



36th Annual Meeting
April 24-27, 2013
Sheraton Denver Downtown
Denver, Colorado

Evaluation Committee Report

36th Annual Meeting of the Society of General Internal Medicine

Celebrating Generalism: Leading Innovation and Change

April 24-27, 2013

**Sheraton Denver Downtown Hotel
Denver, Colorado**

Submitted by:

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1. MEETING DETAILS:

The 36th Annual Meeting was convened in Denver, Colorado from April 24th-27th, 2013. Educational programming included:

- TEACH Course
- 1 Precourse
- Quality Improvement Skills for Reliable Care
- ACLGIM Leon Hess Management Training and Leadership institute (Advancing the Value of GIM)
- 2 ABIM SEP modules
 - 2012 Update in Internal Medicine, Module C0-M
 - 2011 Update in Hospice and Palliative Medicine, Module D3-L
- Offsite Tour of Denver Health
- Opening plenary session with the Presidential Address
- 2 plenary sessions, each with a keynote speaker
- 3 Distinguished Professor Program sessions (in Geriatrics, Cancer Research, and Women’s Health)
- Media Training session
- 74 workshops
- 3 VA workshops
- 9 special symposia
- 60 interest group meetings
- 6 Regional “Meet and Greet” sessions
- 13 clinical updates sessions
- 6 clinical vignettes oral presentation sessions
- 3 clinical vignettes poster sessions
- 1 Innovations in Medical Education oral presentation Session
- 1 Practice Management Innovations oral presentation Session
- 1 innovations poster session
- 32 oral abstract presentations
- 3 scientific abstract poster sessions
- 4 mentoring panels

2. SUBMISSIONS AND OVERALL ATTENDANCE

There were **1,788** registered attendees, a decrease of 1.1% from 2012 that had been the largest registration since 2004. The attendees stayed at three hotels including the official meeting hotel, the Sheraton Denver Downtown. Similar to prior years, 97% of evaluation respondents reported attending the meeting on Thursday, 98% reported attending on Friday, and 89.6% 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 Accepted	Acceptance Rate
Precourse	9	2	22%
Scientific Abstracts	670	581	87%
Workshops	135	72	53%
Vignettes	538	460	85%
Innovations in Medical Education	116	89	76%
Clinical Practice Innovations	59	49	83%

3. OVERALL MEETING EVALUATION RESULTS

Overall meeting evaluations were assessed with an online survey, with 621 responses received (response rate 35%), higher than the historical average of about 30%. The mean rating score for the overall meeting this year was **7.5 out of 10**. There has been an established pattern of lower scores that correspond with higher response rates (2012: response rate 39%, mean score 7.2; 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). This year's results were in contrast with the established pattern, as the evaluation of the overall meeting received a higher score with a higher response rate. These numbers may be due to input from a broader, more representative attendee sample, and to higher attendee satisfaction with this year's meeting.

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=482)		
	Response Percent	Response Count
Below Expectations	1.7%	8
Average	20.9%	101
Truly Above Average	38.4%	185
Outstanding	30.3%	146
Top 5%	8.7%	42

Sixty four percent of the respondents identified their primary role as "clinician," "investigator" and "educator".

Which description best characterizes your current primary professional role? (N= 621)		
Professional Role	Response Percent	Response Count
Clinician	21.7%	135
Investigator	17.6%	109
Educator	25%	155
Administrator	8.1%	50
Hospitalist	5.6%	35
Fellow	5.6%	35
Resident	9.8%	61
Student	3.4%	21
Non-physician	3.2%	20

Goals of Attending the Meeting: The four most important reasons cited for attending the Annual Meeting, as determined by responses of very important, were networking (66%), meeting with collaborators (52%), hearing about new research (43%), and disseminating one's own work (37%). The great majority of respondents reported that these four goals were met, with a range of 85% to 98% 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 2012 meeting, with the exception that more attendees reported learning teaching, clinical, and research skills, and about current healthcare policy (2012: 52-81%; 2013: 58-85%)

Goals	Somewhat important (%)	Moderately important (%)	Very important (%)	Goals met (%)
Network	7%	25%	66%	96%
Meet with collaborators	10%	30%	52%	91%
Hear about new research	16%	40%	43%	98%
Disseminate my work	20%	30%	37%	85%
Learn or re-evaluate teaching skills	25%	36%	28%	73%
Learn or re-evaluate current healthcare policy	33%	38%	21%	85%
Learn or re-evaluate clinical skills	33%	33%	18%	67%
Learn or re-evaluate research skills	35%	35%	15%	67%
Learn or re-evaluate administrative skills	36%	28%	9%	58%

Logistics and Meeting Planning: Approximately 77% of respondents felt that the registration process was above average with 9% of attendees ranking it among the top 5% 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 (73% of respondents), and the onsite program (88% 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 37th Annual Meeting in San Diego, 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 a new or modifying an existing research project” (64%), “change the way I teach” (55%), and “modifying how I communicate with patients” (50%).

Future Plans	Percent Endorsing
Start new or modify an existing research project	64%
Change the way I teach	55%
Modify how I communicate with patients	50%
Change the way I teach others to teach	48%
Start or modify a QI project	42%
Use a "new" diagnostic or therapeutic technique for outpatient	39%
Implement "new" administrative methods	34%
Use a "new" research technique	26%
Use a "new" (new to me) diagnostic or therapeutic technique for inpatients	25%

4. INDIVIDUAL SESSION EVALUATION RESULTS

Plenary Sessions:

- The Thursday opening plenary included the “Presidential Address” delivered by Dr. Ann Butler Nattinger, entitled “Securing Our Future.” Her presentation received the highest ratings among all the plenary sessions, as it was rated “truly above average” or “outstanding” by 76% of respondents and “top 5%” by an additional 6%. Sixty-four percent indicated that they would implement a lesson learned.
- The Friday plenary was delivered by Dr. Wayne J. Riley, entitled “Selma to Montgomery and Beyond: Health Disparities & Health Inequity in America.” This presentation was rated “truly above average” or “outstanding” by 64% of respondents, and “top 5%” by an additional 4%. Sixty-one percent indicated that they would implement a lesson learned.
- The Saturday plenary was delivered by Dr. Richard J. Baron, entitled “New Payment Models: What’s Driving Them, and What Do They Mean for General Internal Medicine?” His presentation was rated “truly above average” or “outstanding” by 69% of respondents, with an additional 3% rating it “top 5%.” Sixty-four percent indicated that they would implement a lesson learned.

The Thursday plenary session had 855 attendees and the Friday plenary session had 761 attendees. The Saturday plenary session had 390 attendees.

Other Educational Content:

All types of content had high mean scores in terms of the overall evaluation, particularly the workshops and Precourse. Other specific scores were similar across types of content, although the Clinical Updates and VA sessions scored somewhat lower on the quality of the audiovisual materials.

Domain*	Workshops	Clinical Updates	Special Symposia	VA sessions	Precourse [#]
Overall Evaluation	4.51	4.40	4.35	4.35	4.50
Quality of Content	4.47	4.42	4.33	4.35	4.50
Amount of Material Covered	4.35	4.39	4.29	4.15	4.33

Quality of Faculty	4.63	4.56	4.50	4.60	4.80
Audiovisual Materials	4.29	4.16	4.28	3.80	3.66
Audience Interaction	4.58	4.01	4.32	4.68	4.66
Prior Topic Knowledge	3.27	3.50	3.31	3.32	2.80
Audience Size	1.93	1.89	1.78	1.90	2.00
Will Make Concrete Change	3.92	3.85	3.66	3.36	4.16
Would Invite to My Institution	3.97	3.85	3.73	3.56	4.00
*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. #Evaluation based on one Precourse.					

Workshops

Total attendance for the workshops was 2067 with an average attendance of 28. Of note, workshop attendance in the last time slot on Saturday was very low, with an average of 11 participants per workshop. This was an issue for several workshop facilitators and participants (see open-ended comments) and was perceived as demoralizing by some. Low attendance at the last workshop session was a concern that was also voiced in the 2012 meeting evaluations. This year, the evaluation response rate from the workshops was 65%, about 1.9% lower than 2012.

Clinical Updates

Topics for clinical updates included women’s health, addiction medicine, care of cancer survivors, hospital medicine, palliative care, geriatrics, pain medicine, medical education, perioperative medicine, psychiatry, chronic kidney disease, HIV, new medications in primary care, and general internal medicine. Total attendance for clinical updates was 746, with an average attendance of 57. The evaluation response rate from clinical updates was 52%, about twenty-two percentage points lower than 2012.

Special Symposia

Topics for special symposia included shared decision making, evolutionary biology, business of medicine, competency-based medical education with focus on undergraduate medical education, physician payment reform, leadership skills for academic GIM, the changing USMLE exam, preventing burnout in GIM, community partnerships, physicians in government, and transitional care management. Total attendance for special symposia was 354, with an average attendance of 39. The evaluation response rate from special symposia was 37%; about eleven percentage points lower than 2012.

VA

There were 3 VA-themed sessions, on eHealth and mHealth, partnerships to enhance women’s health research, and integrating peer support into chronic disease management. Total attendance for the VA-themed sessions was 103, with an average attendance of 34. The evaluation response rate from VA-themed sessions was 59%.

Precourses

There were two precourses accepted but one was withdrawn due to low registration (2 persons). The precourse presented was entitled “Conducting Physician Surveys: A Tips and Tricks Crash Course for Young Investigators”. Total attendance for the precourse was 13. The evaluation response rate for the precourse was 46%.

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 2013, the David E. Rogers Junior Faculty Education Awards went to:

- **Carlin Senter, MD** from the University of California, San Francisco for "The Diagnosis-Driven Physical Exam Of The Knee And Shoulder: A Hands-On Workshop"
- **Gwen Crevensten, MD** from Harvard Medical School for "Managing Admissions and Readmissions: A Multi-Institutional Review of Current Practices and Innovations"
- **Patrick T. Lee, MD** from Harvard Medical School for "RePlay Health": A Serious Game For Understanding US Health System Dynamics and Policy Interventions"

No Precourse Award was given this year as only one Precourse was presented.

6. VERBATIM OPEN-ENDED COMMENTS

Open-ended comments are included in an Appendix to the main document. Most attendees liked the hotel amenities and location but some found the layout difficult to navigate. Among the participants who provided comments, there was a high level of dissatisfaction with the quality and availability of food as well as with the lack of Wi-Fi access in the hotel meeting areas. Most attendees commented positively on the many networking opportunities that the meeting provided and on the high quality of all the sessions, including workshops, clinical updates, posters and plenary sessions. The mini-themes on certain days and the clinical VignDate sessions were very well received. The TEACH course was very highly rated.

Many attendees commented very positively on the idea of including oral IME and vignette abstracts presentations in the plenary sessions. While the number of concurrent sessions was the same as prior years, there was frustration because of having to miss sessions due to time conflicts. Another issue raised by many attendees was the low attendance during many of the sessions which was attributed to the significant number of overlapping sessions. Many attendees were also concerned about the poor attendance on Saturday, especially during the afternoon sessions. Actionable suggestions provided for the issues related to low attendance include having fewer concurrent options and presenters to increase attendance at each of the sessions, and ending the meeting earlier.

• 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 2013 evaluation data are listed below.

- *Electronic Platforms (mobile app, website).* There was a relatively high level of dissatisfaction among responders with the lack of WiFi access in the meeting rooms at the Sheraton Hotel. Some attendees complained about not having handouts available for each of the sessions on the website which they felt would have been very helpful considering the time conflicts resulting from the many interesting concurrent sessions. It will be helpful for the 2014 meeting to make every effort to have these potentially very useful resources available.
- *Session Attendance.* While most sessions had very good attendance, there was low attendance at the last sessions on Saturday and at the poster sessions, per the quantitative evaluation numbers and qualitative comments from the evaluations. The average number of attendees in the Saturday afternoon workshops was 11 (4-18). The low Saturday attendance may be related to attendees leaving early to return home to their families. In 2014, this issue might be exacerbated by the fact that attendees who live on the East Coast might opt to leave early on Saturday morning and miss all last day's sessions. 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. One specific option suggested in the open-ended comments was to move the last session on Saturday to Thursday morning before the plenary, since most of the attendees will be coming from the East Coast and will be awake early anyway. Not having workshops/abstracts after noon on Saturday seems important to a number of SGIM members.

In addition, the program committee may want to consider ways to increase participation and enhance the experience of residents and students who are presenting posters. Students felt that it would have been better to

present their posters on Saturday AM instead of Thursday considering the hassles of having to schedule time off from a clinical rotation in order to present their work. Being able to arrive Friday evening may be more convenient for them.

- *Suggested topics for the 2014 meeting.* Many attendees suggested including more clinical topics, such as transitional and palliative care, clinical updates, Vign-Dates, health issues in vulnerable populations, LGBTH and mental health. There was also strong interest in practice innovations, clinic redesign, including resident clinics, PCMH, billing, coding and compliance, and practical strategies for implementing quality improvement. Other topics that were recommended include qualitative and mixed methodology, medical education research, career advancement for clinician educators and investigators, and health policy. The program committee should consider these suggestions in their planning of the program for the 2014 meeting.
- *Meeting Evaluation Returns.* The overall meeting evaluation return rate this year was 35%, comparable with the return rate in 2012 (39%) and much higher than the 16% return rate in 2011. The 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 2014.

APPENDIX - OPEN-ENDED COMMENTS FROM EVALUATION FORMS

HOTEL

- Space was amenable for networking.
- The Denver hotel was extremely confusing. I never felt entirely oriented.
- Totally non-academic suggestions: make sure there are enough hotel rooms reserved!
- Beautifully organized, staff on top of everything, hotel kept things easily locatable and close together
- The hotel meeting space seemed to serve us well.
- Meeting rooms were not freezing cold.
- I liked the hotel. There was enough space in the meeting rooms.
- Was a great meeting! I really enjoyed it. I was presenting a lot and balancing taking care of my baby, so I didn't get to go to as many workshops as I would have wanted to...but the ones I went to were great. Love that you have a pumping room!
- Great location and facilities. Would try to plan more social activities for attendees.
- Facilities and space was good.
- Hotel was great (except lack of stairs to get from Tower to Plaza)
- Meeting space this year difficult/confusing between the 2 buildings (you know it's bad when the speakers can't even find the room!).
- Location of hotel within Denver was excellent -- walkable district makes a big difference; don't feel "stranded" at the hotel.
- Right in the center of downtown, could walk to anything, hotel not too fancy as that does not matter.
- Proximity of restaurants to conference center and ability to walk everywhere
- Loved the first floor layout across from the registration desk. It had a central location allowed easy networking opportunities.
- Sheraton's a nice hotel, and 16th Street is OK.
- Great hotel for the meeting
- Super hotel!
- This was a nice hotel and a nice area where one could walk to pleasant places.
- Finding the rooms was very difficult at this venue.
- My suggestion for next year is to choose a hotel/conference center with a less confusing layout.

MEETING LOGISTICS

- Need to be able to accommodate more people
- I wanted to go to so many of the sessions all scheduled at the same time. Very frustrating.
- Some shorter sessions that would have allowed me to attend more workshops
- I thought there was more time for interaction and networking at this meeting than in previous years and a good balance of clinical, research, and education session. Just wish I could be in 2 places at once!
- I enjoyed the walking tours organized during the Vignette Poster Presentations with a master clinician educator, however most other residents I spoke to did not know that this was occurring. This should be continued in the future with slightly better coordination and far more advertising of the event.
- Opportunities to network were built in to meeting
- Not much to say here that stands out other than to keep doing what you're doing. Staff is great!
- Is there any way to have less chaos at the time of the luncheon? Seems like there are never enough tables... is that because people come who aren't invited?
- Really like how conversational and unassuming discussions were. Like the sense of camaraderie and immediate recognition for our concerns, realities of our experiences.
- The meeting was very disjointed and spread out and it seemed difficult to find the rooms in a timely fashion.
- Not enough seating at the plenaries.
- On site program was difficult to navigate.
- I really like the luncheon awards--keep that going

- I like the plenary sessions, the abstract and workshop sessions, the interest groups, and all of the informal socializing that takes place. I do think that either Saturday needs to be eliminated and/or made as a full day with full agenda so that more people will stay. I think that those who presented on Saturday got short changed with not as many people in the audience etc and yet they worked very hard on their presentations, etc.
- Love the small group nature of many of the talks could improve communication to first-time attendees about how to sign up for workshops (it wasn't clear to me that I needed to do this)
- Meeting evaluation process has to be easier to access as part of attendance. Answering these questions so long after conference produces limited helpful feedback.
- I did not like much about this meeting. Reduce redundancy- Many of the same speakers at the same sessions year after year.
- Try rapid abstract presentation (2 minutes)
- Liked setup, timing of sessions, and time for networking.
- There were multiple concurrent sessions that I would have liked to attend. It would be nice if at least some of them were taped and could be viewed on the website at a later date (and this should be noted on the program). It would also help to review content later. I am new faculty and learned so much new information; I'm not sure that by the end of 3 days that I will remember all of the important concepts, even though I took notes.
- Allow late changes to the workshop listings so we can edit, there are invariably changes in peoples' availability after these are submitted, so the onsite program becomes inaccurate.
- Spread out the session in such a manner that attending sessions will be easier. Poster sessions did not have enough audience, since that hall was out of the way. I wanted to attend more sessions, but many good sessions were concurrent and it was hard to make a choice and hence I had to miss sessions.
- Appreciated the later starts.
- I thought this was among the very best of the 15+ meetings I have attended. The pacing was just right, with enough time for networking, lots of options in different arenas, nice meeting space even though directions from one spot to another were lacking. I loved the technology and think that SGIM Connects is going to be very useful from here on in.
- Better timing of the day with good break structure. It should not be on Saturday. Consider moving the optional Wednesday stuff to the weekend instead, but the attrition by Saturday leads to very low turnouts for all sessions that day, regardless of quality or interest level.
- Not so many things all at once! Shorter sessions and more of them
- Well run
- Fewer concurrent sessions - there was so much going on... couldn't attend everything I wanted, workshops were poorly attended as a result.
- Good distribution of events
- I thought the tone of this year's meeting was also more civil, which I think is a good thing for advancing what we want to do to improve health care of all; so that everyone has a voice at the table and we are inclusive of all thoughts and opinions.
- Meeting overall was very good; I would like to see more med ed abstracts.
- Make parking validation available for those meeting attendees staying offsite
- Breadth of topics, though many things I wanted to attend were opposite each other
- I make this suggestion every year. This should be a Tuesday through Friday meeting. We are taking time off anyway and the attendance always dips dramatically on Saturday as most people go home due to family demands. Please consider this!!
- Great menu of choices at each session for workshops, special sessions, etc.
- Program was not too dense with activities which was a good thing, plenty of breaks and time to get to the next session
- SGIM needs to address the Saturday session issue. Very few people stay for the late morning and afternoon sessions and it is disheartening for presenters and the few attendees alike. This may be exacerbated even more next year as more people will fly out early to get back from the west coast.

- I am not sure if it is the length of the meeting and that people want to get home or if it is the weekend. If SGIM can find out what people want that weekend back home with family, it might be better to start the meeting a day earlier and end on Friday instead of Saturday
- The dedicated space for networking was a huge plus; did not like the confusing layout of buildings!!
- As always, the main goal for me at this meeting is networking, meeting new people and reconnecting with old colleagues. This year, this was achieved, but I had issues with the meeting locale/set up and overlapping of sessions.
- The sessions were dispersed through the hotel, making it difficult to readily go from one meeting to another.
- There was no/limited time built in for networking, making conversations last through sessions and thus making it difficult to get to sessions on time.
- At any given time, there were as many as 22 choices for sessions, making the participants at each session smaller than anticipated. Some sessions were held in very large rooms that were not appropriate for the specific sessions.
- Plenary sessions did not have enough seats to accommodate the attendees, including the luncheon.
- Make session materials available so that if you are not able to attend a session due to a conflicting workshop or poster session you can still access the materials, or for instance the article lists for the "updates" sessions.
- The posters are of high quality and nice variety overall, but there were SO MANY and frequently happened at the same time as abstracts that it was hard to give any the attention they deserved.
- Please provide pre-registered people with a list of selected sessions--this was missing this year.
- You might reconsider having too many alternatives and offer food or coffee AT the poster sessions to draw us in.
- It seems as if there are too many interest groups, and too many meetings. Perhaps collapse some of them.
- Have a summary screen after registering for specific meetings that can be printed or that will automatically be emailed
- I love the topics. I wish you would look more at the tracks and try not to overlap things like updates in geriatrics and pain or other sessions that I would have liked to go to many in that time.
- Please reinstate the list of meeting attendees.
- Poster sessions did not have enough audience, since that hall was out of the way.

MOBILE APP/ WEBSITE

- Many sessions did not have handouts on the web site.
- Wifi access should be more reliable—it's almost as important as coffee at meetings these days
- Wifi please
- Good balance between workshop time/time for networking. Inclusion of Internet service was really nice -- thanks!
- WE NEED WIFI.
- Greatly appreciated receiving in-room internet!
- I liked being able to download my itinerary. Unfortunately, we did not have Wifi access in the meeting rooms. I hope that is corrected for our next meeting.

FOOD

- Coffee available all the time would be wonderful.
- Fix the food situation! The only meal that was accessible was the bagged lunch on Thursday, which wasn't that good...lots of people like to get work done or work out in the morning, so cutting breakfast short is just not ok.
- Please consider having vegan food available.
- There was good opportunity to go out at night with colleagues, rather than have an awards dinner. There was readily available coffee and food. Most of the activities were pretty well done.
- Have food available on last day lunch and decrease time spent in hunting for lunch and be able to attend one more interesting session, may be eat and attend session at the same time.
- Better food would make the conference better
- Food was terrible, little options for breakfast and the one sit-down lunch was essentially a salad.
- Poor food quality, not enough food at awards lunch (some people got salad only)

- Liked having the luncheon on second day vs. last; liked the lunch meal selection
- Please provide drinks that are not sodas for lunches.
- Please make it clear in program if breakfast will be provided on the final day.
- Much better if you can co-locate the food (breakfast) and the big poster sessions. These were widely spread apart this year.
- Liked having lunch on Friday.
- No lunch provided on Saturday and not enough time to get lunch; somewhere does not encourage people to stay for the sessions on Sat afternoon.
- Food options were scarce and only available for short periods of time and the schedule didn't allow much in the way of free time to go get food.

SESSIONS/CONTENT

- Not every educational break-out session has to be a workshop; sometimes the shenanigans done to make a didactic session into an 8-person table workshop seem so forced. I like workshops too but when it's not contrived.
- The update in meds was great.
- I truly enjoyed the session on examination of the knee and shoulder.
- Although the SGIM meeting has a real focus on research, some of the research presented can be a bit marginal in quality or applicability. It might be worthwhile tightening up the assessment of quality for accepted research presentations.
- Sessions on the threats to primary care/ generalism and how to respond to them. Dr. Nattinger alluded to these issues in her plenary talk, but otherwise, there was almost nothing listed on the program that reflected the current perils of our field (although some of these issues certainly came up in discussions in particular sessions, and in informal hallway discussions.) (Ask the organizers of WC06, that is Dr Schwartz et al, about comments and questions made about the RUC at their session for example.)
- Need better abstract sessions. Many posters should have been presentations. I found the presentations lacking this year.
- The Vign-date was an outstanding idea- please continue!!
- I am a new member. Interesting and excellent topics were discussed and presented. It was very informative about professional development.
- I think the clinical innovations sessions (poster and oral) had some very good presentations that were quite refreshing. I think more topics on and actual examples of linking the research to the clinical would be great!
- Most workshops were redone (e.g. bedside skills, clinical reasoning, etc)
- Need more research methods; The one methods session I went to was not helpful
- Best timing. Just the right amount of stuff.
- Liked the update sessions
- Thought inclusion of IME and vignette abstracts in plenary was great. In past, exclusive focus on research has given the impression that education and clinical are less valued by the organization.
- It was fantastic. I enjoyed meeting people and learning more about the healthcare system in America. As a student, I enjoyed the clinical sessions and workshops for students. I benefited immensely from the CV writing tutorial, and workshop on examination of the knee and shoulder (thank you for making an exception for me to join!) I met other medical students who were disappointed because they couldn't attend some of these sessions (as they were full), and since they were such great learning opportunities it's a real pity people who wanted to couldn't attend them. I'd recommend having more of these sessions and opening them to a larger audience!
- For some reason, I thought that the caliber of research was higher than ever before. I congratulate the scientific planning committee.
- Mark Linzer's session on burn out struck a chord with a lot of people. How to deal with burn out is likely to be an ongoing issue as we struggle with healthcare reform and keep our head above water with all our roles.
- The workshops were great. I really learned a lot.
- I really benefit from the quality of the research methodology in the presentations and the collaborative atmosphere at SGIM compared to other meetings I attend.

- Poster sessions were very good. Interest groups were unusually helpful.
- Really enjoyed the rapid fire clinical updates.
- The TEACH Precourse was the best part of the meeting for me.
- PLEASE bring back Gerald Smetana and Jane Sillman for the Update in Medications session. This year's session was far inferior to their presentations in years past. One of the presenters was well below average, and the other was marginal and not completely believable in what was presented.
- Continue update in clinical medicine and it was nice to have specialists talk to us about it.
- Well organized. High quality content.
- Focus on leading innovation and change
- Great topics and oral presentations
- Interest sessions were good; quality preconference was good; Sessions on career development awards, VA sessions were very good
- The update sessions tend to be quite interesting and helpful.
- Variety of posters was impressive.
- Continue vign-date format. It adds a lot to the vignette session and was well received by faculty and residents
- I was impressed with the interest group sessions this year and would like longer time for these sessions. These generated great discussion about issues/problems specific to me.
- Diversity of options for talks/workshops, but would love to see more description of them prior (not just a title)
- I like the variety of oral presentations I was impressed by the Joint society abstracts SGIM-AACH, Clinical Practice Innovations Oral Abstracts, Medical Education and Professional Development Abstracts, Health Disparities topics, Quality of Care/Patient Safety. I think that SGIM covers well the research breadth of general medicine.
- The update sessions could be more standardized. That is, all should be case based. I particularly liked the inclusion of "quick hits" in the hospital medicine update. In addition the hospital med update was THE model to use.

PLENARY SESSIONS/KEYNOTE SPEAKERS

- The Thursday and Friday plenary sessions were outstanding. Key note speakers were great and the studies selected for oral presentation were all outstanding. I'd say, keep the balance of activities as is - nice combination. Love that there is minimal to no pharmaceutical company presence.
- Try for speakers who can articulate plans for dealing with disparities and problems in health care--year after year the plenary speakers are "preaching to the choir", telling us what we already know about problems with the system. Please find someone who has solutions that are at least partly working to share with the group.
- Catherine Lucey's talk was remarkable. Wayne Riley was disappointing. Draw more on our top people and expose them more.
- High quality of plenary speakers.
- Why are there so many plenary sessions?
- Interesting oral abstracts selected for the plenary sessions
- The plenary sessions were terrific with a combination of presenters (from students to seasoned attendings) and also abstract types- I would never have listened to a clinical vignette, and having one on the plenary session made it really interesting to me - very warm feeling to the meeting.
- Adequate early morning time to eat and network while preparing for plenary - Great mix of abstracts presented at plenary session
- GREAT plenary speakers.
- The key note speakers were exceptional
- I thought the plenary sessions were for the most part, quite good.
- I liked the variety of the plenary abstract sessions.
- Great opportunities for networking; outstanding plenary sessions
- I liked the mix of abstracts for the plenary session.
- Really liked the diversity of presentations during the opening session
- Strong plenary sessions
- Excellent plenary sessions, very high quality abstracts presented at plenary sessions.

- Offer other sessions during the plenary sessions.

SCHEDULING

- Avoid TEACH sessions with innovative poster sessions
- The psychiatry update last session last day was VERY well done, should be moved earlier in the conference so more people can attend. Bring them back next year.
- Please do not schedule workshops for after lunch hour on Saturday, very few are able to stay.
- Fewer concurrent sessions - too much going on at the same time became overwhelming
- Suggestion: Possibly options for 1 1/2 hour workshops and 3 hour workshops for some
- Need shorter sessions- 1hour instead of 1:30 so can be exposed to more topics
- Would recommend no small groups or fewer small groups and no oral abstracts on Saturday. Too demoralizing to the presenters.
- Move the time of the Update in General Internal Medicine
- Liked having the abstracts in the morning as opposed to the afternoon -liked having the luncheon on day Friday as opposed to the last day of the conference; it was much better attended -liked the emphasis on networking
- Would like less of time in between sessions (instead of 60-90 min between sessions, 10-15 min)
- Moving an abstract session to Thursday morning would be really helpful. So many EST and CST people will be up early due to jet lag; it would give them something to do and might increase attendance for the presenters, since so many people leave before the Saturday poster sessions.
- Seemed to have a little more breathing room in the schedule
- I liked the schedule organization- worked well.
- More time for plenary sections. Start at 8:00AM.
- I liked the way the schedule was rearranged-- it felt considerably less pressured somehow.
- I appreciated the opportunity to network with people who are doing analogous or related work. I would recommend that you keep providing time to network with people.
- There were always 2-3 things I wanted to attend at the same time. Having been to other meetings, I can say I would rather have this problem than the problem of having nothing I want to attend.
- I would recommend having fewer workshops/sessions for each given time period. Most of the sessions I attended had only 10-20 participants and each could have benefited by having more attendees.
- I would limit the number of presenters for each workshop (i.e. no more than 4). Since so many attendees are presenting workshops or posters, this limits the number of attendees who can attend another session at any given time.
- Having the tracks outlined in the program was helpful, but perhaps combine some of them, or space out the content so there wasn't so much competition/overlap.
- Good choice of 10 min presentations during plenary and opening sessions daily, plenty of choices for sessions, not too crowded
- Afternoon Saturday research abstracts poorly attended due to late time and overlapping sessions; poor meeting layout, people often late for sessions because of difficulty locating them.
- Mini-themes on certain days (e.g. Thursday emphasis on Women's Health)
- Sometimes it did not feel like there was enough time to do this between sessions
- It's nice when there are some mini-themes, like Thursday when there was the Women's Health keynote speaker, the Women's Health update, and the Women's mentoring meeting (which was unfortunately by invitation only)
- Somehow it seemed like there were more/longer breaks this year--I wish the transitions were 20 min not 30min.
- More student events not on the first day of the conference--maybe on Saturday since I have clinical rotations and I tried to miss as few days of my rotation as possible
- I really liked that the Thursday plenary included a vignette, an innovation, not just the scientific abstracts. Would like to see this each plenary day.
- For panel discussions around a particular theme, rather than six 10-minute presentations, consider one 60-minute panel with 6 researchers who have investigated the theme.
- Spread out the sessions in such a manner that attending sessions will be easier.

- Too often things were grouped in a way that if you were interested in X topic, the abstracts, workshops etc for that topic all conflicted with one another.
- Better to have longer workshops scattered through the main days of the conference - Thurs and Fri - maybe 3 hour "Precourse"-like workshops.
- Perhaps SGIM could consider a drawing held after the last session to award free registration for the following year (or 50% off, or free dues for a year etc) but the catch would be that the winner would have to be present to win.
- There was lots of down-time. I think we could cut out all the long breaks and spread out some of the sessions. I was frustrated because there would be a 90 minute session where I wanted to be at 4 different workshops at once. But then the next 90 minutes there would be "networking time" which I felt could have been used for more workshops/CME. I was there for 3 full days and only got 13.5 hours of CME - that should change.
- I liked the extended networking breaks, at least once per day. There is much to be gained from meeting up with collaborators and friends from other institutions.
- I liked the 8am start instead of 7am. Add back a concurrent session to Thursday AM.

MENTORING

- It was just wonderful to have so many friendly faces who were so encouraging and eager to be mentors
- Networking and one on one mentoring
- I greatly benefited from the Mentor Match program
- As I mentioned it is a very resourceful meeting, networking, leadership, relation between mentor and mentee, definition of success; Exposure to different aspect in academic setting.
- I liked the mentorship program and had a great chat with my mentor.
- Arranged mentoring was very good

COST

- Any more discounts for the accommodations?
- The cost is growing disproportionately to inflation. It has reached the point that I cannot do both the regional and the national meeting, so I have stopped going to the regional meeting.
- Very expensive meeting for limited amount of food etc provided

DENVER

- Liked the location and easy proximity to restaurants and venues to meet and network outside of the conference hotel.
- Central location in Denver was nice.
- Downtown Denver was a great spot
- Location was near museums, etc, with free transportation
- Denver was great
- Location was excellent - both Denver and the meeting area. Food options were great in Denver, and the meeting was easy to navigate.
- The meeting was in Denver, but it could have been anywhere.

SUGGESTED TOPICS FOR FUTURE CONFERENCES

- Workshop on challenges dealing with homeless and other truly marginalized patient populations
- PCMH topics integrating the evaluation topics
- More sessions on clinical skills
- More updates in clinical medicine
- I would like to continue seeing physical exam workshops
- More panel discussions like the one for parenting, but for other topics w/some controversy or discussion merit-- could address clinical topics as well.
- More updates in clinical practice.
- Updates

- Practical strategies for implementing clinic re-design and practical strategies for implementing quality improvement
- Same
- Session on conflict of interest in consulting, more on finding funding for academic careers outside of NIH
- Fewer plenary - more interest group meetings.
- Coaching in medicine; Ambulatory training models; Involving residents in research projects; career advancement for clinician educators; getting work published
- More workshops, innovations sessions. Global health oriented sessions
- Clinical and teaching.
- Perhaps a few more session for students specifically- we were kind of roaming about aimlessly at times
- More clinical skills sessions
- Less workshops and more didactics
- Teaching medical student and residents
- More tutorials
- More LGBT Health-related sessions
- More workshops and Precourse selections
- More clinical skills sessions; fewer sessions per time block.
- More aging related
- Health policy, sessions for trainees
- More workshops on mixed methods, qualitative methods, creation of research networks
- More on writing
- Clinical updates
- How about COPD, one of the most common causes of death in the US and completely ignored by SGIM
- Wellness programs; more of help with conducting non funding research in community hospitals
- I think sessions on leadership, not just at the Hess Institute but in the general sessions
- More about efficiency in running teams
- Sessions on providing transitional care for individuals with chronic healthcare conditions when transitioning from the pediatric to the adult world.
- It would be good to have a few more clinically-relevant sessions...probably best to do "update" type presentations in key areas.
- More sessions on updates in medical care
- More research oral abstract sessions
- Sessions on the threats to primary care/generalism and how to respond to them
- Billing/coding/compliance; residency clinic
- More about UME
- Only item I can think of that may be helpful to me personally is to look at the 3 or 4 most common EMRs in generalist offices across the country and demonstrate what some of them can do in terms of data retrieval and population disease/prevention management. I'm struggling with that and our EMR.
- Increase clinical content
- More skills building, more policy background
- Update in Palliative Care
- More on navigating academic medicine as a clinician-educator. The one mentoring panel on this topic was very full and there could have been more on this.
- Topic review
- More research poster sessions, in place of case vignettes which are a waste of everyone's time
- More clinical sessions would be helpful
- Oral presentations on new health policies
- Clinical sessions on current issues like changes in hyperlipidemia management, common drug interactions etc. No need to limit clinical things to only "Updates" of literature in the past year. I'd like more "plain old" CME.
- Qualitative Research Sessions

- I think more policy and health services would be nice, but so would some true workshop style sessions on teaching, specific communication goals etc.
- More clinical sessions-workshops
- I like doing/teaching evidence based clinical exam
- Medical education research design "101"
- Mini grant writing/manuscript writing retreats
- More research methods
- More clinical topics!
- More on CV writing, personal statement etc.
- More "clinical sessions", like cardiovascular, pulmonary pearls, etc. Presented by a specialist in the topic
- Geriatric and Palliative Medicine
- Addressing inefficiency in healthcare
- More time spent on resident and medical student presentations
- More Comparative Effectiveness Research; More Mental Health in Primary Care; More Systems/QI
- I would like to see more clinical sessions and more sessions directly teaching how to teach
- Clinical sessions
- More directed at mid career faculty new to SGIM, more clinical focus
- Care of adult survivors of childhood illness (i.e. - intellectual & developmental disability, etc)
- Panel discussions around a particular theme, involving researchers who have investigated that theme.
- The effect of the Affordable Care Act on specific areas of the care continuum: 1) prevention, 2) screening, 3) diagnosis, 4) treatment and 5) end of life.
- Policy-oriented; ACA
- Less oral abstracts & more workshops
- Mental illness treatment in primary care (beyond depression)
- I am hoping that there will be a variety of presentations to educate membership about the challenges presented by ACO's and to invite dialogue. I think the issue warrants a pre-course and at least one workshop, and perhaps a Keynote speaker?
- More topical, more timely DEBATES on current, controversial issues
- More focused on marginalized populations
- More research methods
- More clinical pearl sessions
- Transgender healthcare considerations, adolescent medicine
- Bring back health literacy track
- Update on Quality Improvement/Patient Safety
- Continue update in clinical medicine and it was nice to have specialists talk to us about it.
- Leadership sessions
- Team dynamics, case management
- Good mix. Maintain a fraction of sessions dedicated to practice management
- Same
- More about LGBT issues
- Shorter sessions and more of them
- Representation from ABIM in sessions to discuss MOC and other issues.
- More robust educator sessions, especially related to UME
- Workshop on research methodologies
- Update on care for LGBT patients. Continue the update in hospital and pain management
- More about diabetes management
- More quality improvement workshops
- Ethics and communication oral abstract sessions.
- More on health care financing
- Genomics in Medicine

- More QI
- More mental health workshops and sessions.
- Same/similar
- More on health care financing, more med-ed abstracts
- Continue to include medical education sessions. Continue to include interactive, small group learning sessions.
- Teamwork, quality safety, research methods for medical education work
- More about specific strategies to overcome barriers to PCMH conversion
- Workshops on IME that will be truly innovative -
- More vignette sessions
- More clinical sessions and lectures, less workshops
- Ted talks
- Board review
- More on medical education research methods and education as scholarship
- More innovations in practice organization
- More sessions on becoming an effective administrator
- Something focused on office management for practicing docs: perhaps some common office problems e.g. ENT issues, bites, etc
- Update in Palliative Care
- Practical sessions on practices dynamics and increasing revenue
- CV/interviewing session for fellows/residents. The session offered was geared towards medical students.
- A session for research funders on collaboration
- More Ethics
- More women's health track sessions
- More about teaching skills. Helping research and QI in community based residencies/hospitals that may not have the resources found in universities.
- More emphasis on teaching patient safety to residents and medical students; more on teaching cost effective and efficient care; more "highlights" of QI/patient safety interventions
- ABIM board review sessions!!
- More specific regarding wellness/possibly a track
- Mix of topics: e.g. substance abuse and collaborative care or research methods
- There is a growing interest in research regarding practice innovations and methods for evaluating these types of QI related research I would like to see more sessions related to this topic.
- Collaborative research skills for medical educators
- Perhaps more clinical workshops; maintain a high number of interactive teaching workshops
- More clinical content
- More hands on "how to teach" certain topics workshops
- Targeted items toward teaching and leadership skills at the resident level
- Few more basic clinical care sessions.
- Health Policy 101 for those who are just beginning to understand how policy affects health not just healthcare.
- Maybe have a disease specific tract each year: hypertension, obesity, breast cancer, etc.
- More work on local (institutional) advocacy and effective leadership
- More opportunities to share ideas/ Learn from others in interactive format. Workshop on the use of technology for research
- More plenary type abstract sessions
- Focus on health system redesign - to include addressing inequalities which still exist
- More policy-oriented abstracts
- Could be good to have some more experimental sessions

SAN DIEGO

- I hope/plan to attend next year but West Coast meetings are very difficult for me to accommodate into my calendar, and if I don't attend it will only be due to geography and not to content.
- Love having it nearer to the West Coast, thank you!
- Would not attend next year bc too far away - I live on east coast - great meeting, lots of good sessions
- The diversity of the meeting which should be continued in San Diego.

MISCELLANEOUS

- Chance to network and meet other people with aligned interests in general internal medicine practice, teaching and administering
- Networking with other academic physicians was great.
- Networking
- Good turnout
- Location, program, variety of skills offered. Review sessions.
- I like the enormous selection of workshops.
- Great networking opportunities, great opportunity to present research.
- Nice and friendly people. Good opportunity to see new medical colleagues.
- As always, opportunities to meet and hear from some very smart and knowledgeable people
- Quality of speakers and attendees
- networking
- Collegiality
- It is always to get together with colleagues and share experiences. As an internist I am so busy on an average day that I rarely have time to interact with my colleagues and here there ideas, concerns, approaches.
- Networking
- Great job with the poster sessions, time for networking, and open evenings to meet people and catch up.
- As usual, the topics at SGIM are pertinent to my practice so this conference will continue to top my list for attendance.
- Interesting folks
- Meeting colleagues and collaborators
- Time for meeting and networking
- Need of better means of facilitating networking
- I also enjoyed the size of the meeting- small enough to really network and see collaborators and colleagues from all over.
- Mindfulness
- Hearing the variety of work and then meeting the people.
- The focus and faculty development tools
- Networking time
- Great opportunity for networking, Clinical Updates, Oral abstracts with discussion.
- Continued forums for collaboration and networking
- Networking, being part of the Education Committee and being part of TEACH faculty.
- Wonderful chance to network and catch up with colleagues.
- Attending the meeting isn't about getting new info to 'implement' or necessarily change what I do, but it is definitely about hearing thought provoking talks where I may learn new info (which may or may not change my practice), and more importantly, interacting with colleagues who I don't see otherwise. I PLEAD with you to find another way to organize the meeting program, as it is VERY difficult to digest in the current format. I missed sessions that might have been of interest due to the strange, non-linear way in which the program is organized. Couldn't you organize it by time, making sure that all concurrent sessions are indicated on the same page, and perhaps make the denotations as to content area using the icons used in JGIM (e.g. 'vulnerable populations', 'clinical innovation', etc.) so that one doesn't have to page backwards and forwards to identify relevant sessions? The program wasn't clear as to when food would be available and when it would be taken away, making it hard to plan.

- Plenty of variety. Keep it up.
- Networking was great
- Meeting colleagues
- Time to network and talk to other like-minded individuals.
- Excellent ability to present work. Great sessions on teaching
- Outstanding professional home
- High quality of presentations. Being able to "track" via interests
- Quality of faculty and the workshops I attended were very good.
- The "space" provided for networking was fantastic! I was able to attend the sessions I wanted to attend without sacrificing time to meet with colleagues, meet new potential collaborators, and catch up with old friends.
- Or could possibly move the last plenary to the afternoon but this could be problematic if our attendees do not stay for a national speaker as this could be a public relations problem as it relates to the speaker.
- I like running into colleagues and hearing what they're doing.
- Net working
- I loved the space for networking strong speakers, good meeting rooms and spacious rooms for poster presentations; Strong science
- Great networking opportunities
- Great opportunities for networking, great workshops on medical education.
- Excellent variety of selections for each time period
- Networking opportunities
- Attention to trainees: involvement in presentations, trainee-geared sessions - Career-related presentations - Resonance with core mission of SGIM
- Opportunities to network, including meeting new people from other institutions whose work you admire or who have shared interests AND having time to meet up with old friends.
- Liked the breadth of topics; liked the emphasis on networking
- Mix of sessions, time for networking. Multiple plenary sessions. Mix of plenary topics
- Not sure how to improve attendance for Saturday afternoon session, but the session that I went to was great, and there were only 8 people there.
- Openness and variety of sessions.
- VA specific tracks
- Women's health track
- Networking. Mentor program.
- Shorter sessions; Less workshops, the breakout sessions are rarely helpful; Somehow improve the quality of some talks
- I like the plenary sessions - select abstracts that are worthy of everyone seeing.
- The spirit of collaboration among the leaders and the attendees; The variety of topics covered that applied to each area that I was interested in, often had difficulty choosing among the selections
- Networking with colleagues, bringing my students to present their research
- The energy is always so positive! Perhaps more clinical workshops.
- I think that the quality of oral abstracts was quite high, and the plenary abstracts in particular were well presented.
- The interest groups had a little less overlap than usual so I was not as often forced to choose.
- Don't change a thing! Great balance between research, clinical care, health policy, teaching, etc.
- It was helpful to have VA leaders session but no time was left to network -- was all one-way communication.
- Really enjoy the attention to clinician, educator and researcher tracks in our careers.
- Outstanding clinician educators and researchers from across the country were there presenting and participating. Not only enjoyed the talks, but also the opportunity to interact with other internists who have a teaching position in other institutions.
- I liked the mixture of options, which included lots of clinical updates, some hands on sessions, abstract presentations, interest groups. Keep doing the same things you are doing.

- This was my first SGIM. I have been to SHM twice before. I found SHM to be more focused on clinical medicine, and this appeals to me more.
- I like that it is a meeting that makes you feel like you are "home" with friends and colleagues. The meeting was packed but flowed well, and you had time to go to different sessions.
- Excellent meeting.
- One of the best. Great sessions, nice balance of sessions and free time. Excellent speakers.
- I liked the timing of the poster sessions and the allowance for time for networking.
- Higher visibility of the update sessions
- Always enjoy the opportunity to catch up with friends from around the country; nice mix of sessions and plenary speakers, enjoy the reminders about our mission as general internists, etc.
- Good allotment of time to afternoon breaks for networking. Could use a few more clinically-oriented workshops
- The lunch speakers were not too long winded.