ANNUAL MEETING UPDATE

The Society of General Internal Medicine presented numerous awards and grants at its Annual Scientific Meeting, held May 10-13, 2023, at the Gaylord Rockies Resort and Convention Center in Aurora, CO. SGIM is proud and pleased to announce the recipients by category.

Recognition Awards
The Robert J. Glaser Award—Presented to Neil Powe, MD, MPH, MBA (University of California, San Francisco School of Medicine) for outstanding contributions to research, education, or both in generalism in medicine. The award is supported by grants from the Henry J. Kaiser Family Foundation, the Commonwealth Fund, and individual contributors.

Herbert W. Nickens Minority Health and Representation in Medicine Award—Presented to Ade Olomu, MD (Michigan State University College of Human Medicine) for a demonstrated commitment to cultural diversity in medicine.

David R. Calkins Award—Recognizes the extraordinary commitment that many members make when they choose to advocate on behalf of SGIM. It is named for the late David R. Calkins, MD, because of his tireless advocacy in health policy issues on behalf of SGIM since its inception as SREPCIM in 1978. The 2023 recipient is Lilia Cervantes, MD (Denver Health Medical Center).

ACLGIM Chiefs Recognition Award—Presented to Jeanne Clark, MD, MPH (Johns Hopkins University School of Medicine). This award is given annually to the general internal medicine Division Chief who most represents excellence in division leadership.

The ACLGIM UNLTD (Unified Leadership Training in Diversity) Award—Recognizes junior and mid-career faculty from underrepresented groups with proven leadership potential. Recipients of this award receive a scholarship to attend educational and networking opportunities: SGIM Annual Meeting, ACLGIM Winter Summit, and additional fellowship opportunities. The 2023 recipients are Ines Robles Aponte, MD (Columbia University Medical Center); Christopher Jackson, MD (University of Tennessee Health Science Center College of Medicine); Evan Shannon, MD, MPH (UCLA Healthcare); and Lucille Torres-Deas, MD (Columbia University Medical Center).

The ACLGIM Leadership Award—Given to a member of the ACLGIM who is within the first 10 years of faculty appointment. It recognizes skills in leadership in any number of areas of academic medicine, including clinical, educational, research or administrative efforts. The 2023 recipient of this award is Tracey Henry, MD (Emory University School of Medicine).

The Quality and Practice Innovation Award—Recognizes general internists and their organization that have successfully developed and implemented innovative role model systems of practice improvement in ambulatory and/or inpatient clinical practice. The 2023 award was continued on page 12
FROM THE EDITOR

PEOPLE MAKE THE DIFFERENCE

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

Silence. Silence can be powerful.
Silence can be reflective.

As I exited the Council session after the conclusion of the 2023 SGIM annual meeting, I immediately sensed something had changed. It took a moment for me to process what was different. The Gaylord hotel and convention center was pin-drop quiet. For the past four days, the hotel and meeting space had been buzzing with the energy and excitement of the SGIM annual meeting attendees. Hallways filled with passionate SGIM members (2,585 members to be exact) engaged in presenting, learning, mentoring, and networking. Now, silence dominated this empty space.

Dichotomies often challenge us to better understand the ends of the spectrum we are confronted with. In this experience, I was faced with understanding this “silence versus energy” conundrum. In the past few hours, Denver had not changed. The Gaylord remained the same. But what had changed was that SGIM and its members no longer occupied these spaces. At that moment, I realized, people make the difference. Specifically, SGIM members make the difference.

In my professional sphere, there are two activities that I participate in annually without fail. One activity is serving children with special healthcare needs at a weeklong summer camp over the past 39 years. My other self-imposed “requirement” is attending the SGIM annual meeting for the past 23 years. The summer camp for me to process what was different. The Gaylord hotel长征 continued on page 11
REFLECTIONS ON #SGIM23:
MEETING THE PROMISE OF TOMORROW
Martha S. Gerrity, MD, MPH, PhD, FACP, President, SGIM

“Being a multiplier requires us to build relationships. One of the goals of next year’s meeting, Strengthening Relationships and Valuing Our Diversity, is to deepen our skills in relationship building and bring people with diverse perspectives & strengths together...”

Our 2023 meeting was quite the event with 2,583 attendees, our second highest annual meeting attendance ever! We came together as a community to share our work, collaborate, and support each other. It was a vibrant gathering of members passionate about their work. #SGIM23 kicked off my year as president, and my purpose for the meeting was to listen to you. I returned home excited about what I heard from you and the medical students, residents, and fellows I met at poster sessions and in the hallways. The pandemic has not dampened our passion for the work we do or our desire to tackle the thorny issues we face at our institutions and nationally. I spent the meeting going to as many committee, commission, and interest group meetings as time allowed. I will highlight a few of these sessions and my takeaways.

This year’s ACLGIM Hess Institute, Surfacing Problems, Changing Systems: Improving Recruitment and Retention of GIM Learners, had more than 100 participants, and more on the waiting list. The Institute was facilitated by The Civic Canopy, “a community-based nonprofit focused on transforming the way we solve society’s big, sticky issues. [They] do this by engaging and connecting diverse groups of people seeking change in their community...” As I listened to the animated discussions, it became clear that we need to develop and strengthen relationships within our care teams and institutions, including with institutional leaders and other like-minded specialists, to become effective change agents. We also need to listen to and join with our patients and patient groups in advocating for change at local, state, and federal levels. I am sure we will hear more about the ideas generated during the Institute, as continued on page 15
EB: What aspects of the meeting are you most proud of?

SAF: The first thing that jumps to mind is that we are very proud of our Annual Meeting Program Committee. We had a near record number of submissions for workshops, clinical vignettes, and scientific abstracts. Our clinical vignette and scientific abstract co-chairs thoughtfully selected from amongst these record number of submissions. This was one of many examples of how our amazing Program Committee members worked with SGIM staff to craft a meeting that had broad appeal to our SGIM community. Our meeting theme and content seemed to resonate with the SGIM community, and we are thrilled that 2,585 people attended the meeting, making it the second largest ever!

As we reflect on the meeting content, we are proud that the meeting included content for future and current generalists at all stages with varied career foci. Our Saturday keynote speakers were the innovative mid-career duo, Dr. Reza Manesh and Dr. Rabih Geha, who highlighted for us why we do what we do and the vulnerability that makes us human. They reminded us to care for ourselves and those we love because tomorrow is not promised. Most of all they reminded us that we should seek and deserve to have joy. And that finding joy will make us better physicians. Our Student/Resident/Fellow chairs curated content for trainees and organized a networking mixer for them on the first day of the meeting. In addition to our traditional mentoring panels, we added a new mid-career mentoring panel, which we both found personally helpful and hope to see again in the future. In addition, our special mentoring panel on Careers in Medicine and Government drew many attendees from all stages of careers who wanted to learn more about various paths to careers in government. We feel these aspects of the meeting embodied SGIM’s mission to cultivate innovative academic generalists, “leading the way to better health for everyone.”

We are also very proud of two meeting innovations that we successfully implemented. The first is the SGIM Community Forum discussion. This discussion showcased that SGIM is a community where all voices are welcome and where we are willing to have challenging conversations. SGIM members brought forth passion and advocacy about issues that they see harming or threatening their communities. Our leaders and senior members candidly shared how they wrestle with issues that can be addressed within our own organization and in partnership with other organizations. The second is the #HousingisHealthcare advocacy initiative. Under the leadership of our local host advocacy co-chairs, we proactively worked with the SGIM Health Policy Committee, our communications team, and a local advocacy organization to choose, plan, and implement an advocacy focus for the meeting. In doing so, we laid the groundwork upon which future meetings can build focused advocacy.

EB: What are the most memorable aspects of the meeting for you?

MS: The enthusiasm of attendees was palpable, and it reminded us of the main reason we faithfully attend the SGIM meeting annually. We attend to gather with our SGIM family: to catch up with old friends and colleagues, to spend time with current friends and colleagues, and form relationships with future friends and colleagues. We celebrate their milestones and achievements, such as the 25th anniversary with SGIM of our Deputy CEO, Kay Ovington, and the many awardees listed in this issue of the Forum. This feeling of community was clearly shared by all attendees, many of whom requested a way to easily contribute to SGIM during the meeting. Our SGIM staff...
Last month marked my first SGIM annual meeting and the largest conference I’ve attended since the start of the pandemic. After three years of mostly virtual meetings, I thoroughly enjoyed running into old colleagues and discussing interesting issues face to face. However, I couldn’t shake the nagging feeling that bringing so many physicians together from around the country was having a major climate impact exacerbating one of the largest healthcare challenges we face. The statistics bear this out. The global event industry has been growing rapidly, with average carbon emissions estimated at 3000 kg CO2 equivalent per attendee. Viewed another way, the industry is responsible for more than 10% of global greenhouse gas emissions, on par with the entire output of the United States.1

One silver lining of the pandemic was that it demonstrated the feasibility of fully virtual and hybrid conference models. While these types of meetings can drastically reduce emissions, virtual options come with their own challenges—many of us have experienced digital meeting fatigue and relish the chance to reconnect in person.1, 2 Additionally, the cost of running parallel in-person and virtual options coupled with decreased revenue from virtual-only options can be significant barriers. But this does not mean we must go back to organizing meetings as in the past—there are numerous steps we can and should take as an organization to demonstrate climate leadership.

While general meeting locations are already chosen for the next few years, SGIM should thereafter incorporate environmental impact as part of the selection process. Priority could be given to cities that reduce the total number of attendee long-haul flights or to locations that serve as aviation hubs to decrease the excess emissions that come from multi-flight itineraries. We have a wealth of prior attendee data that could be analyzed to see which locations minimize overall miles traveled. Conference venues with easy access to public transportation should be favored over those that necessitate car rental. Sites with positive sustainability records ought to be given preference. Lastly, meeting planners could factor in the pre-existing climate burdens of a location, for example trying to avoid areas experiencing water scarcity or recovering from recent extreme weather events.

We could also think bigger than the current model of annualized central meetings. Multi-hub conferences with virtual interconnections show promise in reducing emissions, with greater decreases as the number of meeting hubs increase.1, 3 The seven existing SGIM regions offer a ready template for selecting meeting hubs. Another option would be to move to a biennial meeting format or alternate in-person and virtual-only annual meetings, potentially reducing the overall environmental footprint by half. Alternatively, we could trial a hybrid meeting format where the registration fee for in-person attendance includes funds for purchasing carbon offsets.

There is no perfect answer nor singular action to make conferences both intimate and sustainable. That doesn’t mean we shouldn’t try. Environmental impact should be a central factor in how we design and choose our future meetings. As stewards of our country’s health, we cannot afford not to.

References
In November 2022, I posted an idea I had for publication on the Sex-And Gender-Based Women’s Health Education Interest Group (SGWEIG) GIM Connect Forum. Within a few days, I had 22 replies and 10 people interested in collaborating. The respondents represented a diverse group of faculty from institutions across the country at many different stages of their careers. Over the next six months, this dynamic group of women’s health experts met virtually to outline ideas for an opinion piece. We debated controversies and engaged in iterative consensus building through emails, phone calls, and zoom meetings. We eventually came to agree on a unified approach and submitted our manuscript for publication, which is currently under review.

Many members of the group have known one another for years. As an early-career academic clinician who recently re-joined the Society of General Internal Medicine (SGIM), I never met any of them in-person. As the annual meeting approached, my anticipation grew. I attended American College of Physicians (ACP) annual meetings every year since I finished residency, and always looked forward to them. I enjoyed looking through the program, choosing what I wanted to learn, and going to all the lectures and workshops I could fit into my schedule. However, there was something more exciting about attending the SGIM annual meeting now that I formed collaborative relationships with a group of colleagues who share my interests and passions.

For this hometown meeting, I arrived at the Gaylord of the Rockies, a 25-minute drive from my home, just in time for breakfast on the first day of the meeting. I found a colleague from the University of Colorado and sat down with my much-needed coffee. My colleague introduced me to the person on her left, a friend from fellowship, and her friend’s eyes immediately lit up. It was one of my SGWEIG collaborators! We both got up right away and hugged one another, expressing how amazing it was to meet in person after all our virtual interactions. We reflected on our current project and shared new ideas. I felt encouraged and energized.

I had similar heartfelt interactions with all the members of this amazing workgroup who were able to attend the annual meeting, each one excited to meet me. Our conversations were stimulating and as a result new ideas emerged. I left each meeting day, inspired as I reflected on the wonderful relationships I built, that were enhanced by this opportunity to meet one another in-person—dynamics changed and relationships deepened. Our united focus on women’s health advocacy allowed us to connect on a deeper level more quickly, moving past surface level conversation to the topics that are most meaningful to us in medicine, a process needed for successful network building. After this meeting, I was filled with enthusiasm and new ideas for symposia, workshops, and publications inspired by the people I talked to and the sessions I attended. But more importantly, I felt fulfilled, reflecting on the personal network of colleagues and mentors I was developing.

My experience is certainly not unique. Belonging to professional organizations and attending in-person national meetings has been identified as an important aspect of building a meaningful career in academic health professions. Attending professional meetings has been called an evolutionary process, with the first few years generally focused on going to scheduled sessions and presenting academic work. As time progresses, this participation creates opportunities to develop a personal network, which provides career support, mentorship, and coaching and creates safe spaces for personal and professional development.

Networking comes more naturally to some than others. Not all of us feel comfortable walking up to a presenter after their talk at the national meeting to shake hands and exchange business cards. One way to meet colleagues and mentors before the national meeting is by joining group forums on GIM Connect. This allows SGIM members to follow interest groups that align with their career goals and message with other members of that group. This is how I found the 10 amazing colleagues in SGWEIG, now integral members of my personal network.

This annual meeting hallmarked a major growth period in my career. The supportive and inclusive col-

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SGIM 2023
ANNUAL MEETING PHOTOS
SGIM 2023 ANNUAL MEETING PHOTOS (continued from page 9)
FROM THE EDITOR (continued from page 2)

meeting content will change, but my SGIM colleagues keep me coming back year after year.

I was at a personal crossroads as this annual meeting approached—I had been active in regional and national SGIM activities, serving in many roles; however, over several years, my involvement dropped off due to other commitments. External time conflicts arose, not different from what other SGIM members face on a consistent basis. Some conflicts were known and could be planned around (e.g., opening the new VA hospital in New Orleans) and some were unplanned but still significant (e.g. COVID’s multi-year reign of terror). I was looking to re-engage in SGIM but had not determined that route. At the urging of an SGIM colleague who thought I would do a good job, I decided to apply for the Editor in Chief position of the SGIM Forum. Time will tell if they were right in their encouragement of my application. But it was a perfect opportunity to get re-involved in my professional society by giving back to SGIM members.

Why should any of this matter? The SGIM annual meeting is “only” a four-day event. How much can really happen in four days? I think about what an early SGIM mentor told me about why involvement in SGIM was so important: “The more engaged you are with SGIM, the more SGIM and its members will give back to you.” SGIM is a volunteer, member driven organization. A January 2023 article noted that rates of formal volunteer efforts fell by seven percentage points between 2019-21.1 Without membership involvement, programs disappear, collaborations dissolve, and the organization just limps along. In discussions with SGIM leaders, I understood that SGIM is still highly successful in what we do. SGIM members recognize this. But a professional society is dependent upon its members to bring energy, ideas, engagement, and new members through their volunteer efforts.

Just as I was encouraged by a SGIM colleague, my personal request to SGIM members is to get involved. Here is a list of suggestions:

1. Volunteer as a new member or in a new role for a committee or commission.
2. Join the Forum editorial team as an Associate Editor.
3. Submit articles to the Forum for possible publication.
4. Recruit a new member so they can recognize the value of SGIM membership.
5. Advocate for a cause that is important to you and your patients.
6. Donate to ensure the financial stability of SGIM and those funds that will support new member driven efforts.
7. Highlight SGIM as a professional home for students, residents, and fellows under your tutelage.

There are so many ways that SGIM members can be involved to make a difference.

As you read this August issue of the Forum, the 2023 SGIM annual meeting is nearly three months in the past. I hope this issue ignites the embers of your personal fire and involvement in SGIM. In this issue, we highlight the many awards that recognize the hard work and dedication of SGIM members for their contribution to the organiza-

References
presented to Hadeel Alkhairw, MD, MS (Elmhurst Ambulatory Care Services Primary Care, part of the New York City Health and Hospital System).

The Excellence in Medical Ethics Award—Recognizes the original scholarship that SGIM members have done to advance medical ethics. The 2023 award was presented to Mary Catherine Beach, MD, MPH (Johns Hopkins University School of Medicine).

Research Awards
John M. Eisenberg National Award for Career Achievement in Research—Presented to Lisa A. Cooper, MD, MPH (Johns Hopkins University School of Medicine) in recognition of a senior SGIM member whose innovative research has changed the way we care for patients, the way we conduct research, or the way we educate our students. SGIM member contributions and the Hess Foundation support this award.

Outstanding Junior Investigator of the Year—Presented to Renuka Tipirneni, MD, MSc (University of Michigan Medical School) for early career achievements and overall body of work that has made a national impact on generalist research.

Mid-Career Research Mentorship Award—Presented to Melanie Jay MD, MS (NYU Grossman School of Medicine) in recognition of mentoring activities as a general internal medicine investigator.

Best Published Research Paper of the Year—Presented to Paula Chatterjee, MD, MPh (University of Pennsylvania School of Medicine) for their 2022 publication “Variation and Changes in the Targeting of Medicaid Disproportionate Share Hospital Payments.” This award is offered to help members gain recognition for their papers that have made significant contributions to generalist research.

Founders’ Grant—Presented to Elizabeth Boggs, MD, MS (University of Colorado School of Medicine). The SGIM Founders Award provides up to $10,000 support to junior investigators who exhibit significant potential for a successful research career and who need a “jump start” to establish a strong research funding base.

Lawrence S. Linn Award—Awarded to Kira Nightingale, BS, MBA, MS (University of Pennsylvania Medical Center). This award provides up to $20,000 funding to a young investigator to study or improve the quality of life for persons with AIDS or HIV infection.

Mary O’Flaherty Horn Scholarship—Presented to Shreya Trivedi, MD (Harvard Medical Faculty Physicians at BIDMC). This two-year career development grant is awarded to a junior clinician-educator to promote their academic career, while maintaining a healthy balance between personal and professional responsibilities by providing the scholar with a flexible schedule and protected time to engage in meaningful career development and scholarly activities. This grant funds the scholar $30,000 yearly for two years in addition to their institution matching $30,000 yearly for two years.

Clinician-Educator Awards
Career Achievements in Medical Education—Presented to Susan Hingle, MD (Southern Illinois University School of Medicine) for a lifetime of contributions to medical education.

Frederick L. Brancati Mentorship & Leadership Award—Presented to Christopher Jackson, MD (University of Tennessee Health Science Center College of Medicine). The Brancati Award honors an individual at the junior faculty level who inspires and mentors trainees to pursue general internal medicine and lead the transformation of health care through innovations in research, education, and practice.

Scholarship in Medical Education—Presented to Somnath Mookerjee, MD (University of Washington School of Medicine) for individual contributions to medical education in one or more of the following categories: Scholarship of Integration, Scholarship in Educational Methods and Teaching, and Scholarship in Clinical Practice.

Mid-Career Mentorship in Education Award—Presented to Alia Chisty, MD (Penn State Hershey Medical Center). This award recognizes the mentoring activities of general medicine educators who are actively engaged in education research and mentorship of junior clinician educators.

Presentation Awards
David E. Rogers Junior Faculty Education Award—Presented to three junior faculty for workshops judged the most outstanding among those presented at the 2023 Annual Meeting. To be eligible, the workshop coordinator must be an SGIM member and faculty at the instructor or assistant professor level at the time of the 2023 Annual Meeting. Attendance (≥20) and participation evaluations (≥60%) are considered in determining the recipients.

- Holly N. Thomas (University of Pittsburgh Medical Center) “HOT off the Press: Employing the Latest Guideline on Menopausal Hormone Therapy in Clinical Practice”
- Meagan Williams, MD (University of Texas at Austin Dell Medical School) “Trauma-Informed Care: A Hands-on How-to for Clinical Practice”
- Allison Wolfe, MD (University of Colorado, Denver) “AllyTalk: An Interactive Training to Increase Ability to Interrupt Microaggressions”

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Mack Lipkin, Sr.—Associate Member Awards—Presented to the scientific presentations considered most outstanding by students, residents, and fellows during the 2023 SGIM annual meeting. Awards are made based on participant evaluations of the presentations and are endowed by the Zlinkoff Fund for Medical Education. The award winners for 2023 are as follows:

- **Eden Bernstein, MD (Massachusetts General Hospital)** for abstract presentation “Treatment Gaps and Disparities among Medicare Beneficiaries Hospitalized with Alcohol Use Disorder”
- **Emily Lupez, MD (Cambridge Health Alliance)** for abstract presentation “Physical and Mental Health Conditions, Access to Care, and Financial Barriers to Care among People Incarcerated in US Prisons”
- **Carlos Irwin Oronce, MD, MPH (University of California, Los Angeles David Geffen School of Medicine)** for abstract presentation “Association Between Governmental Spending on Social Services and Health Care Use Among Low-Income Medicare Beneficiaries”
- **Milton W. Hamolsky—Junior Faculty Awards**—Presented to the scientific presentations considered most outstanding by junior faculty during the 2023 SGIM annual meeting. Awards are made based on participant evaluations of the presentations and are endowed by the Zlinkoff Fund for Medical Education. The award winners for 2023 are as follows:

  - **Richard Leuchter, MD (UCLA Ronald Reagan Medical Center)** “Identifying Unnecessary Hospitalizations Using the Covid-19 Pandemic as a Natural Experiment: An Instrumental Variable Analysis”
  - **Evan Shannon, MD, MPH (UCLA Healthcare)** “Effect of Patient-Physician Racial Concordance on Outcomes of Patients Treated by Hospitalists”
  - **Serena Michelle Ogunwole, MD, PhD (Johns Hopkins University School of Medicine)** “Applying Critical Race Feminism to Explore Barriers and Facilitators to Postpartum Primary Care Utilization among Black Women with Cardiovascular Disease Risk Factors: A Qualitative Study”
  - **SGIM Clinical Vignette Oral Presentation Awards**—Recognizes the best presented clinical cases by a medical student, internal medicine resident, or GIM fellow (not faculty) at the SGIM National Meeting. This year’s recipients are:

    - **Matt Slief, MD (University of Alabama at Birmingham)** “Listen to Your Heart: A Rare Case of Non-neurogenic Orthostatic Hypotension”
    - **Vijay Shimoga, MD (University of Colorado Health)** “Something to Chew On: Denture Adhesive-Induced Copper Deficiency Myeloneuropathy in a Patient with Suspected MS”
    - **Zachary Meili, DO (Temple University Hospital)** “Trading Blindness for Dyspnea, A Case of Medication Induced Metabolic Acidosis or How I Learned to Love the ABG”

Distinguished Professor of Women’s Health Best Oral Abstract Award—Elisheva Danan, MD, MPH (Minneapolis Veterans Affairs Medical Center) for the abstract titled “VA patient and staff perspectives on self-collected testing for Human Papillomavirus (HPV)”

Distinguished Professor of Women’s Health Best Poster Award—Amy Farkas, MD, MS (Medical College of Wisconsin) for the poster titled “VA Women’s Health Training Advances Primary Care Providers Women’s Health Knowledge and Clinical Skills”

Distinguished Professor of Geriatrics Best Oral Abstract Award—Halima Amjad, MD, PhD (Johns Hopkins University School of Medicine) for the abstract titled “Overwhelmed: Dementia Care in Primary Care”

Distinguished Professor of Geriatrics Best Poster Award—Rashmi Sharma, MD, MHSc (University of Washington Medical Center)—for the poster titled “Challenges Experienced by Family Members of Hospitalized Older Adults with Dementia When Making ‘In-the-Moment’ Decisions Regarding Intensity of Care”

Distinguished Professor of Health Equity Best Oral Abstract Award—Somnath Saha, MD, MPH (Johns Hopkins University School of Medicine)—for the abstract titled “Racial Bias in Documentation of Patient Adherence in Medical Records”

Distinguished Professor of Health Equity Best Poster Award—Jennifer Oshita (University of Vermont Medical Center)—for the poster titled “Communication Disability Accommodation Programs in US Healthcare Organizations”

Distinguished Professor of Hospital Medicine Best Oral Abstract Award—Alexander James Beagle, MD (University of California, San Francisco School of Medicine)—for the abstract titled “Associations Between Volume of Intravenous Fluid and Mortality in Septic Patients with and without Heart Failure”

Distinguished Professor of Hospital Medicine Best Poster Award—Stephanie Cardenas (University of Chicago Division of the Biological Sciences The Pritzker School of Medicine)—for the poster titled “The Effect of Restrictive Red Blood Cell Transfusion on Cognitive Function in Hospitalized Patients”
responded immediately and created a QR code for contributions during the meeting. Our SGIM president, Dr. LeRoi Hicks, shared this QR code during our final plenary sessions. By the end of the meeting, more than $4,000.00 was contributed by SGIM members! On every level, our SGIM members showed that they value the SGIM community and meeting experience. As co-chairs, it feels very special to have helped shepherd the experience.

Dr. Howard Frumkin described the climate challenges we face and how they impact the communities we serve, but he ended on a message of hope that provided a vision for a way forward. Dr. Nakela Cook built on this momentum in her Malcolm L. Petersen lecture. She engaged us in a conversation about patient engaged research and gave us a broad array of ideas about how we as clinicians and researchers can engage with our patients about topics that matter to them.

Our plenary keynotes were among numerous sessions that delivered inspiration for the future. Our trainees stood out at the meeting. Their well-polished and innovative presentations and workshops reminded us that our future is bright. Despite the barriers to achieving our vision of a just health system in which all people can achieve optimal health, we learned that our response should be “Yes, and...” Our 2023 Annual Meeting was a reminder that as a group of educators, researchers, and clinicians in academic general internal medicine, we have the means and motivation to highlight systemic injustice. We have the talent and tools to find and demonstrate solutions to health inequity. SGIM is the community to support and ensure that we thrive as we meet the promise of tomorrow!

References
1. Fluker SA, Saunders M. Generalist internists meeting the promise of tomorrow at the #SGIM23 Annual Meeting. SGIM Forum. 2023;46 (2):5,14.

EB: How do you feel that the meeting aligned with its theme of “Meeting the promise of tomorrow?”

SAF/MS: Our plenary speakers delivered thoughtful keynotes that highlighted how we as generalists need to and can meet the promise of tomorrow. In his presidential address, Dr. Leroi Hicks shared his lessons on leadership and challenged us to choose when to step up to be leaders as well as when to step back.
PRESIDENT’S COLUMN (continued from page 3)

our ACLGIM leaders digest Civic Canopy’s report and develop action plans and strategies for us to use at our institutions.

The committees, commissions, and interest groups provided ideas that I brought back to our June Council retreat. They helped inform the Council’s discussion of annual plans and collaboration between committees. It became clear that several committees will need to work with each other to help us with areas such as the use of artificial intelligence (AI) in health care and the growing influence of private equity companies on health systems. Members of the Ethics Committee were surprised when I said, “we need you,” to help us think clearly about these issues and preserve what is important to patients and to us. Guidance from our Ethics Committee will keep us true to our values, as we advocate on behalf of our patients and profession. We will need other committees (e.g., health policy, research) working together to address these and other issues in the upcoming year.

The results of the Research Committee’s report on the state of GIM fellowships, and their recommendations, were the center of discussion for that committee and for the Fellowship Directors and Fellows interest groups. It became clear that we needed a task force consisting of representatives from these groups working together to create an action plan and timeline for Council to consider. Again, the problem of our shrinking GIM pipeline—specifically our GIM clinician-researcher pipeline—was apparent. One of our hospitalist leaders said to me, “we are at an inflection point,” and need to act now. As ACLGIM and our Committees work together within SGIM/ACLGIM, I know that we must reach out to other like-minded organizations (e.g., American College of Physicians, Alliance of Academic Internal Medicine, Society of Hospital Medicine, Primary Care Collaborative) to explore how we might join forces in our advocacy for these issues on a national level.

To balance the complex challenges discussed throughout the meeting, the plenary addresses had messages of hope and promise. Nakala Cook, MD, MPH, Executive Director of the Patient Centered Outcomes Institute (PCORI), told us they are committed to funding work addressing many of the areas of health care and health equity that are important to members of SGIM and our patients and communities. (I would add that Eric Bass and I heard a similar message and a commitment of continuing to work with SGIM from David Atkins, MD, MPH, Director of VA HSR&D). Rabih Geha, MD, and Reza Maresh, MD, of the Clinical Problem Solvers, told a story of mentoring, joy, and profound loss of a mentee to a tragic accident showing us what it means to be authentic, to feel deeply, and to pick up and carry on with the support of community.

Finally, LeRoi Hicks’ address, “The Music of My Mind,” included music that energized me. His personal story of hope and perseverance in the face of significant odds and his work that remains true to his north star of achieving health equity in his community and nationally was inspirational. He called on us to be multipliers. I want to take that challenge forward into my year as president. Being a multiplier requires us to build relationships. One of the goals of next year’s meeting, “Strengthening Relationships and Valuing Our Diversity,” is to deepen our skills in relationship building and bringing people with diverse perspectives and strengths together to take on the challenges we face and be multipliers. Zirui Song, MD, PhD, #SGIM24 meeting Chair, Jenny Schmidt, MD, meeting Co-chair, and I hope to highlight the diversity of our society—inpatient and outpatient focused, researcher and educator, both early and later career members—and demonstrate the strength in our diversity while imparting skills and strategies that SGIM members can apply in their work.

References

PERSPECTIVE: PART II (continued from page 6)

leagues and mentors I met though SGIM SGWEIG are a major catalyst for this growth. While a similar evolution may have occurred via ongoing virtual interactions, I do not think these relationships would be as deep or as meaningful without the opportunity to interact in person at the annual meeting. As we begin to discuss the role and utility of national meetings, especially in the wake of climate change and our carbon footprint, I hope we can still find ways to connect in person to foster the growth of meaningful personal networks.

References