

# **Evaluation Committee Report**

**35<sup>th</sup> Annual Meeting of the Society of General Internal Medicine**

**“Promoting Generalist Values in Times of Change”**

**May 9-12, 2012**

**Walt Disney World Swan and Dolphin Resort  
Orlando, Florida**

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## 1. MEETING DETAILS:

The 35<sup>th</sup> Annual Meeting was convened in Orlando, Florida from May 9<sup>th</sup>-12<sup>th</sup>, 2012. Educational programming included:

- 2 precourses
- the 2012 ACLGIM leadership training institute
- an all-day quality improvement course on Wednesday
- 4 special series – one each on women’s health, cancer research, geriatrics and one on VA-related topics
- 2 ABIM SEP modules
- 4 mentoring panel sessions
- 3 plenary sessions, each with a keynote speaker and some of the most highly rated abstract submissions
- 66 workshops, including 2 addressing international disaster relief programs (one Asian and one European)
- 9 clinical updates
- 6 special symposia
- 57 interest group meetings
- 24 scientific abstract oral presentation sessions, 3 scientific poster sessions
- 6 clinical vignette oral presentation sessions, 2 clinical vignette poster sessions, 3 clinical pearls sessions
- 1 innovation in medical education (IME) oral presentation session
- 1 clinical practice innovations (CPI) oral presentation session
- 1 combined IME and CPI poster session

## 2. SUBMISSIONS AND OVERALL ATTENDANCE

There were **1,808** registered attendees, an increase of 12% from 2011 and the largest registration since 2004. Eighty-five percent of attendees stayed at the official meeting hotel, the Walt Disney World Swan and Dolphin. Registration surpassed expectations, and contracts at group rates were negotiated at an additional five hotels. Similar to prior years, 89% of evaluation respondents reported attending the meeting on Thursday, 90% reported attending on Friday, and 64% reported attending on Saturday. The table below provides the number of submissions, presentations, and acceptance rates by type of session.

Session Type	Submissions (N)	Number Presented	Acceptance Rate
Precourse	13	2	15%
Scientific Abstracts	644	630	97%
Workshops	154	66	43%
Vignettes	529	444	84%
Innovations in Medical Education	113	71	62%
Clinical Practice Innovations	73	71	97%

## 3. OVERALL MEETING EVALUATION RESULTS

Overall meeting evaluations were assessed with an online survey, with 702 responses received (response rate 39%), higher than the historical average of about 30%. The mean rating score for the overall meeting this year was **7.2 out of 10**. This is consistent with an established pattern of lower scores that correspond with higher response rates (2010: response rate 48%, mean score 7.0), as compared to slightly higher scores with lower response rates in other years (2011 - response rate 16%, mean score 7.5; 2008 - response rate 29%, mean score 7.7; 2007 - response rate 14%, mean score 7.8). These numbers suggest that the slightly lower overall rating this year may be due to input from a broader, more representative attendee sample, rather than a true decline in attendee satisfaction. Respondents also rated the meeting highly compared to other meetings of similar type they have attended in the past.

How would you rate this conference compared to other conferences of this type that you have attended (N=586)		
	Response Percent	Response Count
Below Expectations	3.4%	20
Average	21.5%	126
Truly Above Average	38.9%	228
Outstanding	25.8%	151
Top 5%	10.4%	61

Sixty percent of respondents identified their primary role as “clinician,” “investigator” and “educator” in approximately equal numbers, with the remaining 40% listing other roles, including 18% as “resident” and 5% as “student.”

Professional Role	Percentage of Respondents
Clinician	20.2%
Investigator	19.3%
Educator	21.5%
Administrator	5.9%
Hospitalist	4.3%
Fellow	4.3%
Resident	17.7%
Student	4.6%
Non-physician	2.3%

*Goals of Attending the Meeting:* The four most important reasons cited for attending the Annual Meeting, as determined by responses of moderately or very important, were networking (88%), meeting with collaborators (82%), hearing about new research (81%), and disseminating one’s own work (70%). The great majority of respondents reported that these four goals were met, with a range of 84% to 97% across these four areas. In general, the responses with regard to which meeting goals were most important and whether or not these goals were met are similar to those from the 2011 meeting, with the exception that fewer people reported learning teaching, clinical, and research skills (2011: 72-78%; 2012: 64-68%)

Goals	Moderately or Very important (%)	Goal met (%)
Network	88%	95%
Meet with collaborators	82%	90%
Hear about new research	81%	96%
Disseminate my work	70%	84%
Learn or re-evaluate teaching skills	62%	68%
Learn or re-evaluate healthcare policy	61%	81%
Learn or re-evaluate clinical skills	58%	64%
Learn or re-evaluate research skills	56%	65%
Learn or re-evaluate administrative skills	39%	52%

*Logistics and Meeting Planning:* Approximately 76% of respondents felt that the registration process was above average when compared to similar conferences. A majority of respondents reported using the three resources to guide their selection of sessions to attend: the preliminary program (75% of respondents), the SGIM meeting website (74% of respondents), and the onsite program (89% of respondents). This suggests that each of these resources is useful to a significant subset of SGIM membership.

*Future Plans:* Eighty-nine percent of respondents plan to attend the 36<sup>th</sup> Annual Meeting in Denver, and 97% of respondents would recommend the meeting to others. As shown in the Table below, the most commonly cited new behaviors endorsed by respondents for the upcoming year were “starting or modifying a new research project” (71%), “modifying how I communicate with patients” (55%), and “change the way I teach” (53%).

Future Plans	Percent Endorsing
Start new or modify an existing research project	71%
Modify how I communicate with patients	55%
Change the way I teach	53%
Use a "new" (new to me) diagnostic or therapeutic technique for inpatients	31%
Use a "new" diagnostic or therapeutic technique for outpatient	46%
Use a "new" research technique	32%
Start or modify a QI project	44%
Implement "new" administrative methods	32%
Change the way I teach others to teach	49%

#### 4. INDIVIDUAL SESSION EVALUATION RESULTS

##### Plenary Sessions:

- The Thursday plenary was delivered by Dr. Steven A. Schroeder, entitled "Does the Arc of the Moral Universe Really Bend Toward Justice?" This presentation was rated "truly above average" or "outstanding" by 57% of respondents and "top 5%" by an additional 7%. Fifty-six percent indicated that they would implement a lesson learned.
- The Friday plenary was delivered by Dr. Karen B. DeSalvo, entitled "The Public's Health." This presentation was also rated "truly above average" or "outstanding" by 57% of respondents, and was rated "top 5%" by an additional 12%. Fifty-seven percent indicated that they would implement a lesson learned.
- The Saturday plenary was delivered by Dr. Judy Ann Bigby. Her presentation received lower ratings than the two earlier plenary sessions, as it was rated "truly above average" or "outstanding" by 45% of respondents, with an additional 3% rating it "top 5%." Forty-four percent indicated that they would implement a lesson learned.

The Thursday plenary session had 816 attendees and the Friday plenary session had 830 attendees. The Saturday plenary session had 438 attendees.

##### Other Educational Content:

All types of content had high mean scores in terms of the overall evaluation, particularly the workshops, precourses, and clinical pearls. Other specific scores were similar across types of content, although the VA sessions scored somewhat lower on the quality of the audiovisual materials and the international program sessions scored lower on the degree of audience interaction.

Domain	Workshops*	Clinical Updates	Special Symposia	VA sessions	Int'l Programs	Precourses	Clinical Pearls
Overall Evaluation	4.73	4.13	4.39	4.20	4.31	4.64	4.46
Quality of Content	4.42	4.52	4.40	4.18	4.35	4.64	4.46
Amount of Material Covered	4.32	4.50	4.39	4.09	4.41	4.60	4.44
Quality of Faculty	4.56	4.63	4.57	4.49	4.47	4.86	4.56
Audiovisual Materials	4.23	4.21	4.14	3.94	4.29	4.29	4.32
Audience Interaction	4.49	4.13	4.11	4.25	3.76	4.61	4.15
Prior Topic Knowledge	3.27	3.46	3.41	3.50	3.06	3.41	3.56
Audience Size	1.94	1.95	1.81	1.99	1.24	1.93	2.16
Will Make Concrete Change	3.86	3.83	3.65	3.37	3.07	4.28	3.70
Would Invite to My Institution	3.88	3.86	3.83	3.47	3.56	4.17	3.90
*All evaluations based on a 1-5 scale where 1=poor and 5=excellent, except for audience size where 1=too small and 3=too big, and "will make concrete change"/"would invite to my institution" where 1=no/definitely not and 5=extremely likely/definitely.							

##### Workshops

Total attendance for the workshops was 1,456 with an average attendance of 22. Of note, workshop attendance in the last time slot on Saturday was very low, with an average of 9 participants per workshop. This was an issue for several workshop facilitators and participants (see open-ended comments) and was perceived as demoralizing by some. The evaluation response rate from the workshops was 66.9%, about five percentage points higher than 2011.

### *Clinical Updates*

Topics for clinical updates included care of cancer survivors, medical education, new meds for primary care, perioperative medicine, women's health, addiction medicine, HIV, hospital medicine, and general internal medicine. Total attendance for clinical updates was 752, with an average attendance of 85. The evaluation response rate from clinical updates was 73.8%.

### *Special Symposia*

Topics for special symposia included care transitions, graduate medical education, patient safety, new medical schools and medical innovation models, and improving value in health care. Total attendance for special symposia was 208, with an average attendance of 42. The evaluation response rate from special symposia was 48.1%.

### *VA*

There were 3 VA-themed sessions, on patient-aligned care teams, bridging the QI and research divide, and learning healthcare organizations. Total attendance for the VA-themed sessions was 157, with an average attendance of 52. The evaluation response rate from VA-themed sessions was 54.8%

### *International Programs*

There were two international programs, on Japan disaster recovery and international disaster relief in Haiti. Total attendance for the international programs was 52, with 25 attendees at one session and 27 at the other session. The evaluation response rate from international programs was 32.7%

### *Precourses*

There were two precourses, on clinical teaching and perioperative medicine. Total attendance for the precourses was 38, with 20 attendees at one session and 18 attendees at the other session. The evaluation response rate for the precourses was 73.7%.

### *Clinical Pearls*

New in 2012 were three clinical pearls sessions, on chronic disease management, communication and behavioral health, and acute presentation of disease. Total attendance was 269, with an average attendance of 70. The evaluation response rate from clinical pearls sessions was 89.3%.

## **5. AWARDS**

The David E. Rogers Junior Faculty Education Awards were given to three junior faculty who coordinated workshops at the meeting. Four criteria were applied: 1) At least 20 attendees came to the workshop (determined by the staff head count). 2) At least 60% of attendees completed and returned evaluation forms for the session. 3) The session received the highest overall rating of eligible sessions. 4) The session coordinator was an eligible faculty person (faculty rank below associate professor). In 2012, the David E. Rogers Junior Faculty Education Awards went to:

- **Chad Miller, MD** from Tulane University School of Medicine for "Getting your vignette published in JGIM and other journals: A step by step approach"
- **Amber Pincavage, MD** from The University of Chicago Pritzker School of Medicine for "Transforming resident continuity clinic year-end handoffs: risks & opportunities"
- **Marcella Nunez-Smith, MD** from Yale School of Medicine for "Beyond the themes: applying best practices in qualitative and mixed methods research from grant preparation to meaningful translation"

## **6. VERBATIM OPEN-ENDED COMMENTS**

Open-ended comments are included in an Appendix to the main document. There were several themes that dominated the comments, including a high level of dissatisfaction with the mobile app as well as the website among those providing such comments. Participants expressed frustration about the app not working correctly, being unable to see the entire program on the website or the app, etc. There was also great enthusiasm for the schedule change starting later and ending earlier. While the number of concurrent sessions was the same as prior years, there was also frustration with being forced to miss sessions due to time conflicts.

An additional issue raised by many was poor attendance on Saturday and at the poster sessions. This was a particular concern in that respondents felt that we may “lose” resident interest in the future if no one is stopping by their posters, given the difficulty they have of attending the meeting despite their busy schedule. Actionable suggestions provided for the issues related to low attendance (see Appendix) include having fewer concurrent options on Saturdays to increase attendance at each of the sessions, and soliciting volunteers who will visit resident posters in order to ensure that the residents are engaged.

## **7. SUGGESTIONS FOR FUTURE MEETINGS**

As with all surveys, both non-response bias and social desirability bias may limit how informative the data are from survey evaluations. Notwithstanding, some suggestions for future meetings from 2012 evaluation data are listed below.

- *Electronic Platforms (mobile app, website).* There was a relatively high level of dissatisfaction among responders with the on-line meeting tools, with relatively few positive comments about them. The most common issues raised were complaints about not having appropriate content including the entire program made available, not working correctly, and being difficult to use. One problem may have been the erratic WiFi at the Swan and Dolphin Hotel, which may not be an issue in Denver. Still, it will be helpful for the 2013 meeting to ensure that these potentially very useful resources have been well tested and are working appropriately. It might be helpful to make participants aware of the efforts made to improve these resources prior to the meeting, in order to avoid some participants not even trying to re-engage with their use.
- *Session Attendance.* While most sessions had very good attendance, there was low attendance at the last session on Saturday and at the poster sessions, per the quantitative evaluation numbers and qualitative comments from the evaluations. The low Saturday attendance may be related to attendees leaving early to spend time at Disney with their families, but the program committee may consider ways to avoid this issue in the future, possibly having fewer workshops (which are particularly sensitive to low attendance, as opposed to larger sessions) in the last time slot. In addition, the program committee may want to consider ways to increase participation and enhance the experience of residents who are presenting posters. There were quite a few complaints about the requirements of having to pay for a 3-day meeting and the hassles of scheduling time off from a clinical rotation in order to present a poster for 1 hour with only 1 or 2 people coming by.
- *Clinical Pearls.* The clinical pearls sessions were quite popular, with some participants providing enthusiastic comments in the program evaluation. Several attendees requested including more clinical content in future meetings. The program committee should consider continuing and possibly expanding this newly developed feature in 2013.
- *Meeting Evaluation Returns.* The evaluation return rate this year was 39%, much higher than the 16% return rate in 2011. The new option for participants to complete evaluations on mobile devices may have helped to improve to response rate, and should be continued for future meetings. Continued emphasis on the importance of evaluations by the Program Committee chairs will be important to ensure high return rates in 2013.

## APPENDIX - OPEN-ENDED COMMENTS FROM EVALUATION FORMS

### HOTEL

- I liked having the conference and hotel in the same place. It would be nice to have freely accessible internet services throughout the conference area.
- Also, the venue seemed to be an issue- it's a great issue but the hotel just doesn't seem to be able to accommodate a meeting of this nature well.
- Orlando was great and the Swan was excellent.
- Very nice hotel staff, very helpful, and easy to get things done remotely for work from the hotel.
- Great venue, however, the hotel was very overpriced; 3 nights were close to 800\$ at the reduced conference rate! I hope next year's location is more reasonable.
- More hotel space
- The meeting location was excellent- great restaurants in walking distance, very nice facilities, and compact. SGIM should return to these hotels again.
- I was pleasantly surprised by the resort. It really helps to have the sessions close to the hotel as was the case this year and last.
- Conference was at hotel where there was the options to stay. Outstanding hotel and services.
- The swan and dolphin wifi did not work well at all - this was an issue for my husband and myself as we were doing some clinical coverage while at the meeting.
- The meeting was in a hotel rather than spread out at a convention center (ie-Minneapolis, Pittsburgh) hotel worked perfectly hotel and facilities were very nice
- The hotel was nice enough but I find wayfinding hard. Some hotels actually have signage for the floor you're on, and we can't make them do that - but could we have the map that's in the program blown up and on each level with a "you are here" marker? Maybe it's just that I'm getting old
- Conference hall was too spread out so it made it difficult to get to the various places

### MEETING LOGISTICS

- I liked that the vignette posters were placed together, and the research posters were grouped by identified themes to make navigation easier. Adjusting the start and stop times was smart given Disney, although attendance seemed to be excellent through Saturday morning.
- Don't close the registration for mentoring so early.
- More interactive, IT demonstration sessions.
- Organized -- sessions were in breakout rooms that were centrally located and close to the hotel rooms
- Excellent redesign of the program layout.
- presenting my poster was very easy, especially with the company used to ship it ahead of time.
- Everything was well organized
- I would strongly recommend listing the level of participants for the workshop advance and on- site programs so "experts" hopefully not select a workshop aimed at junior faculty or residents.
- Excellent leadership -- everything ran very smoothly. Wonderful group of presenters and physicians. Lots of fantastic collaboration. Very inspiring.
- I would strongly urge all presenters to have their presentations loaded to the SGIM web site before their session. More and more people bring laptops or tablets to the meeting and would greatly benefit by having material available to access on-line at the time of the meeting during a session. This could probably be accomplished on-site at the meeting itself and would greatly enhance the presentations.
- The planners did a wonderful job with the "theatrics" of the event, especially with the awards and plenary sessions and the postings of the award winners' faces. They also did a great job making everyone feel included, from those who were newcomers, residents, returning veterans, and researchers or clinician-educators alike - all were obviously welcome to join the family and be a contributing member.
- The planning committee did a great job
- The coordination of the shuttle was very disorganized; It did not correspond with the sessions.
- The registration packets, were not as professional as I expected - considering the amount of the registration fee.

- Liked how easy it was to attend everything. Very convenient
- The logistics of this meeting were not good. The times in the program book were wrong. The morning sessions started too late in my opinion. I hope next year's schedule reverts more to the tried and true norm.
- To be consistent with educational teachings on learning objectives and respectful of attendee's time, the meeting materials should have learning objectives of each workshop listed. Very annoying to go to workshops with interesting and catchy titles but then realize it is not as advertised or only obliquely related to your interests on the matter. Only reasonable to expect that we should know what we are going to get out of attending a talk/ workshop/ etc.

#### MOBILE APP/ WEBSITE

- The mobile-app on MyItinerary was great but a little more explanation about how to use it prior to the conference would be great
- I liked the online itinerary builder function, which is an improvement over prior web based options to view meeting content. It could be enhanced with better search functions (by author, keyword, day/time, track, presentation type, etc.) so it isn't necessary to scroll through the entire list of titles. The companion iPhone App had poor functionality, but since it was free I didn't expect much (I wouldn't pay for the app though). I would like more online access to ALL abstracts presented (posters, talks, workshops).
- I am hoping the electronic schedule will improve. The one SGIM used at this conference would not load well.
- I would like to suggest improving the website and on-line materials for next year. I usually like to have access to the handouts for session that I attend while attending them, so I can take appropriate notes. The same is true of the abstracts. This year the handouts and abstracts were impossible and continue to be difficult to obtain.
- The mobile planner would have been extremely useful if it had been implemented better. For example, being able to enter specific abstracts during the poster sessions
- The ScholarOne smartphone app was a great idea, but really did not function well and turned out to be very frustrating. Hopefully will be much better next year. The on-line version was better, but still somewhat unwieldy.
- The website was horrible this year. I couldn't figure out what sessions I was going to attend until I got the onsite program. Usually I have it all planned out before I arrive.
- The website was not very helpful this year. We don't all have i-phones so not sure if the advertised app made up for what the website lacked.
- Post a PDF of the onsite program on the website so that meeting attendees can download it onto their mobile devices
- Post presenters' slides on the website after the meeting.
- The iPhone app was useless and unhelpful.
- I would highly recommend that a better way to disseminate the program to mobile devices, such as placing a full program (PDF, doc, HTML, etc.) on the SGIM website, or just a better conference schedule app.
- The mobile app used was absolutely terrible. I realize it is a pretty bad app to start with, but I understand that you don't have much control over that (unless you can find another conference-based app). However, the more annoying thing was that only part of the program was included. At a minimum, ALL of the session titles should be included. I should NOT have to look in TWO places if I want to use the app (mobile app for workshops, printed program for plenary sessions, etc.) -- this really made the app worthless to me, since I'd have to carry around the printed program anyway. It would also be nice to have the description and details from the printed program also included in the app. Having said that, the printed program was pretty good (for those, unlike myself, who still like to use paper :)
- I could not find the final program with room assignments on the regular web site. I could not get the meeting app to work on my droid.
- The organization of the onsite booklet could improve. The web site schedule was confusing
- More on info the meeting schedule far enough ahead of time to buy plane tickets etc. based on what sessions I'd like to attend. The website and "my itinerary" were very difficult to use and were posted too late.



## FOOD

- I usually eat dinner at SGIM with people I already work with at home or know well, which sometimes seems silly. I'd really like it if SGIM had some kind of sign-up sheet for people who wanted to go out for dinner, maybe even by general interest area - would be a fun way to meet new people with similar interests.
- Not sure why lunch was not served last day, but that was a disappointment.
- breakfast was great, and a nice way to network. lunch could have been improved.
- The food at this meeting was the best it has been in years.
- availability of lunches was better at this meeting--didn't run out of veggie ones
- quality of food was good
- Make sure lunch is available for every attendee during the awards lunch. Lunch should have been included and provided as part of our registration fee rather than having a large number attendees having to leave and purchase their own lunch.
- MUST have enough space for lunch. That was truly disappointing to miss awards lunch
- On the last day, please serve a box lunch- esp when very little time is allotted to lunch. Loved having some healthy options for breakfast (cereal, fruit etc)
- Liked having fruit at the snack tables.
- Next year I hope for the same I wish coffee and snacks were available during breaks. I wish lunch was available on Saturday if the meeting goes past noon
- For next year, I would make sure that you have enough room for people to sit down in the plenary sessions and enough lunches for everyone who attends. That was pretty much of a fiasco on Friday.
- Ensure adequate food and avoid wasting of breakfast foods/coffee
- Running out of lunch causing over 100 people to miss out on the President's speech was not good especially that there has been no formal apology sent out or compensation
- Friday Lunch - almost 50-75 people were turned away saying not enough food. Yet, there was no apology or announcement or reimbursement offered. Bad customer service on this one
- Please reinstitute real coffee breaks with coffee and tea, snacks. It is worth a small extra cost to attendees. These coffee breaks used to provide a focal point for networking and social contact. The meeting seems austere this way.
- The breakfast could have been available early enough for folks presenting first thing in the morning to get something before presenting. Nothing is worse than morning sickness without food in your stomach trying to network and present data to colleagues.

## CONTENT/WORKSHOPS

- A few higher level workshops - often they are geared towards beginners and not people already doing the work
- I appreciated the increase in clinical content
- The mix of policy, research, and clinical is nice; but I would prefer to have more clinical sessions.
- I go to ACP and Harvard reviews to get updated on clinical care, but can't get the workshops, teaching skills, or how to write/publish anywhere else so definitely keep that in the program
- Good range of topics for wide variety of generalists.
- There was a good mix of sessions and abstracts.
- I really enjoyed the clinical vignettes and medical mystery cases
- I appreciated the pre-course on Quality Improvement tools; it was intensive but effective and informative, led by experts in the field. The topics were varied throughout the conference and appropriately fit the overall theme of the conference.
- Have more clinical sessions/workshops; bring back the "unknown oral vignette/mystery case; posters don't need as much time as was allotted to them during this meeting
- Great abstracts with themes. Great speakers.
- i liked how many sessions there were - tons of variety (something for everyone).
- Need more clinical sessions

- I liked the richness of the offerings. During any given session, there were at least 4 different offerings I could have attended.
- continue to add clinical content
- it had a nice mix of clinical with educational offerings.
- Separate sessions for HIV clinical update and Addiction Medicine update
- More interactive sessions
- More advanced lipoprotein education
- The guided poster tours I thought were a great way to network and learn about other research simultaneously.
- Very interactive abstract session with the SMDM
- the professional career development sessions were really good. I particularly enjoyed the unique career paths. This is helpful for general internists to begin thinking about and figuring out what additional skills one may need to pursue these avenues.
- I think the Clinical Pearls concept was an excellent one, though there was some variability in the content and approach for the three speakers in the session that I attended. Lots of "expert opinion" and practical advice, but a little short on the evidence base for the recommendations.
- Clinical vignettes seemed to go over well. The clinical pearls were well attended. Workshops were very, very informative.
- Nice mixture of clinical updates and educational topics.
- More opportunities to learn about community-based participatory research
- The content was again excellent.
- Location, networking, liked the new clinical pearls sessions
- There were excellent choices related to teaching and clinical care. I also was VERY glad to see the sessions on leadership and peer evaluation/feedback. These types of sessions should continue yearly as we can never get enough of this - perhaps add session on conflict resolution/colleague interactions.
- more on nutrition
- I like the interest groups--seems like there are more than ever
- Well-organized. Excellent lunch session on Women's health policy.
- Clinical updates were excellent.
- I found the poster research sessions excellent and liked the varied times of these sessions.. I liked the opportunity to meet with researchers and in interest groups.
- Nice mix of sessions to pursue interests in research, education or clinical medicine.
- I liked the diversity of presentations of research on clinical medicine as well as medical education
- the new Evidence Base Clinical Pearl Sessions were outstanding. Offer more!
- I think the meeting is really for young faculty and does not have enough sessions for experienced clinical faculty but I am not sure exactly what that would be
- Great sessions to choose from & good timing to be able to enjoy a little time away from the hospital while still getting ample learning opportunity.
- The poster sessions were outstanding and continue to be one of the most important ways of encouraging young internists, sharing ideas, and role modeling our values.
- I like the interest group meet and greet option, but they need more prominent placement in the exhibit hall
- Consider addressing issues of clear promotion guidelines during ACLGIM with junior and mid-level faculty investigator present for input.
- poster sessions were outstanding
- liked that there were a lot of different topics, and plenty that were about teaching/education as well as about underserved populations, which are my two fields.
- more rigorous and intense clinical updates; longer sessions so we can obtain more CME
- I would also make sure that more clinically useful information to be talked a lot more to bring some clinicians in. more purely clinical talks
- Become less academic!!!! And make it more relevant to clinicians, academic and otherwise (too much information and data).

- Seems like it has turned into a glorified APDIM meeting where there are many resident posters and sessions are NOT taught by the experts--rather inexperienced junior faculty.
- There was not much about research methods innovations - seldom is. Or demonstration of application of interesting research methods.
- Would like to see more about health IT, also coming from a rural health care setting, I'd like to see more about how internists practice in these types of resource-limited settings.
- One year there was a good workshop about funding mechanisms - that should probably be a regular event.

#### PLENARY SESSIONS

- I always enjoy SGIM meetings and get a lot out of them- this meeting did not seem as well organized and some of the plenary session content was not up to par.
- The setting was terrific. The finalist and plenary abstract presentations were all stellar!
- Plenary abstracts were truly outstanding
- I thought Karen DeSalvo's perspective was great. Residents and trainees in particular enjoy hearing about people who are really out there working with communities and patients
- The plenary sessions are boring. I do not like them. They go on and on. I think maybe you could run them for a day, but not all morning for all three of the main days of the conference.
- Great plenary speakers each day, as well as excellent abstract presentations.
- Liked daily plenary concept and diversity of topics this year
- Always nice to see colleagues, and the plenaries had strong content/speakers.
- Plenary sessions were great with their focus on social justice
- The first and second plenary speakers were excellent, as were all of the plenary abstracts. The selection committee for both did a great job!!
- Great sessions as always; Plenary sessions were particularly outstanding.
- The oral abstract presentations at the plenary were outstanding-presenters were poised, and the chairs were able to keep the sessions mostly on time.
- Steve Schroeder and Karen DeSalvo's talks were outstanding - wise and inspirational
- I did not think that the plenary sessions were as inspiring as in years' past. We've had speakers with real national prominence who gave very interesting or inspiring talks.
- Oral plenary abstracts (both Thursday and Fri) did not seem either innovative or the "best study done yet" on their topics. Consider actual reviews of papers for some abstracts to better select plenary abstracts.

#### ORLANDO/DISNEY

- loved the location and chance to have my family attend
- I confess myself disappointed in this year's meeting. I have been attending SGIM every year since the mid 90s, and my expectation is that I will come to SGIM to be inspired, to reconnect with my values and goals in medicine, and to see my friends and network with new colleagues. None of these happened this year. I think that a major reason for this was the choice of the venue. I do want to ask the question: Do we all come to SGIM to play, or to work? When I want to play, my family and I go on vacation, WITHOUT engaging in the professional activities of my job. When I come to SGIM, I come to do that most important work that sustains my creative energy and drive to continue for another year in academic medicine. I returned from this year's SGIM drained, demoralized, and in a generally bad mood.
- In some ways I liked the lack of outside distraction provided by the setting...Although choices of dining and socializing venues were limited, it was easy to plan off line get togethers. The meeting venue itself was ok, adequate rooms and well organized, and easy to get around.
- I liked having the conference center at Disney where there was so much to do, easy access to exercise trails, swimming pools, and restaurants. The atmosphere was great.
- Hotel venue was nice but location at Orlando meant less time to collaborate with colleagues as rightly so they were off in the evening with family at Disney.
- Location is key. Orlando is easy to get to and very family friendly.
- Excellent location with other activities to engage in after the daily activities.

- it was nice to have it at Disney, but it was harder to network, especially if someone you wanted to network with was there with family
- It was too spread out and it didn't seem as if it were very coherent to me. I didn't "run into" as many colleagues due to this spread out nature.
- I'm not sure that I would recommend returning to Disney - do not hold in Orlando and at Swan/Dolphin. Not a good place for a meeting and the hotel was not up to this conference.

## DENVER

- course on high-altitude medicine would be appropriate for Denver
- One hope for Denver is that it is a less isolated venue. Planting the conference at Disney World made the attendees a captive audience to its fair quality, overpriced dining and rooms.
- For Denver, I'd suggest eliminating the Awards luncheon. it is vastly boring and scheduling it for prime time on Friday takes away valuable networking/ collaborating time which is much, much more meaningful. How about an evening awards reception, or giving some awards every early evening for the entire conference?
- Suggestion: to participate to an interesting event in Denver during the Congress
- If possible, have a rapporteur session recapping important findings from the conference at next year's meeting.
- Last year I also enjoyed the opportunity for activism and would be interested in having that at Denver again- it also provides a great opportunity to be out in the city as well.
- try to incorporate a trip to a baseball game again if possible
- Invite Brent James from inter mountain health care.
- Would like to hear about how SGIM getting vocal in media addressing health care issues in the next annual meeting.
- Try to source food locally, including beer and other items local to the area. I don't know if Orlando makes any beer, and they probably don't make much other than Disney, but to see all of the beer selections from the major breweries is disturbing. Most people want more local things. Highlight where we will be, show off Denver. Seems minor, but try to support the local economy as much as you can.
- would also like a tour of Denver General, etc. get out into the community more
- Arrange for off site events such as MLB baseball game next year!
- only suggestion for 2013 is a dedicated session or two for abstracts or a symposium about physician satisfaction, stress, burnout and worklife (including part-time)
- Appreciated obtaining group discounts for area attractions...continue to do this for all cities.
- Would have liked a special session highlighting the local policy/health care issues in the host city. That was an aspect of the Arizona meeting that enriched the entire meeting experience
- I think the Denver conference committee should make sure to promote debate and discussion rather than uniformity or stagnation. There are serious issues that our country is facing and this would have been a great forum to engage in the discussion with debate.

## SCHEDULING

- Organized physical activity offerings each day of the conference (obesity interest group is willing to help organize this)
- Better identifying tracks so that I don't have to see half of one talk & half of the other talk (e.g. it seemed that themes were clustered at the same time)
- try to put interest groups at lunchtime rather than in the a.m.
- Starting later and ending earlier, thanks.
- The timing of sessions that allowed more free time in the pm was nice.
- Good meeting length.
- Many simultaneous events going on, always plenty to see and do, flexible settings, extremely well-organized.
- Running early poster session overlapping with breakfast was a good idea, as was providing more down-time to network.
- Having IME and Practice innov posters during the oral sessions usually means I don't get to those...I think they would be better scheduled during the poster sessions for that reason.

- I thought the new schedule with a little bit shorter day was really good
- did not like- multiple sessions at once... it was almost too overwhelming. the workshops were poorly attended We put a ton of work into presentations and it was frustrating to have such poor attendance (and it wasn't just us, most workshops we looked into had no one there!)
- NOTHING happens on the last day. I led a session on Saturday and was extremely frustrated. We spent a huge amount of time, and energy and effort and only 18 people came. If my presentation is assigned to a Saturday again, I will decline the offer as the work is underappreciated and not worth the effort.
- I always want to attend both the research abstracts oral presentations and oral vignettes. But, never have I been able to do this, since research abstracts and orals clinical vignettes are at the same time. I was only able to attend the oral vignettes this year.
- Recommend meeting to end on Friday evening rather than Saturday.
- Meeting times were different than previous--starting and ending later but this is overall good.
- Would spread out the sessions pertaining to a similar "topic" or "track" on different days/times. Also liked having the sessions for specific tracks listed in one place, even if I only attended 1/2 of them.
- I gave 2 workshops with other members from my institution. We worked very hard on our presentations and the number of attendees was very poor (9 for one and 14 for the other). I think that there was too much going on at once.
- Saturday should not have workshops. The attendance is low and it is not fair to the people who do them.
- The schedule allowed more time for informal and formal collaborations. I would encourage the chairs to continue this timing but also decrease the number of sessions per time slot.
- I liked having some interest groups in the afternoon and not always at 7 am.
- I did not like that there were poster sessions, without alternative learning opportunities, if I read schedule correctly. Also, there was a lot more plenary sessions, including 2 on Friday, which cuts into options for more individual choice of what sessions to attend.
- I liked starting a little later in the mornings and having more free time.
- do updates in GIM earlier than sat afternoon
- Add meet the professor back;
- liked the start/end time of each day; perhaps do wed afternoon and not sat morning
- The sessions were heavily loaded (often with 5-6 speakers, with little time for discussion and questions). Instead of 90 minutes sessions, consider 60 minute sessions with 3 max speakers, and allow some panel discussion / questions. This may allow for attendees to see more sessions without extending the length of the conference.
- loved the 9ish plenary start times
- This year SGIM achieved a nice balance between attending meeting sessions and events, and being able to network, socialize, and enjoy the conference surroundings. It was nice starting the sessions a little later and not having each day quite as jam-packed--yet the content was still excellent and useful. I would recommend this strategy for the future.
- I wish the poster sessions weren't so early in the morning--they also compete with interest group meetings.
- I suggest asking interest group leaders for a list of those they'd like not to conflict with. Ones like HIV, substance abuse and physicians against violence have too much overlap
- Loved starting a little later in the morning- that was awesome! Let's keep doing this. It made all the difference.
- nice diversity of workshops and sessions. i wish that the sessions of a similar topic were spread out over the meeting. For instance, all of the sessions about substance abuse were scattered throughout the meeting rather than running concurrently. it made it difficult to choose which session to attend
- I wish the Saturday sessions ended at noon.
- I was really disappointed in what seemed like a lack of sessions this meeting. It was mentioned that the conference started later in the day and ended earlier. I found this unfortunate. I am one that would rather have a full and extended day of workshops. I do not attend meetings for a family vacation. When I vacation with my family I devote my attention to my family. When I come to conferences, I want to devote my attention to learning and taking advantage of SGIM and networking with colleagues.
- Saturday should be shorter, break time in day for networking or exercise, no morning poster sessions-poorly attended

- More attention needs to be thought about our students, residents, fellow poster sessions. For 2 years in a row, many of their sessions are put at times with significant conflicts thus causing their poster sessions to be poorly attended. If we are trying to recruit people into GIM or our conference, more attention needs to be paid to this group.
- I think the major awards should be presented at lunch in front of the whole session. I know there is desire to keep the presentation time down, but this should be accomplished by shortening acceptance speeches!
- It seems that there were more offerings in each time slot this year. While that is not necessarily a bad thing, it does tend to limit the number of participants in any given workshop or abstract session. Particularly on Saturday during the last session, this led to workshops having only 5 or 6 participants. I think it unfair to give a workshop acceptance to a junior faculty member who spends several weeks to months working on the design of their workshop, only to have a handful of participants. I would suggest thinking about the pros and cons of limiting the number of workshops, particularly in the last session slot on Saturday.
- I think that breaking out the clinical vignettes into their own poster session robs the presenters (many of whom are residents, fellows, or junior faculty) of the opportunity to meet with a wider cross section of SGIM members (including many SGIM leaders) who may not have attended this session, but in past years would browse the clinical vignettes when they were included in the broader SGIM poster session.
- I also don't like the fact that there is not a one day option for registration since most residents are not able to take more than one or two days off for these conferences.
- The posters were great but don't seem to get much attention. Wish there was a better way to let these authors present their great work. Even if it is a big hall, may be create smaller circular arrangements based on topic areas?
- Update in GIM has gotten lost at the end of the meeting. Was a good idea at first, but now low attendance.
- I would recommend not having any oral abstract sessions on Saturday afternoon next year. I moderated one of them this year and essentially only the people presenting came to it. I think it is a bit demoralizing for the oral speakers and defeats the purpose of trying to share innovative ideas and research. Either decide no abstract is good enough for an oral or have the oral sessions on Thursday and Friday even if conflicting with other oral sessions.

#### MENTORING

- I signed up for the first time to be a mentee and loved that
- The free time available for mentoring and networking was really a wonderful addition. I would continue that.
- The mentoring program was great--thank you.
- the one on one mentoring program was terrific!!

#### COST

- Can you have it in a cheaper place? And offer more resident scholarships?
- Make government rates available for participants
- It cost me a lot to travel from Japan to Orlando... I would appreciate if there is a discount off the attending fee for the researchers from overseas.
- Don't make poor medical students pay \$325 just so they can present a poster for 1.5 hours.
- THE CONFERENCE IS PRETTY EXPENSIVE FOR RESIDENTS
- Think we should have a network of "homes" for residents or students who want to attend but cannot afford hotel. Not all programs can afford to pay for their students.
- Also, the cost of the meeting has become very high. It is a barrier to some

#### SUBMISSION PROCESS

- I was also frustrated in that I spent a massive amount of time submitting another proposal that I thought was really interesting and involved people from all over the US and still this got turned down. Not sure why that happened, but it was discouraging. And not sure why I had to spend \$85 per proposal.
- suggest improving quality of abstract acceptance

- Some workshops were sparsely attended. I think the selection process should be more rigorous and have a metric to assess attendee interest. I am sure the presenters were disappointed to work hard and only have a few people at the session.

#### MISCELLANEOUS

- Well attended. Good mix of research, clinical and teaching. Importance of engaging inpt and outpt providers is something SGIM continues to need to strive to do.
- I love meeting old friends and catching up with collaborators. I enjoy hearing about new research
- Suggestions: If a theme is picked, then develop more sessions around that theme.
- There is a superficiality about the SGIM that bothers me. I have gone to other meetings, when I can really meet colleagues, go do something, and really connect with others. I am not finding that happening at SGIM.
- Great wealth of practical information for general medicine physicians.
- Scrap the SGIM sponsors idea. It is a waste of the sponsor's money and yields no meaningful results
- consider offering yoga/outdoor opportunities/hiking; more attention to mind-body connection for physicians' and patients' wellness (evidence base is growing and many of us benefit from integrating and building these skills to avoid burnout)
- good opportunity to meet with colleagues across the country; how about having civility in practice at the meeting, less political bias, and more of a willingness to work together to solve problems rather than blame others.
- I don't know if I would recommend the conference, and I haven't decided if I'll be back. The policy/social justice part was great, but I don't know if it was enough to justify the expense, time away from work. etc. It also seemed not that well attended--more junior people than anything else.
- I like that you have the meetings often at venues not in the ACP rotation of very large cities with large convention centers.
- Resident pathway options were fantastic- would be nice to have some background education on current healthcare issues for residents.
- I also really appreciate the lack of commercial funding, my conscious was allayed.
- Really liked that the awardees were all important members of SGIM;
- Suggestion: would like to add some wellness pieces early morning, and later in the day- such as morning jogs, learning how to have a walking meeting, yoga, meditation.
- I enjoy SGIM and try to attend it every year- this year did not feel as energizing as other years. It may have been due to the sessions I choose to attend but the clinical sessions were not well executed and the workshops were not interactive.
- Reduce length of time for SGIM award winners to speak (let them speak, perhaps just less long)
- We had three residents come, and they were impressed. At least one of them will be a lifer.
- I would suggest incorporating more pharmaceutical money even if it has bad reputation to sponsor more speakers.
- I found that there were some oral abstract presenters (3 in one session) who were not the first authors on the submitted abstract (they were the last authors) because the first authors were absent so the senior authors "filled in". I would recommend that SGIM set better rules on having first authors be the presenters.
- Speaking from the perspective of a resident, this meeting was extremely disappointing and I really regret attending. I could only be present for 1 day of the meeting and had little time to attend many of the talks, yet I still had to pay the full registration fee as if I were to go for all 3 days. The timing and placement of the clinical vignette poster session suggested that the organizers did not care much about this aspect of the meeting. I stood in front of my two posters for most of the two hours, I had exactly one person look at my poster and speak with me. I've heard that SGIM has struggled at times to recruit interest from residents and students. But with how marginalized I felt that the national meeting, I am not surprised.

- I'd love to buy SGIM merchandise and I think I'm not alone. T shirt, hats, lapel pins, coffee cups could raise some funds for society. Needs to be classy looking stuff, doesn't have to be subsidized by SGIM--just tell people that any modest profits from sale of items goes back into SGIM projects.
- Feel badly that we encourage our residents and fellows to come and present and then so few attendees go to look at their posters. Perhaps a system where some subgroup of attendees volunteer to evaluate and give feedback to a poster session. Assign/ask senior faculty to attend the abstract sessions to enhance the audience at many of these. This is one reason the Hamolsky sessions are so well attended.
- Also, I know the awards sessions are really important to those who win the awards, but it just takes too long to go through all of the awards. Maybe I'll win one someday and be so honored, but it is difficult to sit through all of them for many people and I think it turns many off from attending the plenary sessions.
- Loved using texting/audience response for the Geriatrics Session!
- Can we get rid of the business meeting? The attendance is so poor that it serves no useful function that couldn't be handled by simply posting reports on the Web site.