The 2012 SGIM Member Survey Results, Part II: Open-ended Responses
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The 2012 SGIM membership survey was administered electronically between February 14, 2012, and March 22, 2012. A total of 3,075 people received the survey link. There were 1,043 respondents (response rate 34%). The survey had 33 questions, of which six were open ended. Detailed survey methods and a summary of the data from multiple-choice questions were reported in the October 2012 issue of the SGIM Forum. The number of responses to the open-ended questions ranged from 78 (7.5% of respondents) to 246 (23.6% of respondents). Therefore, the representativeness of the responses is difficult to assess.

Composition of the Survey Respondents
The composition of the survey respondents is different from that of the overall membership. A detailed summary of this information was reported in the October 2012 issue of the SGIM Forum.

Selected demographic results for the 2012 survey respondents include:

- Gender: 52% female (vs. 48% for SGIM)
- Modal age range 35-44 (same as SGIM)
- Full member: 85% (vs. 77% for SGIM)
- Regions: Mid Atlantic, Midwest, Southern, and New England regions were all modestly under-represented among survey respondents compared to their presence in the overall membership.

Methods for Review of Open-ended Questions:
SGIM’s Director of Membership and two committee members independently reviewed the responses to the open-ended questions. Each reviewer identified key themes reflected by the responses and assessed their frequency. These independent reviews were then combined into an overall summary and analysis of each question. The top three to seven most frequent themes are reported.

Do you have GIM colleagues who are not members of SGIM? If so, do you know why they haven’t joined? (Question 22)
There were 78 responses to this question. Categories with 12 or more responses were: lack of awareness (29), competing specialized interest (24), lack of financial or organizational support (17), and disinterest (12).

Of the responses about competing societies, 12 specifically mentioned the American College of Physicians (ACP), and five specifically mentioned the Society of Hospital Medicine (SHM).

If SGIM must discontinue a membership activity to avoid a dues increase, what program should be dropped? (Question 24)
There were 155 responses to this question. Categories with eight or more responses were: publications (54), meetings (46), advocacy (13), and nothing (8).

In the area of publications, 37 responses addressed JGIM, and 17 addressed SGIM Forum. The leading suggestion for JGIM was to move to an online-only format. The leading suggestion for SGIM Forum was to discontinue it if cuts needed to be made.

In the area of meetings, 36 responses suggested discontinuing regional meetings if need be. A few suggested combining meetings between regions or with other regional organizations, such as the ACP.

Several respondents stated things that they would not want to see changed, such as restrictions on external funding, regional meetings, and annual meetings. Others suggested raising dues or allowing external funding before discontinuing any of SGIM’s current services.

If SGIM could provide one service to enhance your participation in advocacy, what would it be? (Question 29)
There were 222 responses to this question. Categories with 15 or more responses were: quick links/emails/pre-written letters (55), more local advocacy (34), engaging different perspectives (24), giving concrete guidance (16), and collaboration with other organizations (15).

A number of respondents reported that advocacy efforts at SGIM were adequate and that SGIM was “already doing a good job.” Several stated that Veterans Affairs or Department of Defense employees could not participate in advocacy. Some respondents pointed out a number of issues that they wanted SGIM to target in its advocacy agenda. Although critiques of specific positions targeted by SGIM advocacy efforts were rare, several noted a generally left leaning tone that was off-putting for continued on page 2
them or their colleagues. However, most of the specific issues that people wanted SGIM to emphasize more would generally be considered “left-leaning.”

**How can SGIM improve its benefits and services in order to increase its value and attract new members? (Question 30)**

There were 246 responses to this question. Categories with six or more responses related to improving: clinical relevance (175), CME/educational opportunities (37), price/cost (31), website (21), organization (17), political views (11), and awards or grants (6).

Specific recommendations included improving advertising and marketing, establishing group memberships, expanding clinical offerings, expanding offerings of all types, reducing dues, and developing recruiting incentives. The comments about politics were in “both” directions.

**Please list activities that SGIM could be doing that would help you professionally but that it is currently not doing? (Question 31)**

There were 138 responses to this question. Categories with 15 or more responses were: networking and collaboration (37), career development (37), changing the scope of SGIM (18), increasing clinical skills training opportunities (16), and changing advocacy efforts (15).

Twenty-one respondents requested more opportunities for networking both at and in between SGIM meetings. Several suggested online forums or listservs as methods of increasing networking/collaboration opportunities. Other types of collaboration included those between general internal medicine specialties (primary care, geriatrics, palliative care) and around clinical or medical education interests. Eight comments suggested more collaboration between SGIM and other organizations (e.g. American Association of Medical Colleges, ACP, Clerkship Directors in Internal Medicine, Agency for Healthcare Research and Quality). Career development comments centered primarily on mentorship needs (16) and requests for leadership training (13). Six of the mentorship comments specifically requested mentoring for junior faculty. Comments about advocacy focused primarily on addressing payment disparities and focusing on the importance of primary care internists. A few comments focused on advocacy for specific career pathways (e.g. clinician-educators, specific patient populations such as the medically underserved and the mentally ill).

**Any additional comments or concerns on how SGIM can improve your membership experience? (Question 33)**

There were 89 responses to this question. Categories with six or more responses were: broader topics (e.g. international work, opportunities beyond internal medicine, research workshops) (9), lower cost (7), and discounted membership with other organizations like ACP/Association of Program Directors in Internal Medicine to increase collaboration (6).

**Next Steps**

At this time, the Membership Committee is engaged in further analysis of the results with a plan to make recommendations to SGIM leadership about how to best address the results of the survey. Deidentified full survey results will be available to the membership. Please send questions, comments, or suggestions to Chris Wojcik, Director of Membership (wojcikc@sgim.org).