The 31st Annual Meeting of the Society of General Internal Medicine

April 9-12, 2008
Pittsburgh, Pennsylvania

Translating Research Into Practice: Enhancing Education, Patient Care, and Community Health

EVALUATIONS COMMITTEE REPORT

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Steven D. Hillson, MD, MSC
Chair, Evaluations Committee
University of Minnesota
Hennepin County Medical Center
s_hill2@msn.com

Heidi Coplin, MD
Co-Chair, Evaluations Committee
University of Minnesota
Hennepin County Medical Center
heidi.coplin@hcmed.org

Eric Mortensen
University of Texas Health Science
Center at San Antonio
7400 Merton Minter Boulevard C11C6
San Antonio, Texas 78229
mortensene@uthscsa.edu

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Executive Summary

The 31st annual meeting of the Society of General Internal Medicine was convened in Pittsburgh, Pennsylvania, from April 9th through April 12th, 2008 with a meeting theme of "Translating Research into Practice: Enhancing Education, Patient Care, and Community Health;" 1558 people attended the meeting.

There were over 240 scheduled sessions at the annual meeting including 4 plenary sessions, 11 precourses, 72 workshops, 7 clinical updates, 7 special symposia, 53 interest groups, 29 oral scientific abstract sessions, 5 poster sessions, 17 oral clinical vignettte sessions, 3 innovations sessions, 17 meet-the professor sessions, 1 clinical symposium.

Attendees provided feedback to SGIM through surveys. Precourses, workshops, clinical updates, and special symposia were individually evaluated with surveys completed at the end of these sessions. There were 2442 separate session evaluations returned for 98 individual sessions with a response rate of 65%. The overall meeting was surveyed using a combination of onsite paper forms as well as online. A total of 447 evaluations of the annual meeting were completed (255 onsite, 192 online) for an overall response rate of 29%.

The overall rating of this year's SGIM meeting – with a mean score of 7.68 on a scale of 1 (worst ever) to 10 (best ever) – reflected the high level of satisfaction noted consistently over the years. Attendees were also pleased with meeting logistics, which received a mean score of 7.21 on the same scale as the overall rating.

Participants had a variety of goals for attending the meeting. As in past years, the most important goal was to network, receiving a mean score of 3.5 on a 1 (not at all important) to 4 (very important) scale. The second most common goal was to meet collaborators (mean score 3.3), followed by hear new research (3.2) and disseminate my work (2.7), which moved up from near the bottom of the list in 2007 to a higher rank this year. The reasons for attending the meeting are otherwise nearly identical to 2007. Regardless of the goals, at least 72% (administrative) and up to 95% (meet collaborators, hear new research) of the goals were met.

As at past meetings, precourses, workshops, special symposia and clinical updates formed the core structure of this year's annual SGIM meeting. Overall, these sessions received a mean rating of 4.38 (1 being "poor" and 5 being "outstanding"). This year's workshop rating of 4.4 is the same as last year and slightly higher than at previous meetings (2007: 4.4, 2006: 4.31, 2005: 4.28, and 2004: 4.20). In 2007, special symposia were the most highly ranked with a rating of 4.43, so a rating of 4.4 this year is slightly lower. Precourses and clinical updates were more highly rated this year however, having a mean rating in 2007 of 4.11 and 4.12 respectively compared to 4.4 and 4.3 this year. Sessions were

all well attended as well with average attendance at precourses of 24 (up from 19 in 2007), 31 at workshops (36 in 2007), 79 at special symposia (55 in 2007) and 94 at clinical updates (90 in 2007).

In 2008, the David E. Rogers Junior Faculty Education Award made by SGIM to the three junior faculty whose workshops receive the highest overall mean ratings went to:

- Abby Lyn Spencer MD, MS (Allegheny General Hospital) for *Contraception: What Every Internist Should Know*
- Yvette M. Cua MD (Emory University School of Medicine) for *No FUNDS Left Behind: Maximizing Inpatient Revenue Capture Through Better Understanding And Use Of Documentation And Coding Guidelines*
- Karen Carlson MD (Harvard Medical School) for *Supporting Behavioral Change through Diabetes Specific Group Visits*

Background

The annual meeting of SGIM is carefully evaluated in several ways. Overall meeting evaluation forms (both print and web-based), session-specific evaluations (conducted during most of the CME-generating sessions and some other sessions), and informal comments from members are collected and used by the planning committee to improve the following year's meeting.

A principal concern of the evaluations committee for several years has been assuring that the meeting evaluation reflects the broad experience of the meeting attendees. In recent years a relatively small minority of attendees has returned overall meeting evaluation forms, though session-specific evaluations have usually been returned by a majority of participants. Efforts made this year to improve the return rate included frequent reminders from the program chair and co-chair, putting representatives of the evaluations committee in the rooms of sessions with historically low return rates (updates and special symposia) to encourage completion of evaluations, and offering participation in a raffle to attendees who returned the overall meeting evaluation.

The evaluations committee has also worked to broaden the scope of meeting evaluation. Two years ago the committee conducted a pilot study of the outcomes of the meeting as a CME event. The study demonstrated educational effects on the attendees, and demonstrated the feasibility of this kind of work (see the 2007 evaluations committee). However, the labor involved was prohibitive, and there is no plan for future undertakings of this kind.

Methods

Overall Meeting Evaluation

The overall meeting evaluation (see Appendix) is a one-page document developed iteratively by the program committee. Program committee members were invited to suggest changes and additions to the prior year's evaluation form. An effort is made to retain the main elements of the evaluation from year to year in order to assure comparability, but changes are made to address new components of the meeting and specific questions of the program committee. In addition to demographic information and ratings of various meeting components and attributes, the evaluation form sought open-ended suggestions for improvement of the meeting.

The evaluation form was provided as a printed document in the registration packet and was available at tables throughout the meeting site. The evaluation was also available online. Paper evaluations were collected on-site (along with the little-used possibility of mailing in the completed forms after the meeting).

Data transcription of the paper evaluations received is done by INTEX, a vendor used by SGIM for over twelve years. The online evaluation is managed by SGIM staff,

Session-Specific Evaluations

Most meeting activities were subject to evaluations specific to the session. This was done for all Precourses (11), Clinical Updates (7), Clinical Symposia (1), Special Symposia (7), and Workshops (72). These session-specific evaluations were the same for each session, and were developed as described above for the overall meeting evaluation. Session-specific evaluation forms were provided as printed documents. Evaluations were brought to the session by SGIM staff, distributed by the session coordinators (except at the Clinical Updates and Special Symposia where evaluation forms were placed on chairs so that sessions coordinators did not need to manage these), collected by the session coordinators, and delivered to SGIM staff within an hour completion of the session. Data from the session-specific evaluations was transcribed by INTEX, as mentioned above, a vendor that has been doing this for SGIM for over twelve years.

Session-specific evaluations are used to provide informative feedback to the session coordinators, to assist the program committee in planning the next meeting, and to determine award winners. Awards require a minimum of 20 attendees and a return rate of at least 60% of session attendees. To determine return rate, SGIM staff performed head counts about 20 minutes after the start of each session. Two staff members count the number of attendees in each session in order to assure accuracy of the counts.

Data Analysis

Overall meeting evaluation data files provided by the data entry firms noted above were managed by the evaluations committee chair. Inconsistencies between the on-line and paper-based evaluations were resolved, and the two datasets were merged. Several analyses were conducted:

1. Raffle Winners

   Attendees who submitted overall meeting evaluations were invited to provide identifying data and indicate that they wished to be eligible for a drawing for 3 iPod mp3 players. Members of the program committee and officers of SGIM were ineligible for the drawing. A final list of eligible individuals was generated, and the program committee chair used a random number generator to select three winners from the list. In actual application, one of the

first three selected was discovered to be ineligible, and a fourth was selected as a replacement.

2. Award Winners

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 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).

The Precourse award was made to the single highest rated precourse using the same criteria as the workshop awards, except that junior faculty status is not required.

In subsequent discussion, it was recognized that the workshop and precourse awards are designed to serve as career promotion tools, allowing members to demonstrate excellence in education. To that end, consideration is being given to prohibiting any individual from winning either of these awards more than once.

3. Session Specific Summaries

The session specific evaluations for each session were summarized, and written comments were abstracted from the forms. These were provided to the session coordinators, along with mean results for that session type.

Session-specific summaries were also provided to the 2009 program committee for use in planning that meeting. Further, additional analyses were conducted of session specific evaluations to address questions related to the day of the session, session type, whether the session was invited or competitive, and so forth.

Summary of Overall Evaluations

Overall evaluations were summarized. Bivariate and multivariate analyses were conducted, looking particularly at the relationships between attendee characteristics and satisfaction with various elements of the meeting. Return rates were also examined, using registration data to help assess which attendees are returning evaluations.

Overall evaluation information was provided to the program committee for use in planning the 2009 meeting.

Attendance and Return Rates

There were 1558 registrants for the 2008 Annual Meeting. This is a decline compared to last year (1653) and is the lowest in at least 5 years. The only information from the evaluations relevant to attendance is the occasional comment regarding Pittsburgh as a meeting site. Several felt that it was hard to get to or that it was not as desirable a place to travel to as other cities. However, many more comments noted how wonderful the city was. Other than these inconclusive comments about venue, the reasons for the decline in attendance are outside the scope of the evaluations report.

For the overall meeting evaluations, return rates were improved in 2008 compared to the 2007 meeting, but rates still remained low. Of the 1558 registrants at the 2008 meeting, 447 (29%) returned evaluations. This hides an interesting discrepancy however. Of the 982 non-trainee physicians who attended, 382 (39%) returned evaluations. Of the 576 trainees, non-physicians, and unstated (but presumed trainees), only 57 (10%) returned evaluations. Contrary to our initial expectation, trainees did not favor the "hi-tech" online evaluation approach. Just one-third of trainees who evaluated the meeting used the on-line method, while almost 45% of non-trainee physicians did so.

This differential response rate raises some concerns and questions. It seems likely that many of the trainees came for a small portion of the meeting – perhaps only for their own presentations – and then left. Overall meeting evaluations from them could carry little meaning. However, such a small sampling of trainee evaluations provides a weak foundation for working to make the meeting appealing to and useful for trainees.

Some historical perspective may be useful. In 2007 there were only 234 evaluations returned, a response rate of just 14%. Rates in other years have ranged from a low of 25% (in 2006) to a high of 52% (in 2003).

The 2009 meeting evaluations chair and co-chair are considering methods to improve response rates further, but we recognize that prior evaluations committees have been addressing the same issue in very creative ways, and we are by no means confident that we can make a large impact. Ideas generated so far include: 1) Offering a very small token (a candy kiss? An SGIM pen?) for completed evaluations; 2) Passing out overall meeting evaluations during the final plenary session, and allowing in-session time to complete and return the evaluation; 3) Linking completion of the evaluation to receiving CME credit (this has been done to a limited extent in the past). We would welcome additional

suggestions, as well as further discussion of what the target evaluation rate ought to be for the various groups at our meeting.

Findings from Overall Evaluations

Survey Type

Overall, 192 (43%) surveys were completed on-line. This is a bit less than 2007, when slightly over half of evaluations were done online. We suspect that this relates to the encouragement by the chair and co-chair to fill out the paper form, and possibly to the use of the raffle. We think both of these may have moved some of the attendees to fill out the paper form while at the meeting, leaving fewer to be done online.

Professional Role

Self-Described Role	% of Respondents
Clinician	21
Investigator	29
Educator	26
Administrator	7
Hospitalist	3
Fellow	6
Resident	6
Student	.2
Non-Physician	.7

As in the past, researchers and educators make up a majority of the attendees. Also as in the past, hospitalists make up a very small and unchanged) portion of the attendees, while trainees make up 12-13%. Note that attendees could only choose a single role. Detailed analysis of time distribution by professional role reveals that attendees spend most of their time in tasks related to their self-defined role, but still spent substantial time across tasks. For example, self-described clinicians spent 58% of their time in clinical work, 23% teaching, 11% in administration and 6% in research.

Overall Rating

As always, the overall meeting rating was high, at 7.68 (out of 10). This is at the lower end of the "Above Average Quality" anchor. Historically, overall ratings have gotten as high as 7.88 (in 2003). In 2006 the overall rating was 7.5, and in 2007 it was 7.83.

It is worth noting that the anchors used for this rating may be generating complex responses. Does the anchor "above average quality" refer to average for SGIM meetings, average for some other set of meetings, or

average for some other set of experiences? The program committee should consider what comparator they wish to have the meeting evaluated against, and consider changing or specifying the anchors accordingly.

The overall rating of the meeting did not vary statistically by self-described professional role, though the 12 “hospitalists” did give the meeting a lower mean rating (7.2). Residents and fellows had the same mean as other doctors, though it should be noted that there are few (25) responses from residents and only 1 from a medical student.

Overall meeting rating did not differ according to whether the evaluation was completed by on-site paper or on-line electronic format.

In regression modeling, the overall rating was higher among those with higher self-reported amounts of clinical time. The overall rating was also positively correlated with the ratings of two specific plenary sessions: the O’Neill presentation and the plenary debate.

Fifteen people (3.8%) gave the meeting an overall rating of less than 5 (5-6 = average quality). Twenty-five gave it a “10.” Among those who gave it ratings of less than 5, comments included:

PARKING WAS HARD TO FIND; REGISTRATION WAS EXPENSIVE

LITTLE INSPIRING OR VISIONARY CONTENT

A LESS STERILE AND CONFUSING MEETING SITE. DEBATES AS PLENARIES ARE AN EXCELLENT IDEA! DO MORE

Difficult to find sessions, poor way finding, sign posting etc. Thought it was a poor decision to have poster sessions (innovations) at same time as other content.

Not enough variety of topics; same topics repeated a lot.

CONTENT WAS EXCELLENT. I ENJOYED THE MEETING AND APPRECIATE THE HARD WORK IN ORGANIZING THIS COMPLEX EVENT. HOWEVER I WAS FRUSTRATED WITH SEVERAL ASPECTS OF THE CONFERENCE AND THIS FRUSTRATION INCREASED OVER TIME AND I THINK SOMEONE SHOULD HAVE FEEDBACK. SO HERE’S WHAT I FOUND FRUSTRATING: 1) HOTEL ROOMS SOLD OUT FAR IN ADVANCE 2) REGISTRATION FEE IS HIGH 3) POSTER SESSION ROOM TOO DARK 4) CHARGING TO CHECK COATS SEEMS UNNECESSARY 5) SNACK FOOD BETWEEN SESSIONS WOULD BE NICE THANK YOU

I was very sad that the program was so much shorter (not a lot of info about the workshops -- I always read the prior versions of the program cover to cover when I was signing up for workshops, and I felt lost with only brief descriptions. Please bring back the expanded descriptions!! If you want to be green, then make sure the hotel doesn't use paper cups for coffee. The food was very lackluster at the poster sessions. I hated missing the plenary speaker/ Peterson lecture so please if you have the meeting on the east coast, don't put it in the first session on Thursday (many many west coasters fly out on red-eye flights due to the time change in order to not miss the extra work day, and it is hard to get to the program prior to late morning, but many of us don't see the extra cost and time away from family as practical if we aren't participating in precourses, to decide to fly the night before.) Ran out of lunch, I was disappointed not to get one. In other ways, an excellent meeting.

Comment [S1]: I suggest putting comments in an appendix, not in the body of the text. If you leave these comments here, please use one consistent format. I believe all comments have been provided in the “long” version of the report in all previous years. They are not included in the “Executive” or short version of the report.

Reconsider how to make the 'updates sessions' interactive. In particular for the update in med ed, it was a shame to have so many authors in the room & to have the presenters interpret the studies and not call for comments.

Major awards such as Outstanding Junior Investigator and Mid-Career Mentor should be presented at the awards luncheon or at least at a session rather than relegated to the awards gallery only.

CAVERNOUS MEETING SPACE A DETRIMENT TO NETWORKING SEEMED TO BE FEWER OFFERINGS I WAS INTERESTED IN

DID NOT LIKE VENUE (HAVE BEEN COMING FOR OVER 20 YEARS). DIDN'T LIKE CONVENTION CENTER - FAR FROM HOTEL; NO PAPER TO WRITE ON; NO SNACKS PLEASE PROVIDE HANDOUTS OF SLIDES - EVEN THOUGH NOT "GREEN" IT ENHANCES LEARNING TO BE ABLE TO WRITE NOTES ON HANDOUTS

COMPARED TO OTHER YEARS IT WAS BELOW AVERAGE BUT STILL VERY GOOD MEETING. PROBLEMS: 1. NO FOOD OR COFFEE AVAILBLE FOR PURCHASE IN THE CONVENTION VENUE 2. THE PLENARY SESSIONS WERE NOT AT ALL INSPIRING OR INVIGORATING 3. VIRTUALLY ALL THE AWARDS GIVEN TO WHITE MEN THIS YEAR AND VIRTUALLY ALL OF THE AWARD SELECTION COMMITTEES WERE ALL WHITE 4. THE PROGRAM COMMITTEE WAS ALSO LACKING IN DIVERSITY AND THE PROGRAM MAJOR SESSIONS REFLECTED THAT LACK OF DIVERSITY 5. THE OLD SHAPE OF THE PROGRAM BOOK WAS BETTER & EASIER TO CARRY.

MEET THE PROFESSOR/SESSIONS- TITLES WERE OBSCURE- ONE SENTENCE TO EXPLAIN THE CONTENT OF THE SESIONS WOULD HAVE BEEN HELPFUL. WIFI ACCESS IS A MUST! COFFEE AT ALL BREAKS

BREAKFAST FOOD CHOICE WAS NOT THAT GOOD - NO YOGURT NO HEALTHY FIBER LUNCH (CAN'T READ) OR WEDNESDAY WAS FRUSTRATING TO GET (CAN'T READ) LUNCHES RAN OUT. ONLY 3 PEOPLE CAME TO MY PRECOURSE-20 HAD SIGNED UP (CAN'T READ) OTHERWISE A GREAT MEETING THANKS! I ESPECIALLY LIKED THE FRIDAY DEBATE PLEASE CONSIDER 2 HOURS FOR AT LEAST SOME WORKSHOPS-IT'S HARD TO GET SKILLS DONE IN 90 MINUTES.

Logistics

As can be seen in the comments above, people are sensitive to meeting logistics. This year the mean rating for logistics was 7.21. Perhaps not surprisingly, there was a strong positive relation between the rating of logistics and the overall rating. Indeed a regression model of overall rating that included only the logistics rating had an R-square of .41. Recent prior meetings have achieved slightly higher logistics ratings of 7.3 to 7.46

Commercial Bias

Thirteen evaluations (3.3%) noted commercial bias at the meeting (though one of these had a comment stating there was none, and probably represents an error in marking). Several comments noted the “declared” meeting support by Wyeth, two were concerned about the speaker choices. (It must be noted here that the Distinguished Professor Program in Women’s Health received Wyeth support, but the general meeting did not.)

There were no specific examples of commercially biased statements, though one evaluator thought the ABIM web module was skewed toward "pharma."

In 2007, only 1.7% of evaluations indicated the presence of commercial bias.

Meeting Theme

As in past years, members did not appear to attach much importance to the meeting theme. On a 10 point scale (with 1=high and 10=low) the importance of the meeting theme was given a rating of 7.39 ("not very important" anchor). Still, about 12% of attendees thought the theme was at least "somewhat important." The theme was deemed more important by trainees than it was by faculty.

It should be noted that this was the only question where a higher numeric score might be viewed as a lower "rating." It is possible that some evaluators misunderstood the rating. Indeed, the histogram of responses to this question has a multimodal distribution not seen on any of the other ratings questions, which could support the hypothesis that this question was somewhat confusing. If this question is repeated in future evaluations, the scale should probably be reversed to align it with other rating scales. However, the evaluations committee favors dropping this question. It appears that we know the answer to it, and either shortening the evaluation or substituting new evaluation questions may be worthwhile.

Symptom-based Themes in Clinical Vignette Sessions

This year some of the clinical vignette sessions were thematic by symptoms. Only about a third of those who answered the question thought that identifying a theme influenced their decision to attend the session. Slightly less than half thought that it improved the educational value.

Innovations

Several notable innovations were added to this year's meeting and were evaluated. The decision to include the precourses in the meeting registration was well received, rating 4.2 (where 4.0 = "above average") out of 5.

The plenary debate was also viewed favorably, at 4.18.

The online advocacy at the cyber cafe (3.85), the awards gallery (4.02) and the tips on preparing outstanding submissions (3.81) were also rated as above average, though not quite so strongly as the first two.

Reason for Attending

As in past years, attendees were asked to rate the importance of various possible goals they may have had for attending the meeting. And also as in past years, networking, meeting with collaborators, and hearing about new research were decidedly more important than various other goals. On a 1 (not at all important) to 4 (very important) scale, evaluators gave mean scores as follows:

Networking	3.5
Meet Collaborators	3.3
Hear New Research	3.2
Disseminate My Work	2.7
Learn About Health Policy	2.5
Learn Teaching Skills	2.5
Learn Research Skills	2.4
Learn Clinical Skills	2.3
Learn Administrative Skills	1.8

Dissemination of one's own work went up from near the bottom of the list in 2007. Otherwise the ranking and ratings are nearly identical to last year. Nonetheless, and not surprisingly, for every goal offered, there were at least a few people who found it not at all important, and generally many who found it to be very important.

Regardless of the goals, at least 72% (administrative goals), and up to 95% (meet collaborators, hear new research) of the goals were met. Further, of those who rated a given goal as "very important," the goal was reportedly met at least 87% of the time (policy and clinical goals), and up to 98% of the time (meeting with collaborators).

Specific Activities

Many of the individual sessions and session types were evaluated on the overall meeting evaluation form. These were rated on a 1 – 5 scale (1= poor, 2= below average, 3=average, 4=above average, 5=outstanding).

The presentation by Paul O'Neill, the 2008 Malcolm Peterson Lecturer, was not generally well-received, achieving a mean rating of only 2.76. Only 38% of attendees indicated that they would implement a lesson from this talk. Forty-six percent of respondents rated this session as poor or below average.

The residency work hours debate was the most highly rated of the plenary sessions, at 4.33, and 63% of attendees felt they would implement a lesson from it. Only 1% thought this session was poor or below average, while 42% considered it outstanding.

The talk by Gail Wilensky received an intermediate rating of 3.61, with 52% saying they would implement a lesson. Eleven percent considered this talk poor or below average, while 18% considered it outstanding.

In some exploratory analyses, it appeared that one's meeting goals (as determined by "importance," defined above) related to one's ratings of these sessions. Those who had administrative goals were likely to give higher ratings to both O'Neil's and Wilensky's talks. Those with teaching goals rated the debate higher, and those with clinical goals rated Wilensky's talk lower.

As always, the various member-presentation sessions were highly rated. The table below shows the number who gave an evaluation, the mean rating, the proportion giving a rating of poor or below average, and the portion indicating they would implement a lesson.

SESSION	N	Mean Rating	Poor/Below Avg	Implement Lesson
Oral Abstracts	296	4.07	2%	81%
Oral Vignettes	94	3.87	10%	54%
Scientific Posters	349	3.97	1%	85%
Vignette Posters	140	3.83	2%	62%
IME Oral/Poster	149	4.04	3%	76%
IPM Oral/Poster	82	3.89	5%	65%

These mean ratings are similar to those seen in 2007, though the poor and below average ratings for oral vignettes this year were 10-fold higher than last year. It appears that the oral vignettes and IPM sessions are relatively lightly attended.

Changes in Work

Attendees were asked whether after the meeting they would be making any changes in a variety of work areas. Most answered "yes" in at least one area:

	N	% Yes
Use a "new" (new to me) diagnostic or therapeutic technique for inpatients	292	36
Use a "new" diagnostic or therapeutic technique for outpatients	325	52
Modify how I communicate with patients	350	60
Start a new or modify an existing research project	360	82
Use a "new" research technique	327	38
Start or modify a QI project	330	52

Implement “new” administrative methods	297	37
Change the way I teach	369	59
Change the way I teach others to teach	328	55

Although relatively few people said they would use a new inpatient technique, a new research technique, or implement new administrative methods, this hides a strong relationship between importance of rated goals and take home lessons. For example, among those who rated administrative goals as moderately or very important, 70% said they would be implementing a new administrative technique after the meeting. This form of relationship held up throughout the “take home changes” portion of the evaluation. Those who came to the meeting with clear goals typically left the meeting with something new to do.

Meeting Comments

Of the 447 evaluations, 241 included comments. All comments are included in the appendix. We summarize here a number of the themes or especially salient comments (we leave out the many, many statements of great praise for the meeting, the committees, and the staff):

1. Many comments related to logistics. Though many were complimentary, many others felt the space was too large, lighting was poor, way finding was difficult, there was no central gathering space, it was hard to get to and from the meeting space. Special concerns about food included running out of lunches, inadequate control of the vegetarian offerings (picked up by non-vegetarians), lack of diet sodas, unavailability of snacks for purchase. A common theme was that a convention center was not as desirable a meeting place for us as a hotel.

2. Related to the above, but so often noted that it deserves its own place: COFFEE! Not enough of it, not often enough available, not in enough places, not available for purchase.

3. Several commented on the lack of paper for taking notes in sessions.

4. Quite a few expressed interest in more policy and more research methods sessions, and perhaps a policy track.

5. Frequent requests for more information about sessions, especially who the session leaders are and more information about them (particularly the MTP sessions). Although information was available, it appears that many people had a hard time accessing

that information while at the meeting at the time of making a decision about which session to attend

6. Many comments noted the loss of anonymity for those who registered for the raffle.

7. Much appreciation for rolling the precourses into the meeting.

8. Common frustration with so many simultaneous sessions.

9. Frequent disappointment about awards – too many of them, not well-enough highlighted, relegated to a hallway.

10. Several notes of frustration of hospitalists – conflicting meeting times, few hospitalist-related topics, some hostile comments in some sessions. Few hospitalists attended the meeting, and some of them apparently did not feel terribly well welcomed.

11. Several wished to see more abstracts in plenary time, but a similar number seemed pleased to have plenaries devoted to special programming.

12. One wish to get Updates more interactive, especially as many of the researchers quoted in the Updates were at the meeting.

13. Two requests to replace cups with refillable bottles. General enthusiasm for "going green," but some concern about loss of paper programs.

14. One interesting suggestion to have your personal schedule printed on the back of your badge.

15. Many suggestions for shifting timing of things, all generally aimed at getting the "liked thing" moved to a better time. GIM Update one notable example.

16. General requests for better computer access – more computers at the cyber cafe, WIFI access.

17. One request for some longer workshop sessions for skills development.

18. One suggestion that the '09 meeting have a special session discussing where the '08 election leaves us.

19. There was a great deal of negative comment regarding the O'Neill plenary session. It was criticized in every possible way, and had few defenders, though a couple of comments said it was good to have such "opposing" ideas presented at our meeting.

20. Comments about the plenary debate were generally strongly supportive of both the format and the specific example.

Findings from Session-Specific Evaluations

Individual Session Attendance and Evaluation Returns

The 2008 SGIM meeting was composed of: 4 plenary sessions, 5 poster sessions, 3 innovations sessions, 17 oral clinical vignettes sessions, 29 oral scientific abstract sessions, 53 interest groups, 17 meet-the-professor sessions, 11 precourses, 1 clinical symposium, 7 clinical updates, 7 special symposia, 72 workshops, a host of committee meetings, business meetings, task force meetings, receptions, advocacy sessions – more than 240 scheduled meetings in addition to the thousands of unscheduled meetings among attendees that are so important to the success of the Society and its membership.

Not all of these sessions were individually evaluated – only clinical updates, clinical symposia, special symposia, precourses and workshops. Altogether there were 2,442 separate session evaluations returned for 98 individual sessions. Attendance and evaluation numbers are shown here (note that WA = workshop session A, etc.):

Session	Attendance	Avg Attendance	Evaluations	Avg Evaluations
Plenary (including awards luncheon)	1730	432	-	-
Scientific Abstracts (oral)	1249	43	-	-
Clinical Updates	658	94	404	58
Clinical Symposium	75	75	46	46
Interest Groups	864	16	-	-
Clinical Vignettes (oral)	400	24	-	-
Special Symposia	556	79	304	43
Meet the Professor	87	5	-	-
Innovations in Medical Education	172	86	-	-
Innovations in Practice Management	73	73	-	-
Precourses	265	24	179	16
Workshops	2223	31	1509	21
WA	415	38	267	24
WB	315	29	233	21
WC	297	30	193	19
WD	334	33	243	24
WE	285	32	211	23
WF	384	35	241	22
WG	193	19	121	12

ABIM Skills	28	28		

Compared to 2007, attendance was slightly down at most types of session. To some degree this mirrored the overall drop in meeting attendance. It is worth noting though, that the attendance at scientific abstracts, special symposia, and precourses was at least flat and generally somewhat higher than last year. With regard to precourses, it seems likely that the decision to roll them into the price of the regular meeting may have been effective at raising attendance from the steadily declining numbers of the prior 7 years.

The very noticeable drop (from 11 to 5) in attendance at the MTP sessions may warrant further investigation. Both MTP sessions competed with interest groups and vignette posters, though this scheduling is not different from past meetings. These also occurred during lunch periods when there was some trouble with the numbers of available box lunches. The recorded attendance at some sessions might also be inaccurate if there were a lot of latecomers.

Comment [S2]: MTP sessions have been at the same time as interest group and poster sessions for years, this is not new.

As in past years, the attendance on Saturday is light. This is especially notable for the Saturday workshops (session G) where average attendance fell to just 12 per workshop, and only 3 Saturday workshops had over 20 attendees (the minimum necessary for consideration for an award). This has important implications for awards as well as for the success of the workshops. Consideration should be given to reducing the number of Saturday workshops or other strategies to assure that the presenters and attendees have a satisfactory experience.

Comment [S3]: The 2009 program committee has decided not to schedule any workshops on Saturday.

Individual Session Evaluation Results

This table gives mean ratings for the various types of session:

	Precourse	Workshop	Clinical Update	Special Symposia	Scale
Quality of Content	4.4	4.4	4.4	4.4	1=Poor – 5=Outstanding
Amount of Material	4.3	4.2	4.4	4.3	1=Poor – 5=Outstanding
Quality of Faculty	4.5	4.6	4.4	4.6	1=Poor – 5=Outstanding
AV Materials	4.1	4.1	4.0	4.1	1=Poor – 5=Outstanding
Audience Interaction	4.3	4.4	3.9	4.2	1=Poor – 5=Outstanding
Overall Evaluation	4.4	4.4	4.3	4.4	1=Poor – 5=Outstanding
Prior Knowledge	3.4	3.3	3.4	3.3	1=Poor – 5=Expert
Audience Size	1.9	2.0	2.0	2.0	1= Too small – 5=Too big
Likelihood of	3.8	3.8	3.9	3.4	1=Definitely not –

change					5=Extremely likely
Recommend inviting	3.9	3.8	3.6	3.8	1=No – 5=Definitely

These ratings are fairly stable over time.

Precourse Ratings

Unlike last year, precourse overall ratings were in line with the overall ratings of the other session types. Among the precourses, overall quality ratings ranged from a low of 3.8 (PR06 Sports Medicine) to 4.7 (Both PR03 Opioids for Chronic Pain, and PR11 Health Disparities Education). PR11 won the precourse award.

Comment [S4]: Name of session, name of coordinator?

Workshop Ratings

Seventy-two workshops were presented in 2008. Overall quality evaluations ranged from 3.47 to 5.0. There is some remaining question about the rating of 5.0. It came from a workshop that was heavily attended (98) but with few evaluations returned (27). We suspect that a portion of the evaluations may have been misplaced or lost in the data entry process.

Workshop awards went to the three highest rated workshops that had at least 20 attendees and at least 60% evaluations returned. The three winning workshops were WA01 (Yvette Cua, "No Funds Left Behind"), WD02 (Karen Carlson, Supporting Behavioral Change), and WE09 (Abby Spencer, Contraception).

Clinical Update Ratings

Seven Clinical Updates were presented this year. Perhaps the most notable finding in the table above is the relatively low rating for audience interaction at the clinical updates. The updates typically are not designed to allow very much interaction, though the hospital medicine update received a remarkably high 4.4 on this measure, and was also the highest-rated overall update. It may be appropriate to explore more about how this update managed audience interaction, and possibly export that technique to other updates in the future.

Comment [S5]: How do we know it was interactive?

Overall Quality ratings for the Clinical Updates ranged from 3.69 (CUF, a joint session including geriatrics and palliative care) to 4.68 (CUC, Hospital Medicine). The hospital medicine update was done in affiliation with the SGIM Academic Hospitalist Task Force and the Hospital Medicine Interest Group.

Special Symposia Ratings

Seven Special Symposia were presented in 2008. The symposia were generally well-attended, and overall quality ratings were uniformly high, ranging from 3.98

(SSA, Rational Clinical Examination) to 4.68 (SSG, Surviving in this Funding Environment).

Suggestions for Future Meetings

1. Program Content
   a. The debate was especially well-received, and this format should probably be kept.
   b. Recognize that meeting attendees are very interested in and responsive to the choice of plenary speaker.
2. Schedule
   a. The Saturday sessions tend toward low attendance, low enough that the experience in some sessions is probably impaired. Consider solutions to this, possibly including trimming the number of offerings on Saturday.
   b. Attendance at the MTP sessions this year slid to levels that may be low enough to impair the experience. Consider changing how they are scheduled, perhaps reducing the amount of competition they face, or trimming the number of offerings.
3. Session Delivery
   a. The otherwise well-rated clinical updates don't score well for audience interaction. Consider advising presenters to allow more interaction time.
4. Evaluations
   a. Discontinue the raffle, as it may not have been an important innovation, and was seen by many as compromising the anonymity of the evaluations.
   b. Consider other tools to improve evaluation rates, possibly including dedicated time during a late plenary session for completing paper evaluations.
   c. Consider replacing some of the current evaluation material with new questions. These could focus on specific meeting questions from the program committee.
   d. Continue sending representatives to updates and symposia to remind session leaders to distribute evaluations and to leave time for the evaluations to be filled out.
5. When examining logistics and meeting support, give special attention to assuring the availability of coffee. The Society could consider exploring whether a coffee concession of some type could provide an added revenue source.