Changes are coming in general internal medicine (GIM). Some are big; some are small. More primary care physicians (PCPs) are desperately needed. How we recruit, retain, and inspire these future physicians is of great concern to us all. The burning question is how to accomplish this.


GIM physicians are smart, talented, committed, driven, and passionate about so many things. We are expert in differential diagnosis. We are expert in utilization of resources. We are expert in coordination of care, system-based practice, and evidence-based medicine. What we are not expert in is self-promotion.

You have to be humble to be a PCP in this healthcare environment. Changes in medical practice are happening so fast that it’s easy to be reactive rather than proactive in your approach to medical practice and career development. But to increase the appeal of GIM we need to sell it to medical students and housestaff before they are seduced by the glitz of other areas of medicine.

In his 2014 Malcolm L. Peterson Honor Lecture at the SGIM 37th Annual Meeting, titled “Primary Care: Romance and Reality,” Mark D. Smith, MD, MBA, founding president of the California HealthCare Foundation, said, “There’s nothing sexy about GIM!” Do you believe this? Is it so? If it is, the future of GIM is truly bleak.

So what makes GIM sexy? What makes you wake up in the morning with enthusiasm for your work and commitment to your patients? What makes a tough day at the office worthwhile? What does the general internist know about GIM that others should know about? Here are some things I know:

- The general internist knows more than anyone else about the total patient.
- The general internist knows more about the interactions of the health care system than anyone else.
- The general internist makes it a priority to respect patient autonomy, collaborate with other health care providers, and optimize utilization of resources.
- The general internist knows more about what everyone else is recommending for the patient and can see the complexity from all sides.
- The general internist is an advocate, teacher, and coordinator of care who knows how to put the patient first.

I am proud to tell my patients, “The task stops here. You can rely on me for that. I will be your counselor and help you navigate the system. I know how to guide you.”

So what’s missing from GIM? Swagger… Authority…Ownership. Let’s start creating a different message for trainees. How can you do this? Own your expertise!

1. Let them know what you know! Give lectures. Speak up in your department meetings and grand rounds. Don’t let the sub-specialists own the discussion.
2. Be visible. Participate in school of medicine and hospital committees, mentoring committees, and teaching venues. Be a curriculum leader and innovator, not just a participant in projects that deliver someone else’s curriculum. Be an advocate. Write an editorial. Teach colleagues, staff, and patients!
3. Don’t let opportunities slip by!
4. Speak of your involvement in the school of medicine and medical societies.
5. Present your work publicly; document what you do, and “make it count twice”!
6. Teach from primary sources, and model your ability to understand and interpret the evidence. Avoid guidelines and summary articles as the primary means of teaching outpatient medicine. Demonstrate the academic rigor that goes into excellent primary care.
7. Teach housestaff how to write a review article, and get one published.
8. Engage in quality improvement projects, and make changes that affect your work environment.
9. Limit the negativity. Stop whining, and start managing the practice.
10. Build your career; have short- and long-term goals; be purposeful in the projects you choose and the assignments you accept; tell your residents and students; and tell your boss!

For GIM physicians, SGIM is our academic home. What does this mean? This means it is a means to connect with other academic internists who share our interests, expertise, and enthusiasm for GIM. It is a community of like-minded professionals who understand the opportunities, challenges, and potential of a career in GIM.

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To maximize the impact of your membership in SGIM, let’s all “lean in” for GIM! Volunteer to be part of planning committees and mentoring panels. Review abstracts. Present your work at local and national meetings. Join an interest group. Become an advocate for GIM through participation in Hill Day or Virtual Hill Day. Most importantly, join the discussion! There are more vehicles than ever before for the individual physician to be heard. Respond to a letter on GIM Connect. Start a blog. Post a tweet. Write for Forum!

The case for GIM is ours to win or lose. If you believe that GIM is necessary for the future of medicine, it’s time to spread the word. Let’s get sexy, SGIM. Own your expertise, and redefine the image of GIM. Together we can make GIM flourish for the next generation of internists. SGIM