The 32nd Annual Meeting of the Society of General Internal Medicine

The Art and Science of Generalist Care
May 13th through May 16th, 2009
Miami, Florida

EVALUATIONS REPORT

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I. Executive Summary

The 32nd annual meeting of the Society of General Internal Medicine was convened in Miami, Florida from May 13th through May 16th, 2009 with a meeting theme of "The Art and Science of Generalist Care;" 1697 people from 8 different countries attended the meeting.

There were a total of 11 shortcourses, 74 workshops, 8 clinical updates, 10 special symposia, 57 interest groups, 29 scientific abstract sessions, 3 scientific poster sessions, 7 clinical vignette sessions, 2 innovations in medical education sessions (oral/poster sessions), 1 session of innovations in practice management (oral/poster session), 11 meet-the-professor sessions and 3 mentor panels. Additionally, an offsite tour of the Gordon Center was offered.

Attendees provided feedback to SGIM through surveys. Shortcourses, workshops, clinical updates, and special symposia were individually evaluated with surveys completed at the end of the sessions with an overall response rate of 62.6%. The overall meeting was surveyed using a combination of onsite paper forms as well as an online evaluation. A total of 317 evaluations of the annual meeting were completed (124 onsite, 193 online) for an overall response rate of 18.7%.

The overall rating of this year's SGIM meeting – with a mean score of 7.86 on a scale of 1 (below average quality) to 10 (above average quality) – reflected the high level of satisfaction noted consistently over the years.

Participants had a variety of goals for attending the meeting. As in past years, the most important goal was to network, with 70% rating this as very important and receiving a mean score of 3.61 on a 1 (not at all important) to 4 (very important) scale. The next most common goals were to meet collaborators (55% very important, mean score 3.35) and to hear about new research (51% very important, mean score 3.36), followed by the goals of dissemination of one's work (44% very important, mean score 3.00), learning about current healthcare policy (30% very important, mean score 2.88) and learning teaching skills (28% very important, mean score 2.83). Among the 9 selections provided, the *average* proportion of survey respondents who felt personal goals for attending the meeting were met was 82% indicating a homogeneously high level of success across all goals. Respondents felt the goals were best met in the areas of networking, hearing about new research and meeting collaborators with 97%, 97% and 92% of respondents finding their goals met in these areas, respectively. Areas with the lowest percentage of respondents finding their goals met were learning administrative skills, learning research skills and learning teaching skills (58%, 70% and 74%, respectively).

As at past meetings, shortcourses, 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 4.39 (1 being “poor” and 5 being “outstanding”). This year’s workshop rating of 4.38 is similar to last year’s rating of 4.4 and slightly higher than at previous meetings (2007: 4.4, 2006: 4.31, 2005: 4.28, and 2004: 4.20). In 2009, shortcourses were the most highly ranked with a rating of 4.46. Special symposia received slightly lower rating this year of 4.33, compared to 4.43 in 2008. Clinical updates were just higher than the 2008 rating of 4.3 at 4.4 this year. Sessions were all well attended as in past years with average attendance at shortcourses of 20 (precourse attendance in 2008 was 24), 32 at workshops (31 in 2008), and 88 at clinical updates (94 in 2008). However, attendance at special symposia was markedly decreased at 35 this year compared to 79 in 2008.

The 2009 David E. Rogers Junior Faculty Education Awards, given to the three junior faculty whose workshops receive the highest overall mean ratings, went to:

1. Yvette Cua, MD for WF03 “No Funds Left Behind”: Maximizing Inpatient Revenue Capture through Better Understanding and Use of Documentation and Coding Guidelines
2. Karran Phillips, MD, MSc for WE04 Learning from Patients in Recovery: What Should the Internist Know about Cocaine Dependence?
3. Joseph Hardman, MD for WD03 Teaching Pain Management in Internal Medicine Residency Clinics

The 2009 Shortcourse Award, for the shortcourse receiving the highest overall mean rating, was presented to Scott Kaatz, DO for SC07 Anticoagulation Guidelines, Mandates, Controversies and Advances.

Summary of Recommendations

1. Continue efforts to increase overall evaluation submission
    a. Consider linking incentive or raffle to both onsite and online evaluation (previously linked to onsite evaluation only)
    b. If the technology is changed or upgraded in the future, consider technology that links the CME form to the evaluation form (current technology does not support this)
    c. Consider dedicated time for completion of the overall evaluation during the meeting as done for session evaluations
    d. Continue to send post meeting evaluation reminders but consider sending an email which only includes information about the evaluation and a link to the evaluation form rather than incorporating in an email with other details. Send to all registrants and all SGIM members.
    e. Include question on meeting registration form of 'What would incentivise you to complete an overall meeting evaluation following the meeting'
2. Rogers Award

    a. Adjust the Rogers Award criteria to exclude individuals who have previously won the award
    b. More clearly define criteria of 'Junior Faculty' for Rogers Award
        i. Consider incorporating the number of years at current rank or since completing training in criteria (for example, (1) rank of Assistant Professor or lower and (2) at current rank for less than or equal to 'x' years vs. number of years since completing training)
    c. Improve process of noting Rogers Award eligibility on presentation submission form
        i. Consider following questions on submission form: (1) Are you eligible for the Rogers Award; (2)Number of years since completing training vs Number of years at current academic rank
    d. Develop updated database of presenters to facilitate faster identification and notification of awards
3. Consideration of overall cost and availability of low cost or no cost beverages during breaks
4. Assess session guide tracks for possible redesign to increase usability given limited use
5. Continue efforts to diversify speakers, SGIM committee involvement and annual meeting attendees

II. Evaluations Processes

Overall Meeting Evaluation

The Society of General Internal Medicine (SGIM) takes seriously feedback provided by its members and attendees of the Annual Meeting, not only to evaluate the success of the annual program, but to provide insight into the planning and execution of future meetings. Historically, the response rates by meeting attendees for the overall evaluations averaged approximately 30%. The highest response rate was observed in 2003 with a rate of 52% among 1778 attendees. In 2006, SGIM utilized only online evaluations for the overall meeting evaluation and noted a decrease in response rate to 25% of the 1687 attendees. Despite incorporating both online and paper overall meeting evaluation options in 2007, the response rate fell further to 14% of the 1653 attendees. Both online and paper evaluations have been offered since 2007, with subsequent response rates of 29% in 2008 and 18.7% in 2009. Participation in a raffle (three iPod mp3 players) was offered to those who returned the paper version of the overall meeting evaluation in 2008 but this was not continued in 2009. The online evaluation in 2009 was created using SurveyMonkey.

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 given the decline in overall evaluation completion. As in past years, efforts were made to publicize both options for evaluation at the meeting. Evaluation stations with paper evaluations and large collection boxes were positioned throughout the meeting, a paper evaluation was included in the registration packet and visual reminders were established across the meeting venue, at the computer stations and in the large meeting room. Notifications and reminders of the evaluation process were provided on the SGIM website and to SGIM members via SGIM eNews announcements before, during and following the meeting.

The program evaluation committee and SGIM annual meeting leadership reviewed the two evaluation forms to maximize the useful information while meeting CME requirements. Again, the evaluation was limited to a single 2-sided document for the paper version. Several questions were discarded to shorten the evaluation. Final questions (Appendix A and B) included a question on the primary professional role of the attendee, ratings of the specific plenary speakers as well as ratings of the sessions not evaluated through the onsite session evaluations (oral abstracts, oral vignettes, innovations in medical education, innovations in practice management, vignette poster sessions and scientific abstract poster sessions). Additional questions assessed attendee's meeting goals, skills acquired through the meeting, use of specific resources for selection of sessions, presence of commercial bias and overall quality rating of the meetings. Respondents were invited to provide specific feedback and suggestions to improve future meetings in space provided and instructions at the

end of the paper evaluation directed respondents to the drop boxes for evaluation return.

Additional efforts made to increase the return rate this year were to open the online evaluations at the start of the meeting, to extend the online evaluations to 1 month after the meeting's close and to allow multiple logins for online evaluation completion if respondents wished to complete the evaluation in portions throughout the meeting.

Shortcourses, Workshops, Special Symposia and Clinical Updates

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. Prior to the start of each session, SGIM staff distributed the onsite session evaluations (Appendix C) to each meeting room. All sessions were required to provide specific time at the end reserved for the session evaluation. Instructions for the return of the evaluations were provided to session coordinators both at the time of presentation acceptance, in a subsequent email as well as in the evaluation packets and clearly indicated their responsibility to distribute the forms during the session, collect them following the session and deliver them within one hour of the end of the session to the SGIM staff or a clearly designated collection area. For the purposes of calculating evaluation response rates, SGIM staff performed headcounts of participants approximately 20 minutes after the start of each session.

A clear plan was established for cases in which evaluations were not returned. In such an event, the Evaluation Chair or Co-chair or an SGIM staff member would track down or call the individual coordinator's hotel room and leave a reminder message with instructions for how to return the forms. This system of evaluation tracking was implemented in 2008. Evaluation return rate appears improved with this method as the number of sessions that went unevaluated has decreased from 12 sessions in 2007 to 2 sessions in 2009. It is unknown why evaluations were not submitted for these 2 sessions.

The session evaluation forms asked respondents to rate, on a scale of 1 (poor) to 5 (outstanding), the quality of the session's content, amount of material covered, quality of the presenters, AV material and the audience interaction. Attendees were also asked to provide an overall session rating and to assess the session size as too small, too big or optimal. Participants indicated their degree of knowledge about the topic prior to the session, the likelihood that they would change their behavior after participating in the workshop and whether they would invite the workshop to be presented at their institution. Open ended questions asked attendees to indicate their primary objective for attending the session and to provide any additional comments or suggestions for the presenters.

Data Entry and Management

Overall meeting paper evaluations and onsite session evaluations were collected and collated by the SGIM staff at the meeting and maintained until the completion of the meeting. At that time, the paper evaluations were sent to the INTEX Corporation for data transcription, a vender utilized by SGIM for over twelve years. Online evaluations were closed one month following meeting completion. Data were compiled in Microsoft Excel worksheets and were returned to SGIM for data analysis.

Data Analysis

For the overall session evaluations, data were analyzed using STATA to provide descriptive analysis, calculating percent values, mean and standard deviation values where appropriate.

For onsite session evaluations, data were analyzed using Microsoft Excel to provide similar analyses as listed above.

The David E. Rogers Junior Faculty Education Awards are given to three junior faculty who coordinated workshops at the meeting. Awards require a minimum of 20 attendees and an evaluation return rate of at least 60% of session attendees. To determine the return rate, SGIM staff performed head counts about 20 minutes after the start of each session to estimate the number of total attendees. Only junior faculty are eligible as defined by faculty rank below the associate professor level. The Rogers Awards are awarded to the three sessions with the highest overall rating that meet the above noted criteria.

The Shortcourse Award recognizes 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 Rogers Award is for best workshop and is designed as a career promotion tool, recognizing junior faculty who demonstrate excellence in education. To that end, the 2010 Annual Meeting Program Committee will consider an adjustment in award criteria to exclude individuals who have won this award previously. The Shortcourse Award already has similar criteria.

Test Characteristics of Survey

The annual survey and individual session survey had good face validity. The majority of the survey questions were retained from previous surveys, which have been critically reviewed and slightly modified on a year to year basis. The few changes that were made this year were done on the basis of committee

review and on the basis of analysis of previous data in order to maximize the value of the evaluation.

Annual Survey: A pilot study was undertaken to better understand the value of using different Likert scales for meeting evaluation. Final analysis is still pending and will be provided when available. This is an effort to increase the scholarly productivity at the national meeting.

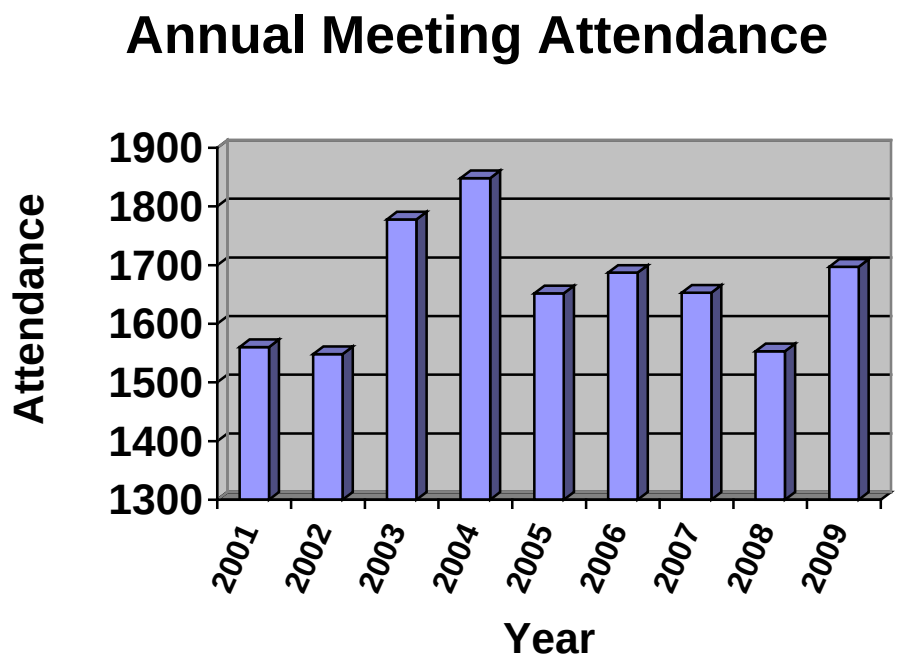
Individual Session Survey: No changes were made to the individual session surveys for 2009. Past years have demonstrated good reliability.

III. Overall Meeting Evaluation Results

General Results

The 32nd annual meeting of the Society of General Internal Medicine, convened in Miami, Florida from May 13th through May 16th, 2009 with a meeting theme of "The Art and Science of Generalist Care", hosted 1697 people from 8 countries. A total of 317 evaluations of the annual meeting were completed (124 onsite, 193 online) for an overall response rate of 18.7%.

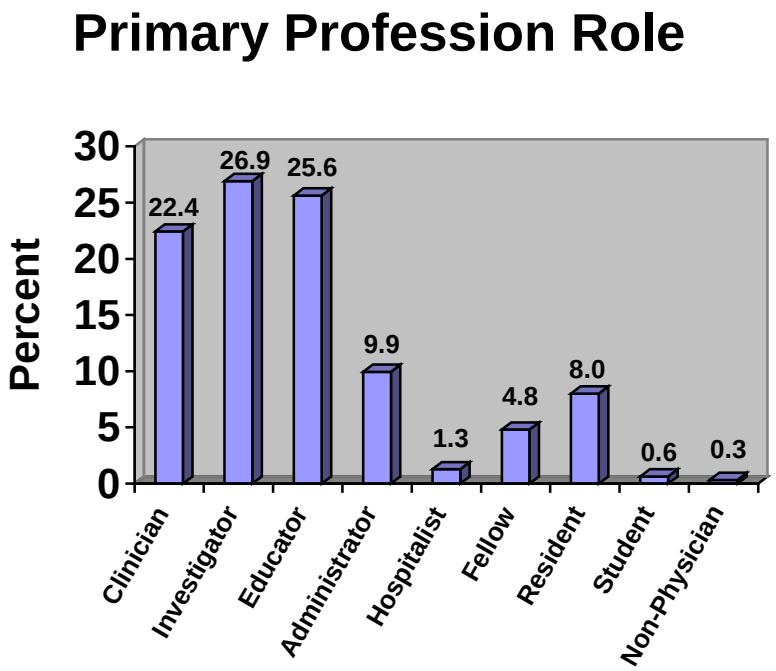
Attendance increased from 1558 registrants for the 2008 Annual Meeting held in Pittsburgh, Pennsylvania. Highest attendance was seen in 2004, but this year's attendance is the third highest upon review of records dating back to 2001.



Attendee Characteristics

In 2009, a similar percentage of clinicians, investigators and educators attended, demonstrating SGIM Annual Meeting's appeal to a diverse group of internists. Approximately 13% of attendees were comprised of students, residents or fellows which is consistent with data from 2007 and 2008. Although 3% of attendees in both 2007 and 2008 identified their primary role as a hospitalist, this number decreased to 1.3% in 2009. Note that attendees could only choose a single role.

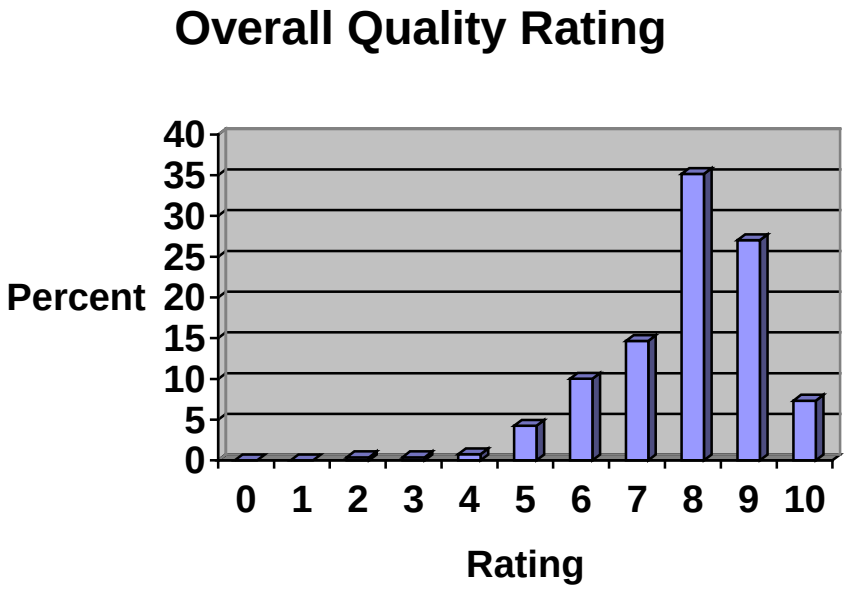
This year, the Evaluations Committee through discussion with SGIM committee leadership opted to eliminate a question that asks the respondent to distribute the percent of time spent across several job activities (teaching, administrative, research, clinical). It was felt that this question is cumbersome for the respondent and asks for information that may not be well defined for the respondent thus leading to results that may not necessarily be reproducible. In past years, 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.



Overall Quality Rating

The 2009 meeting received high ratings, consistent with the high ratings traditionally given to the SGIM annual meeting. Respondents were asked to rate

the meeting overall compared to prior SGIM meetings. The overall rating of this year's SGIM meeting was a mean score of 7.87 (minimum 2, maximum 10) on a Likert scale of 1 (below average quality) to 10 (above average quality). This approximates the highest overall quality rating of all time of 7.88.



In past years, there was some concern as to whether the overall rating question might be interpreted by respondents in various ways. It was noted that the question did not clearly define whether the SGIM meeting should be rated against previous SGIM meetings or rather against other meetings or rather another 'average' meeting. Language was incorporated to address the ambiguity of the question and clarify that the meeting should be compared against previous SGIM meetings.

Commercial Bias

Attendees who responded to the overall survey generally felt there was no commercial bias at the national meeting. Only 6 of the survey participants indicated there was commercial bias (2.2% of respondents). This is a decrease from last year in which thirteen evaluations (3.3%) noted commercial bias at the meeting. Comments were requested from those who felt commercial bias was present. Three made no comment. The others provided the following comments:

> "The health policy lecture (1st 100 days) was biased toward a single payer system. The health literacy workshop was biased towards the way one of the particular moderators felt things should be taught (however the general lecture was non biased & overall very informative."

"There was a dinner being hosted/advertised that was funded by pharma"

"One of the abstracts in a scientific poster session was [a] essentially a promotion for milnacipran, funded, presented, and largely written by Forest pharmaceuticals."

One respondent who did not indicate commercial bias in the first part of the question added the following comments:

"There was a number of posters that were pharma-funded; Pharma funding was not always specified in critical review of [can't read] literature in the "updates" section."

Of note, SGIM clearly identifies and labels programs with any sponsorship and does not offer CME for those attending sessions with financial support from a commercial source, including the poster sessions.

Meeting Goals

Respondents were asked to rate the importance of various personal goals for meeting attendance and were asked to indicate whether these goals were met.

	How important were these meeting goals for you?					**Were these goals met?**
	Not at all important (1)	***Somewhat important (2)***	***Moderately important (3)***	***Very important (4)***	***Mean Score (1-4)***	***Yes***
Network	1%	5%	24%	70%	3.61	97%
Hear about new research	1%	12%	35%	51%	3.36	97%
Meet with Collaborators	5%	9%	31%	55%	3.35	92%
Disseminate my work	15%	14%	27%	44%	3.00	84%
Learn or re-evaluate health policy	10%	23%	37%	30%	2.88	90%
Learn or re-evaluate teaching skills	9%	28%	36%	28%	2.83	74%
Learn or re-evaluate clinical skills	16%	25%	33%	26%	2.69	79%
Learn or re-evaluate research skills	19%	30%	29%	21%	2.52	70%
Learn or re-evaluate administrative skills	34%	31%	23%	11%	2.11	58%

The most common goal was to network. The next most common goals were to meet collaborators and to hear about new research. Among the nine goals queried, the average proportion of survey respondents who felt their personal goals for attending were met was 82%.

Effect of Meeting on Attendee Behavior

Attendees were asked whether the annual meeting would change their behavior in nine target areas.

After attending this meeting, I will	***Percent Endorsing***
Start a new or modify an existing research project	69%
Change the way I teach	59%
Modify how I communicate with patients	54%
Use a "new" diagnostic or therapeutic technique for outpatients	50%
Change the way I teach others to teach	45%
Start or modify a QI project	43%
Use a "new" research technique	32%
Use a "new" (new to me) diagnostic or therapeutic technique for inpatients	26%
Implement "new" administrative methods	26%

The most commonly endorsed change was to start a new or modify an existing research project (69%) followed by changing how attendees teach (59%) and communicating with patients differently (54%). These are consistent with the top three cited in both 2007 and 2008.

Session Guide

A question was included to elicit feedback about how many respondents utilized specific tools or resources to guide their decision as to what sessions to attend. Although the preliminary program, SGIM meeting website and onsite program were highly utilized, the tracks were only used by approximately one fifth of respondents.

Session Guide	***Percent used***
Preliminary program	80%
SGIM Meeting Website	64%
Onsite program	89%
Tracks	21%

Meeting Comments

Of the 317 evaluations, 127 (40%) included free text or written comments. Comments on the online evaluation were noted to be generally longer, though a

slightly smaller percentage of the online evaluations had comments when compared to paper evaluations (37% of online evaluations compared to 44% of paper evaluations). The full text of all the comments is provided in the appendix (Appendix D).

The largest number of comments focused on the organization of the schedule, mostly identifying multiple sessions that occurred simultaneously that participants wanted to attend with recommendations to schedule them at nonconflicting times. It was also noted that the meeting overlapped with the Society of Hospitalist Medicine Spring meeting which may account in part for the drop in hospitalist attendance at the SGIM Annual Meeting. There were also a substantial number of content and topic suggestions. A number of negative comments noted the lack of complimentary beverages or snacks during the breaks. The hotel and venue received mixed reviews, with some attendees praising the location for the beautiful facilities and others complaining about the cost and lack of nearby food options. Miami in general was felt to be a very nice location.

IV. Individual Session Evaluation Results

The SGIM Annual Meeting provides a wide variety of opportunities for attendees to learn new information, meet new colleagues and reconnect with friends, and share opinions, perspectives and insights on a vast array of topics. The meeting was comprised of 11 shortcourses, 74 workshops, 8 clinical updates, 10 special symposia, 54 interest groups, 29 Scientific Abstract sessions, 3 Scientific Poster Sessions, 7 clinical vignette sessions, 2 Innovations in Medical Education Sessions (oral/poster sessions), and 1 session of Innovations in Practice Management (oral/poster session). This year an offsite tour of the Gordon Center was also offered. The three plenary sessions continue to serve as cornerstones of the meeting with very high attendance rates.

Submissions and Attendance

The following table illustrates the number of submissions, presentations and acceptance rates across specific session types.

Session Type	***Number of Submissions***	***Number Presented***	***Acceptance Rate***
Precourse	16	11	68%
Scientific Abstracts	707	591	82%
Workshops	122	77	63%
Vignettes	529	302 (26 oral/176 poster)	57%
IME	110	64 (3 oral/61 poster)	58%

Web-Based IME	12	10 (1 oral/9 poster)	83%
IPM	63	38 (2 oral/36 poster)	60%

Attendance was also monitored across session types. This year, data of attendance by session were compiled for the last three years (Appendix E). The offsite Gordon Center Tour had 19 in attendance.

Plenary Sessions

There were three plenary sessions presented as in previous years. During the first plenary on Thursday, Dr. Robert Brook's presentation "Disruption, Disruption, Disruption" received an overall quality rating of 3.82 on a 5 point Likert Scale with 78% of respondents indicating that they would implement a lesson learned. The Health Care Policy Debate was presented during the Friday plenary session and received an overall score of 3.55 on the same Likert Scale. The proportion of respondents who would implement a lesson learned was 59%. Dr. Kelly Skeff presented on "The Art and Science of Generalist Teaching" at the Saturday plenary session and received an overall rating of 3.49 with 66% noting they would implement a lesson learned. Thursday's and Friday's sessions were well attended with 668 and 598 respectively. Saturday typically yields lower attendance and this year 302 attended.

Scientific Abstracts, Innovations, Vignettes and Posters

There were 29 scientific abstract sessions ranging from 8 to 90 attendees. Abstract sessions were consistently very well received and felt to have high impact.

Abstract Session	***Overall Quality Rating***	***Implement Lesson Learned***
Thursday session	3.56	76%
Friday session	3.62	76%
Saturday session	3.64	87%

Vignette sessions and vignette poster sessions tended to receive slightly lower scores and have less impact on attendees.

Vignette Session	***Overall Quality Rating***	***Implement Lesson Learned***
Thursday session	3.00	54%
Friday session	3.55	55%
Saturday session	3.35	56%
Thursday poster session	3.37	54%
Friday poster session	3.47	54%

There were 2 Innovations in Medical Education sessions with high attendance ranging form 77-80. Sessions received a combined overall quality rating of 3.50 with 75% planning to implement a lesson learned.

The single Innovations in Practice Management session received a similar overall quality rating of 3.53 but with fewer attendees planning to implement a lesson learned (55%).

Scientific poster sessions, held on three consecutive evenings, were well received with the following ratings and impact:

Poster Session	***Overall Quality Rating***	***Implement Lesson Learned***
Wednesday session	3.32	78%
Thursday session	3.44	59%
Friday session	3.48	66%

Shortcourses

There were 11 shortcourses offered in 2009 with 246 attendees. Of the sessions individually evaluated onsite, the shortcourses received the highest mean overall rating of 4.46 on a scale of 1 (poor) to 5 (outstanding).

Domain	**Mean Rating**	**Anchors of Rating Scale**
Overall Evaluation	4.46	1 = Poor - 5 = Outstanding
Quality of Content	4.50	1 = Poor - 5 = Outstanding
Amount of Material Covered	4.33	1 = Poor - 5 = Outstanding
Quality of Faculty	4.58	1 = Poor - 5 = Outstanding
AV Materials	4.25	1 = Poor - 5 = Outstanding
Audience Interaction	4.43	1 = Poor - 5 = Outstanding
Prior Knowledge of topic	3.16	1 = Poor - 5 = Expert
Audience Size	1.92	1 = Too small – 3 = Too big
Will make concrete change	3.91	1 = Definitely not -5 = Extremely likely
Would recommend	3.78	1 = No - 5 = Definitely

Workshops

There were a total of 74 workshops presented at the 2009 Annual Meeting. Attendance for the workshops reached a total of 2247, with an individual workshop attendance averaging 30 attendees. The evaluation response rate was 62.6%. Overall, workshops received a mean rating of 4.38 on a scale of 1 (poor) to 5 (outstanding).

Domain	**Mean Rating**	**Anchors of Rating Scale**
Overall Evaluation	4.38	1 = Poor - 5 = Outstanding
Quality of Content	4.36	1 = Poor - 5 = Outstanding
Amount of Material Covered	4.27	1 = Poor - 5 = Outstanding
Quality of Faculty	4.48	1 = Poor - 5 = Outstanding
AV Materials	4.12	1 = Poor - 5 = Outstanding
Audience Interaction	4.37	1 = Poor - 5 = Outstanding
Prior Knowledge of topic	3.33	1 = Poor - 5 = Expert
Audience Size	2.02	1 = Too small - 3 = Too big
Will make concrete change	3.78	1 = Definitely not - 5 = Extremely likely
Would recommend	3.78	1 = No - 5 = Definitely

Clinical Updates

The meeting included 8 clinical updates that included sessions on perioperative medicine, preventive care, medical education, new medications for primary care, palliative medicine, women's health, general internal medicine and hospital medicine. Attendance ranged from 30 to 139. Overall, clinical updates received a mean rating of 4.30 on a scale of 1 (poor) to 5 (outstanding).

Domain	**Mean Rating**	**Anchors of Rating Scale**
Overall Evaluation	4.40	1 = Poor - 5 = Outstanding
Quality of Content	4.45	1 = Poor - 5 = Outstanding
Amount of Material Covered	4.40	1 = Poor - 5 = Outstanding
Quality of Faculty	4.53	1 = Poor - 5 = Outstanding

AV Materials	4.25	1 = Poor - 5 = Outstanding
Audience Interaction	3.81	1 = Poor - 5 = Outstanding
Prior Knowledge of topic	3.47	1 = Poor - 5 = Expert
Audience Size	2.03	1 = Too small – 3 = Too big
Will make concrete change	3.76	1 = Definitely not -5 = Extremely likely
Would recommend	3.65	1 = No - 5 = Definitely

Special Symposia

There were 10 special symposia at the 2009 meeting. The following sessions were offered:

1. Evidenced Synthesis: Policy Tool?
2. Sydenham Society Session
3. Tobacco control: Lessons Learned
4. Primary Care Workforce Reform
5. Immigration from Latin America
6. Integrating Simulation in IM
7. Universal Access to Care
8. Asset Models for Health Equity
9. PCMH: Implications
10. Chronic Diseases in Latin America

Overall, special symposia received a mean rating of 4.33.

Domain	**Mean Rating**	**Anchors of Rating Scale**
Overall Evaluation	4.33	1 = Poor - 5 = Outstanding
Quality of Content	4.40	1 = Poor - 5 = Outstanding
Amount of Material Covered	4.25	1 = Poor - 5 = Outstanding
Quality of Faculty	4.59	1 = Poor - 5 = Outstanding
AV Materials	3.92	1 = Poor - 5 = Outstanding
Audience Interaction	4.11	1 = Poor - 5 = Outstanding
Prior Knowledge of topic	3.32	1 = Poor - 5 = Expert
Audience Size	1.85	1 = Too small – 3 = Too big
Will make concrete change	3.62	1 = Definitely not -5 = Extremely likely
Would recommend	3.70	1 = No - 5 = Definitely

V. Suggestions for Future Meetings

A copy of the Chair's Report has been included in Appendix F.

1. Continue efforts to increase overall evaluation submission
    a. Consider linking incentive or raffle to both onsite and online evaluation (previously linked to onsite evaluation only)
    b. If the technology is changed or upgraded in the future, consider technology that links the CME form to the evaluation form (current technology does not support this)
    c. Consider dedicated time for completion of the overall evaluation during the meeting as done for session evaluations
    d. Continue to send post meeting evaluation reminders but consider sending an email which only includes information about the evaluation and a link to the evaluation form rather than incorporating in an email with other details. Send to all registrants and all SGIM members.
    e. Include question on meeting registration form of 'What would incentivise you to complete an overall meeting evaluation following the meeting'
2. Rogers Award
    a. Adjust the Rogers Award criteria to exclude individuals who have previously won the award
    b. More clearly define criteria of 'Junior Faculty' for Rogers Award
        i. Consider incorporating the number of years at current rank or since completing training in criteria (for example, (1) rank of Assistant Professor or lower and (2) at current rank for less than or equal to 'x' years vs. number of years since completing training)
    c. Improve process of noting Rogers Award eligibility on presentation submission form
        i. Consider following questions on submission form: (1) Are you eligible for the Rogers Award; (2)Number of years since completing training vs Number of years at current academic rank
    d. Develop updated database of presenters to facilitate faster identification and notification of awards
3. Consideration of overall cost and availability of low cost or no cost beverages during breaks
4. Assess session guide tracks for possible redesign to increase usability given limited use
5. Continue efforts to diversify speakers, SGIM committee involvement and annual meeting attendees

Appendix A: Overall Meeting Evaluation Form- Paper Version

SGIM
32ND ANNUAL MEETING
MAY 13-16, 2009

2009 SGIM NATIONAL MEETING
OVERALL MEETING EVALUATION FORM

1. **Which description best characterizes your current *primary* professional role? (Circle ONE)**

1	2	3	4	5	6	7	8	9
Clinician	Investigator	Educator	Administrator	Hospitalist	Fellow	Resident	Student	Non-Physician

2. **Please indicate which days you have attended or plan to attend, including partial days.**

	Wednesday, May 13		Thursday, May 14		Friday, May 15		Saturday, May 16

3. **Please rate the following sessions of this year's meeting. (Circle your responses)**

		Poor	*Below Average*	*Average*	*Above Average*	*Outstanding*	**Will you implement a lesson learned?**	
Wednesday May 13							*Yes*	*No*
Scientific Poster Session	Did not attend	1	2	3	4	5	1	0
Thursday May 14								
Thursday Plenary: *Robert Brook, MD, ScD, FACP*	Did not attend	1	2	3	4	5	1	0
Oral Abstract Sessions	Did not attend	1	2	3	4	5	1	0
Oral Vignette Sessions	Did not attend	1	2	3	4	5	1	0
IME Oral/Poster Sessions	Did not attend	1	2	3	4	5	1	0
Vignette Poster Session	Did not attend	1	2	3	4	5	1	0
Scientific Poster Session	Did not attend	1	2	3	4	5	1	0
Friday May 15								
Friday Plenary: *Health Policy Debate*	Did not attend	1	2	3	4	5	1	0
Oral Abstract Sessions	Did not attend	1	2	3	4	5	1	0
Oral Vignette Sessions	Did not attend	1	2	3	4	5	1	0
IPM Oral/Poster Session	Did not attend	1	2	3	4	5	1	0
Vignette Poster Session	Did not attend	1	2	3	4	5	1	0
Scientific Poster Session	Did not attend	1	2	3	4	5	1	0
Saturday May 16								
Saturday Plenary: *Daniel D. Federman, MD*	Did not attend	1	2	3	4	5	1	0
Oral Abstract Sessions	Did not attend	1	2	3	4	5	1	0
Oral Vignette Sessions	Did not attend	1	2	3	4	5	1	0

4. **Please rank the following meeting goals and state whether or not they were met. (Circle your responses)**

	How important were these meeting goals for you?				**Were these goals met?**	
	Not At All Important	*Somewhat Important*	*Moderately Important*	*Very Important*	*Yes*	*No*
Disseminate my work	1	2	3	4	1	0
Hear about new research	1	2	3	4	1	0
Learn/re-evaluate current healthcare policy	1	2	3	4	1	0
Learn or re-evaluate clinical skills	1	2	3	4	1	0
Learn or re-evaluate teaching skills	1	2	3	4	1	0
Learn or re-evaluate research skills	1	2	3	4	1	0
Learn or re-evaluate administrative skills	1	2	3	4	1	0
Meet with collaborators	1	2	3	4	1	0

Network	1	2	3	4	1	0

5. **After attending this meeting, I will:**

	Yes	*No*
Use a "new" (new to me) diagnostic or therapeutic technique for inpatients	1	0
Use a "new" diagnostic or therapeutic technique for outpatients	1	0
Modify how I communicate with patients	1	0
Start a new or modify an existing research project	1	0
Use a "new" research technique	1	0
Start or modify a QI project	1	0
Implement "new" administrative methods	1	0
Change the way I teach	1	0
Change the way I teach others to teach	1	0

6. **Did you use the following to guide your decision to attend particular sessions:**

	Yes	*No*
Preliminary program	1	0
SGIM Meeting Website	1	0
Onsite program	1	0
Tracks	1	0

7. **Was commercial bias apparent at this meeting?**

	Yes	*No*
If yes, please explain:	1	0

8. **What is your overall rating of this year's meeting compared to past SGIM meetings? (circle the number)**

1	2	3	4	5	6	7	8	9	10
Below average quality				Average quality			Above average quality		

9. **We look forward to seeing you in Minneapolis next year. Please provide suggestions for the 2010 Annual Meeting.** *(PLEASE PRINT CLEARLY)*

RETURN THIS EVALUATION BY DROPPING IT IN ANY OF THE MANY BOXES AROUND THE MEETING SPACE

If you have any questions about this evaluation please contact Sarajane Garten, SGIM Director of Education
Phone: (800) 822-3060 Email: @sgim.org

Want to be involved in planning the 2010 Annual Meeting?
Please complete the separate form or volunteer online at www.sgim.org
See you in Minneapolis!

	Paper
10. Evaluation version (office use only)	1

Appendix B: Overall Meeting Evaluation Form- Online Version

SGIM
32ND ANNUAL MEETING
MAY 13-16, 2009

2009 SGIM NATIONAL MEETING

OVERALL MEETING EVALUATION FORM (V2)

1. Which description best characterizes your current *primary* professional role? (Circle ONE)

1	2	3	4	5	6	7	8	9
Clinician	Investigator	Educator	Administrator	Hospitalist	Fellow	Resident	Student	Non-Physician

2. Please indicate which days you have attended or plan to attend, including partial days.

	Wednesday, May 13		Thursday, May 14		Friday, May 15		Saturday, May 16

3. Please rate the following sessions of this year's meeting. (Circle your responses)

		Below Expectations	*Average*	*Truly Above Average*	*Outstanding*	*Top 5%*	**Will you implement a lesson learned?**	
Wednesday May 13							*Yes*	*No*
Scientific Poster Session	Did not attend	1	2	3	4	5	1	0
Thursday May 14								
Thursday Plenary: *Robert Brook, MD, ScD, FACP*	Did not attend	1	2	3	4	5	1	0
Oral Abstract Sessions	Did not attend	1	2	3	4	5	1	0
Oral Vignette Sessions	Did not attend	1	2	3	4	5	1	0
IME Oral/Poster Sessions	Did not attend	1	2	3	4	5	1	0
Vignette Poster Session	Did not attend	1	2	3	4	5	1	0
Scientific Poster Session	Did not attend	1	2	3	4	5	1	0
Friday May 15								
Friday Plenary: *Health Policy Debate*	Did not attend	1	2	3	4	5	1	0
Oral Abstract Sessions	Did not attend	1	2	3	4	5	1	0
Oral Vignette Sessions	Did not attend	1	2	3	4	5	1	0
IPM Oral/Poster Session	Did not attend	1	2	3	4	5	1	0
Vignette Poster Session	Did not attend	1	2	3	4	5	1	0
Scientific Poster Session	Did not attend	1	2	3	4	5	1	0
Saturday May 16								
Saturday Plenary: *Daniel D. Federman, MD*	Did not attend	1	2	3	4	5	1	0
Oral Abstract Sessions	Did not attend	1	2	3	4	5	1	0
Oral Vignette Sessions	Did not attend	1	2	3	4	5	1	0

4. Please rank the following meeting goals and state whether or not they were met. (Circle your responses)

	How important were these meeting goals for you?				**Were these goals met?**	
	Not At All Important	*Somewhat Important*	*Moderately Important*	*Very Important*	*Yes*	*No*
Disseminate my work	1	2	3	4	1	0
Hear about new research	1	2	3	4	1	0
Learn/re-evaluate current healthcare policy	1	2	3	4	1	0
Learn or re-evaluate clinical skills	1	2	3	4	1	0
Learn or re-evaluate teaching skills	1	2	3	4	1	0
Learn or re-evaluate research skills	1	2	3	4	1	0
Learn or re-evaluate administrative skills	1	2	3	4	1	0

Meet with collaborators	1	2	3	4	1	0
Network	1	2	3	4	1	0

5. After attending this meeting, I will:

	Yes	*No*
Use a "new" (new to me) diagnostic or therapeutic technique for inpatients	1	0
Use a "new" diagnostic or therapeutic technique for outpatients	1	0
Modify how I communicate with patients	1	0
Start a new or modify an existing research project	1	0
Use a "new" research technique	1	0
Start or modify a QI project	1	0
Implement "new" administrative methods	1	0
Change the way I teach	1	0
Change the way I teach others to teach	1	0

6. Did you use the following to guide your decision to attend particular sessions:

	Yes	*No*
Preliminary program	1	0
SGIM Meeting Website	1	0
Onsite program	1	0
Tracks	1	0

7. Was commercial bias apparent at this meeting?

	Yes	*No*
If yes, please explain:	1	0

8. What is your overall rating of this year's meeting compared to past SGIM meetings? (circle the number)

1	2	3	4	5	6	7	8	9	10
Below average quality				Average quality			Above average quality		

9. **. Please provide suggestions for the SGIM 33rd Annual Meeting, April 28-May 1, 2010.**

Want to be involved in planning the 2010 Annual Meeting?
Please volunteer online at www.sgim.org

If you have any questions about this evaluation, please contact Sarajane Garten, SGIM Director of Education
Phone: (800) 822-3060 Email: @sgim.org

	Online
10. Evaluation version (office use only)	2

Appendix C. Single Session Evaluation Form

2009 SGIM National Meeting SESSION A EVALUATION FORM

1. Please circle the session attended.

WA01 Learn to Teach The Shoulder Exam	**WA02** Getting Your Vignette Published	**WA03** Patient Disparities Interventions	**WA04** Training for Global Health in GIM	**WA05** Quick picks tools for the internist		**CUA** Update in Perioperative Medicine
WA06 Reflection in Learning	**WA07** Change for the Better: SGIM Advocacy	**WA08** A Meaningful, Productive Sabbatical	**WA09** Challenges in Publishing CBPR	**WA10** E-Learning & Geriatric Competencies	**WA11** NIH Mid-career Awards	**SSA** Evidenced Synthesis: Policy Tool?

2. Please rate the following aspects of this session. (*Circle the number***)**

	Poor	Below average	Average	Above Average	Outstanding	
Quality of Content	1	2	3	4	5	---
Amount of material covered	1	2	3	4	5	Not applicable
Quality of Faculty	1	2	3	4	5	Not applicable
Audiovisual materials	1	2	3	4	5	Not applicable
Audience interaction	1	2	3	4	5	Not applicable
Overall Evaluation	1	2	3	4	5	---

3. Prior to this workshop, my overall knowledge of the topic covered was (*circle the number***):**

1	2	3	4	5
Poor	Below Average	Average	Above Average	Expert

4. Please identify your primary objective for attending this session:

_____

5. The audience size for this session was: (check one): ☐ Too small ☐ Optimal ☐ Too big

6. How likely is it that you will make a concrete change in your teaching, research, patient care, or administrative work as a result of this workshop? (*Circle the number***)**

1	2	3	4	5
Definitely will not change	Not likely to change	Somewhat likely to change	Very likely to change	Extremely likely to change

7. Would you recommend inviting this workshop to your institution for presentation?

1	2	3	4	5
No	Not likely	Somewhat likely	Very likely	Definitely

8. Comments: Please include comments on the session identified above. You are welcome to include suggestions to individual presenters. (*be sure to identify presenters by name)*

_____

_____

_____

_____

Appendix D. Verbatim Global Comments on the Meeting

KEY: UPPERCASE LETTERS- Paper evaluations
Lowercase letters- Online evaluations

Food comments

- FREE COFFEE/MACHS AGAIN
- KEEP THE BOILED EGGS AT BREAKFAST!!
- MORE COFFEE & FREE SNACK BREAKS
- ENSURE SPECIAL MEALS (VEGETARIAN) ARE AVAILABLE TO THOSE WHO REQUEST.
- PLEASE DONT TAKE THE COFFEE AWAY SO EARLY IN THE MORNING! COST OF DRINKS WAS EXCESSIVE.
- BREAKS WITH SNACKS & FREE DRINKS.
- DON'T MAKE US PAY AT BREAKS! THAT WAS SILLY.
- PLEASE ENSURE THAT BREAKS ARE ADEQUATE INCLUDED IN CHANGE OF ATTENDANCE. THE ANNOYANCE IS AMPLIFIED EACH TIME YOU ARE THIRSTY.
- Also consider complimentary coffee between breaks-- instead of charging $5.
- I know that the Fountainbleu was remodeled after SGIM booked it for the annual meeting, so I don't think you could have forseen the changes in the hotel. However, it was too expensive, too extravagant. Thank goodness you warned us that we would have to pay for beverages during the breaks--I brought my own water bottle and filled it at the drinking fountains. Please, please, please, just a regular hotel next time. I don't mind paying for sodas, but having coffee or tea available at the breaks for less than $4 would be nice.
- Provide snacks (chips, pretzels) and do not charge for soda/water at the poster sessions.
- PLEASE PLEASE PLEASE understand how few people actually want ham or roast beef. There is a mad dash for the turkey, chicken, and veggie options. The ham and roast beef gets eaten by default, and with sadness, by the people who didn't get there in time but who were lucky e0ugh to still get a lunch. And people don't realize that the vegetarian option was for people who explicitly asked for it, so those are snapped up first. I'd very carefully ask, just as the survey asks, who wants a vegetarian meal? Ask - "who wants ham or roast beef"? And then only order about that many. Truly, there were many disappointed people - and I was lucky e0ugh to get a turkey and gave it away to someone who was only going to eat the bread. THANK YOU THANK YOU THANK YOU. Happens every year. See whether next year you can match the needs better of the mostly white meat - to veggie - spectrum group!
- -Drinks for Breaks.
- I understand that there are mounting financial concerns, but it was difficult 0t having food at the poster sessions, I think it meant that people left sooner to grab something to eat. The hotel had few "quick bite"options after 7 pm so this was difficult. If there is some way of providing food at events after 6 pm that would encourage people to stay longer and really interact.
- Also, please order more vegetarian and healthy food options. I order vegetarian meal, but the only choice on Thursday lunch was beef sandwich as all the veggie options were taken. This is a chronic problem with the I took the lunch to salvage the non-sandwich food. The food was high calorie (2 huge cookies, chips). I gave my husband the sandwich which had mayo all over it. Didn't anyone planning the menu go to the talks on obesity???? We should model what we want our patients to do. If nothing else, at least make smaller cookies, and include some sort of vegetable in the lunch offerings. Put any condiments in separate packets. On a positive note- I liked the hard boiled eggs at

breakfast along with fruit. How about whole wheat bread/toast or some sort of whole grain alternative to teh pastries? I guess if food is the only thing to complain about, this must be a great meeting (which it was)!

- wish we had free coffee/soft drinks between sessions (I wouldn't mind paying extra on registration fee for this).
- Please have coffee and other things available in between sessions (FREE) - very disappointed in the lack of things between break
- I really didn't mind 0t having free drinks between sessions/workshops. The water with fruit in it was great and probably forced folks to be healthier. If sodas had been there I probably would have loaded up on cokes that I didn't really and truly need!
- Provide healthy snacks and beverage during breaks instead of having to pay for them.
- Having to pay for beverages was not good, esp for students/7s/fellows on low low budgest to begin with
- Provide coffee between sessions if possible.
- food was great
- Thanks for the reliable breakfasts and box lunches. Especially important when cheap hotel food is hard to come by.
- More food and coffee that we don't have to pay for!
- Please provide coffee at breaks throughout the day, without additional charge.

Award comments

- SHOULDN'T WE MAKE THE AWARDS MEAL EARLIER SO MORE CAN ATTEND? I KNOW THAT THE PRESIDENTIAL ADDRESS LOGICALLY COMES AT THE END BUT MAYBE THAT CAN BE RETHOUGHT AS WELL. THE ONLY HARD PART WOULD BE THE AWARDS THAT ARE DECIDED AT THE MEETINGS BUT MAYBE THIS CAN BE RETHOUGHT TOO.
- NEED TO IMPROVE PUBLICATION OF AWARDS IN PROGRAM
- PLEASE DONT HOLD AWARD CEREMONY ON THE LAST DAY MANY LEAVE
- I like the awards--it's great to have lots of awards and make the winners clearly k0wn.
- -Luncheon:Less talking (Just presentation of the awards and why).
- Some awards, ie. Junior Investigator and Best Paper not presented at the meeting. This is really not acceptable. Could always find a few extra minutes to acknowledge those folks. If there were no posters at the event on display, most would not have known who was selected
- When giving SGIM awards associated with specific people (e.g., Robert Glaser award, John Eisenberg award), show a picture of the person for whom the award is named as a tribute to the person and a way for members to remember or get to know them.
- Saturday has too much time devoted to the award ceremony at lunch and is 0t so worth staying for. I think we should ask ourselves if this is really the best use of our time or comes across to the younger members like an "old boys network." We could make Saturday more worthwhile or just eliminate that day of the conference.
- Would like to make a suggestion about awards. I was not an award winner but have been one in the past. Many awards, no clear distinction between which presented and which not. Those not are listed in "poster gallery" but this is not seen by many. Would be great if award winners could again be listed in the on-site program. Also return the "Award Winner" ribbon for the badge. Also, even if not full presentation, would be nice if a slide (or slides) could go up during awards luncheon with name of awardees. We have these awards to increase profile of winner, but for most, no one even knows who won.

Hotel comments

- GREAT HOTEL
- NICE HOTEL
- VENUE ALMOST TOO BEAUTIFUL
- EXCELLENT HOTEL & MEETING FACILITIES. I WOULD COME BACK TO THE FOUNTAIN BLUE FOR FUTURE MEETINGS.
- SITE WAS BEAUTIFUL. FACILITIES WERE VERY NICE BUT EXPENSIVE OUT OF POCKET BEVERAGES.
- HAVE THE MEEING AT THE FOUNTAINBLEU AGAIN SOMETIME!
- THE HOTEL WAS A DISAPPOINTMENT - THE COST OF LOTS OF SERVICES WAS HIGH AND THE SURROUNDING AREA WAS LIGHT ON RESTAURANTS. BUT THE FOOD WAS GOOD AND BEACH NEARBY SO HARD TO COMPLAIN TOO MUCH.
- HOTEL WAS LOVELY BUT THE COST OF AMENITIES/FOOD WAS HORENDOUS. I HOPE FUTURE MEETINGS BALANCE A NICE HOTEL SITE WITH COST.
- THE FOUNTAINBLEU WAS NOT WELCOMING VERY EXPENSIVE NOTHING MUCH TO DO BUT BEACH. NO EASY CASUAL MEETING POINTS. NOT GOOD FOR BRINGING FAMILY ALONG.
- PLEASE ORGANIZE AT A HOTEL WITH OPPORTUNITIES TO GRAB A QUIET MEAL NEARBY (FOUNTAINBLEU WAS A BEAUTIFUL SPOT BUT HIGH END WITH NO NEARBY MALLS - MAKES IT DIFFICULT ESP GIVEN THE CURRENT ECONOMIC CLIMATE)
- THE MEETING SITE WAS AWAY FROM FOOD SITES CANT READ
- WONDERFUL VENUE LOCATION & MEETING LOCATIONS WERE CONVENIENT & CLEARLY MARKED. PLENTY OF TIME TO EXPLORE THE AREA TOO!
- WE ALL RECOGNIZE THAT THIS WAS A VERY UNUSUAL VENUE FOR SGIM. WHILE IT WAS FUN I'M LOOKING FORWARD TO NEXT YEAR WHEN WILL BE BACK TO A PLACE WHERE WE CAN ALL FOCUS ON THE WORK & NETWORKING.
- Unfortunately we will never have a hotel like this again - it was great, as was the location and weather
- Do not have it in Miami at the Fountainebleau Hotel (I guess that suggestion is already accomplished!). Really disliked the hotel and Miami in general. At least I know now not to go back for any reason in the future. Meeting rooms were poor. Very loud in some cases with adjoining room noise disrupting ongoing presentations. Temperature in the rooms poorly controlled...first Clinical Unknown Vignette session the room was steaming...and not just because I had not yet acclimated to the heat in Miami. Outratgeous expense of items in the hotel...thank God for the Walgreens down the road about 6 blocks. On Saturday at 4 AM on the 12th floor of the hotel, hallway noise from rowdy patrons awoke the floor...overall the meeting was very good despite the location...which is a testament to how good the information presented at the SGIM meeting is...to overcome the location.
- The hotel was too expensive for SGIM members. However you did manage to negotiate great room rates. There was no coffee maker in the room and we were charged $40.00 for Champagne and $10.00 for water which we did not drink. The room bar was sensing that these items had been moved and therefore we were charged for them. We asked to have them taken off the room charges. The hotel was charging us for coffee at $4.00! I walked over to the Eden Rock Hotel, where the Starbucks was located and got the same size and quality coffee for $2.25. Please choose the Starwoods Hotel group for future meetings.
- Hopefully the venue will not be confusing to navigate.
- Don't do it at such a fancy hotel for the future- hard to focus on getting to teh meeting as I was pulled to the beach!

- The hotel was poor -- individuals either had a two bedroom/two bathroom suite or a tiny room with nonfunctioning restroom (all for the same price). It is good to have occasional meetings in resorts such as this one, but I look forward to returning to a 'regular' hotel. Hopefully, with the current economy, at a lower room tariff.
- Better hotel more in tuned to a professional meeting. The hotel had problems checking people in, getting the bill correct, and was excessively loud.
- Please, have them all here in Miami at the Fountainbleu
- I loved it. I was hoping to get information on hotel accomodations via email. My program chose a hotel that was more expensive and less attractive than the Fountainbleau (the 7 rate was very attractive)
- hotel/location were tremendous
- The Fountainbleu as a venue was INCREDIBLE. 0t only have I refreshed my professional goals and updated areas of skills and k0wledge, but I am physically refreshed as well. Best venue I have ever experienced in 28 years of meetings. Thank You!

Location

- MOVE IT TO MIAMI!
- GREAT CITY (MIAMI)
- NICE LOCATION
- MORE FANTASTIC LOCATIONS LIKE THIS FOR FUTURE SGIM MEETINGS!
- MIAMI WAS GREAT.
- THE RESORT SETTING HERE IN MIAMI WAS AN ENHANCEMENT TO PAST MEETINGS
- The meeting location was fine.
- the difficulty with this past meeting was the location was too wonderful. It was really hard for colleauges to give up sunshine and ocean breezes to go back to a conference room.
- Pick a site with good recreation, such as this one!
- Will be tough to top the location!
- bring the ocean along
- Miami resort as permanent venue for SGIM meetings.

Program committee

- take program committee from diverse group of members
- More racial and ethnic diversity in the leadership structure of SGIM

Costs

- **[See comments in 'Food Comments' section regarding food costs]**
- Don't raise the costs!
- SGIM has pushed meeting fees as high as they can go. Please avoid raising fees next year.
- The registration is pretty hefty!

Organization

- SMART MOVE NOT TO HAVE DINNER MEETINGS/TALKS.
- LATER ABSTRACT SESSIONS (4PM-5:30PM) SEEMED POORLY ATTENDED. IT MIGHT BE HELPFUL TO SHORTEN LUNCH TO ALLOW THOSE SESSIONS TO END EARLIER AND IMPROVE ATTENDANCE.

- SEPARATE CLINICAL SESSIONS IN TIME SO THAT MORE CAN BE ATTENDED-ESPECIALLY SEPARATE: UPDATE IN GER IM FROM: UPDATE IN HOSP MED TRACK SYSTEM IS EXCELLENT
- PLEASE MOVE THE CHRONIC PAIN AND MENTAL HEALTH IN MEDICINE. INTEREST STRAYS TO DIFFERENT DAYS. (THERE IS MUCH OVERLAP & THIS CAUSES FRUSTRATION WHEN ON THE SAME DAY EACH YEAR) THANK YOU!
- I LIKED DIVIDING POSTERS UP BY SUBJECT MATTER.
- MORE CLINICAL SESSIONS
- SHORTEN POSTER SESSIONS 30-45 MINUTES NOT 60-90
- GREAT MEETING. MORE CLINICAL TOPICS WOULD BE GREAT
- I THINK SGIM MEETINGS ARE ALWAYS GREAT - SO "AVERAGE" SCORE FOR SGIM = EXCELLENT COMPARED TO OTHER MEETINGS.
- BETTER SIGNAGE
- END EARLY MORNING MEETINGS 10 MINUTES BEFORE PLENARY SESSIONS BEGIN.
- ANNOUNCE WHAT THE NEXT SESSION WILL BE BY LETTER BEFORE IT STARTS (I.E. WHEN A PLENARY SESSION ENDS SAY EVENTS IN SESSION OR WILL BEGIN IN 30 MINUTES)
- AS ALWAYS THE MEETING WAS WELL ORGANIZED & THE PRESENTATIONS WERE MOSTLY HIGH QUAILITY. TWO RECOMMENDATIONS: 1) THE 4TH FLOOR BACK CONF ROOMS WERE SO COLD THAT PEOPLE LEFT EARLY. SUCH A SHAME FOR THE PRESENTERS. 2) POSTER SESSIONS HELD CONCURRENTLY WITH OTHER SESSIONS (EG I OR E POSTER SESSIONS) ARE VERY POORLY ATTENDED & A WASTE OF TIME FOR THE PRESENTERS EXCEPT FOR THE 1ST 20 MIN.
- I WOULD DECREASE THE NUMBER OF POSTERS/POSTER SESSIONS.
- SUGGESTIONS TO IMPROVE. PLEASE DO NOT OVERLAP SO MUCH OF THE EDUCATION-RELATED WORK - FOR EXAMPLE WHY HAVE AN UPDATE IN MEDICAL EDUCATION ON TOP OF AN IME POSTER SESSION?
- DO NOT MAKE IME & UPDATE IN MED ED SIMULTANEOUS. HEALTH POLICY PLENARY WITH ASSOCIATED ABSTRACTS GREAT. CONTINUE TO HAVE VIGNETTE POSTERS NEAR LUNCH VISITING PROFESSOR IN EDUCATION WALKING AROUND BEST EDUCATION RESEARCH ONE-ON-ONE MENTORING SIGN UP (ADDITIONAL) AT MEETING SITE VISIT TO HENNEPIN COUNTY
- 1) PLEASE DONT OVERLAP WITH SHM. 2) PLEASE DONT PUT ALL (OR ALMOST ALL) HOSPITALIST - INTEREST SESSIONS IN A SINGLE CONCURRENT SLOT. WE WERE FORCED TO CHOOSE AMONGST THEM.
- IT IS BEST NOT TO HAVE THE UPDATE IN MEDICAL EDUCATION AT THE SAME TIME AS THE INNOVATIONS IN MEDICAL EDUCATION POSTER SESSIONS. I WAS NOT ABLE TO ATTEND BOTH AND WOULD HAVE LIKED THIS SEPARATED OUT.
- I THINK IGM VIGNETTE AND IME POSTERS SHOULD NOT CONFLICT WITH ABSTRACT/WORKSHOP SESSIONS. BUSINESS MEEING SHOULD NOT BE SATURDAY AFTERNOON WHEN WE'RE ALL LEAVING. I LOVED HAVING 3 FREE EVENINGS.
- MOVE MENTAL HEALTH MATERIAL. MOST PTS END WITH ONE CANT READ
- PLEASE TRY TO SCHEDULE THE IME ABSTRACTS AT A SEPARATE TIME FROM THE UPDATE IN MED ED.
- In the future, try to 0t have the Update in Hospital Medicine and the Hospital Medicine Abstract Session at the same time.
- need to re-define organization internally, rather than external characterization in spite of SGIM's efforts to have a closer linkage with Society of Hospital Medicine, I was

flabbergasted that the meetings were scheduled at the same time. this should never happen again should our work be more closely aligned with STFM?

- More clinical sessions; shorter poster sessions
- In general, I think this format and timing of poster/abstract/workshop sessions is the best of the SGIM meetings I've attended (yearly since 1996) so I would keep that.
- The tracks should be more inclusive. For women's health, you should include the women's health visiting professor activities and the women's health poster session. The initial program guide did 0t make the Meet the Professor sessions clear (ie, if you could have only 20 participants, where was the list of who was a professor?).
- changed rooms were hard to find sometimes. one session-- women's caucus-- the old room was completely across the building from the new room-- two rooms could 0t have been farther apart.
- Several interest groups met 7:30 AM on Sat morning. I had many conflicts for that time. Perhaps interest groups could have more 0on or even full session meeting times?
- Schedule fewer workshops and symposia at the same time as oral abstract sessions.
- Would prefer the Update in General Medicine to be a stand-alone session (not in direct competition with abstract sessions and symposia).
- Figure out a way to avoid conflicts between workshops and research presentations
- Reconsider 1 day precourses and Saturday after0on sessions.
- make it two days meeting
- I would love to have a few scheduled breaks in the day just to regroup. I hate choosing between missing a session to meet with people I rarely get to see. Boths are such important functions of the meeting for me.
- Consider grouping abstract content areas. For attendees who can only be at the meeting for ~2 days, it is disappointing that some content areas are spread across all the abstract sessions (i.e. health literacy). Some attendees may choose to coordinate their schedule for the most high impact abstract/oral presenation days.
- For the unknown vignettes, it was great that they happened every morning. Consider not putting the title in the program. Phrases like "a rare case of hepatic encephalopathy" or "a 28 year old with CHF" biases both the audience and discussant and takes a way a major part of the learning and challenge in the cases, which otherwise are one of the clinical highlights of the program.
- Continue the precourses
- For future meetings, beyond next year, I think starting the meeting on wed morning and ending on Friday evening would be better.
- Otherwise really excellent administration of the conference, high quality research presentations. Liked the half day program on Wed.
- Please consider having the meeting go from Tuesday through Friday rather than from Wednesday through Saturday. I left my wife at home with young children and the weekend was especially hard on her since our nanny does not help then. Why is it necessary for the SGIM meeting to occur on Saturday? Keep the meeting just as it is now, but move it up one day - so it ends in the early afternoon on Friday. Many spouses will thank you and many marriages will be happier
- meeting was very smooth
- The meeting is well-organized and well-run, with many opportunities for all kinds of learning, teaching and networking. Keep up the great work!
- The format was excellent this year. Keep it similar. I appreciated picking up the lunchboxes in the same room as the poster session -- made it easier to see posters. Keep!

- There are far too many concurrent sessions. I k0w everyone has something to present, but the experience is diluted when we are rushing around trying to see what we want to see.
- I also liked the scheduling templates - Very practical, 0t overly busy.

Room comments

- Warmer rooms.
- Would have been nice to have room changes also posted at the rooms where the session was supposed to be.
- In rooms for Updates in which there were may be 50+ people, it would help to put the screen on a raised platform (eve 2ft) so that everyone in the audience can see without shifting their heads left and right and raising up.

Handouts/meeting materials

- A PERSONAL SCHEDULE OF LECTURES/WORKSHOPS ETC ORGANIZED BY DATE/TIME WOULD BE MUCH MORE USEFUL THAN ORGANIZED BY TYPE OF FORMAT.
- Improve the meeting catalog; it is confusing to navigate; there must be a better way to visually display of the schedule and content of the available meetings
- Please make the program more user-friendly. Last year was good. This year was 0t.
- Evaluation form does not seem to ask about workshops. Perhaps this is because each workshop had its own evaluation??
- Recommend including a note pad in the registration packet.

Social activities

- TRY TO RETURN TO THE SGIM TRIP TO A BASEBALL GAME IF THE SCHEDULE PERMITS.
- BETTER LIST OF RESTAURANTS/EVENTS (WITH DISTANCES)

Networking

- FACILITATE NETWORKING FOR RESIDENTS & FELLOWS WITH ATTENDINGS FROM VARIOUS FIELDS OF GIM WITH AN EVENT - COCTAIL HOUR? BREADFAST? POSTER SESSION-LIKE EVENT?
- FOUND ABILITY TO NETWORK MUCH LESS SATISFYING THAN PAST MEETINGS & HAD ME QUESTION VALUE FOR COST FOR THE 1ST TIME

Content

- PLEANARY SESSIONS THIS YEAR WERE PARTICULARLY EXCELLENT AS WERE SCIENTIFIC POSTER SESSIONS!
- PERHAPS FEWER ABSTRACTS TO MAINTAIN HIGH QUALITY. I DON'T UNDERSTAND THE REASON FOR SO MANY VIGNETTES.
- CAREER PLANNING FOR MIDCAREER INVESTIGATORS WOULD BE NICE (PERHAPS A SEPARATE MENTOR-MENTEE PROCESS FOR MIDCAREER PEOPLE)
- I WOULD LIKE MORE DISCUSSION ABOUT SUCCESSFUL WAYS TO ENCOURAGE MEDICAL STUDENTS/RESIDENTS INTO PRIMARY CARE.
- FOR HEALTH POLICY WOULD LIKE TO SEE CENTRIST VIEW REPRESENTED
- CREAT FORUMS FOR COLLABORATION;

- RESEARCH GROUPS TEND TO BE INSULAR NECESSARY FOR 1) PROGRESS OF SCIENCE 2) RAPID RESEARCH THAT EFFECTS RATHER THAN OBSERVES POLICY 3) SURVIVAL OF FIELD
- THE HEALTH CARE DEBATE WAS INTERESTING.
- ANOTHER GOAL THAT SHOULD BE INCLUDED ON THIS FORM IS CANCER COUNSELING/MENTORSHIP.
- WOULD LIKE RESIDENT MEET & GREET OR A MIXER TO GET TO KNOW EVERYONES INTERESTS.
- I AM PLEASED THAT THE QUALITY OF PRESENTERS WAS VERY HIGH. I THINK WE NEED TO GET CANT READ & PRIMARY CARE INTO THE WORKSHOPS & ABSTRACTS.
- MORE OFFERINGS ARE NEEDED FOR MID LEVEL FACULTY/LEADERSHIP SKILLS. WED PM POSTER SESSION IS GREAT! UCLA HAS A GREAT MODEL FOR JUDGING & PROVIDING FEEDBACK TO THEIR CLINICAL VIGNETTES POSTER - THAT SHOULD BE USED AS IT IS IN THE REGIONS TO ENGAGE SR FACULTY IN THE VIGNETTE SESSION.
- METHODS WORKSHOPS AND GAME WORKSHOPS WERE GENERALLY QUITE GOOD.
- ALSO NEED MORE OFFERINGS FOR SENIOR MEMBERS. CONSIDER ENSURING THAT AT LEAST SENIOR INVESTIGATOR IS INCLUDED IN EVERY ORAL ABSTRACT SESSION.
- MORE SESSIONS ON TABACCO USE AND TREATMENT. MORE ON GLOBAL HEALTH. CONTINUE THE FOCUS ON PLMH. CONTINUE FOCUS ON HEALTH REFORM.
- STEFFI WOOLHANDLER WAS CANT READ BUT THE "COUNTERPOINT" WAS NON EVIDENCE BASED TANGENTIAL AND SO FAR FROM THE "POINT" THAT THERE WAS LIMITED APPATHY FOR INTELLECTUAL ENGAGEMANT ON AN ISSURE THAT IS OF EXTRAORDINARY AND IMMEDIATE IMPORTANCE. GREAT THAT THE GIM UPDATE WAS BEFORE LUNCH ON SATURDAY
- NO POLITICS PLEASE! PLEASE KEEP OBAMA & OTHERS AWAY. DONT USE SGIM TO SING PRAISES OF OR AGAINST GOVT. HAVE STRONGER LEADERS VERY PARR REPRESENTATION
- THE CANT READ AT THE GARDEN CTR WAS FASCINATING BUT COULD'VE BENEFITTED FROM A LITTLE DESCRIPTION IN THE PROGRAM.
- I thought that the workshop quality was truly spotty; not sure how to improve this, but at the very least, topics should differ from year to year (apart from those truly well-attended, 4, consistent workshops).
- More on how infrastructure can assist physicians in the care of medicine. I loved the EBM and IT workshop. I'm 0t a techy, but I'm an 4 who is trying to change physician behavior around the identification and management of obesity.
- There needs to be much more foucs on social determinants of health and healthcare. More innovative research and programs should be invited to give talks/sessions. Many of the sessions sounded much better on paper than they actually were. For example, research presented at the plenary were all useful and very interesting. There should also be more high-level programming for 7s. Agencies such as HRSA and AHRQ and NIH should be invited to have booths so we can talk/learn more about opportunities for primary care training grants/loan repayment, etc etc.
- If another debate is to occur, please use a "resolved" statement and a for/against format, much like the duty hours debate last year.
- Consider a special reception for new attendees (I didn't see this in the program), and solicit senior SGIM members and council members to attend this reception.

- Debate is good--I especially liked having an articulate and intelligent speaker representing the market perspective Bob Brook was superb--big improvement over 2008 speaker
- -Regional Posters were terrific.
- -More Mid and Senior level offerings for the meeting.
- -Wednesday Poster session was TERRIFIC.
- More workshops on teaching skills/ running a course/ evaluation of students
- Please continue to emphasize health insurance reform advocacy and health disparities. These topics were very well represented. Thank you.
- overall great meeting. liked the diversity of workshops. plenary speakers were excellent and inspirational.
- Health debate was 4. More of these would be great -- especially which such passionate speakers. Consider breakout session afterwards to discuss the topic. More time would have been nice.
- less sessions on medical home. There were multiple sessions and many seemed to overlap. This could have been used for other items
- continue with interesting, k0wledgeable plenary speakers addressing issues candidly keep the creative, participatory atmosphere
- Keep it going. I felt the content and format was better this year. Enjoy the debates.
- More advocacy speakers Like Dr. Woolhandler
- I love it the way it is. Please keep the geriatrics track strong. It's really a great feature of the meeting. The DPG is a highlight.
- Great programming in general
- The abstracts at this meeting were 4, particularly the plenaries. They were also extremely well matched to the plenary speaker. Please continue to do this.
- I really valued the medical education plenary session, since med ed is my interest. I would like to see one of the 3 plenary sessions devoted to medical education again next year.
- The IME session had 2 oral presentations from the same institution about the same program! There were a lot of other posters on IME that could have been presented as oral presentations without repeating! The oral presentation on the Thur Plenary session had a "so what?" problem. The study results were 0t surprising and there was 0thing that one could do about the results anyway... The assessment form used by reviewers need to pick up on this problem. The sense one gets is that the Society is getting dominated by 2-3 academic groups and this is biasing the selection process in some way?
- More sessions geared towards evidence-translation, hospital medicine and medical informatics

Submissions

- FOR WORKSHOP SUBMISSIONS-HAVE THEM STATE THE TARGET AUDIENCE (EX:"DIRECTED TOWARDS FACULTY" OR "FOR THOSE EXPERIENCED IN EBM" ETC)
- THE DESCRIPTION OF CONTENT FOR VARIOUS SESSIONS SHOULD BE MORE DESCRIPTIVE. SINCE THERE ARE SO MANY SESSIONS TO GO TO IT WOULD BE EASIER TO CHOOSE IF MORE OF THE CONTENT WAS EXPLAINED IN THE PROGRAM DESCRIPTION.

Meeting Themes

- A THEME: TRANSITIONS OF CARE THE GOAL: REUNITE THE IN & OUTPATIENT HALVES OF GIM

Greening the meeting

- RECYCLING AVAILABILITY
- ALSO HOPE THIS (next year's hotel) WILL BE A MORE "GREEN" HOTEL.

Computers/Technology

- ANNUAL MEETING WEBSITE NOT VERY HELPFUL FOR CALENDER.
- Additionally more complimentary computers would be a great idea-- i thought 6 was 0t e0ugh-- a virtual library or computer lounge would be a great idea-- especially for those of us that are still trying to keep up with our 7s back home
- where is the online CME form???!!!!!!

Bias

- CONSIDER ISSUE OF BIAS IN SELECTION OF PANEL SPEAKERS FOR EXAMPLE DR A JAFFER IN PERI-OPERATIVE MEDICINE HAD A GREAT NUMBER OF PHARMA ALLIANCES AND DISCUSSED MEDICATIONS.
- The sense one gets is that the Society is getting dominated by 2-3 academic groups and this is biasing the selection process in some way?

Other

- MY FIRST MEETING
- THIS WAS MY FIRST TIME ATTENDING. GREAT EXPERIENCE WILL MAKE EFFORTS IN THE FUTURE TO ATTEND.
- THANK YOU FOR A GREAT MEETING!!
- THE BEST MEETING!
- I ALWAYS LOVE SGIM
- EXCELLENT MEETING
- FUN MEETING! HOPE LITTLE CHANGES NEXT YEAR!
- OVERALL GREAT JOB!
- None
- Please continue the childcare option- this was a major reason I was able to attend the meeting!!!
- Great meeting. Really enjoyed, as I have every year
- This was an 4 meeting!!! Very well received by attendees. Let's try to do it again. 0 need to change.

Appendix E: Attendance Report over Last Three Years

Session Type	2007 Number of Session Type	2007 Attendance	2008 Number of Session Type	2008 Attendance	2009 Number of Session Type	2009 Attendance
Precourse or Shortcourse	8	203	10		11	246
Opening Plenary Session	1	643	1	550	1	668
Session A Abstracts	4	236	4	230	4	206
Session A Workshops	10	400	11	415	11	537
Session A Vignettes	1	54	1	35	1	38
Session A Special Symposium	1	84	1	108	1	37
Session A Clinical Update	1	165	1	110	1	139
Total Session A Attendance		939		1448		1871
Session B Abstracts	4	156	4	230	4	206
Session B Workshops	10	367	11	415	11	537
Session B Vignettes	2	63	1	35	1	38
Session B Special Symposium	1	107	1	108	1	37
Session B Clinical Update	1	120	1	110	1	139
Total Session B Attendance		887		898		957
Session C Abstracts	4	123	4	185	4	86
Session C Workshops	10	429	10	297	13	337
Session C Vignettes	1	40	3	70	1	50
Session C Special Symposium	2	93	1	95	1	36
Session C Clinical Update	1	46	1	67	1	94
Session C IME	1	90	1	84	1	80
Total Session C Attendance		821		798		683
Session D Abstracts	4	184	4	197	4	147
Session D Workshops	12	447	10	334	13	429
Session D Vignettes	1	25	3	94	1	45
Session D IME	0	0	0	0	0	0
Session D Special Symposium	1	34	1	64	2	71
Session D Clinical Update	1	110	1	136	1	125
Total Session D Attendance		800		825		817
Session E Abstracts	4	140	5	205	4	162
Session E Workshops	9	334	9	427	13	341
Session E Vignettes	2	67	3	72	1	35
Session E IPM	1	77	1	73	0	0
Session E Special	2	118	1	125	2	35

Symposium						
Session E Clinical Update	1	109	1	66	1	30
Total Session E Attendance		845		968		603
Session F Abstracts	4	126	4	97	4	106
Session F Workshops	11	373	11	384	11	220
Session F Vignettes	1	34	3	45	1	30
Session F Special Symposium	1	100	1	83	2	43
Session F Clinical Update	1	55	1	56	1	75
Total Session F Attendance		688		665		474
Session G Abstracts	4	113	4	96	4	68
Session G Workshops	10	215	40	193	0	0
Session G Vignettes	1	36	1	29	1	14
Session G Special Symposium	2	68	1	31	1	67
Session G Clinical Update	1	35	1	82	2	152
Total Session G Attendance		467		431		301

Appendix F: Chair's Report

SGIM 32nd Annual Meeting.

The Art and Science of Generalist Care.
Initiatives.

Carlos Estrada, MD, MS Alex J. Mechaber, MD, FACP

Scholarship – Established principles to foster scholarship during the meeting, by carefully defining an objective and measuring the effects. The process will likely inform future meeting planning and result in scholarship presentations. Three projects were initiated by the planning committee and six articles were published.

Projects

1. Evaluations. To increase response rates and to explore ways to address the ceiling effect commonly seen in evaluations, two evaluation scaling options and a new way to distribute the meeting evaluation was pilot tested (Coplin, Feiereisel).
2. Practice for the meeting. To explore effective ways how presenters practice for an oral presentation a cross-sectional study was completed (Snyder, Estrada).
3. Share your story (Brownfield E., Brownfield A., Salanitro, Mechaber H.)

Articles about the meeting to encourage increased scholarship and attendance.

1. Ratanawongsa N. Making Your Workshop or Shortcourse Count Twice. SGIM Forum 2008; 31 (9): 8- 9. http://www.sgim.org/userfiles/file/SGIM%20September%202008-Web.pdf
2. Estrada C, Panda M, Landry M. Why Should I Write a Case Report or Clinical Vignette? SGIM Forum 2008; 31 (12): 5, 9. http://www.sgim.org/userfiles/file/SGIM%20WEB%20December%202008.pdf
3. Estrada C, Mechaber A. Top 10 Reasons Why You Should Attend the Annual SGIM Meeting. SGIM Forum 2009; 32 (3): 5, 10. http://www.sgim.org/userfiles/file/SGIM%20Web%20March%202009.pdf
4. Mechaber A, Estrada C. Plenary Sessions Offer Something for Everyone. SGIM Forum 2009; 32 (4): 1, 12. http://www.sgim.org/userfiles/file/SGIM%20April%202009_Web.pdf
5. Estrada C, Mechaber A. Hot Off The Press: Record Number of Submissions, Top Ten Handout Downloads from Past Meetings and More. SGIM Forum 2009; 32 (4): 7. http://www.sgim.org/userfiles/file/SGIM%20April%202009_Web.pdf
6. Cope D, Sherman S. What Do You Get For the Man or Woman Who Has Everything? SGIM Forum 2009; 32 (4): 8. http://www.sgim.org/userfiles/file/SGIM%20April%202009_Web.pdf

Marketing initiatives – Defined and implemented specific strategies to disseminate information about the meeting, and increase participation and attendance.

1. Created and distributed one page flier to announce the Miami Meeting. Input was obtained from Planning Committee and 15 SGIM members randomly selected. A flyer easily adaptable for different groups was then designed.
2. Electronic distribution announcing the meeting to: SGIM interest groups, ACGIM, Clerkship Directors, internal medicine residency program directors, JGIM subscribers (2,500 subscribers), community-based clinician educators, and encouraged members to send to their communities.
3. Top 10 Reasons Why You Should Attend the Annual SGIM Meeting. SGIM Forum 2009; 32 (3): 5, 10. included in the registration packets for some of the spring regional meetings.
4. Meeting highlights brief summaries included in SGIM newsletter when space available.
5. A Florida outreach campaign was initiated bringing together key SGIM members from Florida academic institutions to the December Council retreat at the Fountainbleu. Karen DeSalvo moderated a brainstorming session aimed at finding ways for SGIM to attract new Florida members and address needs of current Florida members
6. Recognized members work by identifying peer-reviewed publications generated at the national meeting and top 10 handout downloads, list included in the SGIM newsletter (Forum).
7. SRF Scholarships. Due to the efforts, for the first time ALL 25 student scholarships were used (registration waived). Furthermore, we received 28 additional requests.

Meeting Organization

1. Submissions by SGIM Workgroups and Committees. For the first time all submissions were peer-reviewed. Some submissions from core constituents underwent additional review by Council members.
2. Face to face retreat- summarized past sessions, attendance, prior evaluations, and membership survey; developed specific action items and a timeline. The meeting was guided by advanced planning: a-Tasks and responsibilities (what is your group to do?), b- Improvements/ changes implemented and whether those changes worked (we will have evaluation data later on), and c- Initial ideas that you and your co-chair have that would be helpful for this year's planning.
3. Call for submissions- simplified and completely re-organized, conducted cognitive interviews. Number of pages decreased by 50% (currently 32 pages).
4. Awards - created four additional awards for Best Clinical Vignettes (2) and Best Innovation in Medical Education (2) from Committee funds.
5. Publications in JGIM- Editors have invited all Clinical Updates leaders to submit for publication.
6. Planning committee members recognition – personalized letter sent to each and their respective Chair of Medicine.