

**The 33<sup>nd</sup> Annual Meeting of the Society of General Internal Medicine**

**Value(s)-Based Generalism: *The Time Is Now!***  
***April 28-May 1, 2010***  
***Minneapolis, MN***

**EVALUATIONS REPORT**

Submitted September 15, 2010 by:

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## I. Executive Summary

The 33<sup>rd</sup> annual meeting of the Society of General Internal Medicine was convened in Minneapolis, Minnesota from April 28<sup>th</sup> through May 1<sup>st</sup>, 2010 with a meeting theme of “Value(s)-Based Generalism: *The Time Is Now!*” 1552 people from 9 different countries attended the meeting.

There were a total of 11 precourses, 76 workshops, 10 clinical updates, 10 special symposia, 56 interest group meetings, 30 scientific abstract oral presentation sessions, 3 scientific poster sessions, 9 clinical vignette oral presentation sessions, 2 innovations in medical education (combined oral/poster) sessions, 1 innovations in practice management (combined oral/poster) session, and 13 meet-the-professor sessions.

Attendees provided feedback to SGIM through surveys. Precourses, workshops, clinical updates, and special symposia were individually evaluated with surveys completed at the end of the sessions with an overall response rate of 58%. The overall meeting was surveyed using an online evaluation with paper forms available for those who preferred paper format. A total of 718 evaluations of the annual meeting were completed for an overall response rate of 48%. Of these, 96% (718 evaluations) were submitted online and 4% (29 evaluations) were submitted as paper evaluations.

The overall rating of this year’s SGIM meeting – with a mean score of 6.99 on a scale of 1 (below average quality) to 10 (above average quality) – reflected the high level of satisfaction noted consistently over the years. However, this overall meeting rating is lower than prior years (2009: 7.86, 2008: 7.6, 2007: 7.8).

Participant’s goals for attending the meeting were largely consistent with those expressed in prior years. The goal rated most frequently as “very important” was “networking”(61%), followed by “Meet with collaborators” (50%) and “Hear about new research” (46%). The vast majority of attendees felt these goals had been met. Only 26% of attendees reported using the meeting “tracks” to guide their selections.

The Evaluation Committee had two primary goals for the meeting: 1) increasing overall meeting evaluation response rate and 2) continuing to “green” the overall evaluation process with a shift toward online meeting evaluations where possible. Both goals were accomplished. As above, the vast majority of the overall meeting evaluations were completed online with an overall meeting response rate at a historic high of 48%.

The 2010 David E. Rogers Junior Faculty Education Awards, given to the three junior faculty whose workshops receive the highest overall mean ratings and meet award criteria, went to:

1. Kathleen Finn, MD for WE06 Practice Drills-Clinical Teachers
2. Carla Spagnoletti, MD, MS for WC09 How to Prepare/Present a Workshop
3. Mary Thorndike, MD for WE08 Art Museums and Medical Education

The 2010 Precourse Award, for the precourse that receives the highest overall mean rating and meets award criteria, was presented to Ken Locke, MD, MSc, FRCPC for PR05 How to Enrich Education with Web 2.0: Wikis, Blogs, and Beyond for the Clinician Educator.

With regards to the 2011 meeting, the Evaluation Committee recommends:

- 1) Continued use of a modest financial incentive to sustain a high response rate for the overall meeting evaluation.

- 2) Exploring options for further “greening” of the meeting evaluation process and considering strategies for online evaluations for individual sessions.
- 3) Considering ways to make the individual session evaluations data available for analysis at a earlier date.
- 4) Clarify that program committee members are not eligible to win the annual meeting evaluation incentives.

## 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.

One goal of the 2010 meeting evaluation committee was to significantly increase the response rate to the overall meeting evaluation, which had been in previous years had ranged from 14-19%. The evaluation committee also wanted to move towards an all-electronic overall meeting evaluation. By using a financial incentive and frequent reminders, we achieved a 48% response rate with an online response rate of 96%(718 online, 29 paper) for the overall meeting evaluation. The incentive was linked to the online overall evaluation to encourage greening of the meeting and based on our record high evaluation response rate appears to have effectively incentivized the overall meeting evaluation process. Following completion of the evaluation, participants could elect to select a link to enter to win one of five \$200 travel awards to support their travel to this years meeting. All meeting participants were eligible. We received 468 entries and assigned each individual a number in an excel file. Award winners were selected utilizing a random number generator. Award winners for 2010 were:

Adriane Lewin  
Beverly Woo  
Davoren Chick  
Judith L Bowen  
Michele Heisler

The overall meeting evaluation form for 2010 was similar to what had been used in prior years.

### *Precourses, 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 B) to each meeting room. All session moderators were required to provide specific time at the end of their session 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. Session evaluations were collected from all but one session.

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 vendor utilized by SGIM for over thirteen 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 and the onsite session evaluations, data were analyzed using Microsoft Excel to provide descriptive analysis, calculating percent values, mean and standard deviation values where appropriate.

The David E. Rogers Junior Faculty Education Awards are given to three junior faculty who are SGIM members 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 at the time of the annual meeting. The Rogers Awards are awarded to the three sessions with the highest overall rating that meet the above noted criteria. Previous award winners are excluded.

The Precourse Award recognizes the single highest rated precourse using the same criteria as the workshop awards, except that junior faculty status is not required.

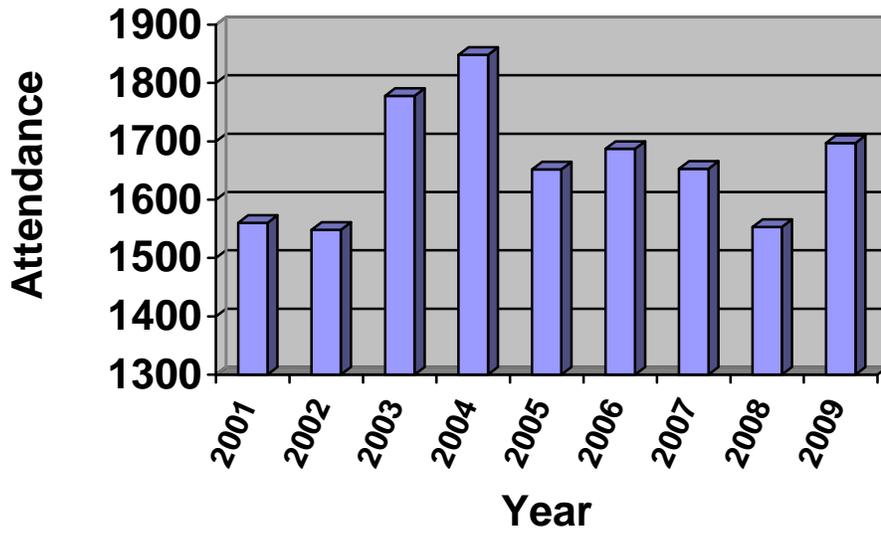
## **III. Overall Meeting Evaluation Results**

### *General Results*

The 33<sup>rd</sup> annual meeting of the Society of General Internal Medicine was convened in Minneapolis, Minnesota from April 28<sup>th</sup> through May 1<sup>st</sup>, 2010 with a meeting theme of "Value(s)-Based Generalism: *The Time Is Now!*" 1552 people from 9 different countries attended the meeting. By using a financial incentive and frequent reminders, we achieved a 48% response rate (718 online, 29 paper) for the overall meeting evaluation.

Attendance decreased from 1697 registrants for the 2009 Annual Meeting held in Miami, Florida. Highest attendance was seen in 2004.

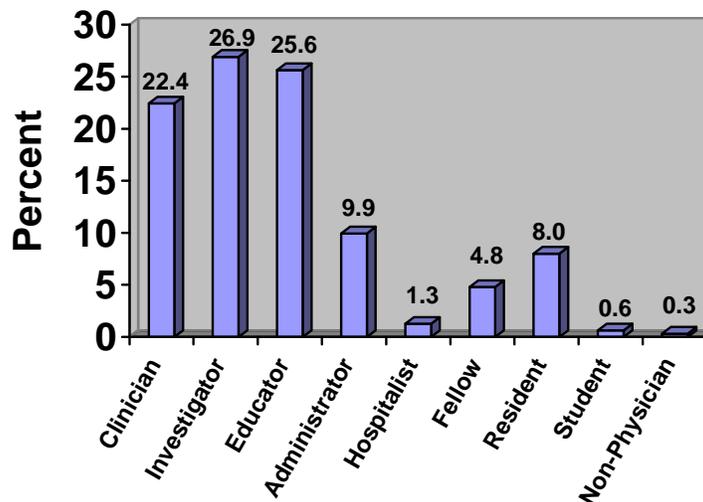
## Annual Meeting Attendance



### *Attendee Characteristics*

In 2010, a similar percentage of clinicians, investigators and educators attended, demonstrating SGIM Annual Meeting's appeal to a diverse group of internists. Approximately 28% of attendees were comprised of students, residents or fellows which is higher than data from 2007-2009. Note that attendees could only choose a single role.

## Primary Profession Role

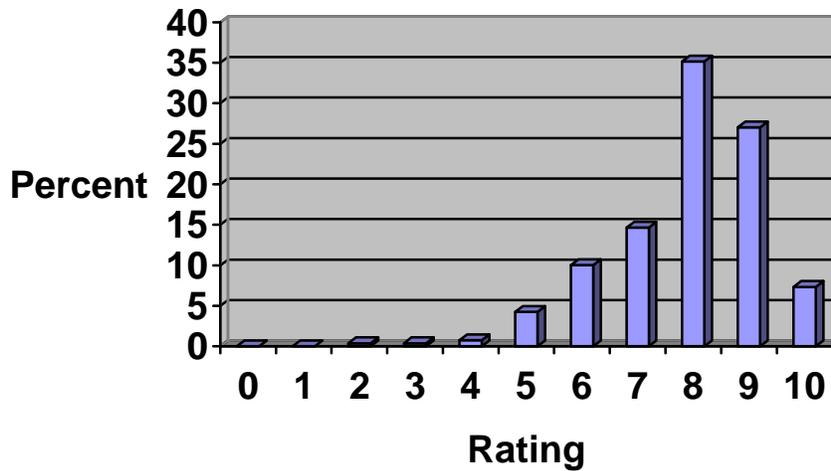


### *Overall Quality Rating*

The 2010 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 6.99 (minimum 2, maximum 10) on a Likert scale of 1 (below average quality) to 10 (above average quality). This overall meeting rating, while high, was lower than in past years (2009: 7.86, 2008: 7.6, 2007: 7.8).

## Overall Quality Rating



### Commercial Bias

Attendees who responded to the overall survey generally felt there was no commercial bias at the national meeting. Only 11 of the survey participants indicated there was commercial bias (1.5% of respondents). Comments were requested from those who felt commercial bias was present. The following comments were provided.

- Two of the workshops seemed to overtly be sales plugs for upcoming websites or products. This was not fully disclosed in the program and felt distasteful.
- Dr. Fletcher mentioned Lance Armstrong at some length.
- At the meeting about incentive, then it was presented by two big companies, blue cross and pricex political bias
- The "Teaching the Rational Clinical Exam" was a misleading title for that session. It was mostly (but not all) an advertisement for JMAEvidence.com, of which both session leaders are editors. Now, I don't have a problem with them using their website as a tool. But I think that I would have liked to learn how to do what the title says... teach the rational clinical exam. Perhaps they should pick 3-4 diagnoses that carry the most yield in their respective clinical hx-taking and PEx-performance and use the JMAEvidence website to apply to these diagnoses. Instead, it was too much of an advertisement. ... Otherwise I saw no other such bias in the meeting.
- it seemed that the new not yet brought to market emergency contraceptive was pushed pretty hard in the update on women's health session
- Yes in the one about a brief behavioral intervention where the guy was selling his patented intervention/system. Big turn off... I walked out.
- Of the ones that I attended.
- but SGIM political bias was blatantly apparent and distracting. i would rather have vendors - i have the choice to visit them or not and i know their agenda up front. its much more honest and appropriate. the sad thing is that i actually agree with SGIM's stances - but their approach is distasteful, turns me off, and makes me want to dissociate.
- It's wonderful to be so protected from the advertising world at SGIM> I would not attend the meeting if the drug companies had a hand in it.
- Stephen Cole in his workshop session on brief motivational interviewing referred to his company too often for my taste. The workshop was superb but the frequent references to his commercial venture made me uncomfortable. When we academic generalists in SGIM discover a better way to care for

patients we disseminate it freely for the greater good. Turning it into a commercial venture is unpleasantly mercenary.

- JAMAEvidence.com influence in the "how to teach a rational clinical exam" session.

### 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.

<b>Goal</b>	<b>% who rated goal as "very important"</b>	<b>Was goal met? % yes</b>
Network	61%	94%
Meet with collaborators	50%	88%
Hear about new research	46%	95%
Disseminate my work	39%	85%
Learn or re-evaluate current healthcare policy	28%	88%
Learn or re-evaluate teaching skills	25%	71%
Learn or re-evaluate clinical skills	21%	65%
Learn or re-evaluate research skills	20%	70%
Learn or re-evaluate administrative skills	10%	56%

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 80%.

### Effect of Meeting on Attendee Behavior

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

<b>After attending this meeting, I will</b>	<b>Percent Endorsing</b>
Start new or modify an existing research project	67%
Modify how I communicate with patients	52%
Change the way I teach	49%
Use a "new" diagnostic or therapeutic technique for outpatient	44%
Change the way I teach others to teach	42%
Start or modify a QI project	37%
Use a "new" research technique	33%
Implement "new" administrative methods	30%
Use a "new" (new to me) diagnostic or therapeutic technique for inpatients	27%

The most commonly endorsed change was to start a new or modify an existing research project (67%) followed by communicating with patients differently (52%) and changing how attendees teach (49%). These are consistent with the top three cited in both 2008 and 2009.

### 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 fourth of respondents.

<b><i>Session Guide</i></b>	<b><i>Percent used</i></b>
Preliminary program	79%
SGIM Meeting Website	69%
Onsite program	86%
Tracks	26%

### *Meeting Comments*

Of the 747 evaluations, 387 (53%) included free text or written comments in response to the question. “What did you like most about the meeting and what suggestions do you have the for SGIM 34<sup>th</sup> Annual Meeting in Phoenix, AZ May 4-7 2011?” The full text of all the comments is provided in the appendix (Appendix C).

Many comments addressed the meeting content, and stressed their appreciation for the variety, quality, and energy of the 33<sup>rd</sup> Annual Meeting program. Regarding the venue, the hotels were positively reviewed. Many wondered if the Convention Center was a larger physical space than was needed for the SGIM meeting. Those comments that addressed the meeting organization emphasized among other things how important the ability to network is among their goals for the meeting, and praised the current schedule in allowing for time between sessions to facilitate interactions with colleagues. Comments regarding the meeting in Phoenix echoed the range of comments on this topic that have been previously documented.

## **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 precourses, 76 workshops, 10 clinical updates, 10 special symposia, 56 interest groups, 30 Scientific Abstract sessions, 3 Scientific Poster Sessions, 9 clinical vignette sessions, 2 Innovations in Medical Education Sessions (oral/poster sessions), and 1 session of Innovations in Practice Management (oral/poster session). 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.

<b>Session Type</b>	<b>Number of Submissions</b>	<b>Number Presented</b>	<b>Acceptance Rate</b>
Precourse	23	10	43%
Scientific Abstracts	574	508	88%
Workshops	119	76	57%
Vignettes	339	271 (26 oral/245 poster)	80%
IME	55	47 (3 oral/44 poster)	93%
Web-Based IME	10	8 (1 oral/7 poster)	80%
IPM	45	37 (2 oral/35 poster)	82%

Attendance was also monitored across session types. This year, data of attendance by session were compiled for the last three years (Appendix D).

### Plenary Sessions

There were three plenary sessions presented as in previous years. During the first plenary on Thursday, Dr. Elliott Fisher's presentation "Health Care Reform: Where Now?" was rated highly ("outstanding" or "top 5%") by 38%, with 52% of respondents indicating that they would implement a lesson learned. David Blumenthal's Friday plenary "Professionalism in the Electronic Age" was highly rated by 31% of respondents, and 41% reported they would implement a lesson learned. Anne Beal's plenary on Saturday entitled was highly rated by 34%, and 49% said they would implement a lesson learned.

### Scientific Abstracts, Innovations, Vignettes and Posters

There were 30 scientific abstract sessions, which were consistently very well received and felt to have high impact.

<b>Abstract Session</b>	<b>% Outstanding or Top 5%</b>	<b>Implement Lesson Learned</b>
<b>Thursday session</b>	22%	76%
<b>Friday session</b>	25%	76%
<b>Saturday session</b>	30%	87%

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

<b>Oral Vignette Session</b>	<b>% Outstanding or Top 5%</b>	<b>Implement Lesson Learned</b>
<b>Thursday session</b>	22%	19%
<b>Friday session</b>	26%	19%
<b>Saturday session</b>	18%	11%

There were two Innovations in Medical Education (IME) sessions: 18% rated the sessions as Outstanding or Top 5%, with 27% indicating they would implement a lesson learned. For the Friday Innovations in Practice Management session, 23% rated the session as Outstanding or Top 5% and 22% reported they would implement a lesson learned.

### *Precourses*

There were 11 precourses offered in 2010 with 159 attendees. The precourses received a mean overall rating of 4.39 on a scale of 1 (poor) to 5 (outstanding).

<b>Domain</b>	<b>Mean Rating</b>	<b>Anchors of Rating Scale</b>
Overall Evaluation	4.39	1 = Poor - 5 = Outstanding
Quality of Content	4.41	1 = Poor - 5 = Outstanding
Amount of Material Covered	4.23	1 = Poor - 5 = Outstanding
Quality of Faculty	4.56	1 = Poor - 5 = Outstanding
AV Materials	4.06	1 = Poor - 5 = Outstanding
Audience Interaction	4.25	1 = Poor - 5 = Outstanding
Prior Knowledge of topic	3.0	1 = Poor - 5 = Expert
Audience Size	1.69	1 = Too small – 3 = Too big
Will make concrete change	3.74	1 = Definitely not -5 = Extremely likely
Would recommend	3.60	1 = No - 5 = Definitely

### *Workshops*

There were a total of 76 workshops presented at the 2010 Annual Meeting. Attendance for the workshops reached a total of 2092, with an individual workshop attendance averaging 28 attendees. The evaluation response rate was 62.6%. Overall, workshops received a mean rating of 4.44 on a scale of 1 (poor) to 5 (outstanding).

<b>Domain</b>	<b>Mean Rating</b>	<b>Anchors of Rating Scale</b>
Overall Evaluation	4.44	1 = Poor - 5 = Outstanding
Quality of Content	4.44	1 = Poor - 5 = Outstanding
Amount of Material Covered	4.32	1 = Poor - 5 = Outstanding
Quality of Faculty	4.58	1 = Poor - 5 = Outstanding
AV Materials	4.28	1 = Poor - 5 = Outstanding
Audience Interaction	4.45	1 = Poor - 5 = Outstanding
Prior Knowledge of topic	3.31	1 = Poor - 5 = Expert
Audience Size	1.95	1 = Too small - 3 = Too big

Will make concrete change	3.86	1 = Definitely not - 5 = Extremely likely
Would recommend	3.83	1 = No - 5 = Definitely

### *Clinical Updates*

The meeting included 10 clinical updates that included sessions on perioperative medicine, preventive care, medical education, new medications for primary care, pain medicine, HIV medicine, substance abuse, women's health, general internal medicine and hospital medicine. Attendance ranged from 17 to 170. Overall, clinical updates received a mean rating of 4.41 on a scale of 1 (poor) to 5 (outstanding).

<b>Domain</b>	<b>Mean Rating</b>	<b>Anchors of Rating Scale</b>
Overall Evaluation	4.41	1 = Poor - 5 = Outstanding
Quality of Content	4.45	1 = Poor - 5 = Outstanding
Amount of Material Covered	4.41	1 = Poor - 5 = Outstanding
Quality of Faculty	4.54	1 = Poor - 5 = Outstanding
AV Materials	4.21	1 = Poor - 5 = Outstanding
Audience Interaction	4.06	1 = Poor - 5 = Outstanding
Prior Knowledge of topic	3.43	1 = Poor - 5 = Expert
Audience Size	2.00	1 = Too small – 3 = Too big
Will make concrete change	3.69	1 = Definitely not -5 = Extremely likely
Would recommend	3.65	1 = No - 5 = Definitely

### *Special Symposia*

There were 11 special symposia at the 2010 meeting. The following sessions were offered:

<b>Name of Session</b>	<b>Name of Coordinator</b>
VA Patient-Centered Medical Homes	Elizabeth M. Yano, PhD, MSPH
Health IT and Meaningful Use	Ashish K. Jha, MD, MPH
Whats New in MOC	Eric Holmboe, MD
Health Reform Symposium	Julie P.W. Bynum , MD, MPH
Policy and Possibilities of CER	Ira Wilson, MD, MSc
Incentives for Wellness	Dana Gelb Safran, ScD
PCMH Implementation	Bruce E. Landon, MD, MBA, MSc
Managing Healthcare Costs	Hongmai Pham
New Paradigms for Continuity Clinic	Carol Bates
Health Reform Symposium	Andy (Ruric) Anderson

Overall, special symposia received a mean rating of 4.34.

<b>Domain</b>	<b>Mean Rating</b>	<b>Anchors of Rating Scale</b>
Overall Evaluation	4.34	1 = Poor - 5 = Outstanding
Quality of Content	4.34	1 = Poor - 5 = Outstanding
Amount of Material Covered	4.23	1 = Poor - 5 = Outstanding
Quality of Faculty	4.61	1 = Poor - 5 = Outstanding
AV Materials	4.07	1 = Poor - 5 = Outstanding
Audience Interaction	4.28	1 = Poor - 5 = Outstanding
Prior Knowledge of topic	3.5	1 = Poor - 5 = Expert
Audience Size	2.03	1 = Too small – 3 = Too big
Will make concrete change	3.36	1 = Definitely not -5 = Extremely likely
Would recommend	3.47	1 = No - 5 = Definitely

## **V. Suggestions for Future Meetings**

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

From the perspective of the evaluation committee, recommendations for future meetings include:

- 1) Continue efforts to increase overall evaluation submission
  - a. Continued use of a modest financial incentive to sustain a high response rate for the overall meeting evaluation.
- 2) Continue efforts to “green” the meeting
  - a. Explore options for further “greening” of the meeting evaluation process and considering strategies for online evaluations for individual sessions.
- 3) Continue efforts to streamline evaluation process, data management and analysis
  - a. Evaluate ways to make the individual session evaluations data available for analysis at a sooner date.

# Appendix A: Overall Meeting Evaluation Form



## 2010 SGIM NATIONAL MEETING EVALUATION

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, April 28	Thursday, April 29	Friday, April 30	Saturday, May 1
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3. Please rate the following sessions of this year's meeting. (Circle your responses)

		Below Expectations	Average	Truly Above Average	Outstanding	Top 6%	Will you implement a lesson learned?	
<b>Thursday May 14</b>								
Thursday Plenary: <i>Elliott S. Fisher, MD, MPH</i>	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
Oral Innovations in Medical Education Sessions	Did not attend	1	2	3	4	5	1	0
<b>Friday May 15</b>								
Friday Plenary: <i>David Blumenthal, MD, MPP</i>	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
Oral Innovations in Practice Management Session	Did not attend	1	2	3	4	5	1	0
<b>Saturday May 16</b>								
Saturday Plenary: <i>Anne C. Beal, MD, MPH</i>	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
<b>Disseminate my work</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>0</b>
Hear about new research	1	2	3	4	1	0
<b>Learn/re-evaluate current healthcare policy</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>0</b>
Learn or re-evaluate clinical skills	1	2	3	4	1	0
<b>Learn or re-evaluate teaching skills</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>0</b>
Learn or re-evaluate research skills	1	2	3	4	1	0
<b>Learn or re-evaluate administrative skills</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>0</b>
Meet with collaborators	1	2	3	4	1	0
<b>Network</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>0</b>

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 in any of the oral presentation sessions 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. What did you like most about this meeting, and what suggestions do you have for the SGIM 34<sup>th</sup> Annual Meeting in Phoenix, Arizona May 4-7, 2011.

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The Annual Meeting Program Committee is offering five awards of \$200 each to support your travel expenses. If you wish to enter the drawing please print your name and email address clearly:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Want to be involved in planning the 2011 Annual Meeting?  
Please volunteer online at [www.sgim.org](http://www.sgim.org)

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

10. Evaluation version (office use only)	Online
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# Appendix B: Individual Session Evaluation Form

## 2010 SGIM National Meeting **SESSION G EVALUATION FORM**

1. Please circle the session attended.

<b>SSB</b> Health Reform Symposium	<b>CU61</b> Update in HIV Medicine	<b>CU62</b> Update in Substance Abuse	<b>CU63</b> Update in Perioperative Medicine	
<b>WD1</b> Get Reimbursed for Consults in 2010	<b>WD2</b> Creativity in Medical Education	<b>WD3</b> Using ABIM PIMs for QI and Research	<b>WD4</b> Pressure Ulcers	<b>WD5</b> Women's Health Education in the VA

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 session, 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 session? (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 session 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)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

-12-07-09

## Appendix C. Verbatim Global Comments on the Meeting

<b>Code</b>	<b>Response Text</b>
<b>bias</b>	I appreciated the lack of commercial interest that is apparent at most other meetings.
<b>Computer</b>	Would be helpful to have the program online before the meeting so I can plan out my schedule in advance.
<b>Comments</b>	I would have liked wireless internet available for meeting attendees. I have no substantive feedback about the SGIM meeting, it is always wonderful.
<b>Comments</b>	The website was woefully inadequate for advanced planning with regards to which parts of the meeting to attend. Going paperless is fine, but you have to have an updated, detailed agenda on the website.
<b>Content</b>	This is a broad range of research studies, clinical cases, and health-related topics so there is much to choose from.
<b>Content</b>	Need more abstracts, posters and workshops in different areas of GIM research (ethics, communication particularly since these are my areas of interest). Perhaps have a track for different types of researchers (survey, qualitative, etc.).
<b>Content</b>	i liked the sessions geared to residents, students and fellows, i would spread the sessions out over thursday and friday.
<b>Content</b>	Coming from abroad (Switzerland), it was my first congress in America. I very much appreciated the enthusiasm, the energy and emulation of the congress. It made me broaden my mind. I thank all the organisers for this great moment !
<b>Content</b>	Opportunity to meet others
<b>Content</b>	Excellent workshops! As a hospitalist, I was concerned that this 'wouldn't be my meeting', but it certainly was! Much better than Society of Hospital Meetings, to which I have been twice.
<b>Content</b>	Thank you for organizing a fantastic meeting as usual. Every single session was top notch quality. Thank you also for not giving us bags/handouts to return home with and instead making the speakers' materials available online. I always learn a lot from the meetings and enjoy seeing old friends/meeting new ones.
<b>Content</b>	Workshops are always the most effective way for me to learn. The topic of values -based generalism was quite timely and keeping in touch with the most important aspects of the current healthcare environment and atmosphere should continue to drive future meeting topic considerations. I feel in academic medicine we consistently "under-prepare" our trainees for dealing with the issues of real life practice. Teaching skills such as documentation, coding, triage of patients to appropriate levels of care and counseling patients using EBM rather than practicing "defensive" medicine can be struggles for most of us in academic medicine. How to incorporate the competencies required by the IM RRC will make these issues even more important from a practical standpoint for both curriculum development and performance assessment.
<b>Content</b>	Liked one-on-one mentoring program. Very interested in 2-3 THursday AM sessions, but could only attend one.
<b>Content</b>	The number of abstracts presented in the plenary sessions.
<b>Content</b>	very practical skill-based hands-on workshops
<b>Content</b>	the updates; more didactics
<b>Content</b>	didactic sessions; more didactic sessions
<b>Content</b>	Good clinical content. Would like to hear/learn regarding more clinical content
<b>Content</b>	I liked the balance of sessions, plenaries, and abstracts...I do hope we find a way to make a meaningful impact on the AZ immigration law.
<b>Content</b>	The plenary speakers were terrific. The food was great. The workshops were very nicely done. A great meeting overall. Suggestions: The awards presentations and acceptances were too long, which is a chronic issue. Maybe the major award winners could type up an acceptance (or even make a video) that could be posted on the SGIM website for members to view at their leisure. Then, the awards could be given out academy award style (name of award, name of winner, 15 second thank you and photo op, next award winner) during a brief awards ceremony. While the convention center space is nice, I prefer having the conference in a hotel so that it's easier to go back up to the room to take a quick break.
<b>Content</b>	1. Quality and diversity of interests of abstracts in plenaries, sessions, posters. 2. City with many good and cost effective eating locations. 3. Art museum tour 4. Networking opportunities 5. Diversity of interests addressed: research, public policy, etc 6. Elimination of many time wasting group activities Recommend: 1. Continue to pare down the time wasting group activities such as awards unless the speaker has a substantive contribution to make in the acceptance. 2. It is a sad fact that some workshops go mostly unattended. It is difficult to anticipate this. Maybe fewer workshops should be accepted or overtly encourage joint sponsorship by interest groups to boost attendance after all the work is put in.

**Content** Liked the career focused sessions. The fellows forum could have been run better; spend 1.25 hours introducing ourselves and talking about what we wanted out of the session. By that time there wasn't much of a session left. Seems that the moderators could have taken a more active role.

**Content** Plenty of walk/talk/hallway time - very nice. I think you should put vignettes and innovations back in the plenary session. This society is not purely about the researchers, and for a while we seemed to know that. The educators and practitioners should be visible in the plenary sessions. Excellent space. Should have had more time devoted to the health reform act - will still be needed next year.

**Content** I learned many new teaching techniques from the small group sessions. Thank you for that.

**Content** Enjoyed the plenary session speakers, meet the professor sessions, and the workshops and abstract sessions were very well chosen. Having 30 min breaks b/t sessions was great for networking. It would be helpful to have a little more information about the sessions in the program so members can make more informed choices about which session to attend. For example, a category for "intended audience" in addition to a short 1-sentence description would be sufficient.

**Content** The meeting overall was excellent - one of the best I have been to in years. The scientific abstracts, particularly the plenary presentations, were outstanding and well-organized. The timing of the awards presentations is poor - by the time we got to them, much of the audience was gone. Anne Beal was terrific and would have been a great choice for the first day of the meeting to start things off. The poster abstracts should be made available on line - they may be there, but I couldn't find them. There should also be some information on when CME is available and how to obtain the credits - the current links are confusing and misleading. For 2011, if we do go to Arizona, we should partner with a broad coalition of groups - local immigrant rights groups, faith based organizations, politicians, and academic institutions to plan the meeting theme, any protests, and the scientific and clinical presentations.

**Content** Sessions were very interactive, allowing us to benefit from the expertise of attendees. Networking opportunities were fantastic. Convention center was excellent. Keep the same formula for Phoenix

**Content** For whatever reason, I really found the best sessions for me to attend this year and I got a lot out of everyone. The facility was great for the meetings. I really liked the large lecture hall for the plenary sessions. My suggestion for next year would be, if the official hotel isn't really near the meetings, to make that clear to people. The advantage of paying the higher rate for the meeting hotel is the quick and easy proximity to your room during the day. That wasn't the case this year. In fact, there were other, cheaper hotels that were closer.

**Content** I would rather have more research abstracts presented orally than have a discussant.

**Content** great plenary speakers

**Content** I thought the Clinical Updates were, as usual, fantastic. The variety of outstanding workshops and sessions was amazing. I truly wish the Updates in Medicine, which is held at the very end of the meeting, was done on the morning of the last day in place of a third plenary. We are all IM docs first and should be updated on these important clinical topics. I'm sure the session is great, yet so many cannot attend due to travel restrictions. Many institutions are putting significant limitations on travel expenses and when you have a session that ends at 4, it is often hard to find a flight that you can leave that evening and not have to stay over another nite.

**Content** The Plenary sessions were better than in the recent past. I like the continuation of breakfast and lunches, it optimizes networking time.

**Content** this was my first meeting. it was well organized, the plenary speakers (and keynote lecture speakers) were excellent. the quality of research was excellent. I don't have any suggestions for future meetings- except perhaps to plan for a bigger room for the keynote speakers.

**Content** I liked the grouping of the posters by content, very helpful in organizing what i saw and in what order.

**Content** The Update sessions remain outstanding.

**Content** Two of the sessions targeting fellows were outstanding- the VA CDA session, and the session about how to negotiate a job (with M.Wong and others).

**Content** the clinical vignette sessions and the abstract sessions were extremely impressive. the updates were great and very applicable to our daily practice

**Content** Meeting space seemed quite adequate. I liked most of the papers chosen for the plenary abstract sessions. I like the fact that the annual meeting committee added a couple of new items--trying to prevent the meeting from being predictable, stale.

**Content** Liked most: meeting colleagues, hospitality of Minnesotans. Plenary speakers Fisher and Beal excellent, plenary abstracts high quality, most speakers did an excellent job. Liked the meeting Chair and Co-Chair. Suggestions for Phoenix: continually engage the membership to make sure concerns about having the meeting are addressed. Involve the Arizona community, use SGIM meeting as an opportunity to make a change or have an impact on how vulnerable populations are treated.

- Content** I thought the balance of clinical, education, and research was better this year; however, I do think that this balance needs to be addressed. Is SGIM a research organization for networking of IM physicians? Or does SGIM strive to meet and exceed the needs of IM physicians, including educators and clinicians. For example, perhaps there could have been a variety of abstracts during the plenary (not simply research abstracts), like a quality improvement endeavor or an outstanding curriculum or a IME abstract. I think putting the clinical vignettes at lunch and the research abstracts during oral presentations and in the evening also shows a preferential bias towards research. I think that more effort should be made to support all aspects of our membership rather than those seeking NIH funding for research.
- Content** I always enjoy this meeting and this was no exception. Thank you for doing a wonderful job. The case vignettes are limited in their appeal and draw because they are presented as KNOWNS. Only 6 cases are presented as unknowns for the 3 days (great to have each day though), and even for those unknowns there is a "one-liner" is given in the on-site program which artificially provides clues to the audience and the discussant. It's best to leave it all to real time reasoning. The oral vignettes also have no aspect of mystery to them because the diagnosis is virtually embedded in the title or the presenter states the objectives very early on. Keep the unknowns and the case vignettes - they are the anchors of the clinical track, attract a steady following every year, and provide residents with wonderful presenting opportunities. But for the sake of the audience, please avoid pre-announced diagnoses or even hints. Let them enjoy the sessions in real time.
- Content** I liked the variety of workshop offerings. for 2011: more education-oriented precourse/workshops (med student/resident teaching), boiled eggs each (breakfast) morning.
- Content** i was hoping to get more out of the research methods stuff (particularly the session on secondary data analysis) but i think at an entry level, i just feel overwhelmed that i don't know where to approach STARTING, and these sessions are geared at an amorphous mixed-level audience, with varying success...
- Content** The plenary talks were excellent. I also really enjoyed the workshops -- they are so practical and provide so many tips and useful information.
- Content** Practical teaching workshops with active audience engagement. Networking with academic hospitalists from around the country. For the 34th Annual meeting, continue to provide offerings of interest to hospitalists. Repeat some of the teaching skills and academic promotion workshops from this year to allow broader attendance.
- Content** Opportunities to learn new things, get together with colleagues. Suggestions for Phoenix- develop a CONCRETE and ORGANIZED plan to protest the immigration reform.
- Content** Updates.
- Content** The plenary sessions (Blumenthal and Fisher) were far and away the best I had ever heard. The plenary abstracts were outstanding too. Would work to bring such high impact speakers. Truly inspiring.
- Content** I went to the three visiting professor lectures Dr. Bernard, Dr. Fletcher, and Dr. Clancy and really enjoyed them. The plenary session speakers were interesting and inspiring and challenging
- Content** For the women's health track there were too many concurrent sessions, so some of the workshop attendees felt they missed out on being able to truly get all the WH content. Appreciated the fact that there were no hors d'oeuvres during the poster sessions..since most people go out to dinner anyway. Would prefer to have future meetings in hotels (rather than convention centers)--the hotels were close but far enough that one could not pop back up into one's room to drop off/pick up meeting materials.. As to the Arizona meeting, I trust council to make a decision that leaves SGIM financially solvent
- Content** I was inspired by the plenary speakers, the success of the capital campaign, the thoughtful response to the issue of next years meeting location in Phoenix. I found the clinical sessions extremely helpful both for the pre-courses and for the updates in new medications and the USPSTF session. I found the workshop on "workshops" and the session on publishing a clinical vignette extremely helpful.
- Content** more clinical sessions clinicians needs to learn more clinical information to take back with them, not the last health policy research. This is critical of there may be loss of a large number of members
- Content** Ability to upgrade my teaching skills and to network with educators and colleagues.
- Content** - handouts on web-site prior to meeting - quality of workshops - nice facility, hotel close by, felt safe in the city, easy to get to from the airport - felt the ability to network was less than prior meetings and that was disappointing - restaurant quality wasn't up to prior site's standards - not a draw to bring spouse - seemed to run out of lunches quicker than usual
- Content** The combination clinical/research/teaching is excellent. I really enjoyed the talks on health care reform and including this timely talk for a plenary was terrific. I particularly enjoyed the Distinguished Professor in Geriatrics talk also. Phoenix has a large native american population and it would be interesting to have an invited speaker from one of the major tribes-Navajo/Hopi to talk about healthcare in this unique population.

**Content** The talk on comparative effectiveness research was good - several senior persons and agency leaders gave talks. The talk on redesigning residency programs were good. It was nice that the coffee was left out nearly all of the time. The plenary talks that I attended were somewhat disappointing. It would be nice to see someone taking on the advocacy for generalists more aggressively - getting fired up on the podium and getting generalists to rise up and fight for things like payments for all the scut work we do, demanding more respect for the residency programs we run, and maximizing the chances that future residents will choose to do general internal medicine.

**Content** The policy aspect was strong at this meeting I liked the tracks at the meeting I liked to town hall meeting regarding the Phoenix meeting Suggestions: I missed having a reception with the opening poster session. I felt that the venue was very large and cavernous and did not encourage interaction as much as a cozier setting although I understand that we need a lot of space. I liked the less expensive rooms. I think we should have more abstract sessions (or every session) with moderators that reflect on the abstracts. I think that we need to organize several options in Phoenix for people to express their views and be active regarding the immigration law and/or not be active regarding the legislation. I think a continued emphasis on health policy and where we stand 1 year later would be important.

**Content** Great energy. Excellent plenary speakers. Convention center was less conducive to networking than hotel setting but still pleasant.

**Content** I liked the variety of research projects presented and the schedule was organized well. I did NOT LIKE the lack of coffee available throughout the day. The food options were terrible or non-existent and they ran out of boxed lunches on Thursday--unacceptable with the cost of registration. Very cheap on the food. I felt money was wasted on renting such a large space when attendance numbers were known well in advance. There were many scheduling inconsistencies. In general, sessions were scheduled to begin much too early, 8am or 8:30am would have been much more reasonable.

**Content** Great content and information. Constructively, the venue was too big and inhibited small group discussion, networking, etc

**Content** Wish I had attended a precourse - mtg felt short consider creating a mental health track

**Content** would increase the amount dedicated to clinician administrators

**Content** opening plenary session abstracts seemed poor quality- would choose based on quality first, then meeting theme to match the plenary speaker's topic.

**Content** I thought Judith Long did an outstanding job organizing and running this meeting.

**Content** variety of paths; workshops.

**Content** Breakout sessions--breakfasts/lunches--for additional networking, discussion. I also like the variety of activities--interest groups, poster presentations, oral presentations, workshops, informational lectures; it helps keep me interested and gives me lots of choices--I inevitably miss something.

**Content** I really enjoyed the vignettes presented by the residents, very very interesting cases. I think there should be more social networking opportunities, ie: for residents/attendings etc.

**Content** I liked the research abstract sessions the most. And the plenary speakers were incredible. Can you have that great line-up again?

**Content** love the updates in new meds and peri-op. just hard when things are scheduled at the same time and I want to go to both. maybe have popular workshops given twice at two different times? The only thing I don't like is that there is too much time between sessions. 15-20 min is fine. no need for 30 min

**Content** The clinical updates are fantastic. I wish the Update in GIM were held in the middle of the meeting so we're not trying to rush out and catch flights.

**Content** The session lengths were good. Felt like I had time for networking and plenty of time for questions.

**Content** clinical vignettes were my favorite i enjoyed the workshop on negotiating your first dream job and on making qi count.

**Content** More oral abstracts from students, fellows, and junior investigators plenary abstracts that focus on the conference theme

**Content** I appreciated the sessions on CBPR, health disparities, and vulnerable populations. More sessions on health care policy would be very helpful.

**Content** The mentorship program was great! Would offer more student scholarships or a discounted rate.

**Content** Good clinical content, liked the updates but would recommend new speaker for perioperative update

**Content** Please include more on new evidence based medicine information Also more on chronic disease management Please avoid a knee jerk reaction to the immigration law in Arizona and avoid protesting loudly without understanding the benefits of doing so and harms to SGIM. If we are interested in this issue we should step back and reflect on what the actual problem is (hoardes of illegal immigrants in Arizona) and try to see if there is anything constructive that we can do for the people of the state. The lawmakers did this only after they were pushed into a corner and none of their earlier less drastic efforts worked. Illegal immigration is a REAL problem, searching for immigration papers is not. I speak as a legal immigrant.

**Content** health policy and PCMH stuff was great. Absence of CD with info on sessions and handouts was a HUGE loss for me. I use this to choose sessions, and read about sessions I don't get to attend. CD much more useful than on-line, especially in the absence of working internet in the convention center. I would STRONGLY advocate having CDs for next year, as in prior years. I'd be willing to pay extra for it. But please, please add them back! Thanks for a good meeting.

**Content** Plenaries were fine. Variety was impressive.

**Content** I like the interest group

**Content** Plenary speakers and sessions on medical home and health care policy.

**Content** I liked the facilitate workshops I attended. My main suggest is to do better screening for a workshop's group of presenter to lead facilitated discussion.

**Content** The vast array of topics and presentations were great.

**Content** Enjoyed the focus on PCMH and clinical practices

**Content** I enjoyed the workshops that improve you skills.

**Content** Quality of oral and poster presentations was excellent. Too many MH items at the same time and then at other times no MH items so I didn't get to hear from those I really wanted to hear from b/c of these conflicts.

**Content** ALL abstracts should be available on line before the meeting - not just the oral abstracts

**Content** range of sessions, policy and practice sessions, in a city I had never been before, excellent research presented

**Content** This was my first SGIM meeting, and I was absolutely enchanted and astonished (in a good way) by the fact that there is no representation by industry. What an absolute pleasure! I was also amazed at how well the poster sessions were attended -- again, it was great to have no competition from industry/pharma. I was also very impressed by the overall quality of the research -- people really knew what they were talking about and I learned a good deal about different methods of dealing with and using administrative data. Finally, I'm curious to see whether the Phoenix meeting goes ahead - I heard rumours (though unconfirmed officially) about a boycott due to the terrible immigration laws recently passed there. Though I look forward to a second SGIM meeting, I am in favour of not supporting Phoenix.

**Content** I attended some very useful workshops and had the opportunity to network. The space was very large and some sessions seemed empty. Perhaps limit breaks to 20 min instead of 30 - the day is very long. The closing lunch was way too long.

**Content** More workshops, abstracts and posters

**Content** Opportunity to hear about current thinking and advances in health policy, as well as challenges for the future. No particular suggestions for AZ meeting.

**Content** Focus on Innovations in medical education

**Content** I like the medical innovations abstracts and the poster sessions. I enjoyed presenting a workshop and meeting some new collaborators.

**Content** Research abstracts sessions were excellent, I also enjoyed Thursday AM plenary.

**Content** I thought it was great. Maybe a little more focus on activism; PNHP, Public Citizen, NPA, maybe bring in outside economists/policy experts to talk policy (for example staff from the MN State Senate, like HCMC's legislative liason, David Godfrey), or people like Bob Blendon; generally include more intellectuals and activists who are concerned and invested in health care policy, but are not doctors. A focus on forming alliances beyond the medical field to extend health care access. Overall, I'd like there to be a place for explicit organizing and activism.

**Content** It was a great meeting for the research presentations and networking opportunities based on the people who were there from my research area.

**Content** I loved the variety of different offerings and the ability to choose between career-oriented, research, and clinical sessions.

**Content** Quality workshops

**Content** I liked the plenary sessions and loved attending some sessions I would normally not attend, like a health policy session on payment for PCPs and Suzanne Fletcher's lunch cancer screening talk. It was not the most "educator-friendly" conference. Why was the decision made to stop including education abstracts in the plenaries, and why are there often heaps of education workshops at one time and none at other times? Try looking at this more for next year.

**Content** A little more scientific rigor

**Content** The plenary speakers were excellent. The distribution of sessions allowed opportunities to experience many topics. Many of the abstracts were very informative. I liked separating the vignette posters from the research posters- I realize we are trying to encourage participation- but there were way too many. This decreases the traffic through that area. Don't bankrupt SGIM by boycotting Arizona- keep in mind San Diego approaching and they have passed some controversial laws too! Keep the IME and IPM sessions in the same format- this allowed for lots of discussion. Increase the number of clinical offerings- not just updates but more focused topics and controversies.

**Content** I enjoyed the abstract sessions and the evening poster sessions. They were a great way to gain exposure to a variety of research projects being conducted across the country and internationally.

**Content** The focus on many issues pertinent to the VA especially regarding implementation of the medical home model

**Content** It was a great meeting. One substantial comment: 1. Try to have more content for hospitalists Two really minor comments: 1. Have more water outside the session rooms 2. Make the pages in the onsite program where you customize your day perforated so you can easily carry them around and look at them Thanks!

**Content** Great oral presentation sessions.

**Content** Great meeting! I thought the presented research was of exceptional quality! For 2 years in a row I had difficulty with the matching for the mentoring program. This year I was matched with someone at the same level as me, and did not hear details of the match until I was at the meeting.

**Content** More emphasis on hospitalist would be nice.

**Content** organization was good. Good speakers. Excellent posters

**Content** updates on hospital medicine, many updates on different topics should be scheduled

**Content** The variety of material is great but a little overwhelming

**Content** I absolutely enjoyed the Comparative Effectiveness Research symposium. Please add more sessions on faculty development strategies.

**Content** The plenary speakers were great. I enjoyed some of the track meetings. More small group participation sessions would be great.

**Content** Plenary and Abstract sessions were very interesting and informative. I like a little more healthcare policy focus in the 2011 meeting similar to this one.

**Content** The opportunity to be there! and the unknown clinical vignette sessions.

**Content** The interactive sessions are best, particularly when professional exchange is encouraged. The 2010 meeting was in a venue too large for the meeting, which limited some professional exchanges and made the meeting feel too dispersed. I'd prefer a more contained venue that improves interaction. Also, the number of concurrent sessions greatly reduces the number of participants in the dissemination sessions - posters, abstracts were insufficiently visited and only briefly displayed. Overall, the strong focus on health services research for all plenaries really limits interest in attendance by other members of the general internal medicine community. I cannot recall the last time SGIM had a major speaker from medical education or clinical research rather than a speaker designed to address the political point of view of the meeting organizers.

**Content** It was a perfect opportunity to network and become updated on novel research issues and techniques.

**Content** I most enjoyed the opportunity to hear implementation of advanced research methods in practical ways. I also appreciated the career planning tract.

**Content** I liked the one on one mentoring, and meet the professor. I would suggest that the meet the professor be limited to a smaller number of students, residents, or fellows. It should not be the place for senior faculty to come to see their friends or collaborators.

**Content** I was set up with a fabulous mentor, thanks!

**Content** Best - precourse on Web 2.0 and ability to network with folks in the educational technology interest group re Arizona - I think it should be up to individuals to decide on their own actions. My opinion about what's going on in Arizona will not affect my decision to attend or not - it is my interest in the work of SGIM and it's impact that will direct my decision.

**Content** I struggled with figuring out the content of the workshops. The prelim program listed names and faculty - and I couldn't find the more extensive descriptions with objectives, etc online. Talked to others who had the same experience. Make more available/user friendly. I liked the green-ness of the meeting. Keep doing that! As usual, there are too many good things going on at once. Strong local committee helps.

**Content** I liked the oral vignettes. They were well-chosen as far as topics go and covered a good array of cases.

**Content** I think some of the "discussants" in the oral abstract sessions this year were not true experts in the field. I was quite disappointed with the summary comments from certain discussants. Some discussants seemed out of touch with the research being presented and the important issues surrounding the research. For the Phoenix meeting, we should do our best to recruit expert discussants or not use discussants in the oral abstract sessions and just use session moderators to keep track of time, etc.

**Content** There was a great variety of presentations but it seemed like the med ed abstracts overlapped with many of the education related workshops. It also seemed like there were less clinical workshops than past years but it may just be that the clinical ones didn't seem as relevant to my practice this year, which happens. I would have welcomed more time for Q&A after the plenary speakers. I confess I was frustrated when there were so many people who wanted to be engaged in the plenary and the sessions were cut off for awards presentations.

**Content** I loved the fact that there was always something interesting to go to. Great quality of speakers. Very well organized. I would not attend next year's meeting if it is in Phoenix, mainly due to the new immigration law.

**Content** I don't know why this is, but this meeting seemed to be qualitatively better than previous years. I enjoyed the oral presentations quite a bit. There seemed to be more variety, and not the same familiar topics repeated over and over. There were presentations on rural health, environmental factors...etc.

**Content** I'd like to see a greater presence of complimentary & alternative medicine topics, since so many of my patients ask about this and as this my research area of interest.

**Content** I liked the timely choice of the plenary speakers. Especially connecting with the political though leaders. I am sorry that Dr. Blumenthal did not show up for his small group meeting.

**Content** More clinical information for actual care of the patient- practical review of data and more options than just the update sessions. Many of us see patients > 80% time and need a more renewal on latest treatments, etc than so much on research and obscure abstracts that do not even help us in caring day to day for patients. I hope there is more diversity and not having speakers from BOSTON namely HARVARD constantly as well.

**Content** i liked the oral abstract and poster sessions best for phoenix, i would hope for better attendance and better plenary speakers. i was disappointed that blumenthal's speech was so short on substance.

**Content** This was my first meeting as a resident and I found the sessions on careers in academic medicine very helpful. I was also able to meet with several mentors from institutions other than my own to discuss fellowship, career options, etc.

**Content** I think the update sessions are great -- very useful to my practice as I will be a clinical and teaching attending next year. I did think there was some redundancy in the sessions. While I stayed until Saturday afternoon for the gen med update session, I think it should have been held earlier in the week so that there could have been a larger audience.

**Content** I would improve the clinical teaching -- I am always surprised at how weak many of the clinical sessions are. The networking and the med ed sessions are great but wish there was more focus on high-level buffing of clinical skills (ex:really talk about what you should say to pts given new USPTF guidelines rather than spending most of the USPTF update talking about how the USPTF does its thing). Primary care is a lot of info -- help us brush up on practical info!

**Content** I'd like to know more clinical skill rather than academic matter.

**Content** I enjoyed the updates in clinical practice. It would be nice if these didn't overlap with vignettes as it would've been great to be able to attend both. I enjoyed the "meet the professor" sessions during lunchtime - that's a great way to get to speak with professors and hear what they are doing and how they got where they are in their careers.

**Content** Plenary research should have discussant

**Content** I thought the oral abstract sessions were outstanding.

**Content** I really liked the comparative effectiveness session, given the number of changes occurring in the new research opportunities spacel would encourage SGIM to have practical sessions about how to access data bases that are available for comparative effectiveness research.

**Content** More inpatient medicine topics

**Content** Continued expansion of clinical content. Continue to reach out to community clinician educators (a track for community clinician educators?)

**Content** I liked oral and clinical vingette, it was very helpful for me as a resident. Also i was exposed to the right methodology of research and teaching.

**Content** The programming was great as were the plenary speakers. This is such an exciting time in the history of health care and SGIM is a leader. It was absolutely wonderful to learn and be a part of the excitement.

**Content** tracks were confusing. better plenary speaker.

**Content** Higher quality and depth in quality sessions especially quality sessions related to promotion or administration; need to really strengthen that and highlight areas where quality is in multiple tracks because often touches on education or policy but currently separated and this is artificial

**Content** Keep providing the preliminary workshops and ABIM sessions, very helpful to have a bit longer time for those. Would be helpful if the objectives for the shorter workshops were stated. Not always clear what the workshops would cover. Went to a few that seemed to have different goals from what I had in mind. On the poster sessions- somewhat disappointing to produce it and have few attendees come. Friday night seems to be a difficult time for these sessions. Not sure what the answer is- if put in earlier in the day, would then put some other sessions later but would likely affect their attendance. Consider having a group of physicians volunteer to review a few posters in their field at the meeting so each attendee has had the experience to present.

**Content** I loved Dr. Fischer's Plenary, it was a real highlight. Next year, I would like to hear about implementation about some of the healthcare reform initiatives. One problem this year was that a lot of women's health topics were competing for the same time slot (mainly for workshops). Previously there has been a more concerted effort to create a women's health "track", but it did not work very well this year.

**Content** I had a couple presentations so I was caught up preparing for them somewhat. However, I thought Dr. Fischer's plenary was great. I listed myself as an educator (b/c I'm 80/20 educator/research) but I come to this meeting mainly to 'get my research on' if I'm allowed to say that. In that regard, this meeting was great; got a tremendous amount of informal feedback on stuff I presented; I really felt like I was meaningfully engaged in every session I attended.

**Content** Meet the professors, and the workshops.

**Content** Several of the sessions had titles that did not reflect the actual content, e.g. David Blumenthal's keynote. I also went to two workshops that were very different in content to the title--e.g. one workshop about evaluation was really only a workshop about the Angoff method--which I already knew about (but that wasn't reflected in the program materials). That was quite disappointing. Perhaps workshop reviewers etc should be asked to specifically think about whether the title reflects the content. Although I liked the frequent half-hour breaks, I wonder if one longer break on the Friday or Saturday would be useful re spending a couple hours in the city (e.g. Phoenix).

**Content** As a Resident Physician, the lecture and Q&A session with Dr. Landry and the panel regarding career advice was extremely helpful. I would strongly suggest this sort of seminar and discussion session be part of every SGIM meeting since we get so little training regarding the business aspect of medicine/getting your first job outside of training. I recall this session was heavily attended (standing room only) and went a bit over time so that questions from the audience could be addressed. I think we all learned a lot from both the presentation and the panel's responses to questions, but also from listening to each others questions/concerns about entering the workforce after residency/fellowship.

**Content** Great oral plenary sessions -Topical health policy sessions on meaningful use/HIT, PCMH, and ACOs - Nice meeting setting -Well-organized

**Content** I liked the variety of activities and opportunities to learn both in clinical care and in teaching techniques. It would be helpful to have a description of the workshops rather than just to title to decide which ones to attend.

**Content** I liked that there the medical education components were spread out throughout most of the meeting. This allowed me to attend most of them.

**Content** POSTER sessions -- and no questions in this evaluation was about the poster session --shy's that???? Good meeting as usual!!!!

**Content** The quality of the research presented at both oral sessions and poster sessions.

**Content** The best talk that I attended was by Suzanne Fletcher. She was a dynamic speaker and spoke well about the controversy surrounding breast cancer screening. I think there should be more primary care/general medicine talks about cancer screening. Also as a resident, I presented a clinical poster at SGIM and was disappointed by the poor attendance. My poster session was over lunch and I noticed that many attendees came to the poster session to pick up their box lunch, but they did not stay. Instead they attended talks over the lunch hour and did not attend the poster session. In the future I would recommend having a poster session that does not compete with other events/activities. Also, there were a lot of poster sessions, which is great because this means that many people attend and present, but I would try to make it a little more selective. I felt that my poster was one of many and this experience will discourage me from presenting a poster at SGIM in the future.

**Content** GREAT FIRST TWO PLENARIES--ORAL ABSTRACTS BETTER THANUSUAL; GLASER AWARD

**Content** Many good sessions this year. Even more on medical interviewing would be good. That it was in a town with fewer distractions than, say, SF or NYC kept me at the meeting more. I strongly urge that, in the future as in the past, the workshop abstracts be made available, at least online, when it is time to register. It was hard to sign up for workshops just based on the title.

**Content** Make more lunchtime interest groups

**Content** Great diversity of research topics and interests. Good diversity of presenters, and I truly believe there was something there for everyone! Great job.

**Content** I thought that the health care policy discussions were excellent, and I look forward to attending more at the next SGIM.

**Content** I went to a lot of the innovations in education and practice sessions - they were terrific. Felt like the meeting was more focused on "practice" (in terms of education and clinical delivery) than in past years, which I enjoyed.

**Content** Focus on health care policy -- not immigration policy or this new crazy law in Arizona. I agree that most all member of SGIM are against the new Arizona laws, but SGIM should remain focused on health care and issues pertaining to medicine.

**Content** More information related to oncology. Perhaps a track in this area. There is an increasing need for GIMs to be informed about issues related to cancer diagnosis, treatment, and post-treatment survivorship needs.

- Content** Consider having more non-physicians. Either, other kinds of clinicians and/or state and federal policymakers. Team-based care is becoming increasingly important, so MD's understanding of how nurses and other team providers view things like patient-centered medical homes is very important. Similarly, physicians contact with state and federal policymakers is also important.
- Content** I love the diversity and richness of new information provided during the meeting. I would suggest to add a mental health track for future meeting.
- Content** I liked the focus on health policy issues.
- Content** I thought it provided a very nice overview of everything that is going on in medicine. It was very nice to see all of the different things that internists can do and all of the various aspects of internal medicine. It was quite eye opening. It was also neat to see all of the potential upcoming changes in the way we practice medicine. I thought it was very nicely organized. A suggestion I would have is possibly providing slightly different food for the vegetarians. And also for the oral vignette sessions, it is more fun to leave the diagnosis unknown until the end of the case so it is as if we are solving the case.
- Content** This was my first SGIM meeting and I was really impressed with the variety. There was so much interesting material shared that I had trouble deciding where to go next. Excellent work covering the ever widening field of general medicine and many of the external pressures that effect our work. However, with similar regards to the various meetings and vignettes of outstanding variety, there were a few occasions when the Program book or they, did not match with some of the signs outside of certain meeting rooms.
- Content** Oral abstract moderators didn't really need to "tie up" oral abstracts presented with mini-presentations; rather, open discussion would have been more helpful.
- Content** The cancer visiting professor talk and oral abstract session and the geriatrics visiting professor talk and oral abstract session. I also enjoyed networking.
- Content** more clinical teaching sessions
- Content** I was inspired by Dr. Fisher's talk and in awe of his accomplishments.
- Content** I liked the variety of topics from which to choose.
- Content** Liked most: Plenary sessions, learned a lot about health care reform and politics. Learned about Medical Home. Suggestions: Some of the "Update" sessions are a little weak. I went to Updates in Medical Education, Women's Health, and Hospitalist Medicine. The latter was pretty weak... there should be someone on each committee who is pretty familiar with evidence based medicine and interpreting literature (the presenters were pretty "junior" and could have used guidance - I ended up leaving early). If there aren't 12 good studies in the past year, focus on only 6, or have the update every other year instead of yearly.
- Content** Excellent Plenary Speakers. The Saturday lunch seemed really long this year....is there a way to make it more engaging?
- Cost** Overall, outstanding meeting. However, i am getting concerned that the registration fee is getting out of hand. It has dramatically increased over the past 5 years. I know several people who did not attend the meeting because of the expense. The registration fee has gone as high as it can go. It is time to stop these increases, and perhaps roll them back. Given the controversy over going to Phoenix, it would be a truly bad idea to continue increasing the meeting fees next year.
- Food** Thoroughly enjoyable and stimulating meetings, one of the best I have been to. The lunches were not very good...how about a buffet?
- food** I requested kosher food when I registered but for some reason my name was not on the list for kosher meals. I confirmed with the registration desk that I did indeed request a kosher meal. Nevertheless, being that my name was not on the list and there was a limited supply of kosher food, I was unable to have lunch. I do not think I will be attending another SGIM meeting in the near future.
- Food** Need bigger coffee cups as these were too small. Really liked the auditorium seating for the plenary sessions-better than level seating. OVERall a great meeting-a little far to walk from the hotels but not bad
- Food** It was a nice touch to provide lunch.
- Food** I think poster sessions would be better attended if there was food as well as wine. In addition, I would prefer the practice innovations to be clustered during a regular poster session, rather than in a separate poster session.
- Food** It is so nice that food is provided. Makes is possible for people to attend the sessions and not be struggling to get food when they would like to be at the meeting. I liked the space in the on-site program for planning where you wanted to be (keeping track of daily schedule).
- Food** On Thursday April 29th, there weren't enough lunches for everyone.
- Food** I hate to complain, but food availability was so-so, especially for the poster sessions.
- Green** I appreciated SGIM's commitment to cut down on paper waste and help the environment.

- Green** I applaud efforts to keep paper to a minimum -- so many of us take things just because they are there (and find them in a heap on a shelf a year later, untouched). If I really want something, I will get it off the website. Workshop content needs to be more explicit in the preconference brochure -- not always clear what workshop will cover from brief title alone.
- Handouts** There should be online access to handouts DURING the meeting, not only thereafter.
- Hotel** The venue was highly conducive to this level/size of meeting (Minn, MN). Suggestions for next year would include more time available for mentor meetings, meet-the-professor, etc.
- Hotel** Venue was great. More coffee between sessions would be good.
- Hotel** The venue was very good, though it would have been great had the hotel been attached to the meeting venue too.
- Hotel** The convention center was difficult to navigate, and larger than we need. It would be nice if we could find a place of the size that fits our needs better. Places that are too large make it difficult to network.
- Hotel** Great site (convention center and hotel - clearly labeled, clean, convenient to restaurants, etc). Usual excellent content of meeting. More upbeat than in past due to health reform opportunities. Would love to see something on safety net hospitals. I missed the last minute session organized on this due to a conflict in schedule.
- Hotel** I don't think that this meeting is big enough to have in an enormous convention center. Having the rooms so spread out makes collaboration and networking difficult at times.
- Hotel** Minneapolis was a pleasant surprise.
- Hotel** I liked the venue and connectedness of the hotels. I appreciated the town hall meeting on Arizona and the thoughtful process about next years meeting. I found the ACGIM Hess Institute to be excellent. The biggest issue for Arizona is how we respond to the new state law on immigrants. Perhaps if we meet in Arizona, the focus should be on health disparities and immigrant health.....
- Hotel** I didn't like the large convention center, which was too big for us, and am happy that we'll be in hotels for years coming forward. There was so much content at any given time, I wonder if one fewer abstract sessions would be useful. Also, the arrangement of many workshops that were of interest to me (esp from research perspective) were competing; while there were many sessions where I didn't hear much. Food was very good.
- Hotel** Nice center
- Hotel** Venue was very comfortable. Went very smoothly. Love seeing all the senior SGIM folks continue to go to the meeting. They influence the junior and mid-career folks by simply being there.
- Hotel** I liked Minneapolis much more than expected. the hotel (hyatt) was much nicer than expected. the meeting itself was lack-luster. for Phoenix - work on a clear and straight forward theme and approach. what is this meeting for? if its research, then say it - if its for networking then say it - i would be upfront and say that this is not a clinical meeting - there would be much less dissatisfaction if SGIM was upfront in stating that this meeting has little to no focus on actual clinical care.
- Hotel** The meeting space was excellent. I appreciated the Walker Art Museum tour opportunity. The proximity of good restaurants. The timing of the sessions. Concierge assistance in the meeting space. Recommend more detailed descriptions of the workshop offerings.
- Hotel** The facility was terrific. Auditorium was nicest I have seen in 10 years. City was very clean, pleasant to walk around.
- Hotel** The convention center set up was conducive to learning. I was a bit lost without some of the usual documents and still have had trouble finding handouts on the website. I like the green meeting idea but it needs to be made a bit easier!
- Hotel** Closer distance b/w hotel and convention center. Felt too spread out
- Hotel** I thought Minneapolis was a very nice choice although the meeting is small enough that we could probably do it in a large hotel rather than in a convention center.
- Hotel** Excellent venue
- Hotel** Large room for poster sessions so that people did not feel cramped was great. Having a self-serve bar for poster sessions definitely encourages people to come and network. However, anything that can be done to encourage attendance at ALL poster sessions for the future is key - I saw the attendance decline markedly from Wednesday to Thursday to Friday poster sessions (I was at all three).
- Hotel** I really did not like the setting. The hotels were old, the city was very boring and not cultural enough
- Hotel** Friendly atmosphere, warm and intellectual environment. There were relatively few sessions geared toward residents, especially those who are considering but not sure yet about a career in general internal medicine. I probably won't attend unless I'm 100% sure I'll be doing GIM as a career.
- Hotel** Liked the location. Try not to schedule women's health related sessions concurrently.

- Hotel** The convention venue in Minneapolis was very good and easy to navigate. The research poster sessions were very engaging, with good presenters.
- Hotel** The facilities did not work well and were quite far from the hotel. As such it was difficult to find others. It felt "cold" and uninviting. Minneapolis was not a draw. The tone of the academics was lost in the political tone of the meeting. The plenary speaker on Thursday came across as entitled and "preachy" to those of us in the trenches - we need to work harder/see more new patients/see our old patients less often, yet somehow improve our quality of care. I was disappointed in the message and the speaker.
- Hotel** facility was wonderful and conducive to the meeting. Breakfast and food between sessions was REALLY APPRECIATED !!!
- Hotel** I liked the location, but I'm from Minnesota.
- Hotel** If possible, try to book smaller spaces. The Minneapolis Convention Center was so large as to prevent networking and meeting other internists.
- Hotel** Good meeting! Poor cellular connectivity in conference center was annoying, but overall things went very well!
- Hotel** Minneapolis much nicer than expected. Rooms were not numbered intuitively sometimes (the fault of the conference ctr not SGIM). Would not boycott Arizona (though I'd love to) as not worth losing the entire amount we're trying to raise in the Capital Campaign on principle. A colleague suggested changing the meeting theme to Addressing the Primary Care of Immigrant Populations--that's the sort of thinking that suits this concern.
- Hotel** Well run auditorium was too big and always seemed empty. Conference hall in general was a bit impersonal compared to some other venues.
- Location** I liked the physical setting of the venue which seemed to cause a lot of chance interactions as people flowed through the space. I would have liked to have coffee in the afternoon.
- Org** opportunity to network. breadth of topics covered. quality of health services research and geriatrics
- Org** More time between sessions to network
- Org** really well organized, great meeting space music great speakers for the plenary sessions lots of offerings and organization of the program was good. more quality and patient safety offerings would be welcomed
- Org** I liked the central networking area of tables and chairs and I would suggest more space for this type of activity.
- Org** more explicit venues to connect potential collaborators re. logistics - lunch was very problematic, internet availability problematic (go green needs more accommodations) which caused some disconnect from the meeting itself and for some attendees like myself without smart phones issues with disconnection from outside responsibilities in general.
- Org** Less of a 16 ring circus. Fewer oral abstracts with bigger audiences when there are audience sessions (perhaps more posters if need be),
- Org** Consider shortening by one day
- Org** Amount of break time given in between sessions was ideal. It was VERY nice to have refreshments/drinks available in between sessions (much better than needing to pay for these as was cause in Miami. Boxed lunches could have been improved, particularly vegetarian options. Having paper to take notes on during sessions would have been helpful. Evaluation forms were not readily available in some sessions (left in pile in corner, hard to find, etc.) \*\*\* Please try to separate out substance abuse, pain medicine and mental health interest group offerings.. there is much cross over and often these conflict in time making it difficult to attend (it was GREAT this year that substance abuse and pain medicine int groups were at different times, but having mental health interest group at different time than either of those would also be helpful. -> would recommend doing aware presentations between abstracts and plenary rather than as last thing. it felt strange to have participants leaving auditorium following plenary speaker while award was being given . (although recognize it might be hard to have invited speaker go after we award someone)..
- Org** It was a chance to meet colleagues with similar interests. My poster session was not available--there were too many things going on at the same time, and I got VERY few people coming by the whole session. Needs more clinical information!!!
- Org** Overall very good meeting with not major recs. May have tried to cram too much into plenary sessions with announcements, abstracts, awards, etc. Should have more tables for meals. Minneapolis convention center was perfect for this type of meeting (auditorium a little too big perhaps). Continue to offer the variety of sessions you do and offer more clinical updates if can.
- Org** I thought the meeting was very well organized. Food service was excellent. The space was highly conducive to networking and seeing people. There were good breaks between sessions to network. There was a positive and friendly atmosphere. The hotels were close by. Finally, I thought it was a smaller than average meeting, which was more conducive to networking and getting to know new collaborators.

- Org** Less time for awards...consider finding a more interactive way to engage participants at the lunch..we are innovative educators, consider audience response, pair share etc. Find more engaging, well spoken plenary speakers Protien at the meals are important..an afternoon coffee and or snack would be ideal but we understand the cost issue More diversity in the award winners excellent customer service as the registration desk More engagement from trainees..have them part of the plenary or other parts of the program develop a follow up program for one to one mentoring
- Org** 1. Collegiality of members/attenders. Ease of speaking with others, as a new attender. 2. Excellence of major speakers., and knowing they were SGIM folks. 3. Chance to attend workshops on a wide variety of subjects, clinical/teaching/methods etc. 4. So many choices!! 5. Interest group was VERY helpful. Hope to join more. 6. Forward looking organization. Suggestion: re the venue/immigration etc. I would write a letter to the governor, cc the legislature, the major newspapers, the hotel re: our concerns and the fact that we are considering cancelling. The repugnance of racial profiling and its relevance many of our members who have historical/current concerns. "WE DONT FEEL WE'D BE WELCOME IN YOUR STATE". Also, we want to hear their point of view. What are they struggling with? How did they get to this point? What are some other ways we can view/move forward with the issues?
- Org** SHOULD BE SEPARATE POSTER SESSION FOR ASSOCIATE MEMBERS.
- Org** Plenty of space - actually too much Somewhat more clinical sessions - still not enough Don't need to have 3 plenary sessions which take up half of each morning
- Org** Meeting collaborators and networking.
- Org** Six abstracts in one oral sessions gave little time for discussion. If possible, sessions should be limited to 5 oral presentations.
- Org** I thought the pace and timing worked well. It didn't feel as rushed as past meetings had. The plenary sessions were excellent, although there was mixed ability of the plenary abstract speakers to respond to audience questions. Perhaps folks from the program committee can meet or work with the presenters ahead of time to discuss ways to respond to questions- maybe the moderators can repeat or clarify the questions to give the presenters a moment to think about them. The site was interesting as it was quiet, spacious, well organized. The downside was that the poster sessions were not well attended and it felt cavernous in that ballroom. I think that food in the poster sessions would be helpful to bring in more attendees. As well, I think it would be good to have more walk and talk sessions with professor level folks to review posters- like the women's health or geriatric sessions. I actually think, while alot of work, it would be great to have every poster get a walk and talk. Maybe the interest groups could take on posters related to their topic. Or abstract review committees could be asked to participate in walk and talk for posters in their topic area. One of my fellows had a poster in the medical innovations session on Friday, and reported that very few people came by, and even if they did come by, they could not have a conversation because there was a simultaneous speech given in the same room. he also reported that there was a workshop on the same topic at the same time, so that people most interested in the topic would not be able to see his poster. Minneapolis was a delightful city, and I think could be considered in the round again in some years to hold the meeting. It is central in the US to fly to, is a hub of Delta, and has a lot of culture. It had great, cheap restaurants. It would be nice to stay in one hotel instead of two, but that's ok.
- Org** I felt the loss of COS. First, it was hard to see what the sessions were about without a link online to read. Also, you could not look up other SGIM members and see when/what they were presenting. Finally, you could not create your own itinerary off of the website.
- Org** Nice timing and durations of breaks to facilitate networking and collaboration
- Org** At some previous meetings I found the small card with personal registration schedule and rooms (the one that fit into the nametag holder) very helpful for last-minute checking of room locations--please bring that back! This was a great conference.
- Org** opportunities to be with colleagues. for arizona - pick a better meeting place than a cavernous dull convention center. there was little intimacy to this meeting.
- Org** The schedule of this meeting was very good--the layout during the day. It was a nice pace. I wish the program guide was more available on line. I wish the content of the talks were more available on line. I really don't know what to do about Phoenix. Maybe Arizona will continue to feel pressure to change it's legislation.
- Org** Networking. Keep emphasizing research and health policy.
- Org** I think the schedule works well except there is perhaps too much going on simultaneously. The convention center was too big for this meeting. I like having evenings free for dinner My Badge had the wrong city - The website has a place to enter my "badge city" - This data was not used or something else in the process does not work.
- Org** networking great mix of sessions>something for everyone very practical approaches to common clinical and teaching issues

- Org i really appreciated the town hall meeting to discuss next year's meeting i thought Elliott Fisher was fantastic that we not go to Phoenix if at all possible; or, if we do, that SGIM assign someone to reach out and stay more closely attuned to what's happening among immigration advocates nationally than we apparently had been -- no one at the town hall meeting mentioned (knew?) that there were protests across the country scheduled for Saturday ... neither, apparently, did the Hispanic Medical Association reps who exhibited at the meeting ... maybe that says something about how (dis)connected we are from immigration advocates?
- Org meeting location was great; lots of rooms to meet Plenary speakers were terrific and consistent with the mission of SGIM
- Org I liked that all of the sessions were in a fairly central location that offered many areas for small conversations and networking. I also really enjoyed the multiple professional development workshops aimed at fellows. For next year, I would again hope to see many professional development-themed workshops. Also, the online abstract submission system this year transmitted only part of my abstract without alerting me to this error. I only learned of this after contacting the meeting organizers for feedback on my abstract's rejection. While the organizers were incredibly professional and prompt in rectifying this situation, I hope that SGIM can either furnish a better online abstract submission system or configure the existing one to flag abstracts for which there was a submission error.
- Org Wonderful meeting all around
- Org There needs to be more sit down space around breakfast and lunch that is when networking happens and it is really hard to do it when you have to stand Minneapolis convention center was too big I like the clinical sessions where people shared their knowledge and expertise
- Org The meeting was physically very spread out which made it hard at times to go between presentations occurring simultaneously within a session. I find it preferable to have the meeting within the primary hotel and not in another location such as a Convention Center.
- Org \* Although being in a large conference center was definitely a new experience for SGIM, I felt it was a "good" experience. People had plenty of room to sit down and collaborate and had plenty of time to get to the next sessions. Bathrooms were plentiful, and lines short! \* IF we meet in Phoenix, I hope we can collaborate with other professional healthcare organizations to voice our displeasure about their newly-passed Immigration policy AND, even more importantly, voice our displeasure to the Federal U.S. government over their inability to successfully pass Immigration policies that welcome non-US citizens into our Land (after all, aren't most of us descendants of "immigrants"?). Such discrimination directly plays out in the Healthcare arena and we providers see this. OR, when we don't see this (because patients are fearful and avoid accessing needed health services), the overall Health of our country suffers in terms of health needs being unmet and Lost days of Work/productivity. We MUST ACT, We must "swim upstream" and directly address these important issues.
- Org I wish there were more opportunities for networking people from other departments/universities. Perhaps more mixers/dinner activities to meet others.
- Org Recommend smaller more intimate venue given the size of the meeting. Fewer workshop sessions would also be valuable to increase the size and interaction among the workshops. Allow a little more time for Q and A for presenters during the research abstract sessions.
- Org Great networking opportunity The museum trip was great, too. It would be good if a little cultural thing was included one night. It was a great meeting, jam packed with stuff. I could not attend everything! Find some less expensive nearby hotel options - we are just academic general internists, after all! I stayed at a nearby Holiday Inn that was \$100 cheaper per night.
- Org Opportunity to connect with colleagues. None.
- Org Sessions were small and very friendly, conducive to listening and discussing.
- Org everyone is laid back, non-intimidating, excited about my work, and offered to help
- Org networking health policy workshops would like to have everyone in the same hotel
- Org The meeting is always a great place to connect with people. The Minneapolis venue was very nice. The food was pretty skimpy but I was glad that the special meals were managed appropriately this year so that I actually got the meal I ordered. The program could really use some work. It is very difficult and time consuming to cross reference and to find room locations for selected sessions. There has got to be a better way!
- Org This was a great conference and well organized. suggestions: It's a pain registering for sessions when you are registering for the course. As no one follows their registration mandates, why not use a separate survey monkey tool to determine who will be following what. It would be great if a meeting agenda can be made available on-line (preferable from an email link) that would allow us to preview what will be occurring at the sessions with respect to abstracts, etc. It would also be helpful if registered members were sent a roster of who will be attending, where they hail from, and their research interests by email prior to the meeting .would greatly facilitate networking. Great conference!

- Org This meeting: Just the vibrant meeting of young professionals in the field meant, a vibrant exchange of ideas. Meeting with some of the residents and focusing on the future of health care was great. It is very good to know that people from all across the nation have same notions about the projection of the way health care should be made better Suggestions: I can't think of anything. I think it was a great conference.
- Org \*Keep the breaks between sessions as long as they were here, best time to meet and greet \*I don't want to target Dr. Beals alone b/c I've heard similar statements from several plenary speakers at SGIM over the years. I would feel more comfortable if she and others I've heard on plenary stage at SGIM meetings in the past could find a way to sing the praises of generalist care without actively disparaging our specialist colleagues. I would have been embarrassed if a specialist colleague had heard some of the comments made implying that specialists just don't care about their patients. That tone has not been the focus of her talk or others but I've heard it often enough that I had to mention it. \*I say plan to go to Phoenix whether or not that law changes \*I loved the musical MD's! I hope we can have something like that every year \*The track system didn't seem to help the scheduling this year--there were several concurrent sessions that I wanted to go to that would have been on the same "track". There are always more sessions that I want to attend than I could possibly do but usually they aren't the same "theme" at the same time \*Overall a great meeting! Its hard for me to rate it on a scale of 1-10 b/c to compare to last year's meeting it would be "average" because they are all so good, but compared to other meetings, this one is my favorite.
- Org I liked that the schedule was not overwhelming and only a few overlapping sessions
- Org Try not to overlap the oral presentations (vignettes) so much with workshops - this limits the audience so much for the residents and students who spend so much time on this.
- Org I felt duped into listening to the research abstracts at the plenary sessions. As a result of time constraints, the plenary speakers gave superficial talks and did not get into some of the details that might have been important and accessible to this audience. I would strongly recommend having longer talks by the plenary speakers and eliminating the research presented in the large-group format.
- org Nice open abstract space
- org The structure of the meeting works very well. There are just too many good choices, so I often can't decide on attending a workshop or one of the simultaneous abstract sessions. I wouldn't change anything in terms of format.
- Org Well planned meeting, location was good; excellent opportunity to network with other colleagues. MTP sessions are always wonderful.
- Org Networking. Workshops. Fisher and Blumenthal talks were excellent.
- Org Excellent networking opportunities We need wireless internet access available to the presenters so that we can use web based tools to teach and share information
- Org Less break time between sessions - or at least have alternative learning activities during breaks (e.g. abstracts, oral vignettes) so there is less wasted time.
- Org Keep up the same.
- Org great networking opportunities place for every one, fellows, residents, faculties there was a lot on women's health(focus area) posters mostly had high quality suggestions: place be smaller. better food (award Luncheon was very good but the usual sandwiches were ok) more on translational research
- Org Meeting colleagues, variety of workshops in hospital and outpatient medicine.
- Org Continue to promote opportunities to network, would suggest an opportunity for attendees to connect based upon common interests. Perhaps a chance after registration to enter keywords of interest, then give the option to meet people with the same interests.
- Org sessions, planning
- Org The way it is organized very systematic Very informative can be improve still
- Org The importance for me is involving younger members of my Division in the intellectual excitement and idealism of SGIM. I expect to have the same priority next year.
- Org Allow for more deliberate times of networking. Perhaps better opportunities for fellows to meet potential employers (dept chairs and division chiefs).
- Org I thought the meeting space was excellent. At some past meetings, things were a bit tight. The space here was ample, similar to the meeting in Pittsburgh.
- Org Shorter workshops/presentations so you can attend more.
- Org networking; opportunity to interact with collaborators and hear about research and innovations in education
- Org again - excellent networking
- Org Great meeting overall. Very good quality presentations and good networking opportunity.
- Org I like the way to administrate the whole thing,such as track

- Org** The meeting coordinators kept the plenary sessions close enough to on schedule that we did not start the 10:30 session late. The abstracts were reasonably high quality. The VA programming came off well - the presence of Dr. Cox was a good addition, as he appeals to educators as well as researchers, who have always been well represented. I think the AZ meeting should try to keep on schedule, too. You need the iron fist of Judith Long. I wonder if there were some way to make the poster sessions go back to a full 2 hours, since there are far too many interesting posters to see in 90 minutes. It is also probably the best networking time of the meeting.
- Org** Liked the size, multiple options of sessions. Was not impressed with the session "When the family wants everything done". The powerpoint was good, but the demonstration by the session leaders was very poor. Definitely below what I would expect a meeting of this caliber to present.
- Org** Having a dedicated quiet space to meet with mentors was great. The SGIM cafe on Friday night was alot of fun
- Org** Great meeting. Very well-organized and well run. Thanks to the SGIM staff for their very hard work. The plenary sessions were excellent. I learned a tremendous amount from each of the plenary speakers. I also appreciate that the sessions ran on time. I appreciate the food for breakfast and lunch--makes it easier to participate in more sessions when I can grab something and run to a session. The setting was wonderful--let's go back to Minneapolis and this conference center in the future.
- Org** Plenty of breaks with coffee and the meeting should be held. I don't think SGIM will have a big voice (by ourselves anyway) in influencing the undocumented immigrant issue in AZ. That is also going to play out over the next year.
- Org** Lots of opportunities for collaboration. Need more coffee and snacks. I'd be happy to pay a little higher registration fee.
- Org** The abstract submission website was not as useful as past years. I would like to be able to electronically plan my itinerary, checking which posters and presentations I would like to see in addition to the precourses and workshop. The workshop and precourse descriptions/learning objectives should have been available online. A majority of the sessions did not upload handouts ahead of the meeting, so this information would have been important. The JGIM abstract supplement needs to be uploaded far in advance of the meeting so they may be reviewed prior to the meeting...abstract titles are not adequate. not compressed but not too long either. also the convention center was big enough for our group but not so spread out that it was inconvenient to attend some things.
- Org** Great for career planning and early career internists! One suggestion is that this meeting hall was just too big. Made it harder to network, at times felt a bit "lost" in the massive building (not geographically, more spiritually!).
- Org** Separate and/or longer sessions for the Update in Substance Use Treatment and Update in HIV
- Org** Would like enhanced opportunities for networking and collaboration.
- Org** Make the first plenary of the day later in schedule. Put discussion-based workshops in rooms with tables, rather than the lecture-style rooms.
- Org** The best part of the meeting was networking and catching up with colleagues at other institutions. Overall, however, the meeting was quite disappointing, even depressing. The venue was not intimate enough. Attendance seemed quite low. Several of the leaders in our field appear to no longer come to SGIM. The research presented was just okay. The poster sessions lacked energy. Also, SGIM is not focusing on what it must focus on: how to reinvigorate academic general internal medicine. SGIM also appears to have a 'small tent' mindset in that diversity of opinion or viewpoints is not welcome. Only one perspective is offered. I suspect that if SGIM continues down its current path, irrelevance will be its future. I am considering not attending future SGIMs given the several other meetings I attend - I come back from most scientific meetings energized and excited about my work (I did not feel that way when I came back from SGIM). I also am not sure that belonging to SGIM is worth it any more. I have actually discussed this with several colleagues and I am not alone.
- Org** Very well organized. Almost felt like there were too many options sometimes, I'd want to go to multiple sessions in a timeframe (but that's a good problem to have I suppose). AZ's stance towards immigrants and the role of local law enforcement disgusting. I would encourage you NOT to have it there is their law is still in place next year.
- Org** As always, networking was great. Too few methodology and clinical research skills. Many soft research that was great and interesting, but not enough smart statistics and innovative research projects. Below the quality of abstracts presented at the SMDM.
- Org** This was the best SGIM meeting I have attended in years. Wonderful opportunities for collaboration (was the meeting smaller? the geography particularly conducive to networking?). The oral presentations were phenomenal--definitely higher quality than recent years. Congrats!
- Org** Networking, seeing potential and current collaborators, learning some about ongoing research.
- Org** Best opportunity to network and practical talks summarizing research or presenting new relevant research

- Org** I love to meet with like-minded researchers and find the abstract sessions helpful in identifying them and the bits of free time helpful in meeting up with people in the hallways etc. I love the fact that everyone wears name tags!! (Have real difficulty remembering people's names. :)) I liked the healthcare debate last year and think it's a good forum for discussing controversial topics, although I would prefer they be on a topic the organization actually disagrees internally about, rather than preaching to the choir. I would like to see something like that again at next year's meeting. One other thing from a social perspective - although I happen to have a lot of friends come to the meeting who I can hang out with in the evening, I notice that many people come alone or don't know anyone to eat with. They look lonely. It would be a nice touch if there were a central place at the meeting you could put your name down to have a group to go out to dinner with; also a nice way to meet new people and network. (If enough takers, there could even be themed groups.)
- Org** Most important for me in my career stage is to have time to meet with others and network. It is difficult to attend important committee meetings and interest group sessions, network, and attend the meeting when all these activities overlap. A necessary tension perhaps, but it does raise the question of building in "meeting time" into the program. I would consider doing this in the middle of the day so it doesn't result in members coming late or leaving early but rather engaging in networking!
- Org** The meeting was well organized. The convention center was comfortable. The audiovisual equipment worked. There was not an excess of papers and baggage. On the downside, I felt as though the overall attendance was markedly low. This seemed to detract from the meeting because I have been attending the meeting for several years. The apparent drop in attendance was discouraging and seemed to "remove" some of the typical energy of the meeting. I also found the overall quality of presentations somewhat lower than average--or perhaps just not of as much interest to me--but the attendance may have played a role in this if there were fewer submissions. I also find that, compared to hotels, convention centers tend to disperse people across a larger space, so spontaneous networking can be more difficult in these situations.
- Org** Very friendly and engaging audience when it comes to presenting research. Suggestion for next year: End the meeting Friday to let people get home to friends/family for the weekend. We are so busy as faculty -- it's a shame to lose more home time. I typically always fly home Friday night and just skip all the Saturday sessions.
- Org** I liked that it was difficult to not find any session that suits one's needs at any given period. I suggest that some of the sessions that attract large crowd be offered more than once.
- Org** I am a complete newbie to the academic world as I practiced in a private setting for three years after finishing residency. SGIM was like a breath of fresh air. It was amazing to see people so devoted to research, science, "health not wealth", and helping each other in this small community. So as a new SGIM member, I was very impressed with the work overall.
- Org** SGIM is my favorite conference.
- Org** keep up the good work~
- Org** I enjoyed the networking more than expected. I have moved away from teaching, but still found plenty of sessions of interest to me. Particularly enjoyed the medical home sessions.
- Org** Networking with others was the best part of the meeting
- Org** the resident and fellow breakfast was the best part.
- Org** I liked having fewer plenary abstracts on any given day
- Org** I only attended Friday sessions. The meeting this year seemed to be poorly attended, and this was evident during posterior sessions and oral abstract sessions with very low traffic or rather empty rooms. Perhaps it was the venue. Hopefully next year, things will seem more alive.
- Org** I liked the opportunity to meet researchers and educators with similar interests. Suggestion: Lower the price for registration. SBM price was much lower.
- Org** everything
- Org** Being able to network.
- Org** I continue to enjoy the time to meet and re-meet with colleagues from around the country. I believe we should keep the meeting in Phoenix despite the current political issues. The fiscal penalties would be a huge hit to our small organization, and are not worth the statement that we are trying to make. Fiscal responsibility should be a top priority in my opinion.
- Org** networking sessions are great. i enjoyed the specific VA sessions, lots since no hsr and d meeting nationally, but that was good to connect at sgim.
- Org** the meeting was very friendly with great new learning opportunities especially for quality improvement and research in the primary care setting.. the lectures were very focussed and the plenary sessions were very well rpresented. Increasing resident participation with Quiz/guess the diagnosis/CPC cases would be useful

- Org** It was my first time to attend SGIM. I thought the organization of the meeting was good. Unfortunately, some of the sessions I wanted to attend overlapped and I had to choose between them. I know this is unavoidable, but perhaps some of the more popular sessions could be duplicated and offered at more than one time.
- Org** SGIM puts on fantastic meetings. Looking forward to Phoenix!
- Org** This past meeting was one of the BEST SGIM I have ever attended. Great plenaries, great workshops. Overall really well done. I would be very happy if next year was more of the same.
- Org** Seeing colleagues and friends.
- Org** The chance to get together with colleagues with similar interests and hear about their work. In terms of next year, the Arizona issue is controversial, I would urge SGIM not to cancel the meeting if it means eating all the costs, my understanding is that it will put the society in dire financial straits for some time to come.
- Org** Day before pre-courses seem to be dying; seems like it is way too much to expect 4 nights away from home for families. SGIM has to do something to attract mid-level investigators to present their best work at the meeting. We have lots of new assistant professors and fellows but it seems that the mid-level researchers get traction and go to other meetings--Academy Health, specialty societies, decision-making, etc. I think this is a critical issue.
- Org** Hold awards dinner Friday night.
- Org** More chances for people to network or perhaps formalizing the networking The award banquet is too long. Need to really limit people to a few minutes when giving acceptance speeches.
- Org** give more information about workshops in onsite program. it was difficult to really know what the workshop focus was just by the title.
- Org** shorter sessions, to allow for more of them or for people to attend ones that conflicted.
- Org** great networking need many more clinical sessions and updates too much about research
- Org** I benefited from networking during the lunch sessions with experts. KEEP THE EVENT IN PHOENIX!!!  
Avoid causing the men and women employed by the convention center and hotels and downtown restaurants to suffer unfairly.
- Other** the preliminary program (and even the onsite one) had very little in the way of descriptions of the workshops or sessions. I found myself attending the session and then realizing that the topic was completely different than what my understanding was of what was supposed to be covered there. would be much better if we could have a brief description of what was to be covered in the workshops. the title is not sufficient.
- Other** SGIM Cafe! Keep it.
- Other** Have a mother's room for pumping.
- Other** more information either on line or in prelim guide to inform decisions about what sessions to attend; some sessions were not what I envisioned from the information provided the quality of the plenary speakers was less than I anticipated; except Dr. Beale, they were not highly engaging speakers the venue was very spread out and the meeting overall seemed lower in energy than previous ones I had attended some small amount of paper should be available for notetakers or clearly advise people to bring their own and/or have the slides up on the website in real time with the conference so people may download and add comments in real time
- Other** I would strongly suggest trying to coordinate meeting dates with the ACP since there is so much overlap between the two organizations. It is very difficult to plan to attend the annual ACP meeting and annual SGIM meeting when they are so close together.
- Other** I am not certain if you are the person to direct feedback to, but hopefully you can pass this along if someone else is better.  
I completed the online survey but it didn't ask for any 'negative' feedback and I have a couple of suggestions.  
Advance materials about meeting content  
It was extremely difficult (and time consuming) to determine where I needed to be, and when, in advance of arrival at the meeting and receipt of the book handed out there. Is there any way to put that book online in advance of the meeting (surely the materials are prepared several weeks in advance in order to print), so we can have an easier time determining our schedule (at no cost to SGIM)? Or, if there's some secret to negotiating the advance materials better, could you provide a guide to help us?  
Food  
The absence of food/snacks at the poster sessions and coffee/drinks during the afternoon break were noted - the food issue at the poster was especially problematic for those of us who hadn't eaten since lunch and didn't have dinners scheduled until 8 pm. Even chips and salsa would have been welcomed (I think something like this was served a few years back)  
Inability to provide this type of feedback

a. I had to go above and beyond to get you this feedback and imagine others will not work so hard - next year, can the evaluation include a space for suggestions, etc.?

- Phx** I will not attend if it is in Phoenix. I do not think a protest or teach in will be an effective form of advocacy on behalf of Latino residents of Arizona.
- Phx** at least threaten to boycott
- Phx** political protest next year urge you to contact hotel, etc now and tell them that though we are coming, attendance will be way down, and they should not count on significant spending by attendees, due to the legislation and that the organization is coming very reluctantly- only because contractually obligated to do so. Also tell them that they can expect political action and very public protest from a national group of prominent physicians and leaders in medicine
- Phx** Don't let Arizona politics interfere with plans for meeting there
- Phx** Keep politics out of SGIM! This is downright rude for the SGIM plenary speaker, President and others widely touting political views! I felt I was not in a scientific meeting but in a group vying to get a position in the Govt. This is a risky trend. The buddy system was rampant
- Phx** I will probably not attend the meeting if it remains in Phoenix.
- Phx** Keep it in Phoenix!! I did not like the convention center - was very sterile and uninviting. Hotels were a long walk away from the meetings. The plenary speakers were all very dry and not provocative at all. Please improve this.
- Phx** I would not hold it in Arizona.
- Phx** Not having it in Phoenix bc of the new immigration law.
- Phx** Hold a protest
- Phx** Boycott Phoenix!!! Also- make the website more user friendly because it really wasn't self explanatory and I was left even unsure of whether or not I'd registered at the end. info was disjointed.
- Phx** I'm conflicted about the meeting in AZ, but I will likely still attend.
- Phx** \* First, it should either NOT be held in Arizona due to the disgusting anti-immigrant, anti-Hispanic law.... OR we should hold a protest if the financial loss is too great for changing the venue. Second, I think there should be more variety in the length of time of sessions... some should be 60 minutes and some 90 minutes. And there should be duplicate sessions. There were many sessions I would have liked to attend that I could not because they were at the same time as others. Are session leaders' slides or other material made available on the web? Lower cost of attendance! I would love for many of my residents and fellow faculty to go to this, instead of ACP conference. But the registration is just too expensive.
- Phx** I will not attend the meeting if it is held in Arizona
- Phx** If meeting must stay in Phoenix, exert some statement about recent laws
- Phx** Networking. For AZ, need to ensure that people who are reluctant to go feel like scheduled activities make it worth going despite reservations.
- Phx** Don't hold it in Arizona, based on the immigration law.
- Phx** Meeting collaborators and discussing future projects. Being a Mentor. I hope we do not meet in Arizona next year if the abominable Arizona Law still stands and may not attend the meeting.
- Phx** Don't have it in Arizona, as long as their new immigration law stands.
- Phx** Keep the meeting in Arizona, then protest while there.
- Phx** I really enjoy the SGIM Annual meetings in general. Keep up the good work. I think an active protest of the new Arizona immigrant identification law is in order if still in effect.
- Phx** Please take the meeting site in Arizona seriously. I am not recommending that we boycott Arizona, just that we send a clear message regarding how we feel about the meeting site. I will not attend the meeting next year based on the meeting site.
- Phx** For Arizona, better central space to network and see people
- Phx** Not to hold it in phoenix
- Phx** I am still quite concerned about the possible decision to meet in Arizona. I understand the monetary consequences for SGIM and the likely unintended consequences for undocumented workers in the city if we do not go there, nonetheless I do not think that a sit-in/demonstration and even making the theme of the meeting healthcare for all, will send the message to the state powers that need to be sent. Financial loss speaks more powerfully.
- Phx** don't have it in Phoenix!
- Phx** Will be still holding the meeting in Arizona? I was not able to join the discussion about this issue, but I would appreciate a written statement about it. In some states their public employee are not allowed to travel to arizona for business...
- Phx** please don't throw away a large sum of money to cancel the 2011 meeting in protest. consider holding the meeting and changing the theme to highlight the controversy.
- Phx** protest anti-immigration law

- Phx** One suggestion is to think thoughtfully about how SGIM can take a stand against Arizona's new anti-immigration law.
- Phx** not happy about meeting in Phoenix but cost to break contract seems prohibitive
- Phx** Every body go on a jog (or walk) without their greencards/id/etc - publicize it as protest. We get points for promoting exercise, showing how unfair this new law is, but don't sacrifice our capital campaign. Also make clear that no further conferences will be scheduled there as long as this law exists. Also - consider contracting w/ latino organizations for an event ?food services ?dancing to try to ameliorate the detrimental impact on latino/immigrant...just an idea...
- phx** There should be a focus on immigrant health while in Arizona.
- Phx** As for Arizona there needs to be a strong focus on caring for the community or underserved. The workshops were incredible great for meeting people and learning.
- Phx** For the Pheonix meeting, I recommend strong advocacy due to recent laws regarding immigration. SGIM should make a concerted effort to use businesses that are immigrant owned (restaurants, hotels, transportation) and to minimize funds going to organizations that do not uphold SGIM's mission.
- Phx** Unless the immigration law issues are resolved by then, I would suggest an alternative location
- Phx** Keep the meeting in Phoenix focus on healthcare disparities
- Social** LOVED the Hennepin tour; like local learning and color. Always love the updates sessions, PC and Women's health were great (though the hospitalist one wasn't very good)

## Appendix D: Summary of Workshop, Precourse, Clinical Update, and Special Symposia Scores

ID	Title	# of attendees	Overall rating	Quality of Content	Quality of Faculty	AV quality	Audience Interaction	Likelihood of Change	Would Recommend
<b>Workshops</b>									
WA01	Cryosurgery for the Internist	15	5.00	5.00	5.00	5.00	5.00	5.00	5.00
WA02	Discussing Resuscitation	28	4.17	4.26	4.44	3.84	4.37	3.58	3.53
WA03	EBM Curricula: Creating Your Own	31	3.88	4.00	4.50	5.00	4.44	3.67	3.00
WA04	High-Quality MCQs	20	4.47	4.59	4.59	4.24	4.53	4.12	3.88
WA05	Pain Theater	17	4.62	4.62	4.54	4.08	4.85	3.43	3.79
WA06	Enhancing Depression Management	22	4.48	4.57	4.71	4.24	3.76	3.80	3.32
WA07	Access in an Academic Practice	49	4.24	4.24	4.38	3.88	4.26	3.61	3.35
WA08	Promotion for the Clinician Educator	32	4.58	4.58	4.65	4.08	4.00	4.20	3.84
WA09	Research Careers in Gen Med	54	4.60	4.60	4.80	4.60	4.60	4.20	4.25
WA10	PRIMER Research Toolkit	8	3.29	3.29	3.57	3.14	3.43	3.43	2.86
WA11	Treatment of Menopausal Symptoms	43	4.69	4.56	4.73	4.51	4.78	3.95	3.94
WA12	Unannounced Standardized Patients	22	4.53	4.53	4.80	4.07	4.40	3.79	4.15
WB01	Charting Smarter not Longer	54	4.59	4.57	4.76	4.36	4.78	4.26	4.11
WB02	Communication to Prevent Harm	10	4.86	5.00	4.86	4.86	4.86	4.43	4.00
WB03	Mastery Learning of Clinical Skills	50	3.83	3.93	4.03	3.38	3.82	3.31	3.41
WB04	Teaching the Rational Clinical Exam	64	3.92	4.11	4.41	4.05	3.49	3.76	3.40
WB05	Research & Scholarship in Residency	21	4.09	4.09	4.45	3.70	4.36	3.55	3.09
WB06	Reflective Practice in Education	32	3.87	3.92	3.88	3.64	3.92	3.40	3.04
WB07	Professionalism and the Internet	14	4.76	4.76	4.76	4.65	4.94	3.71	3.94
WB08	Patients In Recovery and Methadone	10	4.67	4.44	4.78	4.78	4.89	3.89	4.22
WB09	Implementing EBM through IT	17	3.90	3.80	4.50	3.90	4.30	3.10	3.10
WB10	Negotiating your first dream job	78	4.34	4.33	4.46	3.92	4.31	3.81	4.22
WC01	Cultural Issues at the End of Life	26	4.64	4.45	4.82	4.27	4.82	3.00	3.82

ID	Title	# of attendees	Overall rating	Quality of Content	Quality of Faculty	AV quality	Audience Interaction	Likelihood of Change	Would Recommend
WC02	Teaching Heuristics in Real Time	38	4.29	4.33	4.25	4.25	4.46	3.83	3.54
WC03	Torture Survivors In Healthcare	23	4.58	4.69	4.83	3.85	4.23	3.50	3.92
WC04	Media Skills for Advocacy	31	4.33	4.28	4.67	4.06	4.56	3.53	3.29
WC05	Feedback Techniques: New Strategies	24	4.50	4.44	4.50	4.06	4.72	3.94	4.12
WC06	Reflecting on Humbling Moments	8	4.33	4.17	4.67	5.20	4.83	3.83	4.00
WC07	General medicine & post-combat care	17	4.90	4.80	4.90	5.00	4.90	4.20	4.80
WC08	PCMH: Optimizing Team Member Roles	38	4.53	4.45	4.45	3.75	4.20	3.85	3.55
WC09	How to Prepare/Present a Workshop	30	4.81	4.78	4.89	4.54	4.85	4.26	4.04
WC10	CV and Interview Preparation	24	4.60	4.53	4.87	4.33	4.80	4.07	4.07
WC11	Developing a search strategy	31	4.00	3.94	4.00	4.00	4.31	3.87	3.50
WC12	VA HSRD Career Development Awards	14	4.00	4.00	4.50	3.50	4.00	4.00	4.00
WD01	Ambulatory Care for the Older Adult	43	4.20	4.33	4.26	4.00	4.08	3.81	3.92
WD02	Evidence + Value-based Obesity Rx	66	4.19	4.15	4.44	3.89	3.81	3.63	3.46
WD03	Interventions to Reduce Disparities	60	4.80	4.78	4.84	4.40	4.80	3.71	4.06
WD04	Encouraging careers in GIM	12	4.44	4.33	4.13	4.63	4.75	4.14	3.50
WD05	Med/Lit Curriculum for Residents	20	4.80	4.60	4.67	5.33	4.80	3.87	4.13
WD06	Depression Management Using PHQ9	26	4.53	4.53	4.53	4.12	4.35	4.18	3.76
WD07	Mental Health Integration	38	4.13	4.13	4.48	3.78	3.48	3.50	3.26
WD08	Mid-Careers: Strategies for Success	52	4.21	4.08	4.36	3.96	4.40	3.58	3.50
WD09	Finding an academic position	18	4.69	4.75	4.94	4.53	4.44	4.33	4.20
WD10	Recruiting Smokers to Treatment	14	4.25	4.13	4.50	4.00	4.00	3.50	3.25
WD11	Finding and Using Public Datasets	33	4.29	4.33	4.54	4.25	3.96	3.67	3.46
WD12	Making QI Count - Quality Portfolio	32	4.41	4.44	4.48	4.15	4.52	4.15	3.81
WD13	Getting your vignette published	40	4.54	4.50	4.67	4.33	4.63	4.17	4.13

ID	Title	# of attendees	Overall rating	Quality of Content	Quality of Faculty	AV quality	Audience Interaction	Likelihood of Change	Would Recommend
WE01	Patients Who Want Everything	18	4.55	4.45	4.91	4.27	4.55	3.91	3.73
WE02	The Art and Science of Peer Review	25	4.30	4.20	4.40	4.10	4.25	3.60	3.25
WE03	When Partner Violence is possible	9	4.50	4.50	4.63	4.38	4.38	3.63	4.00
WE04	Clinical Skills Remediation	20	4.22	4.06	4.56	4.28	4.44	3.72	3.71
WE05	Communicating Professionalism	22	4.82	4.45	4.64	4.64	4.91	3.75	3.90
WE06	Practice Drills - Clinical Teachers	35	4.82	4.70	4.80	4.83	4.93	4.21	4.37
WE07	UltraBrief Personal Action Planning	20	4.67	4.67	4.75	4.83	4.42	4.25	4.33
WE08	Art Museums and Medical Education	30	4.80	4.90	4.90	4.75	4.30	3.85	4.05
WE09	Non-profit Research Funding	30	4.27	4.41	4.59	4.33	4.29	3.85	3.67
WE10	Improving Transitions of Care	45	4.33	4.44	4.44	3.89	3.67	3.56	3.78
WE11	Infertility: The Internist's Role	28	4.74	4.74	4.79	4.58	4.84	4.00	4.16
WF01	See one, Do One, Teach one	13	4.83	4.86	4.86	4.71	4.86	4.14	4.43
WF02	Communication with ID/DD Patients	10	4.50	4.50	4.50	4.20	4.70	4.10	4.10
WF03	Effective Teamwork	7	3.83	4.60	4.17	3.83	3.67	4.00	3.80
WF04	Observation of Resident Teaching	19	3.82	3.67	4.08	3.58	4.08	3.33	3.27
WF05	Joint/Soft Tissue Injections	31	4.75	4.75	4.83	4.64	5.00	4.33	4.64
WF06	Health Literacy and Education	13	4.86	4.86	4.86	4.64	4.93	4.36	4.29
WF07	Learn to Develop QI Curriculum	15	3.82	3.82	4.18	4.00	4.45	3.82	2.91
WF08	Acute Issues in Pregnancy	11	5.00	5.00	5.00	4.80	5.00	4.33	4.20
WF09	Developing Good Research Questions	17	4.18	4.17	4.33	4.17	4.50	3.58	3.58
WF10	Mindful Transitions from Leadership	14	4.73	4.67	4.75	4.64	4.83	3.82	4.09
WF11	Cross Cultural Research Methods	13	4.33	4.44	4.67	3.89	3.56	4.00	4.00
WF12	Linking Transparency and Quality	19	4.36	4.27	4.36	3.82	4.36	3.70	3.91
WF13	The Politics of Physician Payment	47	4.64	4.81	4.78	4.42	4.23	3.75	4.31
WG01	Get Reimbursed for Consults in 2010	80	5.00	5.00	5.00	5.00	5.00	4.00	4.50
WG02	Creativity in Medical Education	7	4.61	4.44	4.56	4.22	4.78	4.37	3.65

ID	Title	# of attendees	Overall rating	Quality of Content	Quality of Faculty	AV quality	Audience Interaction	Likelihood of Change	Would Recommend
WG03	Using ABIM PIMs for QI and Research	20	4.63	4.63	4.50	4.25	4.63	4.25	3.38
WG04	Pressure Ulcers	12	4.63	4.63	4.63	4.75	4.75	4.13	4.25
WG05	Women's Health Education in the VA	13	4.80	4.80	4.80	4.50	4.90	3.25	4.13
<b>Precourses</b>									
PR01	IM Resident Musculoskeletal Course	17	4.50	4.20	4.50	4.00	4.40	3.70	3.70
PR02	Translating Evidence into Practice	23	4.22	4.33	4.67	3.78	3.89	3.67	3.33
PR03	New Refugee Screening Guidelines	13	4.00	4.20	4.20	3.80	3.80	3.40	3.60
PR04	Health Disparities Mentors & Grants	17	4.70	4.70	4.83	4.74	4.35	3.96	4.17
PR05	Web 2.0 for Clinician Educators	22	4.57	4.48	4.81	4.60	4.48	4.00	3.55
PR06	Resident Geriatrics Competencies	9	5.00	5.00	5.00	4.75	4.75	4.25	4.00
PR07	Team-Based Learning: Theory/Process	9	4.29	4.71	4.38	3.63	4.63	4.00	3.63
PR08	Evidence-Based Behavioral Practice	11	3.83	4.00	4.17	3.83	4.17	3.83	3.00
PR09	Using Qualitative Methods in HSR	16	4.27	4.43	4.47	3.73	3.67	3.64	3.71
PR10	Primary Care Transformation and You	16	4.27	4.06	4.50	3.81	4.38	3.50	3.50
SSW	Research in Latin America	6	4.60	4.40	4.60	4.00	4.30	3.20	3.40
<b>Updates</b>									
CS01	Clinical Update in GIM	unknown	4.64	4.66	4.68	4.40	4.36	3.94	3.87
CUA	Update in New Medications	170	4.69	4.70	4.79	4.52	4.42	3.85	3.95
CUB	Update in Women's Health	120	4.56	4.60	4.66	4.32	4.03	3.96	3.97
CUC	Update in Hospital Medicine	130	4.44	4.44	4.49	4.44	4.39	3.88	4.10
CUD1	Update in Medical Education	150	4.10	4.19	4.37	3.88	3.42	3.31	2.89
CUE	Update in Pain Medicine	76	4.09	4.13	4.22	3.75	3.84	3.29	3.40
CUF	USPSTF Update in Prevention	103	4.44	4.50	4.70	4.17	4.31	3.28	3.82

ID	Title	# of attendees	Overall rating	Quality of Content	Quality of Faculty	AV quality	Audience Interaction	Likelihood of Change	Would Recommend
CUG1	Update in HIV Medicine	49	4.26	4.35	4.45	4.18	3.61	3.41	3.45
CUG2	Update in Substance Abuse	17	4.34	4.26	4.40	4.20	4.13	3.51	3.73
CUG3	Update in Perioperative Medicine	44	4.53	4.64	4.65	4.22	4.08	3.94	3.73
<b>Special symposia</b>									
SSA	VA Patient-Centered Medical Homes	145	4.08	4.07	4.49	3.80	4.07	3.32	3.30
SSB1	Health IT and Meaningful Use	60	4.50	4.50	5.00	4.50	4.50	3.50	3.00
SSB2	Whats New in MOC	30	4.38	4.38	4.77	4.08	4.46	3.70	3.67
SSC1	Health Reform Symposium	33	4.14	4.00	4.29	3.71	4.17	3.14	3.67
SSD	Policy and Possibilities of CER	140	4.55	4.53	4.88	4.02	4.39	3.41	4.07
SSE1	Incentives for Wellness	36							
SSE2	PCMH Implementation	90	4.39	4.49	4.68	4.09	3.74	3.33	3.61
SSF1	Managing Healthcare Costs	21	4.00	4.00	4.00	4.00	4.00	3.00	2.00
SSF2	New Paradigms for Continuity Clinic	52	4.63	4.63	4.71	4.38	4.58	3.70	3.92
SSG1	Health Reform Symposium	9	4.41	4.49	4.65	4.05	4.62	3.17	4.03

## Appendix E: Attendance Report over Last Three Years

Year	2007	2007	2008	2008	2009	2009	2010	2010
Session Type/Attendance	# of Session Types	Attendance	# of Session Types	Attendance	# of Session Types	Attendance	# of Session Type	Attendance
Precourse or Shortcourse	8	203	10	293	11	246	11	159
Opening Plenary Session	1	643	1	550	1	668	1	707
Session A Abstracts	4	236	4	230	4	206	5	217
Session A Workshops	10	400	11	415	11	537	12	341
Session A Vignettes	1	54	1	35	1	38	1	64
Session A Special Symposium	1	84	1	108	1	37	1	145
Session A Clinical Update	1	165	1	110	1	139	1	170
Total Session A Attendance		939		1448		1871		937
Session B Abstracts	4	156	4	230	4	206	5	126
Session B Workshops	10	367	11	415	11	537	10	350
Session B Vignettes	2	63	1	35	1	38	1	26
Session B Special Symposium	1	107	1	108	1	37	2	90
Session B Clinical Update	1	120	1	110	1	139	1	120
Session B IME	1	90	1	84	1	80	1	71
Total Session B Attendance		887		898		957		783
Session C Abstracts	4	123	4	185	4	86	4	164
Session C Workshops	10	429	10	297	13	337	12	304
Session C Vignettes	1	40	3	70	1	50	1	33
Session C Special Symposium	2	93	1	95	1	36	1	33
Session C Clinical Update	1	46	1	67	1	94	1	130
Session C IME	1	90	1	84	1	80	1	64
Total Session C Attendance		821		798		683		728
Session D Abstracts	4	184	4	197	4	147	4	135
Session D Workshops	12	447	10	334	13	429	13	454
Session D Vignettes	1	25	3	94	1	45	1	55
Session D Special Symposium	1	34	1	64	2	71	1	140
Session D Clinical Update	1	110	1	136	1	125	1	150
Total Session D Attendance		800		825		817		934
Session E Abstracts	4	140	5	205	4	162	4	136
Session E Workshops	9	334	9	427	13	341	11	282
Session E Vignettes	2	67	3	72	1	35	1	32
Session E IPM	1	77	1	73	0	0	1	75
Session E Special Symposium	2	118	1	125	2	35	2	108
Session E Clinical Update	1	109	1	66	1	30	1	76
Total Session E Attendance		845		968		603		709
Session F Abstracts	4	126	4	97	4	106	4	103
Session F Workshops	11	373	11	384	11	220	13	229
Session F Vignettes	1	34	3	45	1	30	1	17
Session F Special Symposium	1	100	1	83	2	43	2	73
Session F Clinical Update	1	55	1	56	1	75	1	103
Total Session F Attendance		688		665		474		525
Session G Abstracts	4	113	4	96	4	68	4	93
Session G Workshops	10	215	40	193	0	0	5	132
Session G Vignettes	1	36	1	29	1	14	1	76
Session G Special Symposium	2	68	1	31	1	67	1	9
Session G Clinical Update	1	35	1	82	2	152	3	110
Total Session G Attendance		467		431		301		420

## **Appendix F: Chair's Report**

SGIM 33<sup>rd</sup> Annual Meeting

Minneapolis, MN April 28, 2010-May 1, 2010

Grand PooBah Executive Summary by:

Ellen F.T. Yee, MD, MPH and Judith Long, MD

(AKA SGIM's Executive Court Jesters)

### I. Secrets to a successful SGIM Annual Meeting:

#### A. Make sure your Annual Meeting Co-Chair is:

1. Harder working than you
2. Smarter than you
3. Younger than you
4. Better looking than you

Judith Long was awesome. With apologies to Jeff Jackson who chaired the SGIM 25<sup>th</sup> Annual Meeting in Atlanta and selected me (EY) as his Co-Chair. I think he got maybe 2 out of 4 at that time, but I'm not saying which 2...

#### B. Just listen to Sarajane. In Nancy Rigotti's presidential address, she spoke about how Mike Barry told her to "just listen to David [Karlson]." Well, the same goes for Sarajane (AKA the "Institutional Memory for the Annual Meeting"). Now sometimes we listened to Sarajane and then went and did our own thing anyway.

#### C. Make sure to thank the SGIM staff members who work so hard on the meeting and who make the meeting seem effortless because they put all the fires out before the building burns down.

1. So: Thank you, thank you, thank you. We know how hard you work on the meeting. It was a great meeting (if I do say so myself).

#### D. A great Program Committee will make your life and job so much easier. We are very appreciative of the awesome committee we had for Minneapolis and all the hard work all of them did.

1. Emphasize that they need to be on time with deadlines and thank them profusely as the work piles on
2. The meeting is very dependent on volunteers

### II. Communication:

#### A. Need to vet and have content of messages vetted by SGIM staff to avoid miscommunication. Do not send out communication prior to vetting by staff.

#### B. Look over letters sent to presenters. Letters should contain date, time, and session information. There was an issue with a presenter misunderstanding a letter sent regarding Conflict of Interest (COI), Speaker Ready room, and time to present. The presenter thought he/she was going to give an oral presentation as they received a COI request though they had a poster presentation. This is a rare instance, but would clarify who is going to get what letter.

### III. Schedule:

- A. We chose to go with the Pittsburgh schedule and have lunch on Saturday and end with the GIM Update. Lunch on Saturday typically does not draw more than 400. But Sarajane is the guru about ordering lunches. A lunch earlier in the meeting may draw more, but you will have to weigh in the cost of this vs increased attendance.

### IV. Plenary Sessions

#### A. Speakers

1. We worked off a number of suggestions. We wanted to have a balance of speakers so we would have diversity (ie male and female, etc). The Disparities Task Force had suggestions. Please see the CONFIDENTIAL ATTACHMENT regarding Plenary Speakers. We tried to get dynamic speakers and to match the abstracts that would be presented to the content the speakers would be addressing. .
2. There is funding for the Malcolm Peterson Lecturer (transportation, hotel, honorarium). Dr. Fisher was our Malcolm Peterson Lecturer. Dr. Blumenthal paid his own way (he could not accept hotel, transportation or an honorarium due to his status as a government employee). Dr. Beal also paid her own way.
3. We asked Nancy Rigotti when she wanted to give her Presidential Speech.

### V. Funding for Speakers

- A. Being fundamentally cheap/frugal (well, the Program Chair speaks for herself on this one), we wanted to put on a high quality meeting while keeping the meeting budget in line. Program Committee Chairs were told up front that there was NO funding for speakers (except the Malcolm Peterson Lecturer)-this pertained especially to invited sessions such as the Updates and Symposia. In spite of this, we still got requests for funding (some programs were organized by non-Program Committee Chairs and the funding issue did not get communicated clearly by the symposium and update chairs).
- B. We agreed to have a letter of agreement (LOA) with all invited presenters re: no financial agreement (or for plenary speakers, what the agreement is).
  1. If a Precourse, Update or Symposia was invited, we did not have funding to provide travel and registration for all the presenters! Presenters need to pay for registration and their own travel. Need to be explicit about this. Staff will provide LOA language and can manage administration of such from the office once the committee member(s) identify the session coordinator with whom they are making the agreement.
  2. We still had some issues with folks asking for funding for speakers, usually in cases where the session was planned by someone not on the Annual Meeting Program Committee
  3. We were able to provided comped registration for some folks which came out of the Program Chair's Discretionary Fund (need to check

with David Karlson and Sarajane about the discretionary fund for next meeting once the budget is approved by Council). These mostly went to non-SGIM member speakers who were coming to be part of a special symposium and were not otherwise participating in the meeting. We did not pay for their travel or hotel with the discretionary funds.

## VI. Sessions

- A. We chose to have 3 plenary abstract sessions with a plenary speaker for each session. We liked the debate in Miami and considered this as an option. However we decided that only a great debate was worth it and did not have an idea or people we were sure we could count on.
  - 1. Each plenary session had 3 abstract presentations and a speaker.
  - 2. The opening plenary session on Thursday was 30 minutes longer than the Friday and Saturday sessions, but we had to save time to announce the Capital Campaign, so 3 abstracts were presented rather than 4.
  - 3. We presented three awards in the plenary sessions: Nickens, Eisenberg and Glaser. We put them at the end of the plenary but this meant that people did not necessarily stick around for them.
  - 4. We also announced the winners of all awards not presented elsewhere except in the poster gallery. This was done in the beginning of the second plenary and recipients stood for applause. This will now be standard practice as determined by the Awards Review Committee (Chair Monica Lypson)

## VII. Conflict of Interest

- A. The Abstracts Chairs were asked to carefully consider conflicts of interest especially in cases of presenting a plenary (ie, if their fellow had an abstract accepted or if they had an abstract accepted).
- B. Because we chose from the top 30 abstracts rather than select just the top 9 abstracts for the plenary sessions, there was some subjectivity and we wanted to avoid any COI.
  - 1. We chose to balance the plenary sessions and select abstracts that would fit with the theme. Balance considerations included: region of the country, MD vs PhD, point in career (trainee, junior faculty, senior faculty) gender, and race/ethnicity.
  - 2. As it turned out, Michelle Heisler, Abstract Co-Chair ended up having the second highest rated abstract, but graciously did an oral session rather than a plenary session because of the concern with COI.

## VIII. Peer Review

- A. We chose to peer review all submissions, but allowed Chairs and Co-Chairs to balance the program and accept a lower-rated submission, or accept a program out of peer review.

- B. Updates and Symposia were invited (designed) by the Chair and Co-Chair. There were folks that requested Updates and Symposia and the Chair and Co-Chair acted as reviewers to decide which would be presented.
  - C. This year's Symposia were thematically related and almost all addressed some aspect of health policy reform.
  - D. We asked if there were any sessions mandated by Council, and two were identified, the special symposia on PCMH and on Continuity Clinics. We tried to have a balanced presentation of precourses, workshops and abstracts.
- IX. Increasing involvement with other organizations
- A. The 2010 meeting presented a unique opportunity to work with VA HSR&D. As the 2010 VA HSR&D Meeting was cancelled (meetings over 100 had to be cleared with the Secretary), VA HSR&D funded all VA PhD researchers who had an accepted oral workshop or abstract. This appears to have been a one-time opportunity
- X. Local Host Committee: Heidi Coplin and Ellen Coffey
- A. Heidi and Ellen C. exemplified the graciousness and hospitality of the Minnesotans. They put together a list of things to see and do and where to eat in Minneapolis
  - B. They also worked with local ACP to advertise the meeting
  - C. Helped to identify discussants for the Unknown Clinical Cases-used two local discussants, which I think would be great to continue in 2011
- XI. Student Residents and Fellows: Eboni Price-Hayward and Hannah Shacter
- A. There was a FULL SRF breakfast meeting. Successful endeavor by Eboni and Hannah.
  - B. SRF Scholarships have been offered in past, but need to check with Council to see if these will be offered again
  - C. There is a tiered registration: 20% discount off registration fees if >10 SRFs from one program. Must be sent in as a packet all at once to qualify.
  - D. Note: over the past few years these are the institutions that have sent enough associate members to qualify for the group discounts (some in each year):  
UCSF      Tulane      Emory Montefiore      Johns HopkinsHarvard (in 2010)
- XII. Symposia: Kevin Volpp and Ashish Jha
- A. Kevin and Ashish organized a powerhouse line-up of symposia that were mostly health policy oriented.
  - B. Other folks organized Symposia: VA HSR&D sponsors a VA symposia
- XIII      Workshops: Reena Karani and Michael Paasche-Orlow
- A. Policy on cancelling workshops (or precourses) with low enrollment. Faculty coordinators were notified if they had low enrollment (ie, less than 12).
    - 1. We chose to let the session coordinator decide if they wanted to present or cancel the session rather than arbitrarily cancel for them. All of them

chose to present. Letting them know that enrollment was low allowed then to also drum up additional interest.

2. The registration enrollment can be tricky: courses with high enrollment had low attendance. Others with low enrollment had high attendance (the Distinguished Cancer Professor talk had only 20 enrolled, but probably had around 100 attendees (no seats left, folks were standing in the doorway).

B. Workshops were peer-reviewed

C. Reena and Michael selected the final workshops and percentages of categories of workshops presented

D. We chose to try to accommodate conflicts with workshop presenters. MPO scheduled the workshops, but if a presenter's name was listed differently in the submission, they would not necessarily be identified as presenting with another workshop. Be aware that every change made in the workshop schedule after it has been entered in the online submissions management system makes for a number of changes elsewhere

#### XIV. Abstracts: Arleen Brown and Michelle Heisler

A. This was the first year for CMC (as COS went out of business). The following issues came about, and the SGIM office will decide about renewing CMC contract vs going to another vendor. If CMC is used again:

1. Turnaround time took too long. We would ask for reports from CMC, and did not get timely responses
2. Workshop/abstract submitters who did not pay (because the system was hard to use and submitters thought they had paid) were not notified that their submission was not complete. These submissions were not sent on to reviewers and therefore did not get reviewed/rated on the first go-round. We chose to put together a peer review committee to rate these workshops. One of the workshops was scored high enough to add to the program. In addition there was at least one person who had paid but the system registered that he had not paid. The person was able to provide credit card proof of payment prior to the submission deadline date.
3. Abstracts: during the review process, reviewers are supposed to note a conflict of interest by entering a zero score. The first round of scores returned to Arleen and Michelle included the zeroes as part of the overall abstract score. The scores had to be recalculated leaving out the zeroes. Each abstract was supposed to have a minimum of 3 reviewers. There were a number of abstracts that had just one reviewer, so we chose to get additional reviewers to insure the minimum of 3 reviews per abstract. Some abstracts had 6-7 reviews. It is unclear how this imbalance occurred.
4. CMC allowed precourse abstracts to be printed...but then we could not print out the scientific abstracts. Printouts were in a user-unfriendly format (should be just one page, but ended up being multiple pages).
5. Entering the accept/reject and schedule information into the CMC system is time consuming. Consider revising timeline to expand time between

when information is provided to staff and when authors are informed of results of peer review.

- B. Secondary categories: suggest keeping these (included: Women's Health)  
*Note from Sarajane:* Women's Health has asked to eliminate secondary category, as it has never done what they thought it would – expand the pool of accepted submissions to be considered for the Women's Health Award. After four or five years not a single award has been given to a submission that identified Women's Health as the secondary category. Staff should share this decision with the folks planning the geriatrics and any cancer distinguished professor programs to see if they still require secondary categories. Or else the committee should simply make this decision themselves.
  - C. Heroic efforts by Arleen and Michelle! This is a huge job. They reviewed abstracts. They scheduled abstracts. They contacted the plenary abstract speakers and reviewed their slides. I think they even helped one presenter practice on the phone. They kept their sense of humor.
- XV. Updates: Toshi Uchida and Alfred Berger
- A. Updates used past reviews for selection
    1. There are criteria developed by Kurt Kroenke and Ellen Yee so you know they have to be good-posted on web and ATTACHED)
  - B. Toshi and Alfred made the final selection for Updates (and did so in a timely and cheerful manner!)
  - C. All Updates are eligible to be published in JGIM (suggest checking with JGIM Editors to make sure this will be a continuing practice)
- XVI. Evaluations: Kirsten B. Feiereisel and Thomas Gallagher
- A. Kirsten and Tom devised an incentive program of five incentives of \$200 each in order to increase the return of overall meeting evaluations. We call this the Evaluations Economic Stimulus Recovery Act.
    1. To encourage the “greening” of the meeting, only on-line evaluations were eligible for the drawing.
    2. Responses remained anonymous, drawing was random. Paper evaluations were not included in the registration packet, but were available at the meeting.
    3. One colleague noted that he/she would fill out the evaluation to be eligible for the incentive. So on a very non-scientific level with an n=1, it looks like the incentive worked.
    4. Actually we had an outstanding response rate, so I highly recommend continuing the incentives which were very successful. An issue came up as to whether program committee members could be eligible for the incentive. If you choose to make them ineligible, recommend that this is made explicit (ie, on web site, paper, direct communication with program committee, etc). However, drawing is random and program committee members do not have any influence on who wins. We (EY, JL) feel they should be eligible. EY and JL did not win any of the incentives for 2010.

B. Evaluation Rate

1. Greatly improved rate of evaluation of the overall meeting AND significantly shifted towards online evaluation (goes to show you that our Evals Chair and Co-Chair Rocked!)

Paper: 29

+ Online: 718

Total: 747

747 Evaluations/1551 Meeting participants = **48.1% Response Rate**

2006: 25%

2007: 14%

2008: 29%

2009: 18.7%

XVII. Clinical/Case Vignettes: Ben Taylor and Monica Vela

- A. There was some difficulty getting discussants for the Unknown Clinical Vignette sessions, and getting female discussants. In the end, we scrambled around and filled the positions. Unknowns are unknowns-they are not available electronically until after the meeting. We got two local Minnesota-based unknown discussants. We like the idea of showcasing local talent to lead the unknown discussions.

Note from Sarajane: Unknown vignettes are not posted online until after the meeting. They can be provided to discussants if they are identified early enough.

- B. We added a Social Determinants of Health category to the vignettes. None were accepted for oral presentation but those that were accepted for poster presentation were physically grouped together in one of the vignette session. This was very well received. Hopefully as people get more familiar with this new category some of the vignettes will rise to being considered good enough for oral presentation or even an unknown.
- C. Clinical Vignette Posters
  1. We had discussed the idea of getting organized groups to tour the posters so presenters wouldn't feel like they were just standing around chatting with their neighbors.
  2. The UCLA folks get their faculty to view all UCLA abstracts and have an internal competition.
  3. At the Mountain West SGIM Regional Meeting, a group goes by all posters to discuss them with the presenters and judge them for a competition.
  3. We did not do this for 2010, but would consider this for next year, but will take coordination and SGIM staff time may not be available to manage this.
- D. Clinical Vignettes has a large number of submissions-so this is a big job. Most submissions are from associate members.

XVIII. Precourses: Linda Pinsky and Art Gomez

- A. Name changed from Short Courses back to Precourses

- B. Submissions were peer-reviewed
  - C. Precourses have not required additional fees for years; their cost is built in to annual meeting registration fees.
  - D. Attendance appears to be at steady state regardless of number offered
  - E. Precourses used to be a way to make more money at the meeting and used to draw a lot of folks (over 1000). Please see Precourse Analysis Attachment (EY did this several years ago for Council but it has not been updated fully)
    - 1. However, the meeting length was increased by a day a number of years back, and I suspect that with economic considerations (having to pay another day for a hotel, cutbacks in Departmental/Division funding for the meeting) and time factors now play into the decrease in attendance seen for precourses
- XXIX. Innovations in Medical Education: T. Shawn Caudill and William Kormos
- A. Highest rated abstracts were given oral presentations
- XX. Web-Based Innovations in Medical Education: Kenneth Locke
- A. We got input that it was important to have someone who had prior experience with this as the review required reviewers look at websites
  - B. Ken was the expert!
- XXI. Innovations in Practice Management: Lisa Vinci and Luci Leykum
- A. Highest rated abstracts were given oral presentations
- XXII. Meet the Professor: John Ayanian
- A. John came up with our meeting theme-thanks! It was very helpful to have policy experts on the Program Committee.
  - B. In past, had mentoring panels, but in 2010, decision was to offer individual sessions
  - C. Elliot Fisher, the Peterson Lecturer agreed to do a Meet the Professor session. So did one of the other plenary speakers, who cancelled at the last minute.
- XXIII. International Program: Eliseo Perez-Stable
- A. In past, had 2 sessions, in Minneapolis there was only one session
- XXIV. ABIM SEP Session: Anita Varkey
- A. Cost may become prohibitive (ABIM now charging a lot more to offer these)-suggest checking the cost before it is offered again. Rates in 2010 were locked in previously.
  - B. Audience response system costs \$2,000. An SGIM member had volunteered to lend us a system owned by his school, but withdrew the offer when it was needed at home. Sarajane will know who the member is.
- XXV. One-on-One Mentoring: Kenneth Covinsky and Som Soha

- A. We considered a more proactive approach to pairing mentors and mentees
- B. In past, there have been more mentors than mentees
- C. SGM staff person involved is Quione Rice

XXVI. Distinguished Professor Series:

- A. Geriatrics
- B. Women's Health
- C. Cancer
- D. I believe all groups are planning to offer these sessions again next year. Both Geriatrics and Cancer were applying for more funding. Women's Health has had an evening talk. Geriatrics and Cancer had lunch talks. All offered poster walking tours.

XXVII. Interest Groups (IG)

- A. All Interest Group coordinators who presented at Miami in 2009 but did not submit an IG for 2010 were contacted by EY and asked if they wanted to submit. Most did.
- B. The scheduling of IGs was done by EY looking at 4 past years and rotating the IGs. Some groups had specific requests (ie, they did not want Saturday). Others who had never had a Saturday IG were scheduled for that date. One group with 3 Saturday IGs was given a lunch spot instead.
- C. We were able to avoid conflicts requested by the IG coordinators. We were not able to avoid conflicts otherwise.

XXVIII. Awards

- A. Council designated Monica Lypson to be in charge of the Awards. Monica did a heroic effort to operationalize the process.
- B. Judith Long was on the Awards Committee and worked closely with the committee and council. Meeting Co-Chair is expected to liaison with Awards Committee each year.
- C. Awards are grouped into tiers.
  - 2. One major award was presented at each plenary (Nickens, Eisenberg, Glaser). The Rhodes, Achievement in Education, and Calkins Award were presented at lunch.
  - 3. The Rhodes presentation depends on when a member of the family can make it to the meeting. Presenters were given 5 minutes to introduce winners and winners were given 5 minutes to accept.
  - 3. Note: introductions and acceptance speeches tend to go over the time allotted.
  - 4. Bob Wigton has taken the lead for the Hamolsky and Lipkin Award. Lots of work for which he has continued to volunteer to do year after year and his efforts are greatly appreciated. He wrote down his process for us and it is now on file with Sarajane (or Judith also has it).
  - 5. Under Monica's leadership the selecting of award winners will be drastically changed for the better. Last year some of the awards were being decided on the Friday before the meeting started. This left

recipients scrambling to make reservations etc to be there on time to receive the award and is **HIGHLY UNPROFESSIONAL**.

1. We are aiming to have all awards chosen by Feb or March of this year in time to include winner names and pictures in the program. (Note: the awards timeline has already been revised for 2011)
2. This requires that award committees are selected and committee meetings are scheduled before submissions arrive. Need to work with Michael Killeen, the SGIM staff person who manages the awards process to make sure this is happening in a timely manner. Waiting until submissions are in to put together the committee ensures a last minute poorly planned process. Waiting until submissions are in to schedule a committee meeting also ensures a late process.

**FINAL NOTES:** Thanks again to the hard-working, dedicated 2010 Annual Meeting Program Committee, SGIM leadership and staff, and everyone who helped out with the meeting. We appreciate every single one of them for their time, effort, and contribution. And thanks especially to Sarajane!