

Executive Summary

The 29th annual meeting of the Society of General Internal Medicine was convened in Los Angeles from April 26th through April 29th, 2006 with a meeting theme of “Activism to Promote the Health of Patients and the Public.” A total of 1,687 people attended the meeting and left with new skills, new partnerships and new understandings of how to promote the health of patients and the public by confronting problems of equity, quality, and limited access to primary care both in the US and globally.

Attendees provided feedback to SGIM through an overall meeting online survey and through hardcopy evaluations of 8 precourses and 62¹ workshops. The overall rating of this year’s SGIM meeting – with a mean score of 7.50 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 7.3 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 broaden their scope beyond the confines of the individual patient encounter to encompass community, national, and global health care issues. Ninety-one percent of the respondents agreed or strongly agreed that the meeting’s goals were met. In addition to a theme, as in previous years, the meeting provided opportunities for attendees to strengthen their knowledge and skills in the broad areas of health policy, medical education, research methodology, and clinical skills. Eighty-nine percent, 81%, 83%, and 80% reported their goals were met in each of these areas respectively.

Among a total of 8 possible choices from which survey respondents could select to identify the most important reasons they attended the meeting, the following selections scored highest (on a scale of 1= “not at all important” to 4= “very important”): to Network (mean score = 3.40); to Meet with collaborators (mean score = 3.2); and to Hear about new research (mean score = 3.15). Notably, when respondents were asked to indicate whether or not their personal attendance goals were met, the highest success rates were also observed for the three selections above: to Hear about new research (97% indicated that goals were met); to Network (94 %); and to Meet with collaborators (93%). Among the 8 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 and workshops were a prominent feature of this year’s annual SGIM meeting. Attendees gave an overall mean evaluation score of 4.37 to the 8 precourses (1 being “poor” and 5 being “outstanding”). Congratulations to Dr. Jasminka M. Vukanovic-Criley, MD, for her session “Virtual Patient Examinations: Improving Cardiac Clinical Skills Teaching for Clerkships and Residency Programs,” which received the SGIM Annual Meeting Precourse Award given annually to the highest rated precourse. The overall average session rating for the 62 workshops was 4.31, just slightly higher than the ratings of 4.28 and 4.20 observed in 2005 and 2004. In 2006, the David E. Rogers Junior Faculty Education Award made by SGIM to the three junior faculty whose workshops receive the highest overall mean ratings went to Dr. Obidiugwu K. Duru for the workshop entitled “How to Work with the Urban Community to Address Obesity and Physical Inactivity,” Dr. Shakaib U. Rehman for the workshop entitled

¹ In addition, there was 1 precourse and 2 workshops that were enrolled in a pilot evaluation protocol for assessing CME outcomes that utilized different data collection instruments. These sessions were evaluated separately and are not included in the statistics presented for the other precourses and workshops.

“Expanding Our Skills for Dealing with Difficult Patient Encounters” and Dr. Carol Chou, for the workshop entitled “Why Can’t You Behave? The AAPP Model of Teaching Behavior Change in the Office Setting.”

Of note, the response rate for the overall meeting evaluation this year was 25%, lower than previous years’ evaluation response rates which have ranged from 28 to 52%. Furthermore, of those who completed the evaluation, over a third did so nearly six weeks after the Annual Meeting, when their recall of the meeting may have been diminished. Fortunately, the response rate for precourses and workshops evaluations remained high, at 73% and 64% respectively.

Special thanks to the Program Committee for its dedication and commitment to activism as well as scholarship, to Sarajane Garten, SGIM Director of Education and May Wang, SGIM Director of Information Technology, to all the staff and volunteers of SGIM who labored extensively to bring success to this meeting, and to our attendees for their enthusiastic participation. A newly constituted Program Committee is already working to make the 2007 SGIM 30th Annual Meeting in Toronto, Ontario, Canada April 25-28, 2007 a great success for a milestone year.

Suggestions for Future Meetings

Meeting Location and Logistics

- Supply a hardcopy version of the abstract booklet. Explore options for producing the document inexpensively as a handout and distributed at no cost. It could also be provided for a small fee, but this may trouble attendees who are already concerned about the meeting’s cost.
- Have numbered posters in sequence so that when attendees come to the end of a row, the next number is around the corner rather than back at the other end of the room. This will make it easier to walk through the posters in order.
- Separate posters into categories such as clinical inpatient, clinical outpatient, educational, health policy etc...
- For IME, I-Rime, provide internet access if financially feasible.
- Consider additional opportunities to introduce first time and single attendees to other members of the SGIM community, particularly for social activities such as dinner outings.

Meeting Content

- Consider maintaining the President’s Reception which was considered by many a great success, but with an awareness of the concerns raised by other members regarding pharmaceutical industry support (which was about \$40,000).
- Concern was expressed about the exodus that occurs on the morning of the last day of the meeting, potentially compromising the atmosphere, participation, and quality of the final

sessions. Explore ways to entice attendees to stay until the meeting is over so that there is greater participation on the last day.

Evaluations Process

- Attempt to improve response rate to the online evaluation (while setting realistic goals for what an acceptable response rate should be). Future planning committees can strive for consistent and high profile onsite advertisement of the online overall meeting evaluation. Specifically, the Meeting Chair can announce the on-line evaluation process during each of the plenary sessions, generic slides reminding the attendees of the online evaluations can be inserted into PowerPoint presentations at the end of various sessions (such as Clinical Updates and Special Symposia which are evaluated through the on-line process), and emails reminding attendees to access the evaluation can be sent out shortly after the meeting (the latter have proved more effective than eNews reminders). One approach would be a timeline of targeted emails to meeting attendees written by the evaluations committee so that SGIM staff are prepared and expect to manage the administration of the reminders.
- Explore ways to make on-line evaluation completion a requirement for CME credit.
- Explore options for shortening the on-line survey so that it is less visually intimidating and contains fewer items. Whereas the paper version of the survey is 2 legal-pages (see Appendix A), on-line it extends over 13 screen shots due to technical limitations of the system. The evaluation committee recommends that SGIM staff investigate enhancements to the survey tool of the IMPAK data system. Also, this year both the Clinical Updates and the Special Symposia were included in the online evaluations. Consider returning to paper evaluations for these sessions.
- The workshop/precourse evaluation form could be shortened by eliminating question #7 which asks attendees if they would recommend inviting the session to their institution. The question may be confusing since such SGIM workshops are not typically designed to “travel” to attendee’s home institutions.
- Build on this year’s pilot study to develop an outcomes focused evaluation process for workshops and precourses that meets the American Council for Continuing Medical Education’s criteria for exemplary CME compliance.