

ANNUAL MEETING REVIEW: PART II

The 2014 Society of General Internal Medicine Annual Session: Reflections and Perceptions from Undergraduate BA/BS-MD Students

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We are a group of four undergraduate students who had the privilege of attending the 2014 SGIM Annual Meeting in San Diego, CA. We attended the meeting to present a poster during the Innovations in Clinical Practice session, titled “A Methodology Using Internet-Based Resources and Websites to Identify Community Resources and Socioeconomic Factors of Patients Attributed to a General Internal Medicine Practice Living within a Specific Metro Zip Code.”

As undergraduate students and likely the youngest and most inexperienced attendees at the meeting, this was an incredible and intimidating opportunity. Within moments of entering the room where our poster was to be presented, the sheer number of medical intellectuals blew us away. Initially, we were nervous that our basic project might not be innovative enough in the face of Harvard, the Mayo Clinic, and other well-known academic medical centers. However, we quickly realized we were mistaken. The purpose of the session was to collaborate, and in under two chaotic hours we were able to bring together our ideas and share in conversations with others to create tangible change. Our poster was well received by others who were working on similar research projects across the nation, and they provided us with great feedback and future questions to pursue. Also, our conversations prompted others to consider mobilizing community resources at their locations as a form of “informal” health care that was de-

scribed in our poster. By the end of the session, we had successfully networked, handed out all of our business cards, and collected cards from internists across the country and even Japan! To say that the annual meeting improved our research inquiry, design, goals, and communication strategy would be a drastic understatement.

Feeling slightly more comfortable after our successful poster presentation, we attended keynote lectures, small-group presentations, and posters related to clinical vignettes. As we wandered into and through the different presentations, nearly everything we saw involved knowledge years ahead of where we currently are in our training. At the same time, there were several posters, diseases described in clinical vignettes, and case studies that we were able to grasp—even if only on a basic level.

A breakout session titled “Structure, Freedom, or Both? Using Jazz to Explore the Improvisational Aspects of Medical Communication” was particularly memorable. In this session, the presenters discussed how medicine, like jazz, is a combination of freedom and structure. Similar to how Grover Washington Jr. improvises on his saxophone while his band maintains the tune, physicians have the ability to improvise when communicating with their patients while still remaining professional, ethical, and gaining all the information they need to make a proper diagnosis. After attending this session, we walked away curious as to how we could implement

what we learned in this seminar in our clinical experiences back in Colorado. We discussed how we could begin by shadowing multiple physicians of varying backgrounds and observing how they improve during their interactions with their patients and use these observations to begin molding our own unique styles.

Inspiring talks, such as Dr. America Bracho’s “Rethinking How to Strengthen Partnerships with Communities,” made us hopeful about future engagement with the health care community to establish and sustain the well being of local neighborhoods. During the breakout session “There’s No Crying in Medicine: Evidence-Based Strategies to Manage the Aftermath of Medical Errors in a Teaching Institution,” it was astonishing to hear about “the second victim” and how oftentimes the medical staff is forgotten when medical errors occur. The session revolved around healing medical staff members who were part of a medical error. Hearing from physicians who had experienced errors that led to patient harm alerted us to the gravity of the responsibilities entrusted to a physician.

In the weeks prior to the meeting, we struggled to manage a variety of class assignments, write committee letter responses, and prepare for our poster presentation. Our trip to San Diego seemed to take place during the busiest of times for us. Ultimately, it was an unexpected cure from our stresses, giving us a brief respite from the

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routine of undergraduate life to step back, network, learn from medical professionals, and witness the realities of being a general internist. It was intellectually stimulating to be surrounded by so many experts in the field, and as a result,

we became more knowledgeable. Everyone we met at the conference was so passionate about general internal medicine and was doing his/her part to improve it. This was inspiring to us. In the end, we walked away with a greater un-

derstanding of what general internal medicine represents: a fiery motivation to improve the care we provide to patients and tangible opportunities to create healthy communities. Thank you, SGIM!”

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