

FMIG Program of Excellence (PoE) Application

Please fill in the following:

1. Number of students in your medical school: 660
2. Number of active FMIG members: 65
3. Check all that apply to you:
 - Our school does not have a department of family medicine.
 - Our FMIG has minimal support from our state chapter.
 - Our school has minimal faculty support (i.e. from Dean, Dept. Chair, etc.)
4. Our FMIG has won this award in the past:
 - YES What years?
 - NO
5. We intend to apply for [Select one]:
 - Overall award
 - Award for Excellence / Innovation in: Promoting Value of Primary Care

INSTRUCTIONS FOR THE PROGRAM OF EXCELLENCE AWARD APPLICATION:

- You must use this template for your application. Please complete all sections (unless #8 does not apply to you).***
- The length of this document should be between five and 15 pages. Any longer or shorter and your application will not be considered.***
- In answering questions #3-6, describe what your FMIG learned from the previous year(s), what enhancements/changes you made or what innovations were developed.***

1. Contact Information:
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2. FMIG Operation: Provide a brief overview of how your FMIG operates, including your leadership structure, mission statement and goal(s), student involvement and retention, and the role of your faculty advisor.

Background

The Boston University School of Medicine (BUSM) Family Medicine Interest Group (FMIG) was started by BUSM students and the Department of Family Medicine shortly after the Department was established in 1997. The FMIG was created with the purpose of increasing awareness and interest in Family Medicine, as well as helping anyone interested in pursuing a career in Family Medicine. All of our activities are open to non-member students so that we might educate all medical students about Family Medicine. We offer a variety of events - seminars, round-table discussions, conferences, dinners, workshops, and more - that may interest students considering areas of Family Medicine. Being involved with FMIG:

- Provides educational and informational opportunities not provided through the traditional medical school curriculum
- Assists students seeking residencies in Family Medicine
- Aids students with opportunities to attend state and national conventions
- Encourages relationships with Family Medicine faculty
- Creates community between FMIG colleagues.

Mission

To inform students at Boston University School of Medicine (BUSM) about Family Medicine as an option for a future career and to foster interest and involvement in the primary care community.

FMIG Goals for 2008-2009

1. Foster interest in primary care among BUSM students.
2. Expand AAFP student membership at BUSM.
3. Increase BUSM ties to regional and national Family Medicine networks.
4. Further vertical integration of MS3 and MS4 students into FMIG activities.
5. Continue opportunities to learn more about Family Medicine established in previous years.

Student Leadership Team

The Student Leadership Team is made up of six students that take on specific roles: Treasurer, Membership Coordinator, Webmaster, Secretary, Student Organization Liaison and Sports Medicine Coordinator. The team makes decisions as a group and shares responsibilities for specific events and activities. The leadership team generally consists of MS2 students and transitions every spring so that past student leaders can train subsequent leaders.

Roles and Responsibilities:

- The Treasurer manages the financial accounts of the FMIG. They plan the annual budget, request funds from a variety of sources, and reimburse other leadership team members for activity expenditures.
- The Membership Coordinator recruits new members and keeps track of AAFP membership applications.
- The Webmaster maintains the FMIG online presence, which includes a blog, an events calendar, and an e-mail newsletter.
- The Secretary creates leadership meeting agendas and maintains meeting minutes



- The Student Organization Liaison coordinates events and maintains communication with other groups.
- The Sports Medicine Coordinator organizes an annual series of hands-on training workshops run by faculty from the Dept. of Family Medicine.

Faculty Advisor

The faculty advisor acts as a liaison between students and the Department of Family Medicine resources. There are several programs (described below) that are administered by the Department of Family Medicine to enrich student experiences in Family Medicine. The faculty liaison helps to coordinate FMIG activities with these programs so as to minimize overlap.

Funding

Sources of funding included:

- \$600 Grant from AAFP Funding Initiative
- \$250 Grant from MassAFP
- \$200 Grant from BUSM Student Organizations Fund
- \$300 Grant from AMSA for National Primary Care Week
- \$50 Grant from AAFP Membership Drive Initiative
- Matched funds (50%) from Student Committee on Medical School Affairs (SCOMSA) for lunch and dinner events

Total Funding Received: \$2800

Interaction with Department of Family Medicine Programs

The FMIG interacts with two programs operated by the Department of Family Medicine: the Family Medicine Student Track (FaMeS) and the Family Medicine Scholars Program. These programs support students at higher levels of commitment to becoming family physicians so that students may choose their degree of involvement in existing opportunities. The three programs are coordinated such that the FMIG requires the lowest level of commitment, the FaMeS has higher, and the FM Scholars Program has the highest commitment expectations.

Family Medicine Student Track (FaMeS)

The FaMeS program provides support and early clinical experience to students who are interested in primary care. These students have the opportunity to participate in many extracurricular experiences that promote learning and community service. In addition to the extracurricular opportunities, FaMeS students have the advantage of integrating several different curricular requirements so that they can have the ongoing contact with and support from faculty in the Family Medicine department.

See website for more information: <http://www.bu.edu/familymed/famest>

Family Medicine Scholars Program

The Family Medicine Scholars Program is designed to be an academic home for students likely to pursue a career in Family Medicine. It gives participating students a deeper involvement and has several required components, including opportunities for students to:

- Serve as a FMIG or FaMeS leader.
- Participate in the summer externship program for MS1 students.
- Participate in a maternal and child health continuity experience.
- Conduct a community or research project
- Teach the MS1 course, "Introduction to Clinical Medicine," in their MS4 year.
- Mentor MS1 and MS2 students at meetings, social events and shadowing.

3. Community Service: What does your FMIG do for the community? [If you have several community outreach activities, list all of them.] Also, if your FMIG collaborates with your school's SNMA chapter, describe your activities here.

Located in the historical South End, Boston University Medical Campus (BUMC) has traditionally served many of the underserved, indigent and disadvantages members of the Boston community. At the School of Medicine, the Office of Enrichment serves to provide service learning opportunities for students, which include opportunities at local community health centers and a weekly outreach van program. Since this Office already provides ways in which students can serve in the community, it was decided that it would be redundant for FMIG to offer community outreach activities this year. Instead, the current leadership team focused on expanding our efforts in the promotion of primary care and exposure to family medicine, which indirectly serves the community by addressing the primary care shortage.

Future opportunities the development of more comprehensive, FMIG-directed community service. Collaborating with our school's strong SNMA chapter in community outreach activities, increasing student involvement in the BUMC-affiliated community health centers, and beginning an AAFP Tar Wars program are three possibilities that could be pursued in the 2009-2010 academic year.

4. Professional Development: What activities does your FMIG do to promote professional and/or leadership development among its members? If you describe a program that has been in existence for a number of years, please explain its *current significance*.

FMIG Leaders

New leaders are selected each March and are typically students who will be MS2 in the following year. A meeting is held in early April between incoming and outgoing leaders. This past year, the all leaders collaborated to organize the final FMIG activity of the year, usually held in late April or early May. On May 14, 2008, Dr. Paula Gardiner from the Department of Family Medicine led a discussion on Dietary Supplements as the last of a series of talks on Complementary and Alternative Medicine. The incoming leaders were responsible for advertising, food and logistics. The outgoing leaders arranged the speaker, room bookings and funding. A similar event is planned for late April or May of 2009 that the incoming and outgoing leaders can organize together.

The incoming leaders were also encouraged to attend the National Conference of Medical Students and Residents in Kansas City during the summer after their appointments and participate in the FMIG-related activities during the conference. In July-August 2008, two of the newly appointed co-chairs attended the conference and brought back many ideas, which were implemented during the 2008-2009 academic year. For one, we created stronger ties to Boston-area FMIGs by coordinating the Ayurvedic Medicine workshop with Harvard, Tufts and University of Massachusetts Medical Schools. We also emulated more intimate faculty-student discussions seen in other FMIGs.

Leadership and professional development is offered throughout the academic year and includes the following:

- All leaders in the school attend a student organization networking meeting in September.
- Public speaking opportunities are available to all the leaders throughout the year
- Leaders obtain technological skills via the FMIG blog, e-newsletter, online registration, web document collaboration.

Leadership and professional development is also offered through the Family Medicine Scholars Program, in which FMIG leaders are encouraged to participate. In the current year, two of the co-chairs and our sports medicine coordinator are participating in the program. See section on FMIG Operation for more information about the Family Medicine Scholars Program.

FMIG Members

- A round table discussion of anti-tobacco advocacy stimulated students' understanding of the scope of practice and ethical responsibility to future patient populations.
- Multiple networking opportunities with faculty are provided throughout the year. This year, a newly implemented Primary Care Mixer offered during National Primary Care Week (Oct 10, 2008) provided leaders with additional opportunities to meet with residents and faculty from primary care departments (See Special Consideration section).
- FMIG co-sponsored the second annual student-driven workshop on Cultural Competence at BUSM to enhance student recognition of personal bias in the physician-patient relationship.

Further leadership and professional development is offered through the FaMeS program and the Family Medicine Scholars Program.

5. Exposure to Family Medicine and Family Physicians: Tell us what your FMIG does to expose its members to family physicians – in your medical school or community – and how the scope of family medicine is demonstrated.

Our FMIG created opportunities for BUSM students to become exposed to the large spectrum of the practice of Family Medicine. From community health care, to global health opportunities, to advocacy, to complementary and alternative medicine, the featured activities gave students a taste of the many possible opportunities available in a career in Family Medicine. Many of these activities were novel for the FMIG and greatly outnumbered the activities of other student groups on campus. A summary of these events is presented below.

Introduction to Family Medicine Panel: OB, Global Health, Women's Health, Sports Medicine, Community Health
August 19th, 2008

The kickoff event for FMIG, "What is Family Medicine", had a great lineup of panelists who demonstrated the diversity of opportunities in practicing family medicine. Over 120 BUSM students came to hear what the panelists had to say, and to enjoy the free Thai food. Dr. Brian Penti is currently a hospitalist in Family Medicine at BUMC. He spoke about his wealth of international experiences in Bolivia, Guatemala, Vietnam, and Cambodia and his current involvement in training programs for doctors in Vietnam. Dr. Alysia Green shared her stories of "sideline medicine" as a sports medicine family doctor and how her passion for sports had a major impact on her career choice. Dr. Michelle O'Brien shared her career path, which began in rural private practice and has led her to BUMC where she is involved in Labor and Delivery and pursuing her MPH in Maternal and Child Health. Dr. Madhavi Shah discussed what life is like in a community based health center in Boston and gave advice to the students on how to key into their personal interests in a career path. Finally we got to hear from Kevin Kless, a fourth year at BUSM, who shared his own reasons for choosing family medicine.

Sports Medicine Workshops
September 2008 - April 2009

The series of workshops on Sports Medicine was coordinated by the FMIG Sports Medicine Coordinator. The interactive workshops were spread out across the school year and included the following topics:

- Intro to Sports Medicine
- Boarding
- Concussion
- Knee
- Shoulder
- Taping/Bracing
- Wrist/Hand & Foot/Ankle

Each of these were limited to a smaller group of students. Dr. Alysia Green, who led these workshops, started each session by giving a brief presentation reviewing the anatomy and common complications of the given topic of focus. Students then paired up and completed exams on each other with guidance from Dr. Green and Sports Medicine Fellows, when available.

Complementary and Alternative Medicine: Ayurvedic Medicine Workshop
October 11-12th, 2009

Family Medicine faculty members are also actively engaged in partnerships with practitioners of complementary and alternative medicine. To showcase these collaborations and research projects, BUSM FMIG, Department of Family Medicine, and Harvard Medical School Holistic Medicine Interest Group co-sponsored a workshop designed specifically for medical students to learn more about Ayurvedic Medicine, a traditional medical system of India. Students from BU, Harvard, and UMass came together for two days of didactic and interactive sessions designed to give a brief introduction to Ayurveda. These sessions featured Dr. H. S. Palep, the only faculty of Mumbai University recognized in both Western Medicine and Ayurveda. Drs. Palep (wife to H.S.), Anusha Sehgal (Ayurveda) and Rob Saper (Western, Family Medicine) also facilitated this unique exchange between medical systems. During the workshop's didactic sessions, Dr. Palep spoke of the overlap of Ayurveda and Western Medicine. He compared, for example, Ayurveda's understanding of information/knowledge inherent to our humanness to the understanding in Western medicine of DNA as the molecular substrate of genetic information. The didactic sessions were complemented by a session on Ayurvedic therapeutic cooking, a guided meditation and a demonstration of the variety of herbal therapeutics used in Ayurveda. The workshop closed with delicious food catered by a local Indian restaurant.

OB Panel
November 10th, 2008

See description below in Section 6: Promoting the Value of Primary Care.

Addiction Medicine
November 20th, 2008

Dr. Scott Davis, BUSM '91 and current Director of Inpatient Medical Services at Betty Ford Center, spoke to more than eighty students, faculty and staff at the medical school. Dr. Davis shared his personal experiences with addiction and recovery, reviewed the biology of addiction and the physiological alterations that take place in the brain of an addict, and clarified important concepts in differentiating patients with tolerance, dependence and addiction in clinical practice. After the talk, Dr. Davis gave out signed copies of his memoir, "Living Jonathan's Life: A Doctor's Descent into Darkness and Addiction" to everyone who attended.

Advocacy Work - Promoting Anti-tobacco
December 8th, 2009

Dr. Alan Blum - the Gerald Leon Wallace Endowed Chair in Family Medicine at the University of Alabama - spoke to BU medical and public health students about the controversy surrounding



university research

funded by big tobacco companies.

His talk, "Universities and the Tobacco Industry: True Opponents or Silent Partners?", focused on the role that student advocates can play in reducing the negative health effects of smoking, especially by directly confronting the tobacco companies that produce, market, and distribute the product. As a resident, Dr. Blum started DOC (Doctors Ought To Care), a national organization focusing on school-based and community wide health promotion, for which he received the first National Public Health Award from the American Academy of Family Physicians (AAFP).

Further coverage of the event can be found from the following media sources:

- "BU forum turns spotlight on tobacco company-funded research -- including its own" (Boston Globe)
- "Tobacco funding slammed" (BU Daily Free Press)
- "Medical Research by the Marlboro Man" (BU Today)

Medicine-pediatrics and FM Primary Care Panel
January 26, 2009

See description below in Section 6: Promoting the Value of Primary Care.

Dermatology Workshop with Central Maine Family Medicine Residency Program
March 19th, 2009

The Residency Program from Central Maine Family Medical Center came to present their residency program, and teach us a few common dermatological procedures seen in family medicine practices. We used pig's feet to practice making elliptical excisions of "moles" and then were taught how to suture them up. The second exercise of the workshop was taking punch biopsies from the pig's feet, and suturing the cut shut. The Maine team also taught us how to use liquid nitrogen as a treatment for warts and superficial lesions, as well as a scraper for shaving off surface growths. The basics of skin cancer were also reviewed.

Psychiatry in Primary Care Panel
March 19th, 2009

See description below in Section 6: Promoting the Value of Primary Care.

6. Promoting the Value of Primary Care: Describe what your FMIG does to tell members about the role of family medicine in enhancing primary care. This could include talking about the patient-centered medical home and the primary care workforce or coordinating activities with other primary care interest groups (internal medicine, pediatrics, OB/GYN or emergency medicine).

One of the axes of FMIG's 2008-2009 mission statement is "to foster interest and involvement in the primary care community." We made this decision in recognition that:

- Family medicine is the only specialty that is entirely focused on primary care
- Only 7% of the Class of 2008 matched into Family Medicine
- Boston University offers strong primary care-oriented residency programs that can provide many vertical resources to medical students:
 - o Boston University Family Medicine Residency Program
 - o Combined Boston Children's Hospital/Boston Medical Center Pediatrics Residency Program
 - o Boston University Internal Medicine Residency Program with a Primary Care Track

At the beginning of the academic year, we created particular goals within this axis of the mission statement. Our goals in promoting the value of primary care this year were:



- To expose all medical students at Boston University to the importance of primary care in providing health care to patients and as a foundation to the health care system
- To foster dialogue, comradeship and community among students already interested in primary care
- To create awareness of current issues in primary care and the US health care system

We accomplished these goals through a diverse set of initiatives described below.

E-Communication Technology

FMIG Website

In July 2008, two of the FMIG co-chairs attended the National Conference of Medical Students and Residents and were so excited about their experiences there that they started a blog website to share their experiences at the conference with other medical students. They blogged about the plenary sessions and workshops that they attended. This website has expanded throughout the academic year to serve as the Boston University FMIG website and serves as a venue for students to be updated about FMIG activities, learn about current issues about primary care and post their thoughts about primary care issues.

- FMIG Activities Calendar: The website provides a calendar with all upcoming FMIG activities. The website also provides summaries and photos of FMIG activities following the event.
- Current Issues: Regular articles about current issues are posted on the blog by FMIG co-chairs. This is a pertinent area since health care reform and debate is a huge area of current public discussion.
- Photo Album: Pictures from FMIG events were posted on the website to reflect the diverse community involved therein.

There have been over 600 visits to the website since September 2008.

The URL for the website is: <http://busmfmig.blogspot.com>

FMIG Weekly Email Updates

In October 2008, we implemented a weekly e-newsletter, "All in the Family," for interested students that summarizes recent FMIG website posts. Students can opt to sign up for this weekly e-newsletter on the website or at FMIG events. Since inception, 70 students have registered for the e-newsletter.

National Primary Care Week

This is the first year that BUSM participated in the National Primary Care Week. We collaborated with our school's American Medical Students Association (AMSA) and received a \$300 grant from the National AMSA. One of the FMIG co-chairs served as the official National Primary Care Week Coordinator. In planning events for each day of the week, we aimed to target a broad spectrum of students from those already interested in primary care to those who normally would not attend other events hosted by FMIG.

Monday October 6: 'Crisis In Primary Care' Dinner Lecture (Attendance: 40)

Aiming to create awareness about current problems in primary care, we kicked off our National Primary Care Week with an innovative lecture on the current 'Crisis in Primary Care'



given by two speakers of very different backgrounds. Our first speaker was Dr. James Petros, the Director of the Boston University General Surgery Clerkship, who gave a surgeon's perspective on primary care and current issues surrounding primary care as they related to the practice of surgery. His catch phrase that we adapted for the rest of the week is: "Why is primary care not sexy?" Our second speaker was Dr. John Abramson, the author of "Overdo\$ed America," family physician and clinical faculty at Harvard Medical School. Dr. Abramson spoke from a family doctor's perspective on the negative role of pharmaceutical companies in influencing the practice of primary care and the implications on current trends in primary care on the health of Americans.

Tuesday October 7: Patient-Centered Medical Home Discussion (Attendance: 25)

As part of our initiatives to create dialogue between medical students, we initiated a series of lunch round-table discussion of which this was the first. The issue discussed was the Patient-Centered Medical Home Model. Dr. Charles Williams, Director of Ambulatory Services in the BU Department of Family Medicine, gave an brief overview of the model. He then opened the discussion to a question and answer session followed by a discussion session on the model.

Wednesday October 8: Primary Care Information Tables, AAFP membership drive and Chocolate Fondue Fundraiser

To target those who would otherwise not attend FMIG events, we had a lunch-time table in the medical school lobby. Through this tabling, we were able to engage in discussions with students otherwise not interested in primary care. Important concepts and ideas that need to be addressed through future FMIG events were brought up. We were also able to sign-up more than 15 students for AAFP membership. We had a fruit and chocolate fondue fundraiser, which attracted students who would not have otherwise been interested in talking about primary care. This is the first time FMIG set up tables in the lobby and we believe this innovative idea with the chocolate fondue machine can be used in future years to promote primary care to a broader ranger of students.

Thursday October 9: No events planned because of Yom Kippur.

Friday October 10: First Lecture in Global Health Lunchtime Series (Attendance: 60)

In collaboration with AMSA, we initiated a series of talks on Global Health featuring different primary care doctors and how they have integrated international health work into their careers. As part of National Primary Care Week, we kicked off the first lecture with Dr. Thea James, an Emergency Medicine Physician, who spoke about her work in Haiti. See section below on the Global Health Series for more details.

Friday October 10: Primary Care Social Mixer (Attendance: 50)

Recognizing that many first and second year students may not know primary care faculty and residents, and third and fourth year medical students interested in primary care, we initiated a primary care social mixer on Friday evening where all these constituents had an opportunity to meet and network. The mixer was held in one of the main conference rooms in Boston Medical Center. There were faculty and resident representatives from Family Medicine, Pediatrics, Internal Medicine and Geriatrics. The first and second year students were able to meet future peers one-on-one and better appreciate why residents and faculty chose to be primary care practitioners. Background musical entertainment was provided by medical students and hors d'oeuvres were served.

Global Health Series in collaboration with AMSA

We initiated a series of lunch lectures on Global Health in collaboration with AMSA that featured different primary care doctors. Each doctor discussed their particular area of international work and shared how we can become more involved with international work as students. Students were able to appreciate how primary care doctors stand in a unique position to advocate for international health and serve globally.

Friday, October 10: Dr. Thea James, Emergency Medicine in Haiti (Attendance: 60)

Friday, October 24: Dr. Brian Penti, Family Medicine in Bolivia (Attendance: 60)

Tuesday, December 16: Dr. Alain Montegut, Family Medicine and Global Health Primary Care Initiative, and Dr. Menorath Sing, Vice Minister of Health in Laos and Dean of the Medical School in Laos (Attendance: 25)

Friday, November 21: United Kingdom (UK) Primary Care System (Attendance: 25)

Dr. Rodger Charlton, Director of Undergraduate Medical Education at Warwick Medical School in England, led a lunch time discussion about the UK primary care system. We took advantage of Dr. Charlton's visit to Boston in order to address the heightened interest in other health care system models following the USA presidential election. He used an interactive case-based discussion method that introduced the infrastructure of the United Kingdom system. Many students showed interest in the UK system and the possibility of implementing parts of the UK system in America. This was also the first time a UK physician was hosted by FMIG at BUSM.

Collaborations with Other Primary Care Student Interest Groups at BUSM

In promoting various areas of family medicine and in an attempt to develop collaborations with other primary care student interest groups at BUSM, we worked with different primary care groups in hosting events. Coordinating activities with other primary care groups attracted more students to events, helped with funding and drew greater awareness of the diversity of family medicine.

October 14, 2009: Interactive Geriatrics Workshop (Attendance: 15)

Dr. Won Lee, a geriatrician at Boston Medical Center, led an interactive workshop on geriatrics. Students tried on age-modifiers such as vision-blurring glasses that artificially gave them physical disabilities so that they could better appreciate what their geriatrics patients felt. She also led an interactive discussion on geriatrics as a specialty.

November 10, 2009: Obstetrics Panel (Attendance: 40)

A lunch-time panel was held consisting of three health care providers who participate in different roles in providing obstetric care. The panel consisted of Dr. Michelle O'Brien, a family doctor, Dr. Michelle Sia, a obstetrician/gynecologist, and Susanne Kistin, a certified midwife. All three panelists work at Boston Medical Center. They discussed the unique collaboration in the BMC Labor and Delivery where family medicine and OB/GYN share patients, and work side-by-side delivering and caring for both prenatal and postpartum women. They also answered many student questions about the different roles each profession plays in the care of patients.

January 29, 2009: Medicine-Pediatrics and Family Medicine Primary Care Panel (Attendance: 80)

In collaboration with the Pediatrics Interest Group, we hosted a large evening panel of family doctors and combined medicine-pediatrics doctors. The panel consisted of residency directors from Harvard MGH's med-peds program and Harvard Brigham Women's/Children's

med-peds program, family medicine faculty from BMC, residents from Harvard MGH and a senior medical student applying to Family Medicine. Many students who attended were unfamiliar with combined medicine-pediatrics programs and were excited about the possibility of med-peds as a primary care track. Also discussed were the differences between med-peds and family medicine.

March 19, 2009: Psychiatry Panel (Attendance: 45)

Dr. Larry Culpepper, Chair of the Family Medicine Department, and Dr. Doug Hughes, Clerkship Director for Psychiatry, led a lunch-time discussion on the role of the primary care physician in mental health care, and the importance of collaboration between psychiatrists and PCPs. Dr. Culpepper spoke about research demonstrating the importance of treating depression in improving health outcomes for patients with diabetes and heart disease. In addition, Dr. Hughes highlighted the necessity of teamwork between psychiatrists and PCPs to minimize harmful drug interactions as well as to monitor the adverse systemic side effects of some psychiatric drugs and conversely the adverse psychiatric outcomes related to systemic treatments. Overall, Dr. Culpepper and Dr. Hughes highlighted the need for clinicians to be aware of mental illness and its impact on patient functioning, and for insurance companies to ensure parity for both mental health and systemic diseases.

7. Measures of Success: What programming elements has your FMIG considered successful? How do you track measurable improvements? This could include increasing membership, showing improvements in Family Medicine match rates among active FMIG members, or receiving recognition from your medical school/state chapter/AAFP.

How successful were we in meeting our FMIG Goals for 2008-2009?

- 1) Foster interest in primary care among BUSM students.
 - a) 65 active FMIG members
 - b) Increased online presence
 - 70 people subscribed to e-newsletter with 39% open rate (vs. 18% for non-profit industry)
 - 661 visits to the website
 - 60 blog posts
 - c) Sustained Family Medicine residency match rate: 9 (2009) vs. 10 (2008)
 - 7 of 9 matched with their first choice (2009)
 - d) Increased interest in family medicine residency in MS3: 18 MS3 students have expressed interest in applying to Family Medicine residencies.
- 2) Expand AAFP student membership at BUSM.
 - a) Total Student members recruited August 1, 2008 – February 28, 2009 = 39
 - b) Percentage increase in Student membership August 1, 2008 – February 28, 2009: 5.73%
 - c) Total AAFP Student Market share on campus: 18.21%
- 3) Increase BUSM ties to regional and national Family Medicine networks.
 - a) Two FMIG leaders and 6 FMIG members attended National Conference in July 2008.
 - b) Two FMIG leaders and 6 FMIG members attended Society of Teachers of Family Medicine Northeast Conference in October 2008.
 - c) Sebastian Tong (MS2), current FMIG co-chair, is serving as Region IV Coordinator
 - d) Chris Simons (MS3), former FMIG co-chair, is serving as the Student Director of the Massachusetts AFP Officers.
- 4) Further vertical integration, especially of MS3 and MS4 students, into FMIG activities.
 - a) Incorporation of MS4 student into Introduction to Family Medicine Panel and Med-Pediatrics/Family Medicine Panel
 - b) Networking with Family Medicine Residents at Primary Care Social Mixer
 - c) Inclusion of BUSM Alumni in events

- d) More evening events so that MS3 and MS4 students can attend
 - 5) Continue opportunities to learn more about Family Medicine established in previous years.
 - a) Family Medicine Panel
 - b) Sports Medicine Workshops
 - c) OB/GYN Panel
 - d) Central Maine Residency Program Collaboration
8. Special Consideration for First-Time Applicants or Those Wanting to Show Significant Enhancement in Programming, Membership or Operation: If your FMIG has never submitted an application for this award, or if your FMIG has made significant strides in a particular area, tell us why you think you should be considered for this award. [If this does not apply to you, you do not need to fill out this section.]

This is the first time our FMIG has submitted an application for the PoE award. The application is one part of a package of programmatic enhancements that are meant to inform students at BUSM about Family Medicine as an option for a future career and to foster interest and involvement in the primary care community. We believe that Family Medicine is uniquely positioned to meet the challenges in health care reform in the United States of America and that advocacy in the context of medical education can help to better prepare our colleagues for the environment that awaits us in the practice of medicine in this country and around the world. For this reason, we significantly increased the number and diversity of student initiatives in primary care at BUSM. Building off of last year's successes, we implemented the following innovations in the 2008-2009 academic year:

- 1. Enhanced marketing with web campaign
 - a) FMIG Blog of events and current issues in primary care
 - b) "All In the Family" e-mail newsletter
 - c) Online events calendar
- 2. Established new partnership in National Primary Care Week
 - a) Setup a kick-off talk on "The Crisis in Primary Care"
 - b) Organized Primary Care Social Mixer
 - c) Coordinated Discussion on "Patient-Centered Medical Home"
 - d) Promoted a diversity of event formats: lecture, round-table discussion, networking function, tables in lobby
- 3. Enhanced Vertical Integration: Efforts to attract MS3 and MS4 student participation in FMIG activities by hosting more evening events and featuring topics more relevant to their interests.
- 4. Built new partnerships
 - a) AMSA: Global Health Series
 - b) Harvard, UMass, and Tufts Medical Students: Ayurvedic Medicine Workshop
 - c) BUSM Alumni Association: Addiction Medicine Lecture
 - d) BU School of Public Health: Anti-Tobacco Advocacy Discussion
 - e) Department of Psychiatry: Psychiatry Panel
 - f) BU Pediatrics Interest Group, Harvard MGH Combined Medicine-Pediatrics Program and Harvard Brigham-Women's/Children's Combined Medicine-Pediatrics Program: Family Medicine and Medicine-Pediatrics Primary Care Panel
- 5. Promoted awareness of the spectrum of Family Medicine
 - a) Other Health Care Systems: UK Primary Health Care System Discussion
 - b) Complementary and Alternative Medicine: Ayurveda Workshop
 - c) Global Health: Global Health Series
 - d) Psychiatry: Psychiatry Panel
 - e) Addiction: Addiction Medicine Lecture
 - f) Pediatrics and Internal Medicine: Family Medicine and Medicine-Pediatrics Primary Care Panel
- 6. Expanded sports medicine workshop series (4 to 7 workshops)



Thank you for your submission!