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SGIM FORUM

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WHAT SGIM MEANS TO ME

UNLOCKING POTENTIAL AND BUILDING A PERSONAL CAREER BLUEPRINT: LEVERAGING THE POWER OF A PROFESSIONAL SOCIETY

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Introduction

The value of professional societies can feel unclear early in a medical career, especially without mentors who can provide societal engagement. Few of us are taught how to use these communities strategically. Through our involvement with the Society of General Internal Medicine (SGIM), we discovered that a professional society can be far more than a membership—it can be an intentional accelerator for growth, connection, and leadership.[1] In this article, we share our journey and offer a simple framework to help readers take their next step toward meaningful engagement.

From Membership to Momentum

SGIM is more than a line item on a "pay my annual dues" list. When approached intentionally, it becomes a multiplier—offering mentorship, leadership development, scholarship opportunities, and community beyond what many institutions can provide. Its value evolves across a career, helping physicians grow with purpose.

Five Strategic Resources to Accelerate Professional Growth

SGIM supports physicians across career stages—from residents seeking mentorship and identity formation to

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mid- and late-career members looking to lead, teach, and give back. The form of engagement changes, but the benefits of connection, growth, and impact remain constant.

Professional societies offer five strategic resources that extend well beyond one's home institution. The following is an easy-to-remember framework highlighting how a professional home like SGIM can create value:

1. They help individuals find their people by fostering a sense of belonging, identity, and connection within the profession. These spaces support the development of meaningful peer relationships that reduce isolation and provide encouragement, while also creating opportunities to connect with potential academic promotion letter writers.
2. Professional societies offer critical mentorship and sponsorship. They provide access to mentors who can offer guidance, perspective, and support in navigating career decisions. In addition, they open doors to sponsorship opportunities that enhance visibility, advocacy, and advancement, while also fostering relationships with collaborators who contribute to scholarly and professional work.
3. They create opportunity pathways that may not be readily available locally. Through professional organizations, individuals gain access to platforms for speaking, writing, leadership, advocacy, and national engagement. They also provide structured avenues to expand professional influence and standing, as well as exposure to external job opportunities.
4. Professional societies broaden perspective and insight. They expose individuals to diverse career paths, leadership styles, and professional identities, while offering the chance to learn from others' successes, missteps, and career pivots. This exposure often leads to renewed creativity, clarity, and a more expansive vision of what is possible.
5. They amplify voice and impact. By engaging in these communities, individuals can refine their voice, contribute meaningfully to their fields, and leverage collective experiences to drive change, shaping both their own careers and the broader professional landscape.

Together, these five resources illustrate that professional societies are not optional add-ons, but powerful accelerators for growth, connection, and influence across one's career.

Starting Out: Being Strategic without Feeling Self-Doubt

We suggest these two practical questions for SGIM members to begin a comfortable level of participation—staying engaged without feeling overwhelmed and avoiding the "yes-to-everything" trap:

- *"Does this align with who I'm becoming?"*
- *"Will this connect me to people or skills I want to grow?"*

In our experience, involvement that takes up less than 90-120 intentional minutes per quarter is a manageable start and can allow scaling up or down as appropriate over time. Bottom line—strategy beats volume every time. Physicians need to develop the skills to say "*no*" when they need to and be intentional in what they join as it can build professional standing and credibility.

Professional societies offer practical entry points that evolve across career stages, beginning with students, residents, and fellows. At this stage, learners can engage by joining a committee or interest group, submitting a poster, blog, or workshop, and participating in abstract competitions. These early experiences also provide an opportunity to seek mentorship outside one's home institution, helping to broaden perspective and build foundational professional relationships.

As individuals transition into early career physicians, engagement can deepen through more structured contributions. This may include joining a committee with defined deliverables, saying "*yes*" to a speaking or writing opportunity, and serving as a reviewer for abstracts, posters, workshops, or manuscripts, such as those for the *Journal of General Internal Medicine (JGIM)*. Writing an article for venues like SGIM Forum further expands visibility and scholarly voice.

For mid- and late-career physicians, involvement often builds upon these earlier activities while shifting toward broader influence and leadership. This includes shaping education, policy, and clinical practice, stepping into formal leadership roles, and using one's voice to sponsor and lift others. Engagement in advocacy also becomes a key avenue for impact, allowing physicians to contribute meaningfully to the profession and the communities they serve.

Avoiding the Holdbacks

There may be many reasons why physicians may not engage with SGIM. Some common myths that we experienced ourselves include the following:

1. *"I'm not academic enough."* SGIM provides multiple individualized opportunities to become academic as seen through our own lived experiences.
2. *"What will I gain?"* We found wonderful and diverse opportunities to match a wide range of professional needs and interests.

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3. *"I don't have anything to add."* Yes, you do. Your voice and participation matters. You need strategy, not self-doubt.
4. *"I'll wait until later."* Starting out early can boost the value of membership but more importantly, open doors to leadership roles.

Engaging with SGIM is less about being "ready" and more about being willing—many of the perceived barriers are rooted in self-doubt rather than reality. Starting early, leaning into opportunity, and recognizing the value of your own voice can open doors to meaningful growth, connection, and leadership.

Real World Impact Story

Our shared journey within SGIM highlights how distinct starting points—as a mid-career and a resident physician, respectively—can navigate any holdbacks and converge into a unified path of sustained engagement. What began as responding to regional and national calls for abstract review, poster presentation, poster judging, and workshop facilitation evolved into deep-seated service and leadership.

Over the years, our commitment expanded to include pivotal roles in SGIM leadership as New England region President (Jobbins), SGIM regional meeting planning committee (Jobbins), and national representation on the American College of Radiology (ACR) Appropriateness Criteria committee (Merchant). These collaborative efforts fostered vital connections resulting in significant contributions to *JGIM*, *Journal of Hospital Medicine* and *Journal of the American College of Radiology*. These intergraded activities not only strengthened our professional identities but also significantly enriched our academic portfolios within the SGIM community.

Conclusion

Our personal journeys reflect how SGIM membership and active engagement meaningfully drove professional growth across a career. Through SGIM, we discovered and clarified our professional goals, developed our niche, found a community of like-minded colleagues, and grew as leaders, sponsors, and advocates. Taken together, this road map offers practical examples on how to maximize the value of SGIM engagement at every career stage. Begin with manageable commitments, choose activities thoughtfully, and approach networking with purpose. With this mindful strategy, SGIM membership can become a lasting source of professional growth.

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SGIM

LAISSEZ LES BONS TEMPS ROULER: SERVING AS SGIM FORUM EDITOR IN CHIEF

Michael Landry, MD, MSc, FACP
Editor in Chief, SGIM Forum

"Now I've had the time of my life, and I owe it all to you"[1]

"*Three years, 36 issues. More importantly, 36 editorials to write. What was I thinking? Or was I even thinking?"* These thoughts crossed my mind as I reflected on my decision to apply to be the next Forum Editor in Chief in early 2023. *"Besides you don't even like to write,"* I told myself. But that is the power of SGIM—people seeing something in you that you don't even see in yourself. My article reflects on what I have learned over the past 36 months and what SGIM means to me. As AA Milne says, *"How lucky I am to have something that makes saying goodbye so hard."*[2]

I was encouraged to apply for Forum Editor in Chief by a fellow SGIM member with a long history of commitment to the Society. They saw something in me that I did not see in myself. Their encouragement and persistence led to an amazing experience that resulted in many new personal and professional relationships. Pushing members to broaden their horizons and take on new challenges is what SGIM means to me.

At the 2026 Annual Meeting, several SGIM members who knew my Forum tenure was ending asked me:

- *"Was it worth it?"* Absolutely.
- *"Did I enjoy it?"* Immensely.
- *"What was the best part of being Editor?"* Meeting new authors and recruiting new associate editors.
- *"Would I do it again?"* Without hesitation.

This was a true honor to have served SGIM members in this role. Relationships are the crux of SGIM and is what SGIM means to me.

Robert Baden-Powell, founder of the Boy Scouts, said *"Try and leave this world a little better than you found it."*[3] This motto has always been a favorite and something I aspire to do. I hope SGIM members feel that, as Editor, I left the Forum better than I found it and raised the bar for the next Editors-in-Chief. As a Society, advocating for and creating a better world is what members do for patients, trainees, and colleagues. This is what SGIM means to me.

As Italian poet Cesare Pavese noted *"We do not remember days, we remember moments."*[4] I have had great moments during my editorship and will cherish the memories. But I would argue that it's not just the moments that we remember but, more importantly, the people. In my first Forum editorial, I reflected on the 2023 Annual Meeting by noting *"At that moment, I realized, people make the difference. Specifically, SGIM members make the difference."*[5] SGIM is a family of professional colleagues who take care of each other. This understanding is what SGIM means to me.

Publishing each issue of the Forum is a team sport; serving as the Forum Editor in Chief is like being the captain of a team. But it is the team that creates success. I had the pleasure of collaborating with great individuals and want to thank them for their assistance during my three-year term. Tiffany Leung, past Forum Editor in Chief, assisted tremendously during the transition period and set what seemed like an impossibly high bar for success. Forum Associate Editors are an unpublicized source of Forum's success. The Associate Editors drive much of the content through their connections by soliciting articles, encouraging submissions, as well as writing and editing articles. I cannot thank them enough for their contributions, friendships, and encouragement over the 36 months. Their dedication to the mission and vision of SGIM is what SGIM means to me.

SGIM staff are amazing—the glue that holds our organization together, the engine behind the Annual Meeting,[6] and the key to organizational success. For Forum, I had the pleasure of working closely with two SGIM staff members, Taylor Smith and Francine Jetton (my "SGIM handlers"), who are integral to the Forum publication. Their organizational skills were important to keep us on deadline. They contributed articles and edited final content to ensure we had an amazing monthly publication. They have my eternal gratitude for collaborating closely with me through these busy months. The friendships and alliances that have been forged over the years with SGIM staff are an important part of what SGIM means to me.

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There are two individuals who deserve recognition that most SGIM members would not recognize. Frank Darmstadt (Forum Managing Editor) and Howard Petlack (Forum Production and Graphic Designer) transform submitted Word documents into the content that SGIM members enjoy. Their dedication to Forum perfection is an amazing behind-the-scenes process as they go back and forth through iterative correction cycles to yield the perfect Forum monthly issue. Thanks to Frank and Howard for their invaluable contributions. Their teamwork is yet another aspect of what SGIM means to me.

A key aspect of serving as Forum Editor in Chief is the monthly correspondence with the SGIM President. I had the pleasure of working with four amazing presidents (Martha Gerrity, Jada Busey-Jones, Carlos Estrada, and now Mark Schwartz). By coordinating their monthly presidential columns (often considered the most dreaded aspect of SGIM presidency), I got to know each of them better. It was a chance to see their presidential leadership unfold through the evolution of their monthly editorials over their busy 12 months. The monthly column from SGIM CEO Eric Bass allowed me a small insight into the vast effort and work that he contributes to the Society. To be honest, I am not sure how he accomplishes all that he does. I am thankful to the presidents and Eric for the grace in which they worked through their article revisions with me (it can feel quite intimidating telling the president or CEO that they need to revise their articles). In the end, we all worked towards the article that best captured their messages for members. Their contributions as SGIM leaders exceed what is often seen by SGIM members. This service leadership to others and the organization is what SGIM means to me.

I would be remiss if I did not thank the most important contributors to the success of Forum: the SGIM authors for submitting their scholarly work and the Forum readers. Over 36 months, we published 316 articles by SGIM members for SGIM members. Readers submitted compliments for the content while authors complimented the collaborative style in bringing articles to publication. Many first-time authors submitted second articles or indicated a plan to do so. Helping to add a scholarly voice to initiatives important to general internal medicine is what SGIM means to me.

As SGIM transitions to the new Co-Editors model for Forum leadership, I leave the Forum in the capable hands of Megan McNamara and Alia Chisty who will implement their own style and leave the Forum better than they found it. Successful transitions of leadership among volunteer members advancing the goals of the Society are what SGIM means to me.

"Yesterday brought the beginning, tomorrow brings the end, though somewhere in the middle we became the best of friends."[7] I am grateful for the opportunity to have led the Forum for the past three years and amazed by the wonderful SGIM members I have befriended. *"Don't be dismayed at goodbyes. A farewell is necessary before you can meet again. And meeting again, after moments or lifetimes, is certain for those who are friends."*[8]

Farewell Forum readers, but not good-bye. The editorial torch is passed. Until our paths cross again in SGIM, thank you, all. On to my next adventure within SGIM. *"Every new beginning comes from some other beginning's end."*[9]

This experience is what SGIM means to me!

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SGIM

SGIM OPENED THE WORLD OF HEALTH POLICY AND ADVOCACY TO ME

Mark D. Schwartz, MD
President, SGIM

"If I have been able to contribute to health policy and advocacy, it is because SGIM opened the door, and because colleagues stood there, holding it open."

In 2005, Congress cut funding to almost zero for the Health Resources and Services Administration (HRSA) Title VII Primary Care Training Grant program. At the time, I was a happy mid-career general internist who cared about my patients, grants, and trainees. I paid little attention to Washington, DC. Policy felt distant. Abstract. Something other people did.

But the funding that supported my work was suddenly on the chopping block. I remember thinking: *How did this happen? Who decides these things? And why didn't I see it coming?*

Although I was a member, I was not deeply involved in SGIM. But I knew there was a Health Policy Committee, and I remembered that Drs. Eugene Rich and Preston Reynolds were policy leaders. I wrote to them and asked, *"What's going on? How did this happen? And what are we doing about it?"* Gene and Preston wrote back quickly. They did not brush me off. They invited me in. That was my entry point.

I began attending Committee meetings, listening more than speaking. Gene and Preston, along with other committee members, began to teach me. They explained how appropriations work. They helped me understand the role of agencies like HRSA. They showed me how professional societies can speak with one voice, and why that voice matters.

When I went to my first Hill Day, it felt like landing in a different country. I learned two things right away. First, the country is run by whip-smart twentysomethings who cared what I had to say. Second, policy is not abstract—it is shaped by relationships, stories, timing, and persistence.

In 2008, I met with one of Senator Hillary Rodham Clinton's staffers, Kathleen Klink, a colleague from Columbia University who was a Robert Wood Johnson Foundation (RWJF) Health Policy Fellow in the Senator's office that year. They happened to be working on legislation to reauthorize the Title VII Primary Care Training Grant program—the very program I had attended Hill Day to defend. I shared an idea with Kathleen about how the bill could better support general internal medicine training. Months later, when the Senator introduced the bill, language based on my idea was in it.

The bill went nowhere. At the time, that felt like a small disappointment. I had learned enough by then to know that most bills stall. Still, I had tasted something new. I had seen that clinicians can shape the words on a page that may someday shape the care our patients receive. I was hooked.

The following year, I had the privilege of serving as an RWJF Health Policy Fellow on the House Ways and Means Committee. This was the year Congress passed the Affordable Care Act. The pace was relentless. The stakes were high. Every word mattered.

As I read through draft language, I saw that elements of the earlier Title VII proposal had resurfaced. This time, the Title VII reauthorization would become law. Policy moves slowly. But it moves.

When I look back, my arc—from a startled grant recipient to a Hill Day novice, to a fellow working inside Congress—was not a straight line. It was built through relationships. Through doors opened. Through colleagues who said, *"Come join us."* SGIM was the thread that ran through it all.

SGIM gave me more than a committee assignment. SGIM gave me teachers and role models of physician-citizenship. SGIM gave me a space where policy was not partisan sport but part of our duty to patients and communities. SGIM gave me a place to ask naïve questions without embarrassment and to grow into harder ones.

Over time, that early invitation shaped my career. It led me to help found the Leadership in Health Policy Program (LEAHP)[1] within SGIM so that others could experience what I had experienced: the realization that advocacy is not an add-on to our work as general internists—it is *part* of it. Our patients' health is shaped as

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much by payment rules and workforce policy as by any clinical guideline.

But none of this happened in isolation. Gene and Preston answered an e-mail from someone they barely knew. Colleagues stood beside me in congressional offices when I still felt unsure of myself. Mentors explained losses without cynicism and victories without triumphalism. Friends turned shared work into shared purpose.

For me, SGIM is not only a national professional home but also something more intimate. It is the room where you first raise your hand. It is the late-night call before a testimony. It is the quiet debrief after a meeting that did not go your way. It is a steady reminder that our work as general internists does not stop at the clinic door.

As we approach SGIM's 50th anniversary, I find myself thinking about that first e-mail again. I did not know then that it would change the course of my career. I simply knew that something important was happening and that I wanted to understand it.

What SGIM offered was not just knowledge about how policy works. It offered companionship in learning how to do the work. It was a web of people who nudge you forward when you hesitate, who answer your questions, and who walk with you into rooms that feel intimidating. If I have been able to contribute to health policy and advocacy, it is because SGIM opened the door and colleagues stood there, holding it open.

That is what SGIM means to me.

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SGIM

FROM THE SOCIETY

WHY DOES IT MEAN SO MUCH TO ME TO SERVE AS SGIM'S CEO?

Eric B. Bass, MD, MPH

Dr. Bass (basse@sgim.org) is the CEO of SGIM.

When Mike Landry informed me that his last issue of SGIM Forum was focused on the theme of "What SGIM Means to Me," it took me a while to reflect on why it means so much to me to serve as its CEO. The short answer is that serving as the CEO has given me a tremendous opportunity to focus on advancing SGIM's mission of cultivating innovative educators, researchers, and clinicians in academic general internal medicine (GIM), leading the way to better health for everyone! The long answer requires reflection on the role that SGIM has played in my professional journey over the last 40 years.

> **". . . serving as the CEO has given me a tremendous opportunity to focus on advancing SGIM's mission."**

When I decided to pursue a residency in internal medicine, I was at a medical school that had no GIM Division so a career in academic GIM was not on my radar screen. Thanks to Wishwa Kapoor and his colleagues at the Presbyterian-University Hospital in Pittsburgh, Pennsylvania, where I completed my residency, I discovered that academic GIM provided a great way to combine my broad clinical interests in GIM with population-oriented research. However, after I moved to Baltimore, Maryland, to pursue research training in a GIM fellowship, I learned that the Chair of the Johns Hopkins Department of Medicine had declared that he saw no need for a GIM Division at Johns Hopkins. Despite that declaration, I ended up receiving great mentorship from GIM faculty—including Earl Steinberg, David Levine, David Kern, and Randy Barker—who encouraged me to get involved in SGIM. I am grateful for their support, which allowed me to pur-

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sue my interests in health services research and medical education at a time when most fellows were urged to concentrate on research alone. Not long after I joined the faculty, the Division entrusted me with leading the Division's GIM Fellowship Program, which I led for 15 years. As its fellowship director, I enjoyed supporting the professional growth of fellows interested in an academic GIM career involving population-oriented research and/or medical education.

By developing advanced skills and experience in epidemiology, health services research, and curriculum development, I was uniquely positioned to capitalize on one of the biggest opportunities of my career—to serve as Editor of *Journal of General Internal Medicine (JGIM)*. The opportunity came after I became involved in SGIM's Education Committee (1991-96) and Health Policy Committee (1996-99). From 1999 to 2004, I served as JGIM Editor and became even more deeply immersed in the life of SGIM. Subsequently, I had the privilege of serving as its President in 2013-14. During that year, I gained a deeper appreciation of the role that academic general internists play in combining a commitment to evidence-based medicine with a compassionate concern for the well-being of all patients. I vividly remember the passionate debate that members had about SGIM's Choosing Wisely recommendation against routine use of annual check-ups.[1]

Fast forwarding to 2016, I was concerned about implications of the federal election that year and talked with my wife about exploring ways to get more involved in the advocacy arena. Soon thereafter I learned that SGIM was looking for a physician to serve as the part-time CEO of the organization. SGIM's Council wanted the CEO to expand relations with other professional societies and strengthen the Society's voice in advocating for the vision of a just system of care in which all people can achieve optimal health. That hooked me!

Having served as the CEO since 2017, I consider it a great privilege to serve the Society that contributed so much to my career as an academic general internist. I believe SGIM's mission is more important than ever in the current healthcare environment. Although SGIM's members face many threats to their career goals and core values, I am confident that our members will rise to meet the challenges of the day just as they have demonstrated resilience throughout the years I have been a member.

Once again, the recent Annual Meeting renewed my confidence and pride in our members, thereby reaffirming my commitment to SGIM's organizational goals. By strengthening relationships with other professional societies, SGIM is much better positioned to address the goal of advocating for our vision of a just health system that brings optimal health for all people.[2] By nurturing the work of SGIM's committees, commissions, and interest groups, SGIM is acting on our goal of promoting scholarship in person-centered and population-oriented approaches to improving health.[3] Through a rich portfolio of career development programs, SGIM is also acting on the goal of fostering the development of GIM leaders in academic and other settings.[4] We have also made progress in addressing the goal of ensuring organizational health, including a thriving staff, by strengthening our philanthropy program and investing more resources in our talented staff.

These are the reflections that swirled through my mind when I sought to explain why it means so much to me to serve as SGIM's CEO.

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iSGIM

SGIM WORKSHOPS AS SEEDS FOR ADVOCACY: CHANGING LANGUAGE TO REDUCE STIGMA IN ADDICTION MEDICINE

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Substance use disorder (SUD) affects nearly 17% of the U.S. population; according to the CDC, more than 23,000 people died of drug overdoses in the first six months of 2025 and 65% of them had at least one opportunity for intervention.[1] I was unaware of these statistics when I began a new role in 2022 as a medical consultant for patients at the Louis Stokes Cleveland VA Medical Center's residential treatment program—a program that provides comprehensive care for patients with SUD and mental illness. I was perplexed that many of my patients continued to struggle with SUD despite multiple episodes of treatment. In this article, I recount my experience attending an SGIM workshop about the stigmatizing language we use to describe patients with SUD. I share how this realization inspired me to change my personal practices and educate others to raise awareness to reduce this problem.

Workshop Revelation

Eager to better understand my patients and expand my knowledge of SUD, I attended many offerings on addiction medicine at the 2023 SGIM Annual Meeting, including clinical updates, workshops, and medical education sessions. One workshop on "Inclusive Language in Written Communication: Implications in Clinical Practice, Academic Medicine, and Medical Education" caught my eye as it seemed to hold the key to the difficulties my SUD patients were experiencing. I listened with rapt attention as colleagues from Johns Hopkins School of Medicine outlined research about the stigma surrounding SUD in our healthcare system. Workshop faculty reviewed examples of stigmatizing language in the electronic medical record (EMR) that reflect this bias and the deleterious effect the bias has on our care decisions. This workshop illuminated the systemic challenges faced by people with SUD and suggested that as general internists, we can do something about this problem. The experience crystallized for me what SGIM represents: a professional home where reflection leads to advocacy.

Was I Part of the Problem?

As I apprehensively looked at my own documentation, I used stigmatizing language in the EMR. I listed *substance abuse* on problem lists. I used the word *clean* to denote a toxicology screen that was negative for illicit substances. I started to notice stigmatizing language beyond the EMR, including ICD-10 diagnosis classification codes for substance use disorders ("F19.10 Other psychoactive substance abuse") and the names of government agencies created to help people with SUD, such as the Substance Abuse and Mental Health Services Administration. The ubiquity of such language suggests that bias about SUD is deeply ingrained in our culture.

The SGIM workshop exposed the stigma associated with SUD, but where did that stigma originate? Further reading led me to the widely held yet false belief that persons with SUD have control over their substance use. This belief sheds doubt on the concept of SUD as a treatable condition and leads individuals with SUD to experience self-stigma, thus reducing the likelihood that they will accept help.[2] In health care, our negative attitudes about patients with SUD are reflected in stigmatizing language; this language may be "cut and pasted" in the EMR from prior progress notes and perpetuated over time, thus creating false narratives about patients. The influence that language has on our treatment decisions was revealed in one study where clinicians read about a person described as a "substance abuser"; based on this language, they felt the patient was culpable for his condition and deserved punitive measures. In contrast, when a person was described as having a "substance use disorder," clinicians felt the person deserved therapeutic interventions.[3]

My Action Plan

The workshop experience at SGIM sparked my resolve to eliminate my use of stigmatizing language in the EMR and replace it with neutral, "person-first" language that separates a patient from a disease. In 2024, I created an interactive "Stigma and SUD" curriculum for our primary care

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trainees with the intention of disseminating my knowledge. Trainees practiced using "person-first" language, such as *patient with substance use disorder* instead of *substance abuser*, and replacing stigmatizing language, such as *dirty drug screen* with factual, non-judgmental language, such as *toxicology screen was positive for x substance*.

In 2025, we recruited a social worker well versed in stigmatizing language to expand our curriculum beyond SUD. She described stigmatizing language used in the EMR related to HIV, race, ethnicity, age, disability, gender, body habitus, and sexual orientation. Through this curriculum, we hope to raise awareness and reduce the use of stigmatizing language in the EMR. While it is only one step towards dismantling bias related to SUD and other disorders, it's a start.

Conclusion

I used to think that advocating to change systemic healthcare problems, such as stigma and SUD, was daunting and better left to organizational leaders. Indeed, as a professional society, SGIM recognizes the national scope of addiction and champions advocacy efforts, such as expansion of access to medications for opioid use disorders and laws that favor therapeutic rather than punitive approaches to substance use disorders. But SGIM also wants to galvanize members to get involved in ways that personally interest them.

Workshops represent SGIM's most creative advocacy recruitment efforts as they can speak to its members' individual passions and inspire achievable actions in daily practices that can be passed on to the next generation. To me, the heart of SGIM's impact lies in its workshops, the seeds from which action grows. Each SGIM Annual Meeting is ripe with workshop choices. From my experience, it only takes one favorable workshop environment to produce budding advocates.

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SGIM

THE POWER OF CONNECTION: HOW SGIM SUSTAINS, STRENGTHENS, AND UNITES US

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The last time I wrote a column for SGIM Forum was in 2020.[1] COVID-19 had just hit and the 2020 SGIM Annual Meeting had been cancelled. As the Forum published its first-ever special issue, I wondered how we would make it through such challenging times. In that article, I shared my fears that our nation and SGIM would never be the same.

A lot has happened since then. SGIM rebuilt alongside the rest of the world as we emerged from quarantine. SGIM discovered resiliency as a Society that we didn't know we had and focused it into new services for our members—we hosted our first-ever virtual Annual Meeting in 2021, created an online educational learning platform with GIMLearn, communicated with others via

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GIMConnect, community listservs, and endless Zoom calls, and even hired staff members internationally by expanding our team into southeast Asia and Israel. When our staff suffered almost simultaneous blows from losing two staff members to the same disease in 2023,[2] we rallied together and figured out how to move forward. Now, when our country seems to be facing insurmountable challenges to scientific funding and free speech, SGIM members and staff will need to reach deep to address this new environment in all the ways we can.

As I reflect on "What SGIM Means to Me" (especially as I write this in the week before the Annual Meeting), I keep returning to the word *connection*. We've all heard SGIM referred to as our professional home. We tout the benefits for members of networking and mentoring; I know the 2026 Annual Meeting was filled with small moments and conversations when members reached out to one another to develop connections. These connections may start out as at first professional but soon develop into shared SGIM experiences that bring many of us together into an extended family. Maybe it's the connection of a brand-new trainee coming to the meeting to present their first poster. Maybe it's a committee or interest group constructed around a specific topic or issue. It might be a group of members who've developed a workshop or research that becomes a shared educational experience. It may even be a mentor/mentee relationship that begins at the meeting and develops into a long-standing relationship.

While these connections often start as professional experiences, they soon become the shared community that helps us navigate our challenges. When SGIM cancelled the 2020 meeting, it was through our virtual connections that the Society continued to thrive. Our mighty membership worked together to rethink ways to continue educating ourselves, contribute to the field of general internal medicine, and train the next generation of physicians to provide the best possible care for patients. Many members reached out and included SGIM staff in these conversations and experiences which provided consolation during some dark times. Now, many of us are working together to advocate for things we believe in and things that we shouldn't ever take for granted.

This is my 20th year on staff at SGIM. Our staff currently numbers 22, of which more than half have been at SGIM for at least 10 years. This longevity and commitment not only speak to the dedication of our team but also to the connections that SGIM staff have built amongst ourselves and with SGIM members. I continue to be proud to work alongside such an amazing team in service to our members.

I encourage SGIM members and staff to form these new connections and deepen the ones you already have. SGIM is such an amazing family—we work hard, sometimes we even get to play hard. But we *always* find resiliency and peace in appreciation of a shared community. What does SGIM mean to me? It's a community that's become my family.

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SGIM

FROM AN ABSTRACT TO A HOME: MY JOURNEY WITH SGIM

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As SGIM approaches its 50th anniversary, I reflect on the beginning of my own journey with the SGIM community. My journey started as a small moment during residency. An attending encouraged me to submit an abstract, that I wasn't sure was "good enough," and this became the doorway into a professional home I didn't yet know I needed. Over the years, SGIM has shaped me as a clinician, educator, mentor, and colleague. My path has woven together mentorship, advocacy, medical education, research, and the ongoing work of balancing these interests. By sharing my story, I add another voice to illustrate how SGIM fosters growth, builds community, and strengthens general internal medicine.

As a resident presenting at the 2011 Annual Meeting in Phoenix, Arizona, my eyes opened to a community who shared my values and passions. I met physicians who cared about patients, education, equity, and inquiry; they were generous with their time and wisdom. When I later began my preventive medicine fellowship at John H. Stroger, Jr. Hospital of Cook County, Chicago, Illinois, in 2011, SGIM-involved faculty encouraged me to stay connected. Their mentorship extended beyond advice, as they modeled a purposeful, values-driven life in academic general internal medicine. Mentors, some assigned and others encountered at the right moment, embodied generosity, curiosity, and honesty. Their influence continues to guide how I mentor my own trainees.

During that time, I published my thesis, "Consistency of Blood Pressure Control: A Useful Tool for Hypertension Assessment in Vulnerable Populations," in the *Journal of General Internal Medicine*.[1] It felt like a turning point. For the first time, I felt recognized as a scholar, not just a trainee finding her way. I was still juggling clinical work, research, and teaching, but SGIM offered direction and belonging. Through SGIM, I began to see research not simply as an academic requirement but also as a meaningful tool to ask better questions, address inequities in care, and translate clinical observations into knowledge that could improve patient outcomes.

As my career progressed, so did my SGIM involvement. I served as an abstract reviewer and later chaired the Midwest regional poster review committee, deepening my appreciation for colleagues' creativity and rigor. I was urging residents to write a vignette, submit an abstract, and experience the energy of SGIM meetings. Presenting at SGIM is not like a simple dissemination; it is an invitation into conversation that refines questions and broadens perspective.

Completing the SGIM TEACH Certificate in 2019 was another formative experience. This endeavor enabled me to become the teacher I aspired to be and reaffirmed education as central to my professional identity. Through workshops, interest groups, and national dialogue, SGIM sharpened my approach to teaching, curriculum development, and mentorship. This commitment to learners extended to ProudToBeGIM, where I received an honorarium to support an event promoting general internal medicine to students and residents. Building on this work, I most recently joined the Evidence Based Medicine Subcommittee, collaborating with educators and clinicians to interpret and share evidence through collaboration, open exchange, and mutual learning within the broader SGIM community.

During the COVID-19 pandemic, SGIM became a lifeline. Amid uncertainty and exhaustion, I leaned on colleagues who understood the weight we were all carrying. Together, we created a workshop on physician wellbeing and practice transformation, trying to make sense of our experiences while supporting others. Our work on academic hospitalist burnout felt deeply personal and acknowledged the toll the pandemic took on our workforce.[2]

The pandemic also reframed my understanding of advocacy. Through SGIM's policy efforts and the passion of its members, I learned our voices can be powerful for overlooked patients and trainees. Advocacy stopped feeling abstract and became integral to my professional identity.

SGIM helps me understand that work-life balance is not only something you achieve once and hold onto but also something you negotiate. Through the Women and Medicine Commission and my involvement with the Career Advising Program,[3] I have met remarkable women who speak honestly about raising children, caring for patients, leading teams, and advocating for themselves. National data demonstrate that women in academic med-

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icine continue to experience cumulative disadvantages in promotion and leadership advancement, reflecting enduring systemic barriers.[4] Watching these women navigate complexity with intention and grace has reshaped how I think about a sustainable, fulfilling life in academic medicine.

I was honored to co-lead a workshop, "Ask for It: A Guide to Professional Self-Advocacy," at last year's Annual Meeting alongside an extraordinary group of women. Together, we reflected on our careers and helped others learn how to navigate opportunities, voice their needs, and ask for what they require. SGIM remains the community that acknowledges the real challenges of academic medicine while celebrating its joys. SGIM reminds me that balance is possible when we are supported by people who value humanity as much as productivity.

As I look back, what comes through most clearly is gratitude. GIM has given me mentors who became role models, colleagues who grew into collaborators, and friends who feel like family. It has steadied me during uncertainty and lifted me in moments of possibility. More than anything, it has shaped the direction of my career and the physician, educator, and advocate I am becoming. As SGIM enters its next 50 years, I hope these reflections add to the larger story of how the organization advances the science, literature, and education of general internal medicine. Its impact is defined not only by publications or policy wins but also the countless individual journeys it has nurtured along the way. My story is one thread in that larger tapestry, and I am proud to call SGIM my professional home.

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SGIM

WHAT ACLGIM MEANS TO ME: BUILDING A MATRIXED LEADERSHIP MENTORING TEAM

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I attended my first ACLGIM meeting (Winter Summit) in 2017. At the time, I was the Chief of the Division of General Internal Medicine (DGIM) at the University of Utah (UU) for about nine months. At that first meeting (and since), ACLGIM has been an important source of connection and community for me and other leaders in UU DGIM. In this article, I discuss how I have benefitted from ACLGIM membership and volunteering, especially in building a leadership mentoring team.

Searching for Leadership Mentors

General internists know how crucial mentorship is to career success,[1] but finding mentorship once in a leadership position can be challenging. I had no actual blueprint for building a leadership mentoring team as a Chief as I did when I was writing my NIH Mentored Patient-Oriented Research Career Development Award (K23) as an early-stage clinician investigator in my first faculty job.

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At my first ACLGIM Winter Summit in 2017, Jeff Linder and I realized that we were "Chief Twins," having started our respective positions at Northwestern and UU respectively on the same day earlier that year. It was incredibly helpful to have a peer mentor with whom I could connect and share challenges and successes in my new role.

Just as valuable was the opportunity to connect with colleagues who had more experience in their Chief roles, such as Mark Earnest and Betsy Trowbridge. Mark is the Chief of General Internal Medicine at University of Colorado (CU) Anschutz and understands both the Chief role as well as the Intermountain West region. He generously shared his knowledge with me. Mark, along with CU Associate Chief Rob Doolan, and CU DGIM lead administrator Gena Weir hosted UU DGIM Associate Chief Anne Cioletti and me on an informative site visit to the CU Anschutz campus to see their work and meet their team.

Betsy, the Chief of General Internal Medicine at the University of Wisconsin, stepped up to be my primary mentor when I participated in the Hedwig van Ameringen Executive Leadership in Academic Medicine (ELAM) program from 2022-23. She helped me increase the impact of my ELAM Institutional Action Project on care team models in primary care. Betsy continues to help me imagine next steps in my career and excellence in clinical operations.

Applying the Mentoring Matrix Model to Leadership

The mentoring matrix model refers to a structured, team-based approach where a person receives guidance from multiple mentors across different domains, rather than relying on a single mentor. At UU, our mentoring matrix model includes peer mentors and research staff as well as senior and scientific mentors when discussing the model in the context of a clinician investigator career.[2] ACLGIM allowed me to create a leadership mentoring matrix (and I enjoyed this opportunity).

My leadership mentoring matrix included peer mentors with a similar tenure as Chief whom I have connected or reconnected through ACLGIM (such as Jeff Linder), senior mentors who taught me the ropes (Mark and Betsy), as well as capable administrative staff from whom I learned skills such as finance and budgeting. I appreciate that Gena Weir led the charge for including Division Administrators at the 2025 ACLGIM Winter Summit and planning sessions as ACLGIM has evolved to be more inclusive in its membership.[3] I am grateful that our UU DGIM Administrative Director Enrique Gonzalez attended the 2025 ACLGIM Winter Summit alongside other UU DGIM leaders, as Enrique is an important staff mentor to me. Just as in my early career, I learned new professional skills best through ACLGIM by having shared projects and goals with my mentors.

I also learned more about ACLGIM when I volunteered to help organize the Winter Summit. Wake Forest University School of Medicine's Vice Chair for Faculty Development Nancy Denizard-Thompson taught me about the Chair role when I served as her Winter Summit Co-Chair in 2022 and I in turn learned from University of Connecticut Chief of General Internal Medicine Eric Mortensen when it was my turn to Chair as he served as my Co-Chair in 2023. Of course, the ultimate staff mentor is Jillian Gann, SGIM Director of Leadership and Mentoring Programs, who keeps the ACLGIM mission on track with grace. Jillian taught me how to run a successful meeting.

Given the impact that ACLGIM continues to make on my career through mentoring and new skills, I encourage and sponsor fellow GIM leaders at UU to attend ACLGIM events and participate in the ACLGIM mission. I am grateful that UU DGIM faculty (Anne Cioletti, Kencee Graves, Claire Ciarkowski, Rachel Hess, and Cari Low), have been able to participate. I know that while each of us may walk away from ACLGIM meetings with different key lessons and connections, collectively we will use our ACLGIM experiences to improve General Internal Medicine at UU and beyond.

Conclusion

ACLGIM has been a source of professional growth and support for me over the past nine years. Through my participation in ACLGIM, I built a matrixed leadership mentoring team that has been a foundation during this phase of my career. I strongly encourage other GIM leaders to participate, volunteer, and support colleagues to join ACLGIM.

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SGIM

FINDING MY HOME: WHAT SGIM MEANS TO ME

Daniella Zipkin, MD

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Dear SGIM,

The year was 1999, and, as we tumbled towards the next millennium, I was finishing medical school at the University of California, San Francisco, excited to jump into the world of primary care internal medicine. I would be crossing the country to the New York University (NYU) Primary Care Internal Medicine Residency program in New York City. I was enamored by a dedicated program for primary care housed at one of the country's most iconic public hospitals. Coincidentally, the 1999 SGIM Annual Meeting was in San Francisco, California, thereby making it affordable for me to attend. I couldn't wait to meet my future attendings, and I set out to see how many NYU people I could introduce myself to at the Annual Meeting.

New Yorkers move fast, I would discover. But that was nothing compared to the dizzying speed I witnessed as Drs. Sandy Zabar, Adina Kalet, Kathleen Hanley, Mack Lipkin, and others ran from one place to the next, presenting, speaking, and supporting their colleagues and trainees—essentially taking the meeting by storm. *"They are super busy,"* I thought. Some hands were shaken, some smiles shared, some vague mentions of *"I'll be your intern next year!"* and off they went.

I knew my residency at NYU would be balanced with clinical breadth, psychosocial awareness, evidence-based medicine, and health policy. That's what attracted me to the program. What I didn't realize until later was that these NYU faculty, who helped build the foundation for the Society for Research and Education in Primary Care Internal Medicine (the future SGIM), were also preparing me throughout training to contribute to academic general internal medicine (GIM). Each resident presented a 90-minute workshop-style project annually, followed by structured feedback that has remained the most exemplary model for supporting learners I've seen at any institution. I quickly recognized that I was at a training camp for future SGIM Annual Meetings.

In my clinician-educator fellowship back at UCSF after residency, role models for research and leadership in general internal medicine—such as Drs. Bobby Baron, Eliseo Perez-Stable and Alka Kanaya—would add to my arsenal of GIM skills. They encouraged me to think creatively and submit my scholarship to meetings.

Twenty-seven years later, I give credit to SGIM for creating spaces for members like me to thrive, learn, share, and network. I would never have been able to progress to Professor of Medicine as a GIM clinician-educator without the SGIM community. Through the Evidence-Based Medicine Task Force, the Education Committee, and the Health Policy Committee, I had access to like-minded colleagues, places to explore current ideas, and create new opportunities. The most impactful publications and academic products on my *curriculum vitae* are the result of collaborations established within SGIM. This community of generalists leading the way in patient care, research, teaching, and advocacy in medicine is top notch. I am forever grateful, SGIM.

With love,
Dani Zipkin

AN UNEXPECTED PATH TO LEADERSHIP: MY SGIM STORY

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Six years ago, a mentor (who was an SGIM member) tipped me off about Call for Leadership position nominations within the Southern region. Though I'd never been to an SGIM meeting, as an eager junior faculty member, I put my name forward for the membership chair position. I received a kindly worded rejection e-mail from the regional leadership, thanking me for my interest, but explaining they were looking for people who had previous involvement with SGIM. The good news was that the same e-mail invited me to join the planning committee for the 2022 Southern Regional Meeting.

Due to persistent concerns about COVID-19, the 2022 meeting remained virtual. When the planning committee was brainstorming pre-course topics that could be successfully delivered in a virtual format, I was surprised to find my name suggested by regional leadership to lead a pre-course on narrative medicine. Despite knowing I wasn't the right fit for the membership chair role, these regional leaders had clearly reviewed my *curriculum vitae* with attention when I self-nominated for the membership chair position. In short, with just a few "yeses," I went from being a non-member to serving on the planning committee and as a pre-course director.

The success of the pre-course paved the way for bringing an Arts and Humanities session to the next Southern Regional Meeting. This session displayed written and visual art from members across the region at various stages of their careers. I've remained on the Southern regional planning committee as co-chair of Arts and Humanities. The relationships I built through the planning committee over the years were key to my career development. These connections produced the external letters of recommendation I needed for my promotion to Associate Professor at the University of South Florida (USF) this year.

> **"In February 2026, six years after first raising my hand to be a leader in the organization, I boarded my flight home from the Southern regional meeting held in New Orleans as the President-Elect of the SGIM Southern Region."**

The Southern Regional Meeting is also where I learned about SGIM's Leadership in Health Policy (LEAHP) program. At a 2024 Southern Regional Meeting policy and advocacy roundtable, I heard from several members who had furthered their advocacy work through the LEAHP program and associated mentorship. Being a LEAHP scholar provided invaluable support from both mentors and peers. This professional development program enabled me to publish perspective pieces on timely policy issues, develop and implement an "Introduction to Health Policy" curriculum for my USF internal medicine residency program, and work with other LEAHP scholars to lead a workshop "Teaching Advocacy Skills on the Fly" at the 2026 SGIM Annual Meeting. The education, mentorship, and opportunities SGIM provides through the LEAHP program have been instrumental in my journey. This experience transformed me from a self-motivated advocate into a recognized health policy expert.

No other organization offered me the career development programs, leadership opportunities, and mentorship that I've found within SGIM and its Southern region. My involvement with this academic community has not only shaped my career but also provided a sense of belonging that is essential in the demanding landscape of academic medicine.

In February 2026, six years after first raising my hand to be a leader in the organization, I boarded my flight home from the Southern regional meeting held in New Orleans. Louisiana, as the President-Elect of the SGIM Southern Region. My motivation for pursuing this leadership role was rooted in deep gratitude for all SGIM has done for me. I want to ensure that SGIM and the Southern Region remain a place where every general internist, from students to seasoned faculty, can find their own professional home, as I have found mine.

SGIM

IS SGIM AN ECHO CHAMBER? A CONSERVATIVE PERSPECTIVE

Kevin Taffe, MD, PhD

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As we nervously anticipated the start of our workshop "Bridging the Divide: Productive Policy Discussions Across the Aisle" at the 2023 SGIM National Meeting in Aurora, Colorado, one of my co-presenters shot me an apprehensive glance. *"I love the idea of liberals and conservatives having difficult conversations to help build trust and understanding,"* she said, *"but… I don't know if everyone here feels the same way. I'm the liberal, and I'm almost afraid that I won't appear 'woke' enough simply because I'm engaging with you."*

Her candid admission caught me off guard. As the lone conservative in the group, I already felt like an outsider at SGIM and wasn't sure the reaction I might provoke if my political preferences were revealed during our presentation. At the Annual Meeting, I attended discussions on topics like single-payer health care, systemic racism, and abortion rights. Although my opinions on these subjects starkly contrasted with those of the presenters, my hope was to gain a deeper understanding of their viewpoints to see where I might be wrong. However, what I heard instead were dismissive apothegms like *"everybody knows"* and *"all the experts say"* that did nothing to further my insight into their way of thinking. Moreover, the uniform nodding and applause from the audience made it clear that I should keep quiet and not try to engage in dialectic. But now, even a committed liberal was voicing misgivings about simply appearing on stage with a political adversary? My initial thought was, *"what kind of scientific organization doesn't tolerate open inquiry even among their own members?"*

My trepidation was immediately allayed as we proceeded with the workshop. Audience members were forced to take sides in a debate about single-payer health care, conceding the strengths of their opponents' arguments while simultaneously acknowledging the limitations of their own. After a thoughtful but surprisingly lighthearted conversation in which we recognized our common goals, several attendees approached us and asked, *"Why can't we do more of this? We need collaboration and understanding, not separation into our own bubbles."*

That thirst for healthy dialogue was on my mind as I later composed an e-mail to the SGIM 2024 Annual Meeting planning committee pleading for more diversity of thought at the conference. *"Poll after poll shows that Americans are losing trust in their physicians and in the U.S. healthcare system"* I wrote, and that *"this mistrust can only be overcome by [seeking] well-formulated opinions from both sides of the aisle to ensure the public that our pursuit of excellence extends to all aspects of health care."* I paused and drew a deep breath right before hitting "send," half expecting a torrent of social media criticism and cancellation for upsetting the orthodoxy.

And yet, the leadership of SGIM proved me wrong, and has repeatedly done so over the last three years. Almost immediately, Dr. Martha Gerrity, SGIM President at the time, wrote back, *"I agree that we need to listen to others who hold different opinions… so SGIM doesn't become an echo chamber."* She also extended an invitation for me to join the Annual Meeting planning committee, demonstrating that her commitment to diversity went beyond mere words. This was followed by heartfelt outreach and encouragement by more people than I can count, including Drs. Eric Bass (SGIM CEO) and Zirui Song (2024 Annual Meeting Chair), and SGIM staff members, Corrine Melissari, Dawn Haglund, and Judy Dalie.

It's no secret that we live in an increasingly polarized society which has hampered the ability of the medical profession to successfully advocate for our patients. A Pew Research survey from March 2025 indicated that not only do 80% of American voters disagree with the other side on critical issues facing our country, but they can't even agree on basic facts.[1] This profound level of mistrust should be of grave concern to all SGIM members. As physicians, we often imagine that we can overcome bad information with good evidence, but even the most well-designed study is no match for the profound suspicion that plagues the echo chambers which divide our nation. As noted by Professor of Philosophy C. Thi Nguyen, an echo chamber is not simply a concept of *excluding* outside opinions, it is "a social structure from

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which other relevant voices [are] *actively discredited*."[2] No amount of data can surmount those who try to undermine our credibility from the very outset.

How do SGIM members penetrate this indomitable fortress of mistrust? As Dr. Nguyen further observes, "accounts of people leaving [echo chambers] rarely involve them encountering some institutionally reported fact."[2] Rather, we can succeed by making personal connections and demonstrating goodwill. And this is what I have experienced at SGIM since drafting my infamous email to the planning committee. SGIM means Dr. Carlos Estrada treating his committee to exquisite ceviche while soliciting opinions on how to include more voices. It's Drs. Eric Bass and Mark Schwartz reaching out to me to help appeal to a wider audience for our advocacy efforts. It's Dr. Jada Bussey-Jones inviting me to give a special symposium with Dr. Maura George at the 2025 SGIM Annual Meeting on different perspectives, giving me a shout-out at the President's reception, and agreeing to engage in a challenging discussion about Diversity, Equity, and Inclusion at the 2026 SGIM Annual Meeting.

What does SGIM mean to me? Despite my initial misgivings, it has proven to be a space where everyone (including those in the highest echelons of the Society) is committed to welcoming those with diverse opinions so that we can break through the echo chambers that divide our nation. It's a place where physicians wanting to successfully advocate for their patients realize that there is no "us versus them." There's only us.

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SGIM

BELONGING: FINDING YOUR HOME AS A GENERALIST

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It's medical school and everyone seems to have a plan, but here I am loving everything without a plan. I'm drawn to patients who need an advocate, wanting to be a part of their journey, needing to be a part of their story, loving every organ system. I'm looking for where I belong from clerkship to clerkship and mentor to mentor. Everyone else around me seems to know what they want and where they belong.

I once heard someone say, *"belonging is the longing to be."* For me it was the longing to be myself, to be valued, to be empowered, to be an advocate, to be part of a community, and to find a home. Belonging means so much more than "being included" or "fitting in." It means being embraced as your whole authentic self (even if you feel you're a highly effective sparkly cheese puff).

I found "my belonging" in primary care. I found it in my primary care residency where individuals shared my values, in my general medicine fellowship where my love for teaching blossomed, in my GIM division where I feel valued, and in SGIM where I found my tribe.

I was first introduced to SGIM as a resident, and it was here where I witnessed the power of belonging. The buzzing energy of being invigorated by the inspiring work of everyone around you—from policy to patient care, to advocacy, to teaching. It's the collective spirit of a group of generalists who have found where they belong and then harness that power to make a difference for the patients who ground them in their values and for each other.

I've travelled the SGIM world from the Evidence Based Subcommittee to the Education Committee, and

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now as President of the SGIM Mid-Atlantic Region. SGIM has not only supported me but also made me feel valued for my authentic self, allowed to be an advocate, and part of a community. It is my belonging.

I hear my residents as they try to find their place and figure out where they belong, as peers subspecialize, and people criticize primary care as a career. I see when they go to the SGIM Annual Meeting and return recognizing the power of GIM. As a primary care program director, I wait for the moment when the pictures come into focus, and a resident realizes they too belong in the land of generalists. They have found that SGIM is also their home. SGIM is not just an organization, it's the collective energy and spirits of the amazing members that makes it so special. SGIM colleagues want you to belong, so you don't have to be longing anymore.

SGIM

APPROACHING THE END OF A LONG JOURNEY: HOW SGIM HELPED NAVIGATE THE PATH

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SGIM has framed my career. From my first baby steps as an academic general internist in 1984 to my current position as a Professor Emeritus, SGIM has played a significant role along the way.

As I was completing my internal medicine residency in 1982, I still remember the skeptical look on my program director's face when I told him that I wanted to go into academic general internal medicine. In those days, it was not considered a serious pathway in the academic mainstream. I was aware of the new GIM fellowships, but for a variety of reasons pursuing a fellowship was not in the cards. I took a position as an Assistant Program Director at Aultman Hospital, an affiliate of Northeastern Ohio Universities College of Medicine (now NEOMED), a small community hospital-based Medicine residency in Ohio. Of the four faculty, I was the only general internist. Fortunately, a friend from residency reached out and suggested I check out a young organization with a mouthful of a name, the Society for Research and Education in Primary Care Internal Medicine (SREPCIM). I attended my first meeting in 1984 in Washington, DC, at the Shoreham Hotel, staying just down the street at the Connecticut Woodley Guest House. It was exciting. These were people who thought like I did. From that year forward I made it to every Annual Meeting until COVID-19.

Getting one's first research abstract accepted to a meeting is a rite of passage. My first effort was rejected, in hindsight for good reason. But I absorbed enough from those first meetings that I had my first successful submission to the Midwest regional SGIM meeting in Chicago, Illinois, for an oral presentation in 1986. The regional meetings are smaller with less pressure, but I still felt intimidated and quite nervous in front of what I assumed to be many far more sophisticated academicians. Nevertheless, it was a great learning experience, and it felt good.

I moved to the Medical College of Wisconsin (MCW) in 1987 and joined the Division of General Internal Medicine. My division chief, Mark Young, was an enthusiastic SGIM booster and encouraged everyone to engage in academic activities. I was appointed head of the resident teaching clinic that first year. Mark sent me to a course at UCLA directed by Larry Linn, "Turning Your Day Job into Productive Research," and used his SGIM connections to have me tour primary care clinics at the major teaching hospitals in Boston, Massachusetts. Sitting down with Phyllis Jen at Brigham and Women's Hospital, we discovered we had much in common and found so much value in sharing our issues that we decided to propose an interest group for the directors of residency teaching clinics. It turned out to be popular and helpful.

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Over the next nine years, the interest group spawned multiple workshops, abstracts, and a shared database that at one point had more than 120 contributing clinics. Participation in that interest group was a major factor in my first promotion and later to full professor. The connections made over those years made it easier to identify potential referees and establish a "national" reputation.

Over time, I had the opportunity to wear multiple hats—I dabbled in database research, held a leadership role in Quality Improvement, and at one point was asked to serve as Chief of Hospital Medicine. In each of those opportunities, I was able to find mentorship, guidance, and peer support through SGIM whether it be through committees, abstract sessions, or interest groups. The Academic Hospitalist Task force was particularly helpful as I stepped into the unfamiliar world of hospital medicine.

I've now effectively retired. Yet as recently as this spring I received an e-mail asking if I would be interested in serving as a mentor for the LEAD program, something I have done in prior years. It's symbolic of how SGIM seeks to nurture its own and create steppingstones to help young academic generalists achieve successful careers.

Looking back, what SGIM provided was a group of like-minded individuals with similar values, interests, and challenges. Abstract presentations provided opportunities to share and receive feedback on my projects and research. Regardless of the stage of my career or focus at the time, there were members with whom I could connect to share experiences or seek out ideas. The Annual Meeting was a "home away from home" to which I could retreat each year and return energized and enthusiastic. To those young faculty just getting started on the journey, the road ahead can seem uncertain and intimidating. SGIM can provide peer support and mentorship to help navigate the way and find joy in the trip. As one who is much closer to the end of that path than the beginning, it has been a lot of fun and well worth the effort. SGIM

SGIM IS MY PROFESSIONAL LIFELINE

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I have attended SGIM meetings since 1990 when I was invited to my first meeting as a primary care Internal Medicine resident at the University of California, San Franciso (UCSF). Many early mentors were founders of SGIM; while it was clear SGIM was still evolving, I recognized this was the organization for me. Little did I know that my retreat to the SGIM Annual Meeting would be a driving force in shaping my professional and personal identity.

My relationships with SGIM members have served as a lifeline during challenging years as a medical educator and primary care physician in an academic community hospital. Often feeling professionally ineffective and isolated at work in a sea of specialist physicians, I always leave regional and national SGIM meetings more enlightened, inspired, and determined to make a meaningful impact in medical education, social advocacy, and primary care practice. These meetings offer welcome opportunities for me to convene with thoughtful and compassionate humanists during unsettling times in medicine and in our country. Having moved across several institutions during my career, I know that my former general internal medicine (GIM) colleagues will appear at SGIM meetings or write articles for *JGIM* or SGIM Forum just when I need them the most. I will remain connected to them through this organization. SGIM has profoundly shaped my approach to teaching as a general internist and practicing effective clinical care. SGIM has provided me with a place to share ideas and grow.

SGIM meetings also serve as welcome reunions with mentors, peers, and former or current trainees. These gatherings provide me with a deep sense of belonging to

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a community with a shared mission. At this stage of life, I experience SGIM's Annual Meetings as an extended family reunion rather than a conference: wise elders who impart wisdom of the decades, loving cousins who have flourished alongside me, and maturing nieces and nephews who are the future of our profession. I see myself reflected in each generation from my past, present, and future.

Each cohort of SGIM members brings its unique perspectives to our gatherings whether anchored in years of experience or brimming with excitement for innovations yet to come. Over the years, we have discussed general internal medicine's thorniest issues together with respect and purpose. Throughout my decades with SGIM, I am reinvigorated and renewed time and again while my commitment to primary care, medical education, and health equity is continually strengthened.

For this, I am eternally indebted.

SGIM