

## **Application: 2006-2007 Program of Excellence Award**

### **Dartmouth Medical School Family Medicine Interest Group (FMIG)**

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## **I. Infrastructure**

### **Family Medicine Interest Group**

#### **A Section of the FM Predoctoral Education Division (PED) of the Department of Community & Family Medicine**

*The PED includes and supports FMIG, Rural Health Scholars (RHS), Summer Preceptorships & Research Experiences, FM Courses and Electives, our Predoctoral website, and the FM advising program.*

**Mission:** *To enhance knowledge of and increase exposure to Family Medicine for all Dartmouth students; to promote healthy behavior in the community through community service events; to maintain connection with and offer students exposure to the local, state, and national communities of family medicine.*

### **FMIG History**

Since its establishment in 1982, the DMS FMIG has undergone tremendous growth and successful change. Now, 25 years after its founding, the FMIG is a valuable component of the Family Medicine Predoctoral Education Division at Dartmouth Medical School. This Division, directed by Dr. Catherine Pipas, our FMIG Faculty Advisor, oversees all Family Medicine courses, electives and programs including: career advising, Rural Health Scholars, and summer preceptorships and research opportunities. FMIG is fortunate to be linked to many other resources and have the opportunity for cooperation between faculty and students representing many different aspects of Community and Family Medicine. As a faculty-mentored, student-run organization, it has been, and continues to be our goal to provide pertinent, continuous support to all students interested in Family Medicine during all four years of medical school.

In 2001, through a HRSA Predoctoral education grant, our FMIG benefited greatly from a consultation by Dr. Elizabeth Garrett, faculty FMIG advisor to the University of Missouri-Columbia School of Medicine. Dr. Garrett's expertise and insight provided us with valuable ideas and suggestions enabling us to expand and improve our board infrastructure, activities, and monthly meeting organization. Following her visit, we transitioned to a student-run executive board structure and two faculty members (one academic and one administrative).

Since 2001, many of the activities of the DMS FMIG, such as the annual skills night, have become traditions expanding the DMS community's awareness of family medicine. However, the drastic change in funding over the past year, combined with the current FMIG's particular interests in community service, incited another dramatic, programming-based change in the infrastructure of FMIG. Positions were created for each of the interested second-year FMIG students to become involved in various facets of organization, with the guidance of the two faithful faculty members. The annual skills night was redesigned as a "Skills Night in Five Acts" (five separate skills groups taught on five separate nights) hosted by visiting residency programs. In addition to this series, regular community service activities have been established and expanded, and local, state, and national family medicine involvement has been fostered through panel discussions, guest lectures, and student participation in regional and national conferences.

Dartmouth takes pride in developing well-rounded, professional physicians who excel both in and out of the classroom. The DMS campus is rich with opportunities for community service, professional networking, leadership roles, and extracurricular fun. The FMIG is unique among groups on campus because it is all-inclusive, and it supports each of these facets: service,

professional growth, skill enhancement, and balance, while promoting family medicine as a career choice. For these reasons, we believe the DMS FMIG deserves to be recognized by the AAFP's Program of Excellence.

### **FMIG Leadership Structure**

With the passing of the baton from the second-year leaders of the 2005-2006 school year to the then first-year students, changes were made to accompany the increased number of students interested in FMIG planning and organization. Following the model of previous years and taking the suggestion of last year's leader to elect two co-leaders, two "leaders" were elected. To correlate with our programming goals for the coming year, positions were defined based on events and projects. The position of community service organizer was maintained, and a second position was created for the specific organization of the Head Start Collaboration project. Since Skills Night was to be re-organized to a year-long series of five events, two students were elected to oversee organization of the events. Another student was elected as the advertising chair. During the second half of the academic year, first-year students were encouraged to try out these roles in partnerships with second-year students, in preparation for the coming transition of leadership to their class.

Positions and responsibilities:

- Co-leaders – these two individuals set agendas for monthly meetings, mediated the meetings, and monitored the FMIG email account
- Community Service Coordination Team – one of these two individuals was responsible for organizing and recruiting volunteers for monthly blood pressure clinics; the other individual focused on the organization of the Head Start collaboration
- Skills Night Coordination Team – these two individuals were responsible for recruiting students to organize each of the five skills nights and organizing the lottery system for skills night attendance
- Advertising Coordinator – this individual was responsible for making and posting advertisements for FMIG events, for writing and sending out school-wide email announcements of events, and for ensuring timely announcements of events were made in first- and second- year classes

Faculty Advisor Roles: role modeling/mentoring, career advising, monthly case/article-based presentation in planning meetings, activities evaluation, budget management, administrative support

### **FMIG Planning Committee, 2006-2007**

**Co-Leaders:** Heather Anderson and Susan Kelly ('09)

**Community Service Coordination Team:** Gabriel Civiello and Sarah McNeil ('09)

**Skills Night Coordination Team:** Der-Chen Huang and Robert Linville ('09)

**Advertising Coordinator:** Kathryn Noyes ('09)

**Faculty Advisors:** Catherine F. Pipas, MD, M. Scottie Eliassen, MS

### **Monthly Planning Meeting Structure**

Meetings are generally held on the first Thursday of every month at noon (lunch is provided). The agenda is provided in written format during the meetings, and minutes of the meetings are circulated by e-mail after the meeting for the benefit of those unable to attend. One of the second-year co-leaders moderates the meetings, which typically have the following format:

- **Case Review**—A case of interest to the group is selected by the faculty advisor, who presents it in a problem-based learning format. Current best practice as summarized in recent literature is distributed for further reading about the disease presented. This reinforces lifelong learning and is a unique opportunity to review current topics in a less-formal format than the lecture hall.
- **Ongoing Events Planning**
  - Skills Nights
  - Community service events
- **Local, Regional, and National Updates and News**

### **FMIG Planning Committee Benefits**

- Direct input into FM curriculum and events planning
- Free membership to the American Academy of Family Physicians
- Free subscription to American Family Physician journal
- Early and continual career advising and mentoring
- Preferred selection for Family Medicine summer preceptorships and research experiences
- Funding through the NHAFP for participation in the National Conference of Students and Residents in Kansas City and the Northeast Society of Teachers of Family Medicine annual conference
- Local and national leadership opportunities
- Collaborative research and publication opportunities with faculty
- Scholarly opportunities at national and regional conferences in family medicine
- Member of the NHAFP Listserve

### **Communication**

- **FMIG WEB site**—a link within the DMS student site, Blackboard, where all student organizations are represented. Each organization is allotted space for a picture of the leaders of the group as well as a description of the goals of the organization and its upcoming events
- **FMIG Brochures**- Overview of FMIG activities, handed out at the Activities Fair to students interested in joining the group
- **Emails** to the planning committee and the student body at large. FMIG planning committee members are notified of coming meetings, and meeting minutes are emailed out to the group to keep all members informed of upcoming events and opportunities to get involved. Student body emails are sent out as part of the advertising strategy for FMIG events.
- **New Hampshire AFP Chapter meetings**—FMIG planning committee members rotate regular representation via a designated board seat at monthly NHAFP meetings.. FMIG representatives to the NHAFP are listed as members of the NHAFP board.
- **DMS Student Calendar** – in a school-wide effort to keep all students involved in community activities, use of a student calendar has been encouraged this year. FMIG posts all of its open activities (such as skills nights) on the official DMS Student Calendar.

**Funding Sources**

With the loss of HRSA funding this year, DMS FMIG faced the national FMIG challenge of funding events. In order to maintain the well-known and well-attended skills night, FMIG split the usual one-night, many-skills annual event into a series of events distributed throughout the year. Letters were sent to area residency programs, and five programs offered to come to DMS to share workshops for students, paying for the traditional accompanying dinner as well as the supplies needed for the workshops. The New Hampshire AFP provided funding for student travel to national and regional FM conferences, with DMS Student Government assisting with a portion of conference costs in some instances as well. The DMS Department of Community and Family Medicine covered the cost of lunches served during monthly planning meetings.

## **II. Student Involvement / Student Retention**

Historically at DMS, the activities fair in September of each year marks the beginning of interest group activities for the year. Since first-years arrive on campus in August, however, our planning committee decided in the spring of '06 that it would be ideal to start promoting family medicine, the interest group, and the activities offered by FMIG before September. Since our marketing strategy for skills night throughout the year was to advertise them in acts, we planned Skills Night: Act I for late August, a time at which first-years would be semi-adjusted to DMS and still have enough free time to try a new activity. The event also correlated with a third-year didactic session on campus so that they would be able to attend as well. The event filled, students were selected by a lottery process, and FMIG promotion began with a bang. A week later, we offered a workshop in "How to Take a Blood Pressure," taught by a local family physician, geared towards the first-year students, eager to learn new medical skills. Not only did this event provide a group of first-year students to aid in the planned health fairs and blood pressure clinics, it also provided a further exposure to family medicine and FMIG. When the activities fair rolled around, FMIG set up a booth and handed out invitations to the first planning meeting. Since FMIG events are open to the entire student body, we collected only the names of students interested in helping with event planning. The fair yielded a list of 30 first- and second-year students interested in further involvement with FMIG. Of that number, we have had regular meetings attended by approximately 12 first- and second- year students. Over the year, 101 students have been exposed to family medicine from the skills night series alone (with another 30 projected to attend the final skills night). The faculty members involved have come from diverse backgrounds, and we have been privileged to bring residency programs to our school to interact with students one-on-one.

The events listed below in chronological order manifest the emphases of our mission statement: to enhance knowledge of and exposure to family medicine, to serve the community with family medicine skills, and to become involved in the larger family medicine community.

- **July – Kansas City Conference (7/27-31):** 6 upcoming second- and fourth-year medical students attended the National Conference.
- **August – Skills Night Act I (8/23):** UMass-Fitchburg Family Medicine Residency offered a skills night on casting and splinting, the opening FMIG event for the year, attracting 33 medical students, who were able to interact with the five representatives from UMass, as well as one faculty member involved in DMS FMIG.  
**Blood Pressure Workshop (8/30):** 19 first- and second-year students came to a workshop presented by a DMS FM faculty member on blood pressure. The workshop ended with hands-on time for paired first- and second-years to enhance their skills.
- **September – Poster Workshop (9/5):** DMS librarians offered a workshop to FMIG members who were planning to prepare poster presentations for the NESTFM regional conference.  
**Lebanon Farmers Market Health Fair (9/7):** FMIG members prepared and staffed a blood pressure clinic/booth for a neighboring town's Farmers Market Health Fair.  
**Summer Presentations (9/12):** 9 DMS students receiving funding for summer projects and preceptorships in family medicine presented their work for their peers and 2 DMS family medicine faculty members.

**DMS Activities Fair (9/18):** As a student organization, FMIG was offered space at the annual student activities fair. A poster presented the aspects of the organization, invitations were handed out to the next planning meeting, and names were recruited for a planning meeting communication list.

- October – **Skills Night Act II (10/17):** Maine-Dartmouth Family Medicine Residency presented suturing and an overview of osteopathic manipulations to 23 medical students. 5 representatives from the Maine-Dartmouth program as well as one DMS FMIG faculty interacted with the students during the workshops as well as with 3 3<sup>rd</sup>/4<sup>th</sup> year students attending an advisee meeting before the skills night.  
**Careers in Medicine: Core Clerkship Panel (10/19):** In collaboration with other interest groups, a brown bag information session about each of the specialties required during third-year rotations was given with representative faculty members and residents.  
**Head Start Training (10/23):** First- and second-year FMIG members were trained to perform basic health screenings for four-year olds in Head Start programs.  
**NESTFM Conference (10/27-29):** 17 DMS students and 2 DMS faculty attended the NESTFM conference in Danvers, MA, where students presented 6 posters.  
**Head Start Screenings (10/24-26; 11/3):** 8 FMIG members performed the required health screenings for Head Start programs in area towns Woodsville, Lebanon, and Grafton.
- November – **Skills Night Act III (11/7):** Central Maine Family Medicine Residency program came to Dartmouth for an evening of Wilderness Medicine Skills, presenting mini-workshops in seven areas of wilderness medicine to 30 DMS students. 7 faculty/residents from the residency program and one DMS FMIG faculty member were present.  
**Kramer lecture (11/10):** A special lecture was offered during family medicine grand rounds at the hospital, followed by lunch on the DMS campus, which allowed medical students to interact with the speaker.
- February – **Skills Night Act IV (2/21):** Concord Family Medicine Residency prepared a workshop for DMS students on OB skills and Derm procedures. 15 students interacted with 4 Concord faculty and 1 DMS faculty throughout the hands-on evening of workshops.  
**Careers in Medicine Panel: FMIG and IMIG (2/22):** A student-organized year long series of brown bag lunch talks featured Family Medicine and Internal Medicine for a panel discussion. This particular luncheon was co-hosted by FMIG and IMIG. Most of the time was spent in a question/answer format, and the event was helpful for the many first- and second-year students who were curious about the differences between the two fields. Approximately 50 students attended the event. A family physician, an internist, and an internist who applied for residency in med-peds and medicine were the panel members.
- March – **Rural Health Seminar with Marshall Denking (3/7):** 23 first- and second-year medical students interacted with two faculty members in a seminar on family medicine in rural areas.

**FAQ's in Family Medicine:** An annual FAQ seminar held by FMIG advisors attracted 10 first-, second-, and third-year students.

- April – **Clerkship Site Panel (4/11):** An annual panel put on by FMIG allows third year students to share experiences at various family medicine clerkship sites with second-year students. 22 second-years, 5 third-years, and the FMIG advisors attended the session.  
**Skills Night Act V (4/25):** Lawrence Family Medicine Residency will be offering a third-year advising session and a workshop night on EKG interpretation and ACLS. The residency will also be discussing the role of family medicine in impoverished urban settings.  
**FMIG potluck (4/30):** Leadership will be officially passed from second-years to first-years at this informal meeting.
- Ongoing – **Blood Pressure Clinic:** The first Saturday of every month, four students set up a blood pressure clinic at a local supermarket, taking blood pressures, educating shoppers about blood pressure, “heart healthy” food choices, and encouraging connection with primary care physicians. People without regular physicians are referred to a local practice or the Good Neighbor Clinic, a sliding scale clinic in the area.  
**NHAFP:** The NHAFP encourages student presence at bi-monthly board meetings, so an FMIG planning committee member volunteers to attend each of the meetings to learn more about family medicine projects and advocacy across the state of New Hampshire.

### Event Attendance and Faculty Exposure

DATE			ACTIVITY	Number of students in attendance	Number of faculty members involved
2006	Jul	19	NHAFP mtg	1	1
	Jul	27-31	Kansas City conference	6	
	Aug	16	Core FMIG meeting	7	1
	Aug	23	Casting/Splinting - UMass Fitchburg	33	6
	Aug	30	blood pressure workshop	19	1
	Sept	5	poster workshop	6	1
	Sept	7	Lebanon Farmers Market health fair	22	
	Sept	11	Core FMIG meeting	8	2
	Sept	12	Summer Presentations	9	2
	Sept	18	DMS activities fair		
	Sept	20	NHAFP mtg	1	
	Oct	2	Core FMIG meeting	16	2
	Oct	17	Advisee Meeting	3	5
	Oct	17	Laceration Repair/OMT - MaineDartmouth	23	7
	Oct	23	HeadStart Training		
	Oct	27-29	NE STFM	17	2
	Oct	24	HeadStart screening-Woodsville	2	
	Oct	25	HeadStart screening-Lebanon	4	
	Oct	26	HeadStart screening-Grafton	2	
	Nov	3	HeadStart screening	2	
	Nov	6	Core FMIG meeting	12	2
	Nov	7	Wilderness Medicine - Central Maine	30	8
	Nov	10	Kramer lecture		
	Nov	10	Grumbach/Kramer lunch	12	3
	Nov		Blood Pressure Screening	4	
	Dec		Blood Pressure Screening	2	
2007	Jan	4	Core FMIG meeting	9	2
	Jan		Blood Pressure Screening	4	
	Feb		Blood Pressure Screening	3	
	Feb	21	OB/Derm - Concord	15	5
	Mar	1	Core FMIG Meeting	10	2
	Mar	7	FMIG/rural health w/ Marshall Denkinger	23	2
	Mar	19	FAQs in Family Medicine	10	2
	Mar	21	NHAFP Meeting	1	
	Mar	29	Core FMIG Meeting	10	1
	Apr	11	Clerkship Site Panel	27	2
	Apr	25	Advisee Meeting	TBD	
	Apr	25	Urban/Poverty/EKG/ACLS - Lawrence	TBD	

### **III. Family Medicine Advocacy**

Advocating family medicine is inherent in the role of the FMIG and the activities of its supporting faculty. Our faculty academic advisor, Catherine Pipas, MD (a family physician, FM Clerkship Director, Vice Chair of Community and Family Medicine and an Assistant Dean of Medical Education at DMS) regularly attends monthly FMIG planning meetings, presenting a problem-based-learning-style case based on a recent article from one of the professional journals (usually AFP). Through her work, Dr. Pipas has increased our exposure to FM faculty locally, regionally and nationally. Collegial work with family physicians both within the medical school and outside practices is ongoing.

Present and future collaboration with the NHAFP and DMS alumni association enables us to draw from the experiences of a greater number of FM physicians. By significantly increasing the depth and range of our activities, we hope to present a broad perspective of what FM has to offer. Through coordination with the other interest groups at DMS, we were able to have family physicians participate in two career information panels, designed for first- and second-year students – one involving information about the six core third-year rotations and the other comparing and contrasting family medicine and internal medicine. In addition, we continued to offer sessions featuring discussions led by family physicians and FAQs in FM. Third- and fourth-year students have 3-4 advising sessions per year, in addition to individual meetings and support through the residency application process.

This year, through the transition from our annual Skills Night to “Skills Night in Five Acts,” more DMS students have had the opportunity to interact with multiple FM residency programs while also learning more about FM. By offering the skills night in a series of five nights versus one, approximately 40 more students (from 60 to 150) were able to participate. Also, students were able to spend more time on each skill, which led to more interaction with the presenting faculty and residents. In addition, we were able to involve more residency programs by offering multiple dates and the opportunity to meet with third- and fourth-year students considering family medicine. Prior to the skills training, the agenda reserved time for third- and fourth-year students to meet with faculty and residents from the sponsoring program to discuss how to strengthen residency applications and how to choose a program.

With the aid of matching grants from the Dean’s office, first-year students also have the opportunity to apply for grants for summer preceptorships and research in family medicine. Over the past years, these opportunities have proven to be invaluable in educating students about family medicine, influencing their future decisions about specialties. In analysis of past summer program participants, they chose family medicine (22%) and primary care (61%) more frequently than non- participants (8% family medicine, 38% primary care).

Finally, with support from DMS student government and the NHAFP, students have the opportunity to present at and/or attend STFM and AAFP local and national conferences, returning with a strengthened commitment to family medicine and fresh ideas to share with our FMIG and Dartmouth’s FM community.

#### **IV. Community Outreach / Patient Advocacy**

Community outreach is a central goal of the DMS FMIG with two of the leadership roles on the planning committee devoted to coordinating community service efforts. Over the 2006-2007 academic year, we have picked three prongs for our community outreach efforts: participation in a local health fair, Head Start health screenings, and monthly blood pressure clinics at one of the largest local grocery stores.

- **Local Health Fair**
  - Through collaboration with other organizations and interest groups in the medical school and larger community, 22 students helped present various booths at a health fair in the neighboring town of Lebanon. The FMIG was involved with a booth screening blood pressure and advertising healthy snacking.
- **Head Start Health Screenings**
  - Head Start fills a crucial community need by preparing low-income children for their formal education. Staff in area programs are mandated to perform basic health screening for all children within 45 days of the start of the academic year.
  - Head Start Needed:
    - Aid in performing mandatory health screenings
    - More time to devote to their expertise: educational & developmental programs for the children
  - Dartmouth Family Medicine Interest Group wanted:
    - To help meet needs in the community
    - To work in underserved areas
    - To practice physical exam skills
    - To learn creative ways to provide care for young pediatric patients
  - A lasting relationship between local Head Start chapters and Dartmouth Family Medicine Interest Group would meet the needs of both Head Start Staff and medical students. The staff would be relieved of screening duties, while students would be able to practice their physical exam skills on young children in underserved communities. In its inaugural year, 8 students participated in the screening of ~50 children in three communities in Grafton County, NH. Continued improvement and expansion of this alliance will be accomplished due to involvement of interested first-year students and integration of feedback received from surveys by participating Head Start staff and medical students.
- **Monthly Blood Pressure Clinics**
  - Beginning in the fall of 2005, DMS FMIG offered monthly blood pressure screenings at a local grocery store. However, throughout 2005-2006, <20 people were screened per clinic. After discussion at the beginning of the 2006-2007 academic year, members of FMIG decided to pursue relocating the clinics to a larger, more popular grocery store. Through discussion with the in-store pharmacist, an alliance was forged in which clinics could be offered the first Saturday of every month, with a table set up immediately inside the main doors. In addition, the store has warmly welcomed our presence, announcing the clinic over the loudspeaker and offering free, heart-healthy snacks for students to distribute.
  - Over the past six months, we now average >100 community members in each four-hour clinic (4-5 students involved per clinic). Through the continued

presence of the clinics, a group of “regulars” has formed who come for a monthly screening (as well as conversation and a snack). Students are able to spend 4-5 minutes with each patient, practicing counseling skills as they explain the implication of the screening values and offer other “healthy heart” advice. People are asked about their relationship with a PCP, and if they do not have one, they are referred to one of the free clinics affiliated with the medical school or the local community health center. The clinic allows medical students to have a visible presence in the community, and that presence has opened doors for other community service projects.

## **Special Request for Excellence in Community Outreach/Patient Advocacy**

With a desire to increase community outreach by meeting unmet needs, the 2005-2006 planning committee orchestrated monthly blood pressure clinics at a local grocery store beginning in October 2005. Though these clinics remained small (serving <20 community members/clinic), opportunities for counseling, conversation, and increased awareness of the DMS FMIG abounded. During one of these clinics, a woman began to ask one of the medical students if FMIG may be interested in other community service outlets. As the conversation progressed, it became clear that the woman was the director of the Grafton County, NH Head Start programs. She described the purposes of Head Start and the means by which children qualified to participate. Once determined eligible, participating children are required to undergo health screenings within the first 45 days of the academic year.

In this area, these screenings have been performed by teachers who often feel ill-equipped to make recommendations. Not only do the screenings cut into valuable teaching and preparation time for the teachers, but the findings picked up in screenings when communicated by teachers to parents (who are required to follow up on screenings to remain in the program) may jeopardize relationships with families who often don't have the means and are often intimidated to seek additional healthcare visits (especially to ophthalmologists and audiologists). With a collaboration between DMS FMIG and Grafton County Head Start, DMS students would fill this vital need in the community, as well as hone their physical exam skills in children and be able to learn skills often not taught in the first two years (such as audiology screenings).

In its inaugural session in the fall of 2006, 8 students participated in the screening of ~50 children in three rural communities in Grafton County, NH. Prior to the screenings, students met with Head Start staff and teachers to learn more about the program and the required reporting procedures in three training and practice sessions. Over a period of three days, the initial screenings were performed, followed two weeks later by a re-screening for children unwilling to participate or not present at the first screenings. Continued improvement and expansion of this alliance will be accomplished due to involvement of interested first-year students and integration of feedback received from surveys by participating Head Start staff and medical students. In evaluating the survey results, it appears that the collaboration accomplished the desired goals for both medical students and Head Start teachers and was well-received by all parties involved.

In addition to forging this collaboration with Head Start, the 2006-2007 FMIG planning committee sought ways to improve on the ongoing blood pressure clinics established by the 2005-2006 FMIG. The committee chose to attempt to relocate the clinics to a busier grocery store. After conversations with store managers and in-store pharmacists, a new relationship was formed with one of the largest grocery stores in the area. The first Saturday of every month, four students now perform blood pressure screenings for more than 100 community members, as well as offer health and nutrition counseling and referrals to local PCPs or free clinics with openings.

Building on the past traditions of FMIG at DMS and envisioning a future as outreach-minded practicing physicians, this year's DMS FMIG has had the opportunity to both see community needs and participate in the formulation of tangible solutions that fostered collaboration between the medical community and other established outreach organizations for the underserved.