a growing focus on disparities and thinking about care in the current political context, which is good. 3- There aren't a lot of partnerships outside of medicine-- innovative programs are hoping to be funded by insurers (not much talk of alternative arrangements, including sharing the cost of a wellness coach with other practices, etc.)
- One suggestion is that this year's meeting communications seemed to emphasize SGIM as a primary care organization, although the meeting itself did not convey quite the same degree of bias. SGIM should strive to be inclusive of all walks of generalism -- I practice consultative and com

plex case-coordination outpatient GIM, for example, rather than primary care, and I would hate to feel excluded or marginalized by a sweeping primary care focus of what I consider my "home" society.

- Better signage, it was difficult to find registration when first arriving, and there were several sessions where it was unclear where I was going. Better options for food, especially for those with dietary restrictions. Run poster sessions simultaneously, rather than separately and at the same time as sessions. It would be nice to be able to stop in and peruse posters without having to miss an entire session. Shift schedule to avoid Saturday sessions as this meant attendees had to sacrifice the entire weekend to attend due to travel, for attendees with families this is burdensome. Provide abstracts of posters and presentations, possibly a brief description for informative session or interest group meetings. There were times when it was unclear what was going to be discussed.