

Evaluation Committee Report

**38th Annual Meeting of the Society of General Internal Medicine
Sheraton Centre-Toronto
Toronto, Canada from April 22-25, 2015**

Submitted by:

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1. MEETING DETAILS:

The 38th Annual Meeting was convened in Toronto, Canada from April 22-25, 2015. Educational programming included:

- TEACH Core Session
- LEAD Core Session
- Quality Improvement Skills for Reliable Care
- ACLGIM Leon Hess Management Training and Leadership institute (Lead Program)
- 3 Plenary Sessions, each with a keynote speaker
 - Opening plenary session including the annual *Presidential Address* by William P. Moran, MD
 - Friday plenary session, *The Role of the General Internist in Canada's Evolving Healthcare System* by Jeffrey Turnbull, MD, FRCPC
 - Saturday Awards Breakfast including 2015 Malcolm L. Peterson Honor Lecture, *Building Health Care Value through System Redesign: Leverage at the Point of Interprofessional Care and Education*, by Malcolm Cox, MD
- Three Distinguished Professor Programs, each with a keynote address
 - Twelfth Annual Distinguished Professor In Geriatrics: Gail Sullivan, MD, MPH
 - Eighth Annual Distinguished Professor of Women and Medicine: Katrina Armstrong, MD, MSCE
 - Sixth Annual Distinguished Professor In Cancer Research: Craig C. Earle, MD
- 2015 VA Series, including five workshops
- Patient Centered Outreach Research Institute (PCORI) Series, including four workshops
- 11 clinical updates
- 69 workshops selected through submission and peer review
- Oral Presentation Sessions:
 - 25 oral abstracts
 - 7 clinical vignettes
 - 1 Innovations in Medical Education
 - 1 Innovations in Clinical Practice
- 7 Poster Sessions
 - 3 scientific abstract poster sessions
 - 3 clinical vignettes poster sessions
 - 1 innovations poster session
- Annual Meeting Mentoring Panels
 - Disparities Mentoring Panel
 - Clinician Investigator Careers
 - Clinician Educator Careers
 - Parenting in Medicine Mentoring Panel
- 35 SGIM committee and task force meetings
- 72 SGIM Interest Group meetings
- 8 networking opportunities
- ABIM MOC Sessions
 - ABIM 2014 Update in Hospital Medicine
 - ABIM 2014 Update in Internal Medicine

2. SUBMISSIONS AND OVERALL ATTENDANCE

There were 1896 registered attendees, compared to 2000 in 2014. The majority of attendees (74.2 %) stayed at Sheraton Centre-Toronto, the official meeting hotel. Similar to prior years, 94.6% of evaluation respondents reported attending the meeting on Thursday, and 95.2% reported attending on Friday, but only 58.8 % of respondents attended sessions on Saturday. These numbers compared similarly to 2014.

The table below provides the number of submissions, presentations, and acceptance rates by type of session. Acceptance rates in for 2015 and 2014 are shown below for comparison.

Session Type	Submissions (N)	Number	Acceptance Rate in 2015	Acceptance Rate in 2014
Scientific Abstracts	723	589	81%	94%
Workshops	173	69	40%	33%
Vignettes	708	461	65%	95%
Innovations in Medical	145	76	52%	78%
Clinical Practice Innovations	132	76	57%	80%
Updates	10	9	90%	73%

3. OVERALL MEETING EVALUATION RESULTS

Overall meeting evaluations were assessed with an online survey. 206 responses were received and this response is down from 335 that were received in 2014 (response rate 17.3 %), and both of these response rates are lower than the historical average of about 30%. The mean rating score for the overall meeting this year was 7.01 out of 10, compared to 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). 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. 33.5% of the respondents rated the meeting as outstanding or top 5% compared with 42.2% of those in 2014 and 39% in 2013.

How would you rate this conference compared to other conferences of this type that you have attended (N=182)		
	Response Percent	Response Count
Below Expectations	6.6%	12
Average	20.3%	37
Truly Above Average	39.6%	72
Outstanding	27.5%	50
Top 5%	6.0%	11

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

Which description best characterizes your current primary professional role? (N= 203)		
Professional Role	Response Percent	Response Count
Clinician	26.1%	53
Investigator	21.2%	43
Educator	25.1%	51
Administrator	8.9%	18
Hospitalist	4.4%	9
Fellow	4.9%	10
Resident	4.4%	9
Student	3.0%	6
Non-physician	2.0%	4

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 (53.5%), hearing about new research (41.4%), and disseminating one’s own work (37.3%). 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 (82%-96.1%).

Goals	Somewhat important (%)	Moderately important (%)	Very important (%)	Goals met (%)
Network	8.65%	25.95%	62.70%	96.09%
Meet with collaborators	12.97%	27.57%	53.51%	89.50%
Hear about new	14.52%	40.86%	41.40%	95.60%
Disseminate my work	22.70%	25.95%	37.30%	82.02%
Learn or re-evaluate teaching skills	26.63%	36.96%	27.72%	75.14%
Learn or re-evaluate current healthcare policy	36.96%	36.41%	18.48%	72.78%
Learn or re-evaluate clinical	33.51%	30.27%	21.62%	68.89%
Learn or re-evaluate research skills	33.70%	38.04%	13.59%	68.72%
Learn or re-evaluate administrative skills	36.22%	29.73%	10.27%	54.44%

Logistics and Meeting Planning:

Approximately 93.2% of respondents registered online and 45.3% felt comfortable with online registration.

Future Plans:

87.8 percent of respondents plan to attend the 2016 annual conference and 97.8 percent would recommend the conference to others. This compares favorably with the 2014 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 2014. The percentages of the endorsed behaviors were higher compared to 2014 (64%, 50%, and 55% respectively).

Future Plans	Percent Endorsing
Start new or modify an existing research project	72.53%
Modify how I communicate with patients	56.42%
Change the way I teach	57.1%
Change the way I teach others to teach	59.78%
Use a "new" diagnostic or therapeutic technique for outpatient	46.93%
Use a "new" diagnostic or therapeutic technique for inpatient	32.42%
Start or modify a QI project	48.04%
Implement "new" administrative methods	38.98%
Use a "new" research technique	24.16%

4. INDIVIDUAL SESSION EVALUATION RESULTS

Plenary Sessions:

- The Thursday-opening plenary session included the annual Presidential Address by Bill Moran, MD. His presentation received a rating of “truly above average” or “outstanding” by 51.41% with an additional 1.69% rating it as “Top 5%”. 46.2 % of respondents attending indicated they would implement a lesson learned.
- The Friday plenary session, by Jeffrey Turnbull, MD, FRCPC entitled “The Role of the General Internist in Canada’s Evolving Healthcare System” received a rating of “truly above average” or “outstanding” by 45.14% with an additional 6.86% rating it as “Top 5%”. 46.78% of respondents attending indicated they would implement a lesson learned.

Saturday Awards Breakfast and Keynote Address:

- The session included including 2015 Malcolm L. Peterson Honor Lecture, Building Health Care Value through System Redesign: Leverage at the Point of Interprofessional Care and Education, by Malcolm Cox, MD received a rating of “truly above average” or “outstanding” by 42.45% with an additional 1.89% rating it as “Top 5%”. 48.11% of respondents attending indicated they would implement a lesson learned.

Thursday’s opening plenary session had 1350 attendees and Friday’s plenary session had 625 attendees. The Saturday Awards Breakfast had 575 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>	4.54	4.47	4.22	4.27	N/A
<i>Quality of Content</i>	4.48	4.98	4.25	4.29	N/A
<i>Amount of Material Covered</i>	4.40	4.47	4.19	4.24	N/A
<i>Quality of Faculty</i>	4.64	4.54	4.42	4.52	N/A
<i>Audiovisual Materials</i>	4.29	4.27	4.00	4.02	N/A
<i>Audience Interaction</i>	4.58	4.20	4.00	4.41	N/A
<i>Prior to this workshop, my overall knowledge of the topic covered was</i>	3.38	3.43	3.16	3.64	N/A
<i>The audience size for this session was:</i>	2.0	2.15	1.95	1.94	N/A
<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>	3.95	3.90	3.58	3.69	N/A
<i>Would you recommend inviting this workshop to your institution for presentation?</i>	4.03	4.03	3.65	3.84	N/A
<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 73 workshops was 1832 with an average attendance of 25.4. The average attendance during the Saturday workshops was 10.7 compared with 24.4 in 2014. In 2013, attendance was 11. This year, the response rate from the workshops was 63.3% compared with 58% in 2014.

Clinical Updates

Topics for the clinical updates included: anticoagulation and thromboembolism, addiction medicine, geriatrics, hospital medicine, LGBT health, medical education, palliative care, perioperative medicine, primary care, quality improvement/patient safety and women's health. Total attendance for clinical updates was 908; average attendance was 82.5. The sessions with the lowest attendance were geriatrics (29), internal medicine (30), LGBT (42), palliative care (43). The remaining sessions ranged in attendance from 70-217. Sessions held on Saturday may account for their lower attendance. Thus, updates of higher importance may be considered for earlier sessions. The evaluation response rate from clinical updates was 40%, similar to 2014.

Special Symposia

Topics for the 10 special symposia included: Enhancing Team Communication, Hot Topics in Hepatitis C, Informatics in GIM Research and Patient Care, Leadership - Lessons from the Field, Maintenance of Certification Update, Mobile Technologies in Drug and Alcohol Treatment, Multidisciplinary Team Care for Adults with Disabilities, Over and Underscreening Older Adults, The Cancer Control Continuum, and Understanding and Challenging Health Care Corruption. The total attendance was 417 with an average of 42 per session. The evaluation response rate from special symposia was 57%, up from 36% in 2014.

VA Series

There were four VA sessions, on Integrating Mental Health into Primary Care, Training Learners in Interdisciplinary Patient Centered Medical Homes, Qualitative Methods in Implementation Research, and IPE Collaboration between CoE Sites and Academic Partners. Total attendance for the VA sessions was 132, with an average of 33. The evaluation response rate from the VA sessions was 38% compared to 28% in 2014, and 31% in 2013.

Fellows' symposium

The Fellows symposium did not include CME and no evaluation data are available. Attendance was 50, compared to 49 in 2014.

Abstract Sessions

There were 26 abstract sessions with a total attendance of 1164 and an average of 46 attendees per session. The Lipkin Finalists abstract session received the highest attendance at 100.

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).

11 Sessions were eligible for the Award.

In 2015, the David E. Rogers Junior Faculty Education Awards went to (ratings in parentheses):

Deborah DiNardo, MD, Clinical Instructor of Medicine at the University of Pittsburgh School of Medicine and the VA Medical Center Pittsburgh for *Bringing "The Checklist Manifesto" to Internal Medicine Training: Using a Clinical Reasoning Checklist to Help our Residents "Get Things Right" (4.90)*

Anthony J. Accurso, MD of the Chemical Dependence Division, Johns Hopkins Bayview Medical Center for *Bringing High-Value Care to Your Institution: Strategies and Tools from Around the Country (4.87)*

Palav Babaria, MD, MHS, Medical Director, Adult Medicine Clinic, Highland Hospital for *Armchair Advocacy: Education and Persuasion through the Op-Ed (4.75)* and **Sarah E Richards MD**, Assistant Professor at the University of Nebraska Medical Center, Division of General Internal Medicine for *Putting Patients First: Teaching and Assessing Provider Communication Skills to Improve the Patient Experience (4.75)*. Both tied for third place.

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 2015 evaluation data are listed below.

- *Electronic Platforms (mobile app, website).* There was some dissatisfaction among responders with the lack of complimentary WiFi access in the meeting rooms at the Sheraton Centre Toronto.
- *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 low Saturday attendance may be related to attendees leaving early to return home to their families. Additionally concurrent sessions may hinder peoples' attendance.
- *Suggested topics for the 2016 Hollywood, Florida meeting.* Many attendees suggested including more topics on Clinical updates, geriatrics, and hospitalist medicine. Ensuring adequate wifi connection was also a main issue; as was avoiding overlapping sessions to allow attendance. Emphasis on disparities of care was also suggested. Abbreviating the meeting to a shorter rather than a longer time period was also emphasized. Some felt the plenary sessions could be shortened. Other topics that were recommended include disparities (LGBT, indigent), 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 2016 meeting.
- *Meeting Evaluation Returns.* The overall meeting evaluation return rate this year was 17.3%, compared to 16.8% in 2014; 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 7.01 out of 10 compared to 7.60 out of 10 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 speakers and the length of the plenary session (too long) was brought up by a few. Perhaps, enhancing the evaluation format and content may increase the response rates. Food service was raised as a concern (running out too quickly), as was lack of wifi connectivity, several remarks about the overall cost of Toronto were also raised. Typographical errors were also commented on. 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 2016*
Attendees voiced no concerns about the location of the meeting in 2016. The international meeting was a problem as far as the VA participants. VA participants needed approval and advanced logistical support for VA travel. This may have precluded their attendance at the 2015 meeting. The program committee should consider these suggestions in their planning of the program for the 2016 meeting: ensure universal wifi connectivity, abbreviated sessions with minimal overlapping/concurrent sessions, and possibly ensure food service offered is not abbreviated.

APPENDIX - OPEN-ENDED COMMENTS FROM EVALUATION FORMS

24. What suggestions do you have for the SGIM 39th Annual Meeting in Hollywood, FL on May 11-15th, 2016?

The organization continues to marginalize hospitalists. As Hospital Medicine has gained academic stature (note the number of hospitalists who are Full Professors at this point), it's time to include us in more prominent roles in the meeting (plenary speakers, etc.). SGIM

<p>runs a very real risk of losing touch with a growing, vibrant group of generalists unless it recognizes the value and academic contributions of this group.</p>
<p>-Reduce # of concurrent sessions with posters -> reduces foot traffic and makes it difficult to present research and attend other sessions.</p> <p>-End the conference with an inspirational plenary session. This year's concluding plenary session was given by Dr. Cox. He approached this more as a lecture, and less as a rally the troops to a greater cause</p>
<p>Many sessions in the same category are generally concurrent and cannot be attended at the same time. If there could be some variation in their timings, when they belong to the same "group", it would enable more people to attend.</p>
<p>have other hotel options more clinical updates</p>
<p>Outdoor sessions/activities :)</p>
<p>It would be good to have more time for the poster sessions. At one conference, which I thought was effective, posters were put up to be reviewed (without the authors present) for additional time.</p> <p>It is always a challenge to have so many wonderful sessions to choose from. Any possibility of taping sessions (maybe the more popular ones).</p> <p>In the program include in the at-a-glance section, the title of the session.</p> <p>Make the presentations and handouts available during the conference.</p> <p>Review the onsite program for errors - there were many this year.</p>
<p>We are still fiddling and Rome is still burning.</p> <p>If we want general internal medicine to survive, much less proper, we need to address the current threats, not just devise schemes for our career survival (see below).</p>
<p>I am thrilled it's in the US.</p>
<p>Some great sessions are held at the same time which is challenging -- esp the interest groups.</p>
<p>1. You have no category for submissions in Geriatrics. I had a poster re an innovative tx for a nonagenarian and I had to submit it in the "Medication Complications" section. I was chagrined.</p> <p>2. The hotels in the area are exorbitantly expensive.</p> <p>3. You have gone paperless but there is no Wifi in the hotel available for nonguests. I could not look at slides, schedules. The meeting was worthless to me and hundreds of others I expect. When I asked the SGIM staff at the desk mid day on Friday they acted like I was from outer space and said that I could pay \$25 if I was a guest. I PAID \$675 FOR THIS CONFERENCE AND COULD NOT READ THE ABSTRACTS, REVIEW SLIDES OR HANDOUTS. AND NO ACCESS TO THE TOOLS THAT I COULD USE TO GET THERE.</p>
<p>Try to keep closely related tracks from overlapping to the extent possible -- the Update in Med Ed session overlapped with Med Ed oral abstract presentations, for example. I know the schedule is a bear and this may not always be possible, but it is helpful whenever it can be done.</p>
<p>To be honest, none really.</p>
<p>Build 15-30 minute breaks in between sessions to allow for networking</p> <p>Make program more clear as to what sessions are running concurrently</p>
<p>Have better plenary speakers as 2 of the 3 were average to below average, have more VA programming aimed at clinician educators and administrators in the VA (not just researchers)</p>

not sure
Too much overlap between lots of very interesting workshops / events. Internet availability throughout the conference.
This is the first time that there were so many mistakes in the schedule. It was as if someone did not proof read the materials, check times. This was also true of this survey, there were repeats in the questions and you did not ask about all the sessions. Other than that, I liked the scheduling this year with the breaks in the day.
Although I am involved in leadership and administration, and love getting professional development in this, I would suggest fewer competing workshops on this topic. -Have some institutional memory for who submitted workshops in the past- we (a group of experienced educators) have submitted workshops a number of years in a row and they have not been accepted. At the same time, others who did a so-so job at last year's SGIM on a similar topic got accepted again, and did yet again a mediocre job at the workshop. -abstract review committee chair people should have served on the committee the prior year, the rule about no two years in a row is nutty. It just means no institutional memory. perhaps some people can have served on the committee previously but not all? -Move the fellows symposium to Wed not Saturday. It would help get a better start to the meeting as much of it is networking and it would help to focus the meeting, rather than at the end of the meetings. There are no other activities for fellows on Wednesdays, so it would be a good time. -more description of the proposed workshop and leader during the sign up experience -get better on-line registration software- this was very awkward and hard to know what sessions one has signed up for. also, there is no description of the sessions when signing up. setting tours of local clinics would be nice.
Include obesity topics. I could speak, I Dr. Lucero Chueca Villa am Board Certified in Obesity Medicine. Please contact me at lchueca1@hfhs.org. thank you
have a place so everyone gets a room at the main site. keep the conference in the United States How about a Chicago or Minneapolis meeting? for the annual site. (tired of flying)
More breaks the late start was nice WIRELESS ACCESS ... this is awful not to have and made the meeting a bad experience
more of a "how to" guide on getting the most out of the conference. I found some of these materials after I'd already been there over a day. Would be great if there was link included with registration or with registration materials upon arrival.
[I'm not coming because of a family event at the same time]
Good WiFi connection and meeting app
Keep up the great work The signage at conference and helpers were fantastic - very easy to get around. The hotel was the best for a meeting that I have ever attended. It is a shlep to get to Canada, but so worth it for the quality of the hotel, conference rooms, IT supports, etc. Absolutely flawless from a meeting-standpoint.
Make sure wifi is available and free in the conference center.
Internet access in the conference rooms; Ensuring that panels are balanced between men/women and are diverse
More formal resident networking (the bar was way too loud and crowded to network effectively.)

A phone app for finding connections based on medical school and residency/fellowship location and city of practice.
none
Continue to emphasize substance use and social determinants of health
Be very respectful of the timing in the plenary sessions. Please try not to run over: really impeded time people had to meet/go to next session etc. Really comb the program for inconsistencies and timing issues Make sure food is there when it should be (see below)
I think having a meeting with a venue that has the word "SPA" in it is going to be an issue for VA employees. SGIM leadership and VA leadership will need to work on making this easy so people can come to this meeting since VA plays such a big role in SGIM.
Perhaps fewer things with less overlapping events. very frustrating that i had to miss so many things because of overlap.
Provide conference room wifi!
Much fewer poster sessions - there were just too many of these including the oral abstracts. All of the good educational sessions were scheduled at the same time which made attendance at any of them difficult to attend.
Ensure adequate wi-fi connection.
Wifi in meeting rooms please! Also, there were a lot of sessions that started and ended in the middle of other sessions I know programming to fit in all the interest groups is a challenge but the asynchronous sessions need to be reevaluated
Really difficulty to have all the IGs and poster sessions in competition -- diminished ability to go to the same sessions at once. Also, competing DP talks was a really difficulty choice.
#1. Has the the theme been decided yet? If not, I would say THE most compelling talks here were about Disparities in Care--maybe "Improving Value for Patients: Getting Beyond Barriers." At some level, I have been aware of the contribution of socioeconomic factors but the oral presentations really made me feel like these are things we can understand + impact within the medical system/profession. And still we can have QI discussions and clinical vignettes -- vital parts of the education mission of SGIM. Plus interprofessional teamwork with pharmacists, community health workers, etc. can still be covered. #2. I would like to see a Student Track--perhaps student members can propose instructional aims like Counseling for Lifestyle Change, Prescribing, End-of-Life Conversations, Clinical Vignettes, etc. so that students can find talks that suit them. I feel like Residents, etc. could navigate a bit better than I could, but it worked out alright. #3. I really enjoyed the Blue Jays-Orioles game, so I think a similar type of recommended event is a nice way to connect with other attendees and unwind from all the information. Nice job on that! and even though that's outside of the mission, I think it's a complementary activity (allowing for networking and relaxation before another day of hard work).
plenary sessions should be revamped. I want to be 1-inspired 2- challenged about how I think about things 3- updated on current health care environment- for example : ACO and how it will impact clinicians, educators, vulnerable populations Award winning presentaions during plenary are good Awards presentaions should take place another time

<p>Don't cluster quite as many workshops in the same slot. Include a bit more description in the booklet that's provided at the meeting - I wish the workshops were described rather than just having the title.</p>
<p>Please have wi-fi everywhere in the Hotel. This was a major issue for this meeting, especially since it was in another country.</p>
<p>More research offerings More clinical offerings Better speakers Careful proof-reading of the program to ensure accuracy. Reconsider having abstract poster sessions lasting only 1 hour.</p>
<p>Avoid having session overlap - a few of these did and that was challenging (e.g. an abstract session ended at 3:30, but the workshop sessions started at 3:15)</p>
<p>Wireless access in conference meetings area</p>
<p>Make sure that presenters submit presentations for posting on website before meeting - many presentations had no on-line presence. Insure adequate food for all that register - some registrants did not get food at lunch Thursday! Include titles for keynote address in geriatrics, cancer care, etc. in program Make sure rooms are large enough to handle the crowds at the updates sessions. May not want to include tables in these rooms - just chairs to accommodate more people.</p>
<p>More unopposed poster time. Did NOT have to end Thursday at 5, would have been fine at 6pm BE MORE CAREFUL ABOUT WEB REGISTRATION - others reported when they tried to sign up for Women's Caucus was told an additional charge ---- so they did NOT go. Some even had same thing happen trying to sign up for updates. Update rooms need more chairs/bigger space</p>
<p>I actually liked that dinners were on your own- it gave you a chance to meet up with old colleagues and new ones over dinner. So I would keep that approach. I realize that it is expensive, but I think that some of the workshops could be more interactive if there was internet or wifi for some of the activities--so thinks could be done in real time. Since we are all about patient centeredness- why not invite patients- one group did and that was a refreshing perspective.</p>
<p>Hopefully, there will be wi-fi in the meeting rooms.</p>
<p>some action to protest the state's restriction on physician's asking patients or parents about gun ownership.</p>
<p>More unknown clinical vignette oral presentations Post the Lipkin and poster award winners online right away, and/or tweet them Make sure enough food for all, and clear time/place when it will be distributed (not overlapping with other sessions). Make sure free wifi in hotel rooms *AND* in conference rooms so I can tweet!</p>
<p>shorter sessions-30-45 minutes not 1.5 hours</p>
<p>1) More charismatic and inspiring plenary speakers, esp for Saturday session 2) WiFi in meeting areas, though I expect this will be less of an issue since meeting in the U.S. 3) More career mentorship and networking opportunities geared towards students and interns/junior residents. We brought a group of trainees to try to get them more exposure to GIM ideas and referred a few to attend some of the career mentorship panels. They thought they were interesting but less helpful for students/residents who were not quite ready to enter the job market yet.</p>

<p>4) Extend deadline to submit CV for one-on-one mentoring -- seemed like it came up pretty quickly and many folks from our institution who wanted to sign up didn't get a chance to do so.</p> <p>5) App was not very helpful. Clunky and hard to use. Would consider discarding for next year.</p>
<p>Of all the offerings on Friday and Saturday, the evaluation forms give three options to evaluate- the plenary programs and abstract sessions! This is exactly the problem with SGIM and the reason I plan to no longer attend. Clinical sessions are devalued. Why are the update sessions and smaller sessions not provided with evaluation options? In the end, the meeting participants may be academicians, and we still need to take care of patients as our first and foremost goal. This is what the field of medicine is about. SGIM seems to have lost sight of this and emphasized academic philosophy more than clinical medicine. How can I be "proud to be GIM" when the meeting representing the society is not?</p>
<p>It would be ideal to have the meeting at a cheaper hotel/conference center. The cost of room and food prohibits many of my residents from wanting to attend.</p>
<p>WiFi available at all times Advertise to non-university internists Expand Career Fair</p>
<p>-Wifi is needed -Make powerpoint presentations available on website for download for small sessions (e.g. Update in Hospitalist medicine, Update in perioperative medicine) -Put evaluations online</p>
<p>Have WiFi available for the conference.</p>
<p>PLEASE provide WiFi throughout the entire hotel and conference area for all meeting participants. PLEASE choose hotels that include in-room wifi as part of registration. I'd rather pay \$20 more for registration and have Wifi. Very frustrating to pay \$700 for registration and then not have wifi. Hotel conference layout in Toronto was very confusing and detracted from the conference experience. Please make organization of conference events easier to find and navigate.</p>
<p>Please provide wifi. I would rather have had an increased registration fee than deal with the challenges of no wifi (particularly at this year's international conference, which made communicating with/finding people very difficult at the conference).</p>
<p>Compared to last year's conference, this one felt more confusing because of printing mistakes in the on-site program. While I liked the layout of the Sheraton better -- it was smaller and therefore less likely to get lost and more easy to network, I think the Toronto destination was a tough one because of cellphone/internet restrictions. Suggestions for next year's meeting: Double check programming schedule! Send out overview of the day's schedule the night before for better planning. Keep hosting Annual Meetings domestically</p>
<p>Guest programs.</p>
<p>have the breakfast sit-down room available for all mornings continue to have a group outing (I went ot the baseball game)</p>
<p>UPDATES The updates were excellent! I went to as many of them as my schedule allowed. All of them were infinitely helpful but the format for the Update in Hospital Medicine led by Dr. Sharpe was the best. This update had periodic summary slides which were great for reinforcing</p>

main points from each study - these were hugely beneficial and should be recommended for the other Updates as well. One not helpful thing from the Update in Hosp Med was the "pair sharing" when attendees spent a minute or two every now and then to share one thing that was learned - perhaps consolidating this to one pair-sharing session at the end or eliminating it altogether would be better. I believe it was inefficient and unnecessary. For example, those few minutes could be devoted to adding one more study.

WI-FI INTERNET

Wi-Fi is important. This is more important an international meeting, such as this year in Toronto, when it is critical to have Wi-Fi internet access for attendees - most of whom are from America. Each day, a frequent persistent complaint was the lack of Wi-Fi. It was impossible to look up information, write emails. Networking was more difficult because texts and emails could not be sent. Even if Florida has data available for cell phones, consideration for Wi-Fi should be made as many attendees have tablets and laptops and some may be coming from Canada, for example.

SCIENCE STORYTELLING

A true highlight of the conference was the Science Storytelling, the evening event sponsored by Springer. If possible, a repeat event in Florida would be wonderful and perhaps others like it added. There was not much publicity on the event and it was a gem - much better than I anticipated and I am glad I went.

DETAILS IN PROGRAM

For attendees reliant on the program, more detail should be taken into locations and times. For example, many locations were referred to as 2nd floor which in reality is the same floor as the Mezzanine; however, the maps in the program showed different floors for 2nd Fl and Mezzanine. Also, lunch time was incorrect the first day which caused much confusion.

LUNCH TIMES

More attention should be paid to food ordering. The first day (when lunch time was listed incorrectly), I did not get a lunch because when I went down, they were all gone. The second day, only vegetarian options were left.

Make the program schedule accurate!!!!!! When people don't have reliable intranet access, it is not enough to make corrections on the website. Need to inform people up front if there are changes.

moving the location and date!

PLEASE, please redo the onsite program. It was bulky, repetitive, confusing and full of errors. Made it difficult to plan the day. Obviously errors happen, although there were a few more than one would expect - but a good graphic designer with experience in these things needs to help redesign it completely. For example, there were pages that were intended to give an overview of the day - but they had some things and not others on there, that made it more confusing rather than less.

- Need internet access in the meeting rooms. Dissemination through social media was severely curtailed.

- Poster sessions need to be longer than 1 hour. 1 hour is much too short.

Given the topic is population management, I think it would be critical to not just present individual research but also showcase several organizations that are truly above the curve, demonstrating population health and health system value-based care.

Provide badges that can be clipped to our shirt/blazer. As a female, the lanyard hangs in an uncomfortable place when trying to network.

WiFi access in the meeting rooms is necessary. While that limitation was exaggerated for the Toronto meeting given that the majority of attendees were from the US and so did not

<p>have cellular data service, the reality is that many people who attend the conference also need to remain connected to work at their home institutions. Having wireless internet access is an integral part of attending the conference while remaining connected to work back home.</p>
<p>Maybe fewer overall sessions--too many interesting things conflicted with each other, so very hard to make choices, and probably attendance at all were less than they could have been.</p>
<p>None</p>
<p>Wifi Try not to schedule Interest group meetings at same time as important presentations, making one choose. Diversify some of the "politics" of the plenary presentations Consider bringing back pre-courses Consider bringing back awards luncheon on Friday (v. Saturday breakfast)</p>
<p>abstract poster sessions really must be 90 minutes long--there were just too many conflicting activities during the poster sessions at lunchtime. Also I much prefer the abstract poster sessions at the end of the day-they provide a great opportunity for catching up with others while browsing and gathering before going out for dinner. the onsite program had many, many typos, which made it difficult for folks to be where they wanted to be. Please proofread more carefully next year. I never got lunch on Thursday. I was running a meeting at lunchtime at 12:30 and needed to be there on time and then had to go directly to the 1:30 session. The folks downstairs would not let me pick up a box lunch early (despite the program saying that lunches would be available at 11:30) I do like that the abstract sessions were all on the same hallway. But some of the rooms were a bit too small.</p>
<ol style="list-style-type: none"> 1. Avoid typographical errors in the on-site program, especially around the time of events (there were several) 2. Provide a more detailed overview of the schedule that includes the timing and location of all the concurrent sessions (e.g., one page per day) 3. Include the poster numbers in the mobile program application (so when you add those abstracts to your itinerary, you know where to go to see them). 4. Provide internet access in the meeting areas (but then ask people not to check their email while actually attending a session). Or at least provide it in the lobby, even for those who aren't staying at the meeting hotel. 5. Provide on-line access to PowerPoint presentations in the mobile application (e.g., for workshops and keynote addresses).
<p>Job/fellowship posting board needs to be in same area as the poster session earlier in the conference. A lot of typos in the onsite booklet caused confusion/missed sessions; edit more carefully Do not schedule disparities and parenting mentoring sessions at the same time; also, many trainees were presenting oral vignettes/posters during this time so couldn't attend these important sessions. Have more 30 min beverage breaks (2 on Thursday, 2 on Friday) have more pockets of time where attendees can have time to meet with mentors/mentees/colleagues. There should be a designated "cafeteria" area where attendees can meet with mentors/mentees and have lunch.</p>
<p>The timing of the food was off at this conference and there didn't seem to be an adequate supply for all present. This conference is very busy and not being able to eat makes folks</p>

<p>grouchy. In particular, I saw people coming late to talks and leaving early to get food which isn't fair to the speakers. So, improving this would be great. It would also be nice if talks didn't overlap -there are often conflicting offerings by 15 to 30 minutes so you can't see the whole of two things that overlap.</p>
<p>I know wifi is very expensive but if there is any chance we can have it available in more areas that would be great. This year it was a little tough to schedule meetings with colleagues because of this. That said, it's not a big deal. We can make it work.</p>
<p>Too compact, to much free time</p>
<p>Many of the interest groups I belong to meet at the same time -- so that can be challenging but I'd rather have a concise meeting in 3 days rather than drawn out.</p>
<p>If you have more sessions about review of particular medical topics and more on update session. Those will be good for wider range of audience.</p>
<p>WiFi. More lectures/sessions applicable to hospitalists. Update in hospital medicine was the only one truly geared to this audience, and it was so full that half the people had to stand because all chairs/tables were taken.</p>
<p>Continue to include specific sessions on populations in which disparities exist (LGBT, women, racial/ethnic minorities, socioeconomically disadvantaged, etc) as well as encourage posters/sessions in these areas to promote ongoing research and education.</p>
<p>Free Wifi everywhere including meeting rooms Smartphone app for meeting management - selecting and saving sessions, saving abstracts and handouts and contacts</p>
<p>NO overlapping sessions Extension of the conference by another full day - it is a waste to have the conference finish on Saturday yet not use all of Saturday MORE MENTAL HEALTH SESSIONS!!!!</p>
<p>-internet in meeting rooms -do not let coffee/breakfast run out right before plenary -program had many typos, more than usual and start of meeting times was confusing -need more research methods workshops, there were only about 3? (not counting PCORI and VA sessions) -meeting rooms often did not have enough chairs for people who were attending sessions</p>
<p>I am a fellow and attended the first portion of the fellow's conference. Please consider having this before the actual meeting next year. Many of the fellows (including myself) had to leave early because of travel arrangements and the fact that another night in the hotel room takes away from the typically small amounts we are allotted for travel. Additionally, the fellows conference might be more useful for the clinician investigators as opposed to the educators. I was the only educator at my table and felt a little out of place in the K award discussions etc.</p>
<p>Better descriptions of each offering to help better select which to attend</p>
<p>Consider a symposium or Town Hall meeting on: Update on GIM's Choosing Wisely: Revisited--what has happened regarding the controversial recommendation on the annual visit. There is a group working on this over the past year, and there was a promise to get back to SGIM members on that initiative, but nothing has been said. This is a major hot button interest many folks will be interested in.</p>
<p>Including information about "what to do" in Hollywood, FL as promotions continue for non-conference time.</p>
<p>It is REALLY annoying and unacceptable to not have wifi access during a medical conference with busy professionals - particularly in a foreign country where our usual cell access did</p>

<p>not work as well despite purchasing international cell plans ahead of time. I had to keep going back to my hotel room to do tasks I needed to check in with my clinical practice and to communicate with journals about papers in various stages of proofing that have tight deadlines.</p>
<p>Longer poster sessions.</p>
<p>I'd like to see more inclusion of underserved populations as part of next year's theme around population health and achieving equity--especially under-recognized, underserved populations such as LGBT patients.</p>
<p>I</p>
<p>1) shorter sessions so can attend more clinic updates lectures, symposiums. most sessions did not really need to be 1.5 hours long 2) have larger meeting spaces for the anticipated higher attendance talks, such as updates in hospital medicine. possibly even do major updates in primary care and hospital medicine during a plenary session, seems applicable to most 3) include descriptions of symposium content in the on-site program - the title alone is insufficient to determine if that session would be useful to attend 4) the on-site program was confusing to read, had overlapping information on multiple pages, and even conflicting information (about the times of plenary session, being able to pick up a boxed lunch on thursday prior to attending the lunchtime meetings/talks). the program should be easier to read and find information in quickly 5) have wifi access in the meeting spaces</p>
<p>create email groups for workshop attendees so presenters can easily distribute handouts, slides references etc. often issues come up during sessions and it will be nice to have a way to disseminate information stay on time - the in-between session time is so important for networking post more details about interest groups -- what is their mission, what are they working on or their accomplishments</p>
<p>stick to timeline -- when sessions run late we lose the in-between session time that is so important for networking Don't hold the workshop session update in medical educate at the same as the Innovations in medical education abstract session -- just a thought help create email groups for folks attending workshops - its common that participants want copies of slides etc and relying on presenters to contact participants individually is a challenge Have interest groups post something about themselves that we can view on line e.g. what they are working on -- goals of the group etc.</p>
<p>Can you modify schedule so that we can spend only 2 nights and catch majority of the conference. Add more pure clinical updates/lectures/sessions so that those of us who elect to attend SGIM instead of ACP can get enhanced clinical learning</p>
<p>I was disappointed that I did not have the list of lectures/programs that I had registered online when i registered for the meeting. I could not find the events online either although I made a genuine effort to look for it. If you could put the list of events in my registration packet, that would be helpful. Or if the website is user friendly that I can access it easily.</p>
<p>Please cut down on the length of the plenary sessions, two hours is really long, especially for the Saturday session.</p>
<p>Better wifi access, US location, more professionalism on the part of the presenters in all sessions, better facility with better lighting. Higher quality hotel and hotel staff able to address typical guest concerns i.e. Resturant recommendations, billing questions.</p>

<p>Have the location have wifi free to participants The conference center was not well equipt, was cold, had poor lighting and the food provided was bad The hotel was also horrible to stay in The program was poorly organized, was incorrect with times and needed to have one liners to describe each session</p>
<p>Pay for Internet access during the meeting. Have sit down area for breakfast and lunch to facilitate networking.</p>
<p>The schedule of this meeting was better with more free/networking time and better times for the interest groups.</p>
<p>Schedule publications were off, and one of the MOST disorganized that I have ever been a part of. Of importance, while there were mistakes, which can often happen at meetings, often I felt that conference organizers NEVER communicated effectively of mistakes, either via e-mail or other ways of notification that was EFFECTIVE. Very disappointing. In addition, I found it ironic that SGIM wanted us to tweet, yet being in Canada with the majority of the participants being from the US, and given the POOR wifi quality at the Shearton, and lack of free wifi throughout the conference center, none of us was able to use the internet effectively without having to leave the main conference area. This was also disappointing and felt was a MAJOR oversight of this program. While content was good, the overall disorganization truly made the conference feel amateurish and disappointing. Thus, I will not be in attendance next year, as I will not have my department spend the money on a conference that is so poorly organized. This was my first SGIM conference, and potentially my last, unless I hear improvement for next year's conference.</p>

25. How could the 38th Annual Meeting have been improved?

<p>Carefully consider Plenary speakers. Malcolm Cox was awful (poor speaker, adynamic, delivered a message that wasn't helpful or relevant, poor use of slides) which left a bad taste at the end of the meeting.</p>
<p>Toronto is not a good choice for this meeting. The city is nothing special which makes the added hassle of going through customs to get to the meeting and to get home a real negative.</p>
<p>More attention to offerings of interest to hospitalists.</p>
<p>As above</p>
<p>I love Toronto but would not hold the Annual Meetings there--takes longer to travel and there is more hassle with customs, passports, fewer direct flights, etc.</p>
<p>why are all conferences so cold?</p>
<p>More events for medical students!</p>
<p>I did not see much of Toronto while there</p>

We are still fiddling and Rome is still burning.

There is plenty of evidence that primary care/ generalists in the trenches are facing severe challenges. With only a few exceptions, most of the meeting content seems to assume, however, that every day in every way things are getting better and better. Instead of identifying and addressing the challenges, most meeting sessions suggest we should just go with the flow, even if that is not good for our patients, or even if it is unethical or immoral. (One example, from the description of WD06 - "as healthcare systems become consolidated and increasingly corporate, physicians aspiring to leadership positions should develop personal attributes and professional connections to help them advance in these organizations." Thus this suggests careerism trumps patients' welfare.) Instead of accepting a commercialized health care system run by corporate interests, shouldn't we at least be suggesting something different and better?

VA folks had challenges but the meeting was great

It was really great.

Fire the conference coordinator and start from scratch.

It was annoying to have to buy an international phone/data plan. It would be better to keep the meeting in the US.

I learned a great deal attending this conference and this was my first big conference.

International meetings were very hard for VA people as we cannot use CME funds internationally, better plenary speakers

this was first meeting so it was seemingly well run to me

More information about phone / internet limitations prior to conference

Proof read all materials

Better signage to get from room to room

NOt have similar workshops all at the same session (e.g. multiple writing workshops were help simultaneously).

start the meeting the half day before the full day. do not end with a half day - no one ever goes to those sessions.

Toronto was a more challenging site to get to from the US, especially for VA colleagues, many of whom could not attend. Transportation from Airport to city was expensive.

More integrated system of presentations

posters in more public places

I thought the meeting was great. My only complaint was the last minute change in the time of the Friday Plenary session. Otherwise, the presentations were very interesting and I learned a lot.

Better wi-fi access

The meeting program can be funky - large emphasis on some areas (4 presentations/workshops on LGBT - good stuff, but 4?) and other areas were under-represented. Have someone look at the program for balance.

better wi fi in the hotel

WiFi connection!!

more space - except Saturday, there was standing room only in all of the lectures I attended

<p>If hosting the conference in another country where the majority of attendees will be trying to avoid data usage, please work out a deal with the hotel to provide wifi for attendees</p>
<p>Free wifi</p>
<p>Many colleagues who were new to the conference complained that the program was too complex and difficult to navigate. They found the simultaneous offerings to be confusing and conflicting. Personally, I appreciated the variety of offerings, which I felt catered to differing interests; however, I don't know if it would help to designate specific tracks throughout the program and try to ensure there aren't so many conflicting offerings (e.g. perhaps try to run sessions of the same duration concurrently, so that attending a 1.5 hour session doesn't prevent you from attending multiple 1 hour sessions due to overlapping time slots.)</p>
<p>dont know</p>
<p>Women's health interest group prizes - would be helpful if assignments were printed and available at registration although I understand this involves collaboration between general conference organizing and IG staff.</p>
<p>Onsite program,scholar one mobile app had a lot of differences of timing between them and in the program as well. Differences in locations as well</p> <p>The lack of food availability at the proper time for all of the distinguished professor talks really affected the timing of those talks getting started and people getting to eat (I for one got no lunch that day).</p>
<p>I believe the location in Canada, did impact many people from coming as international travel can be prohibitive. I understand the need to work with our colleagues to the north but then VA policies need to be adapted for such meetings. Many general internist from the VA could not make it(front line workers).</p>
<p>provide reduced hotel rate for fellows. fellows are paid on a HRSA grant which means they make less than residents and are paid on the NIH post doc scale, but not get the same hotel discount. i had to use most of my year's travel budget to attend this conference.</p>
<p>Much fewer poster sessions - there were just too many of these including the oral abstracts.</p> <p>All of the good educational sessions were scheduled at the same time which made attendance at any of them difficult to attend.</p> <p>Having an accurate program - just way too many errors.</p>
<p>Coordinating with VA for travel approval was onerous, and assistance in a block would have been helpful. The cost of staying in the hotel is very high for us underpaid academic internists who have no external funding and this needs to be considered.</p>
<p>wifi in meeting rooms! especially in Canada where our own data plans are expensive</p>
<p>Free wifi if possible in the meeting space and public spaces. It's hard to be out of the country with no phone or internet access and only internet acces in our rooms. If breakfast is served at round tables, it would be nice to have breakfast offered to late comers in the outside hallway as well.</p>
<p>see above</p>
<p>#1. The presidential address wasn't bad but it seemed a little incoherent and the best part of it was the follow-up "premiere" of the #ProudtoBeGIM video.</p> <p>Personally, I got a lot more out of Dr. Turnbull's message.</p> <p>I think it would have been nice to mate the message of the address with the meeting</p>

theme.

Also it was a bit of a partisan message--so I was frankly turned off by that. I can appreciate different opinions but I don't feel I had any takeaways in this case.

Dr. Moran's message is one of the things that could go on the website and could be shared with the group, but I am not sure what we can do constructively with it. Perhaps he intended to make it a call to action to advocate for policy changes and to address inequity in the current system, but there was a lot of qualification about how long it may take to change things.

I listened very carefully and reflected on it. I recognize some ambivalence in his assessment of how Obamacare is affecting access to care and a desire to caution the group about the time it may take to achieve real change.

I am a student, so I may be naive but I can't help but parallel his messaging to counseling a patient re: lifestyle modification/change. Patients will have ambivalence, but we have to find ways to enhance the change talk and motivate them to pursue the greater goals. I wish we could go back and have more of a conversation about this. And perhaps Dr. Moran could have taken a few questions... (And I really hope Dr. Turnbull's message is something I can find online and share with the students + faculty back here in Boston--we could even use it as a didactic! in clinic. Please email us how we might be able to view off the sgim website or youtube because I am not an SGIM member with password-protected site access!)

#2. Student Track + more events around the Wed poster session. As a student, I had to curate my own track--it worked out, but it was a bit difficult to figure out what would be at the right level. I think one of the aims of a conference like this is to educate at all different levels. Also I felt like the Wed posters weren't as well attended as they would be if there were a plenary session leading into it. Not a big deal, but it would be nice to make them feel more inclusive.

#3. There were some mistakes in the program about times for sessions/lunch, etc. And the Thurs breakfast was stand-up. I am putting this at #3 because things improved and ultimately these are not my primary focus, but the hiccups did cause lateness for education sessions and detracted a bit from the experience. Like I said, not the focus, but something to consider for improving the experience next time (esp. if you come back to Toronto).

setting was not optimal

- poor wifi

-inadequate lighting in poster sessions

see above

Overall it was great!

<p>Please have wi-fi everywhere at the hotel. Also, please make it very clear when sessions are changed. The Friday morning plenary session was changed to an earlier time and there was not enough notification about this.</p>
<p>Speakers were uniformly mediocre (at best). Malcom Cox was actually painful to sit through. The program was riddled with errors...and not just trivial errors---for example, the plenary sessions were listed at different times in different parts of the program. The 1 hour abstract poster sessions remain an (in my mind) an uncertain experiment. I hope some sort of evaluation was done to try to see what most people thought. I found that I couldn't get through to all the posters I wanted to visit in 1 hour...one the other hand, it might be better for the poster participants to not have to stand so long during the session.</p>
<p>No more out of the country travel! It was too much of a burden</p>
<p>The plenary speakers were very dull compared to prior years.</p>
<p>See above</p>
<p>Wifi</p>
<p>Registration: only one option for hotel was given- Sheraton was "sold out"- info about other options of nearby hotels would be very helpful - that's how it was done at other meetings I attended.</p> <p>CME: insufficient info: which activity and how many hours? That info might also help in making a decision for which activity to choose from many interesting ones taking place simultaneously.</p> <p>Itinerary: could not find the one I made upon registration, so could not change it- may be it did not matter?</p>
<p>There were a number of typos in the onsite program, especially concerning times of sessions.</p> <p>Some rooms were too small for the audience - in particular, updates in primary care and hospital medicine were much too small and these sessions routinely garner a large audience.</p> <p>Lunch on Thursday was not available before keynote addresses and then was all gone once these sessions were over. All registrants should be able to get a lunch - consider setting some lunches out at keynote address rooms on Thursday.</p>
<p>BE MORE CAREFUL ABOUT WEB REGISTRATION - others reported when they tried to sign up for Women's Caucus was told an additional charge ---- so they did NOT go. Some even had same thing happen trying to sign up for updates.</p>
<p>Update rooms need more chairs/bigger space</p>
<p>Include patients- the folks we are serving to the meeting; more available wifi</p>
<p>use of social media, esp. twitter was greatly inhibited by being out of network for my cell phone. lack of wifi in conference area made it impossible for me to use my smartphone smartly. How much would each attendee have had to pay to have wifi in the conference area?</p>

<p>Multiple scheduling typos in the program which affected sessions including one being moved minutes before the scheduled start time on Friday. Also, pay for the internet in the conference! We are out of the country and it's our only connection to our families. With the amount we spend on the conference, that's a ridiculous way to nickel and dime.</p>
<p>There was not enough food on Thursday for lunch- it ran out before I got there.</p> <p>The Distinguished Scholar lunches were 11:30-1pm. Food was supposed to be from ??- 1:3pm. It was not out to grab a lunch before I went, and none left at 1pm.</p> <p>Also would have liked wifi in conference areas so I could tweet about it.</p>
<p>shorter sessions-30-45 minutes not 1.5 hours</p>
<p>Less relevant since meeting will be in US next year, but was really inconvenient and annoying to not have WiFi access in meeting spaces since most people coming from US had limited international data plans from cell carriers. Also thought that the Saturday plenary speaker was a bit lackluster and pedantic for last day of the conference. Minor detail - I noticed that there were not enough lunches to go around, so folks who were running a bit late had to scrounge for food from other sources.</p>
<p>Value clinical medicine.</p>
<p>better organization: the schedule was not clearly laid out and times kept changing for certain things. Lunch was changed without warning, leaving many people standing around waiting when we could have been at a conference, the plenary session on Friday was changed then changed back.</p>
<p>Wifi, wifi, wifi, wifi, wifi, etc</p>
<p>Have the conference within the US or if at an international location, arrange for WiFi access.</p>
<p>Lack of wifi in conference areas was a constant annoyance during the conference and substantially reduced my day-to-day enjoyment of the meeting. The fact that wifi was not included with conference registration was not acceptable, especially given that cell phone required an international data plan or roaming for people from US.</p> <p>I would much rather SGIM have meetings in "lower tier" cities that are cheaper and provide wifi than go to expensive cities and have to pay for wifi.</p> <p>I would have rather they raised registration fees by \$20 and gave us conference wifi rather than not having access to wifi during conference events.</p>
<p>As mentioned above, providing wifi would have made it much easier to connect with other attendees.</p>
<p>The Awards breakfast speaker was WAY TOO LONG. His "talk" should have been cut in half time-wise. Please have the mtg committee advise on a time allowance so that people don't go over. 2. The WiFi was unreliable, only available in the room/lobby, not in the meeting rooms. 3. Topics great as always- keep updates! perfect!</p>
<p>Printing mistakes should be proofed before hand</p>
<p>I had multiple problems with the hotel, mostly related to their ongoing renovations.</p>
<p>Please see question above</p>
<p>Put like things together geographically (thematically) so that if you want to attend 2 things at the same time that are close in interest, you can go from one to the other. I realized this</p>

<p>at the regional meeting, the first one I attended, that there is a lot to be said for smaller. SGIM keeps touting how much bigger the conference is getting, but then it needs to make some tough decisions, cannot be all things to all people</p>
<p>Sheraton was not the best hotel in Toronto for this conference</p>
<p>I felt that the keynote address lacked a clear purpose. He discussed the current state of Interprofessional Education but did not add much to it.</p>
<p>It was disappointing that there was no WiFi password available to attendees that were not staying at the Sheraton Centre. This should have been included, especially considering many attendees were traveling internationally, and also because we were encouraged to use social media to promote the conference.</p>
<p>Lacked an excitement felt and seen at prior meetings. Not sure what was missing...did not have the same feeling of inspiration or urgency.</p>
<p>As above, the lack of wireless connectivity in the meeting rooms was a serious limitation. More generally, I don't understand why we have a meeting in Canada at all, given the travel and communication inconveniences for the largely American attendees.</p>
<p>Having wifi available while in the conference center would have facilitated networking, communication, and dual platform learning. When conferences are held outside the US, this should be a consideration in the future.</p>
<p>Seems like we may now be too big for the Sheraton Centre--trouble with food, coffee, escalators, might have been related to having too many people there.</p>
<p>Some room sizes were not large enough</p>
<p>If we have conference sites in Canada then we need a meeting code for wifi. I use internet constantly for an effective conference experience ie look up authors and literature during the conference. I use my hotspot in US cities but in Canada I did not have access. Would hate to 'leave' Canada out of the location line up but if we are in Canada, please please pay for conference wifi. Another example, I have QR codes on my poster for e-handouts. Not able to use because no one had wifi in the poster session.</p>
<p>THANK you!</p>
<p>Meeting itself was good. But, it is absurd that there was no reliable wifi in the conference rooms, especially for an international meeting where using one's own phone data plan was an extra expense. Also, phone service was not reliable on the lower floors. The lunch meals were not good, the breakfast bad. I was told many of the old/unrenovated rooms were not nice.</p>
<p>see above.</p>
<p>See above</p>
<p>see above</p>
<p>see above.</p>
<p>Loved the meeting- as always. Would Julie Machulsky be willing to offer a session on using GIM connect and Twitter? I seem to need so much help in this area!</p>
<p>More sessions, too much overlap</p>
<p>No suggestions. It was great!</p>
<p>If you have more sessions about review of particular medical topics and more on update session. Those will be good for wider range of audience.</p>
<p>more research methodology workshops are needed (there are none!)</p>
<p>poster sessions have been marginalized with concurrent sessions</p>
<p>tracks are not indicated in the program</p>

<p>1. Meeting WiFi. I know that it costs ~\$10,000/day, but I would gladly pay \$25-50 more for meeting registration to have it.</p> <p>2. The food was awful. I hope the Sheraton didn't charge for it. Breakfasts/lunches were terrible. Would rather have WiFi than that food.</p> <p>3. More lectures/sessions applicable to hospitalists. Update in hospital medicine was the only one truly geared to this audience, and it was so full that half the people had to stand because all chairs/tables were taken.</p>
<p>A warmer location :)</p>
<p>The signage was nonexistent - so finding rooms and sessions was difficult</p> <p>The program was too big and heavy to carry around. Should be sized to fit into pocket</p> <p>OR get a smartphone meeting app.</p>
<p>see above</p>
<p>If you are going to have a meeting in Canada (with many American physicians) and expect a social media presence, reliable wireless access at the meeting room level (not just in hotel rooms) is essential. I expected there to be readily accessible wireless and had only bought a small data package to use which limited tweeting, website access, taking notes for cloud upload etc.</p>
<p>above</p>
<p>Locations for registration, posters, sessions, etc was quite spread out - being in a more concentrated area would have been less confusing and helpful. Errors in time slots/etc in onsite program were confusing at first.</p>
<p>Make wifi easy during the conference.</p> <p>Food was not good - the options of Tuna or inadequately cooked beef were not good options.</p>
<p>See above.</p>
<p>The onsite program had a lot of errors in terms of times which was confusing--perhaps more detailed review of edits before printing would be helpful. We also had issues with the Wi-Fi that we had ordered for our workshop session which increased our anxiety and made us start 5-10 minutes late. Also, not having Wi-Fi in the meeting space is frustrating--I recognize SGIM cannot afford this, but I wonder if SGIM could negotiate a reasonable individual purchase of Wi-Fi in meeting space so we're not always trying to run to the public areas during breaks (I imagine people would purchase Wi-Fi in the meeting space if it were \$20/person for the duration of the meeting).</p>
<p>Block of rooms could have been greater. I was shut out 3 weeks prior to the deadline.</p> <p>Internet access in conference rooms is a must in a meeting that is out of the country</p> <p>Too many of the workshops were similar in nature/content</p>
<p>More time for viewing posters!!!</p>
<p>Don't schedule medial education update workshop at the same time as the innovation in medical education oral abstract session</p>

<p>oral abstract session G3 on Friday had significantly different abstracts - didn't seem cohesive -- I'm sure it is hard to make everything fit but just thought I would mention it</p>
<p>More information on cell phone access prior to the meeting.</p>
<p>a couple abstract oral presentation sessions had significantly different abstracts e.g. session G3 -- -- that leads to people walking in and out and -- not gathering a group that is interested in your work -- I know it s hard to make them all fit together - just a thought.</p>
<p>The workshop session update in medical educate was held at the same as the Innovations in medical education abstract session - problem for folks in med ed</p>
<p>needed maps of each floor during the session it was hard to find rooms</p>
<p>good job!</p>
<p>There are session/updates that everybody likes to go and there are lot of people that want to attend them but there is not enough space, so maybe have these in locations that more people can be seated. like update in hospital medicine had very high attendance.</p>
<p>The timing of the boxed lunches was odd. It seems like there was a mad rush to get to them. Please coordinate this better next year.</p>
<p>The onsite program had several critical typos around session times-- MUST be proofread better next year.</p>
<p>Wireless access for attendees not staying at the convention hotel. The cost of those rooms is prohibitive to some of us. This year, phone calls and texts were also cost-prohibitive since we were in another country, so to not have WiFi available for attendees is ridiculous.</p>
<p>See above.</p>
<p>See 22</p>
<p>I don't know how the choice of Toronto was made, but I think it would be very important to consider the additional costs and inconveniences of a conference in Canada such as exhcanging foreign currency (and exchange rates), roaming charges, etc. I think it's not acceptable to have a conferece without wifi access. I didn't stay at the hotel so was unable to access internet, and then wasn't able to do so on my phone and incurred significant roaming charges for the little bit of internet I used. This made arranging meetings, networking, tweeting impossible. I think in this day and age a *minimum* standard should be free wifi in the conference location.</p> <p>-should have the onsite program easily accessible much earlier on. Not knowing the conference schedule until the day before made planning meetings very difficult and I missed tons of sessions I would've been interested in going to but didn't know about until it was too late and meetings were already scheduled.</p> <p>-Please remind presentors to try not to waste paper. I saw literally about 9 inches of wasted paper near a recycling bin where a presentor (on racial disparities in LGBT health) printed single slide per page way too many copies of slides, etc. and just threw it all away. Painful to see! Please ask presenters to iminimize paper waste, consider whether printing is necessary, and if so print the minimum number of pages necessary and print 6 slides per page.</p>
<p>more clinical sessions</p>
<p>Please see above.</p>