Earlier in 2012, the SGIM Membership Committee conducted a survey of all SGIM members to help the Society best address our needs. I want to thank DC Dugdale and his committee, including SGIM Director of Membership Chris Wojcik, for their hard work to develop, implement, and summarize the results of the survey. At the SGIM 2012 Annual Meeting in May, I also held several member listening sessions. I want to thank those randomly selected members who attended these sessions, which were very lively and thought provoking. Based on member feedback, the Council and I have developed a number of plans for moving our Society forward. While I cannot cover all of these in one column, I wanted to highlight a few.

First, let me point out a few items from the membership survey. (See also the full article on this topic by DC Dugdale in this issue of Forum.) Overall, 64% of respondents had high levels of job satisfaction compared to 51% in 2004. Our membership is somewhat more engaged in clinical care than previously. For example, 23% of respondents spend 50% or more time in research, 5% spend 50% or more time in education, and 26% spend 50% or more time in clinical care. Conversely, 50% of respondents spend less than 10% effort in research while only 9% spend less than 10% effort in clinical care.

The Council and I have paid particular attention to those areas for which 30% or more of respondents feel the Society is placing too little emphasis. I would summarize these as enhancing public recognition and understanding of general internal medicine, providing on-line resources for members and the public at large, and helping members to develop leadership and administrative skills. The listening sessions raised these issues as well and additionally pointed to the particular needs of hospitalists, the need for better networking resources both within and between national meetings, and the need to address the pipeline of trainees entering general internal medicine fields as a profession.

One of the ways SGIM is addressing members’ needs is through our existing committees. As examples, the Program Committee has added new workshop categories of “Leadership and Administration” and “Healthcare Delivery and Redesign” to the call for workshops to encourage material in these areas. The Association of Chiefs and Leaders of General Internal Medicine (ACLGIM), our sister organization for chiefs and leaders, is planning to offer leadership material both within the SGIM meeting and at the Hess Management Institute, which occurs on the Wednesday just preceding the opening of the SGIM meeting proper. ACLGIM will also make it more clear that the Hess Institute is available to all (not just ACLGIM members) and that emerging and aspiring leaders are encouraged to attend. Additionally, our committees are encouraging hospitalist participation.

Another way we are addressing members’ needs is with a major communications initiative that is overseen directly by Council. This initiative started last year due to a recognition that both our internal and external communications were in need of updating. Many staff and member hours have gone into developing the new communications platform, which should be available to members at the time this column is published. The communications upgrade has been overseen mainly by staff members Francine Jetton (Director of Communications) and Smith Bullington (Director of IT), although all staff have helped with the project to some degree.

The website remains at www.sgim.org. It includes a new design and new logos to help with branding. More importantly, the new look is accompanied by much enhanced functionality. For example, there are tabs at the top of the website to permit easy navigation between SGIM, ACLGIM, and JGIM pages. One of the best features of the new site is GIM Connect. This social platform is the place for SGIM/ACLGIM members to network and communicate with each other. Much like Facebook or LinkedIn, individual members will be able to set up their own profiles (photo, position, address and phone, prior training, interests, and many others) and decide whether each given piece of information will be available only to their contacts, to all members, to the public, or to nobody. Another nice feature is that each member can control the extent of his/her communication. For example, I belong to a number of committees. I have decided that e-mails posted by Council members should be sent to me immediately, whereas e-mails posted by most other committees will come to me in a single digest at

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the end of the day. Those who know me may be amazed to learn that I figured out these settings all by myself in very little time, and so I expect that others with my limited level of sophistication regarding social media will be able to do so as well.

GIM Connect will facilitate networking across the Society. Committees, task forces, and interest groups are called “communities.” If your interest is not reflected in an established community, you can start a new one. You can name your group, provide a description or purpose statement, decide who can view and join the group, and have access to discussion services and to a library to hold videos, documents, and photos. You can create and view blogs and easily access Twitter, Facebook, YouTube, and LinkedIn. With these features, we hope that members will be able to find others with like interests far more easily and communicate with them. We will not need staff to set things up; rather, members can easily and flexibly communicate.

By December 2012, JGIM will have its own micro-site, which will allow the journal to highlight current and past articles and to host discussions about them. The new area at www.jgim.org will also host a searchable archive of JGIM articles and allow readers to delve into online-only supplemental material.

While I hope and expect that the new communication platform will address some of our members’ unmet needs, I am aware that we have more work to do. In the area of communications, we are enhancing public (and policymaker) recognition and understanding of GIM and reaching out to the pipeline of trainees who may choose to enter the field of GIM. While these areas of external communication are not as far along, there is discussion about the possibility of partnership with trainee organizations, the use of low-cost videos targeted to trainees on YouTube, media training, and the development of op-ed pieces. I will leave more discussion of these to future columns but welcome ideas as always.

In summary, we are grateful to all the members who took time to complete the membership survey and/or member listening sessions. The Council and I are paying close attention to your feedback, and I hope we are moving in the right direction. I value hearing your thoughts, especially about internal and external communications.

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