## Society of General Internal Medicine

TO PROMOTE
IMPROVED PATIENT
CARE, RESEARCH,
AND EDUCATION IN
PRIMARY CARE



Volume 23 • Number 9 • September 2000

### 2001 ANNUAL MEETING: A PREVIEW

# EARLY PLANS FOR SAN DIEGO: NEW THEME, MORE TIME

Eileen Reynolds, MD

t's time to reserve the dates for the 2001 Annual Meeting on your calendar. We will meet May 2–5 in San Diego. The theme for the Annual Meeting will be "Addressing Disparities in Health: Roles for General Internists." And yes, you read it right, four days to save, not three; the meeting will be a half day longer this year (more on that below).

First, about the theme. The program committee selected a theme about disparities for a number of reasons. Reducing disparities in health is a major national public health priority for the next decade (see Dr. Bowles' article in this issue of the Forum). We believe that this ambitious goal cannot be met without the full participation and creative input of general internists. By focusing the 2001 Annual Meeting on this issue, we hope to heighten awareness of the barriers to accomplishing this goal and to stimulate collaborations in research, education, and clinical care that will contribute substantively toward meeting it. We are looking forward to submissions of creative work in education, research, and clinical care in all areas, but we particularly welcome proposals focused on disparities in health.

And now, about the schedule. Over the past few years, the number of offerings at the Annual Meeting has expanded dramatically, but the time allotted to the meeting has remained constant. The result, expressed frequently in meeting evaluations, has been a compact, crowded meeting with too many great opportunities and too little time to take advantage of them. In particular, evaluators have lamented the loss of "networking" time with old friends and new colleagues.

In response to numerous requests to lengthen the meeting, we have added a Wednesday afternoon session to the 2001 schedule. Precourses will take place on Wednesday afternoon and Thursday morning. The Plenary Session that traditionally opens the Scientific Session will start at 1:00 p.m. on Thursday. Dinner will be on Friday night. The meeting will conclude in the early evening on Saturday.

With the same number of activities scheduled over more time, you will be able to go to more sessions, and we hope that you will feel less stressed and over committed in getting to them. You may feel stressed and over committed at work most of the time, but the Annual Meeting should be a change from your standard routine. You might also feel that you can skip a session to have coffee with a mentor, network in the hallway, or go walking around the marina.

Interest groups will meet at three different times, a stand-alone session will be devoted to "Innovations," and committees will meet Wednesday evening at 7 p.m.—eliminating their traditional 7 a.m. time slot.

While we have not built in "free time" during the day, there are unscheduled evenings when you may dine out, catch up with old friends, or even sleep.

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### 2000 ANNUAL MEETING: A LOOK BACK

# Evaluations Underscore Success of 2000 Annual Meeting

Elizabeth McKinley, MD

he evaluations are in and they show that the 2000 Annual Meeting was a great success. Evaluations of the Annual Meeting are used for several purposes. First, the Program Committee uses the evaluations to assess the overall strengths and weakness of the meeting and to compare the current meeting to past meetings. This information is crucial to planners of future meetings. In addition, evaluations are used to give feedback to precourse and workshop directors, who receive both written comments and an overall score. Finally, several awards are given out for highly rated precourses and workshops.

Attendance at the 2000 Annual Meeting was 1,578, a slight increase from the previous year. Most attendees described themselves as university-based physicians (over 70%). The percentage of physicians involved primarily in patient care rose again this year to 31%, while the percentage involved primarily in research fell to 21%.

The content of this year's meeting received extremely high ratings. Many special sessions were introduced around the theme of innovation in generalism. Six new scientific symposia were introduced, as were two innovations sessions, a joint SGIM-AFMR health policy plenary session, a clinical vignette unknown session, and a joint SGIM-HRSA poster session. All of these sessions were rated extremely highly with the Qualitative Theme Symposium receiving the highest overall rating and the most positive written comments. The overall ratings for the precourses and the workshops this year were the highest recorded to date (4.4 and 4.3 respectively on a 5point scale).

Meeting facilities and organization received mixed reviews. Attendees commented about overcrowded sessions,

lack of handouts, and multiple room changes. In addition, attendees were dissatisfied with the lack of prior notification about sessions at the second hotel, the long travel time required to get to that hotel, and the resulting problems with sessions starting late, low attendance, poor room setup, and poor audiovisual support. Suggestions to address these problems included: 1) limiting the meeting to a single site, 2) repeating the most popular sessions if room size is limited, 3) considering innovative ways to improve communication about meeting specifics on-line, and 4) improving the on-site program book.

Members suggested certain overall changes for future meetings. In the written comments, many people suggested increasing the meeting length by a half-day to decompress the content a bit. A clear theme evident in the written comments is that the meeting has become more and more dense with less time than ever to network or relax. Other suggestions included: 1) organizing simultaneous sessions so that themes do not overlap, 2) increasing student and resident involvement by better publicizing the available scholarships, 3) developing an on-line registration program that would allow members to determine which sessions are already filled when they register, and 4) providing on-line evaluation forms.

Fifty-four workshops and 33 precourses were presented at the meeting. The highest rated workshops involved career development, special populations, and humanities/ethics topics. Precourses dealing with special populations and career development received the highest ratings. Award recipients and other precourses and workshops receiving the highest ratings are shown below.

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#### **EVALUATIONS UNDERSCORE SUCCESS**

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#### Precourse award

Minority Faculty Development Susana Morales, Weill Medical College of Cornell University, and Valerie Stone, Brown University

#### Other highly rated precourses

Teaching Students and Residents to Care for Vulnerable Populations Margaret Wheeler, University of California, San Francisco

Evidence-Based Healthcare Eduardo Ortiz, University of California, San Diego

General Internal Medicine Division Chiefs: Money and Time

Robert Centor, University of Alabama at Birmingham

Caring for Women of Childbearing Age Jeffrey Pickard, HealthOne Alliance of Colorado

#### **David Rogers Education Awards**

These awards recognize outstanding workshops presented by junior faculty.

Evidence-Based Diagnosis for the General Internist

William Kormos, Massachusetts General Hospital

Reaching the Unreached: Research Participation and Underserved Populations Giselle Corbie-Smith, Emory University School of Medicine

Current Controversies in DVT Prophylaxis: Orthopedic Hip and Knee Surgery Chris Goerdt, University of Iowa

#### Other highly rated workshops

Arthrocentesis and Soft-Tissue Injection for the Internist: A Practical/Hands-On Approach to the Knee and Shoulder Paul Howard, Arizona Arthritis and Rheumatology

Medical Writing: What Editors Look For and How to Improve Your Manuscripts Erin Hartman, Clinical Crossroads, JAMA, Beth Israel Deaconess Medical Center

Renewal in the Practice of Medicine Charles Hatem, Mount Auburn Hospital

Recognizing and Managing Patients' Somatoform Disorders

Gary Tabas, University of Pittsburgh Medical Center Shadvside

Caring for Patients at the End of Life: Sharing Stories from the Edge

Timothy Quill, University of Rochester Medical School

So You Want to be a Division Chief? Robert Centor, University of Alabama at Birmingham

Teaching the Human Dimensions of Care at the Patient's Bedside

William Branch, Jr., Emory University

Drawing Evidence from the Internet: Implementation of a Learner-Centered Medical Informatics Curriculum Rajesh Mangrulkar, University of Michigan

Learning and Teaching About Sexual Dysfunction

Calvin Chou, Veterans' Administration Medical Center, University of California, San Francisco

Adolescent Medicine and Young Adult

# The overall ratings for the precourses and the workshops this year were the highest recorded to date...

Care: New Dimensions for Internal Medicine

Chad Brands, Wright State University School of Medicine

Update in Women's Health Jennifer Daly, Massachusetts General Hospital

Genetics in Primary Care (GPC): Teaching How to "Think Genetically" Wylie Burke, University of Washington School of Medicine

Each award winner and his or her department chair will receive a letter of commendation from SGIM. The David Rogers Education Award recipients will receive a \$250 cash prize. We congratulate these presenters and everyone who contributed to the 2000 Annual Meeting. See you at the 2001 Annual Meeting in San Diego! **SGIM** 

#### NEW THEME, MORE TIME

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You might choose to take an hour or two off from scheduled events. We are working to put together some of San

Diego's best choices. You or your family might take a stroll through the historic Gaslight District or a side trip to the Zoo, Sea World, LegoLand, or one of the Balboa Park in the Preliminary Program.

We recognize that the schedule change will not meet with universal enthusiasm. We will rely on you to tell us how it went and to help us decide whether the meeting should remain longer or not. The evaluations process

will solicit your input; also, please feel free to contact us directly: Eileen Reynolds, Chair, Program Committee,

With the same number of activities scheduled over more time, you will be able to go to museums. Details will be **more sessions...** 

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