

**The 30<sup>th</sup> Annual Society of General Internal Medicine Meeting**

*The Puzzle of Quality: Clinical, Educational and Research Solutions  
April 25<sup>th</sup> through April 28<sup>h</sup>, 2007  
Toronto, Canada*

**EVALUATIONS REPORT**

Submitted July 5, 2007 by:

Jeffrey L. Jackson, MD MPH  
Chair of Evaluations Committee  
Uniformed Services University  
Bethesda, Maryland

Eric Mortensen, MD  
Co-chair, Evaluations Committee  
University of Texas Health Science Center SA  
San Antonio, Texas 78229

Committee Members:

Kent DeZee, MD MPH  
PD, Internal Medicine Program  
William Beaumont Medical Center  
El Paso, Texas

Harish Jasti, MD, MSc  
University of Pittsburgh Medical School  
Pittsburgh, Pennsylvania

## I. Executive Summary

The 30<sup>th</sup> annual meeting of the Society of General Internal Medicine was convened in Toronto, Canada from April 25<sup>th</sup> through April 28<sup>th</sup>, 2007 with a meeting theme of “The Puzzle of Quality: Clinical, Educational and Research Solutions;” 1653 people, from 11 different countries attended the meeting.

There were a total of 200 sessions at the annual meeting including 8 precourses, 65 workshops, 8 clinical updates, 11 special symposia, 50 interest groups, 26 scientific abstract sessions, 3 scientific poster sessions, 8 oral vignette sessions (including 2 unknown sessions), 2 vignette poster session, 4 innovations in medical education sessions (2 oral and 2 posters, including I-RIME presentations) and 2 sessions of innovations in practice management (1 oral and one poster).

Attendees provided feedback to SGIM through surveys. Workshops, clinical updates and special symposia were evaluated with surveys completed at the end of the sessions with an overall response rate of 65%. The overall meeting was surveyed using a combination of onsite paper forms as well as online. A total of 234 evaluations of the annual meeting were completed (113 onsite, 121 online) for an overall response rate of 14%.

The overall rating of this year’s SGIM meeting – with a mean score of 7.8 on a scale of 1 (worst ever) to 10 (best ever) – reflected the high level of satisfaction noted consistently over the years. Attendees were also pleased with meeting logistics, which received a mean score of 7.5 on the same scale as the overall rating.

In keeping with the meeting theme, the Program Committee sought to inform attendees about ways that physicians can use clinical, educational and research solutions to the puzzle of quality. Participants had a variety of goals for attending the meeting. The most important goal was to network, 64% rated this as very important. The second most common goal was to meet collaborators (51% rated as very important), followed by hear new research and gain new teaching skills. Among the 9 selections provided, the *average* proportion of survey respondents who felt personal goals for attending the meeting were met was a substantial 87%, indicating a homogeneously high level of success across all goals.

As always, precourses, special symposia, clinical updates and workshops were a prominent feature of this year’s annual SGIM meeting. Overall, these sessions were given mean ratings of 4.35 (1 being “poor” and 5 being “outstanding”). Special symposia were well attended (55 on average) and received the highest ratings (4.43). Workshops also had high average ratings (4.40) and good attendance (36 on average). This year’s workshop ratings are slightly higher than in previous year’s meetings (2006: 4.31, 2005: 4.28, and 2004: 4.20). Precourses and Clinical updates received significantly lower scores ( $p < 0.001$ ) than workshops or special symposia. Attendees gave an overall mean evaluation score of 4.11 to the 8 precourses which averaged 19 attendees. This rating was lower than in previous year’s meetings (2006: 4.37, 2005: 4.46, 2004: 4.39), despite the fact that the program committee decided to invite all 8, rather than using a peer-review process. Clinical updates were very well attended, averaging 90 attendees, but were rated the lowest of the sessions offered at SGIM (4.12).

In 2007, the David E. Rogers Junior Faculty Education Awards made by SGIM to the three junior faculty whose workshops receive the highest overall mean ratings went to Niraj Sehgal for "Multidisciplinary Teamwork Training in Hospital Medicine," Larissa Nekhlyudov, “Cancer Survivorship 101: What Primary Care Physicians Need to Know to Improve the Quality of Care for Cancer Survivors” (WG06) and to William Harper for "Health Literacy - Strategies for Patient Care and Teaching" (WD04).

### Summary of Recommendations

1. Precourses continue to be a problem. There are several possible courses of action:
  - a. Stop offering precourses.
  - b. Make the precourses free for attendees.

- c. Reduce the fee for precourses
  - d. Consider adding another type of session that is 1/2-day in length.
2. If the decision is made to continue precourses, return to a peer-reviewed submission process.
3. Invited sessions are more poorly rated than submitted ones. Keep invited sessions to a minimum.
4. Reinforce the importance of evaluations.
  - a. The overall annual meeting continues to be poorly evaluated. This needs to be a higher priority item at the meeting. Those years in which evaluation response rates were higher had a more concerted effort by the program committee to make these announcements frequently.
  - b. Threaten to withhold CME credit for any session in which evaluations are not returned. This appears to punish the attendees more than the coordinators.
  - c. Do not allow session coordinators who do not distribute or return session evaluations to submit to the following annual meeting.
  - d. Invited sessions appear to be particularly problematic. Direct communication to those coordinators running invited sessions between the program committee that this is a critical need should occur.
5. Consider having workshop submitters include 5 questions during the submission process.
  - a. Pilot the process of question creation.
  - b. Consider asking session coordinators to distribute these questions as a "pre" and "post" test during the sessions.
6. Keep the current overall format
  - a. The 30 minute break between sessions was particularly appreciated.
  - b. This year's Innovations in Medical Education format was particularly praised.
  - c. The change in the timing of interest groups continues to garner praise, despite the fact that this occurred for the first time during the 2005 meeting.
  - d. Continued vigilance with regard to location of sessions of appeal to similar groups is merit.
7. Work to increase the clinical content, this received numerous comments.
8. Food continues to be the most commonly commented on aspect of the meeting. Common complaints include the location of the food and its quantity.
9. Eliminate or greatly curtail the awards. Numerous comments were made stating that the award sessions were too long. Moreover, most of the committees felt compelled to list each committee member and spent too long presenting the award.
10. Either avoid scheduling Roger's award eligible workshops on Saturday or relax the 20 attendee rule for Saturday workshops. Attendance on Saturday is considerably lower than on the other days. Last year 1 highly rated workshop failed to meet the 20 attendee rule and this year, 2 workshops were disqualified on that basis.