

FMIG Program of Excellence (PoE) Application

Please fill in the following:

1. Number of students in your medical school: 246
2. Number of active FMIG members: 151
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? 2001 - 2008
 - NO
5. We intend to apply for [Select one]:
 - Overall award
 - Award for Excellence / Innovation in: [Select one]

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.

The FMIG at East Tennessee State University (ETSU) Quillen College of Medicine is the largest student organization on campus, with 60% of first and second year and 34% of third and fourth year medical students participating. The mission of FMIG is four fold: 1) to promote family medicine as a specialty 2) to educate students about the multitude of options available to them as family physicians 3) to develop leadership skills and 4) to impact the community in positive ways.

Our organization has multiple elements that it employs to accomplish its goals of promoting family medicine and enriching medical education. This includes monthly luncheon presentations on a variety of topics, skill-building workshops hosted at our regional residency programs, operating multiple community service programs, sponsoring involvement in the TAFP and AAFP, assisting upper level students in preparation for residency application, as well as multiple other special events. The FMIG at Quillen College of Medicine plays an integral role in student life and activity.

First year recruitment is important to FMIG's large and active membership. The goal of establishing a four-year club begins with entering students, and new medical students learn about FMIG before they ever arrive at school. A few weeks before school begins we mail incoming students an invitation to the Freshman Welcome Dinner and include a packet of information detailing the meeting topics, workshops, and activities for the upcoming year.

Servico Cum Laude is a unique student led program for all medical students in their 3rd and 4th year that are interested in family medicine or primary care. The purpose of this leadership development honors program is to provide career support for students as they embark upon their clinical years, leadership opportunities at the local, state and national level, and a network of support for those who want to actively direct their education by designing their own senior elective, leading a skill-building workshop for the first and second year students, or finding a mentor/model of their choosing. Many of our senior students are already acting as mentors at our regularly scheduled workshops, teaching underclassmen about instrument use and offering information about Family Medicine electives. At a time when most medical students truly need career guidance, mentoring and support to ensure a smooth transition from the classroom to the hospital and from being a student to resident, Servico cum Laude is fulfilling a critical need.

We have members from all four years that attend and participate in FMIG activities on a regular basis. The large percentage of participation reflects the dedication, work and passion of the student leadership, faculty, and staff. We provide opportunities for students to enhance their learning environment through improving their skills and providing informative lectures about practicing medicine after school and residency. In addition, through our workshops, lectures, and dinners, students have the opportunity to meet and interact with Family Physicians in the community.

Of utmost importance in the structuring of our FMIG is the continuation of leadership and seamless flowing of programs from one academic year to the next. FMIG is primarily managed by the second year student officers who take up their roles in the spring of their first year after their selection in March. This involves planning and operations for the upcoming academic year. Due to the broad range of activities in which the FMIG is engaged, it is necessary to have multiple officers and coordinators. Our structure is a modified President-Elect system with the following positions:

1. Immediate Past President (M4)
2. President (M3)
3. President Elect (M2)
4. President Elect Ambassador (M1)
5. Vice President (M2)
6. Vice President Ambassador (M1)
7. Servico cum Laude Coordinators (M2, M3, M4)
8. Tar Wars Coordinator (M2)
9. Tar Wars Ambassadors (M1s)
10. Rural and Community Projects Coordinator (M2)
11. Rural and Community Projects Ambassador (M1)

12. Church Hill Free Clinic Coordinator (M2)
 13. Church Hill Free Clinic Ambassador (M1)
 14. Migrant Outreach Coordinator (M2)
 15. Migrant Outreach Ambassador (M1)
 16. Family Medicine Partners Coordinator (M2)
 17. Family Medicine Partners Ambassador (M1)
 18. Third-year Class Representatives (3)
 19. Fourth-year Class Representatives (3)
- Officer organization is discussed further in the Professional Development section.

Communication is another of the strong assets possessed by the ETSU FMIG. Over the years, the officers have realized the importance of utilizing various methods of spreading the news about the different events, opportunities, and seminars to the student body. This has caused us to utilize all of the different methods listed below to insure an ever growing enrollment into the FMIG at ETSU. Starting this year, FMIG spear-headed efforts to communicate with all student interest groups in planning so as to prevent over-lapping schedules and maximize attendance for all programs. These include: A campus wide club calendar developed by all club leaderships that lists upcoming events for all clubs in one location; an FMIG Bulletin Board with detailed description of club activities, leadership contact information, upcoming community events, and available resources; event flyers in strategic locations and student mailboxes that detail upcoming meetings and events; bulk email distribution to members of FMIG, Servico Cum Laude, Advisory Board, special interest groups, and classes, etc; and live announcements made by the leadership team in the M1 and M2 classrooms with brief question and answers.

ETSU's FMIG is privileged to have the support of three faculty advisors and the Director of Rural Programs. These are Forrest Lang, MD, Director of Medical Education and Vice Chairman of the ETSU Dept. of Family Medicine; Reid Blackwelder, MD, Program Director for ETSU's Kingsport Family Medicine Residency Program; Jason Moore, MD, Assistant Professor at ETSU's Kingsport Family Medicine Residency Program; and Joe Florence, MD, Director of Rural Programs. All of our advisors work diligently as mentors to the leadership team and the members of FMIG. Their presence at monthly meetings, workshops, socials and other FMIG functions is greatly valued by the students. In addition, they work to increase student involvement on the state and national level by sharing information concerning the TAFP, AAFP, STFM, and NHSC. Our relationship with our advisors has allowed us to adapt to changes quickly and to continually expand and improve our club. Dr. John Franko, the Chairman of the Department, strongly supports our FMIG with generous funding, attendance at meetings, an open door policy, and one-on-one lunches with rising seniors. In addition, he and his wife host our annual spring picnic.

We are also extremely fortunate to have Kathy Kunisch, a Program Development Coordinator in the department, who is another vital key to the functioning of our FMIG. Every aspect of FMIG is important to Kathy and the energy and enthusiasm she brings to her work is incredible. Kathy's duties include secretarial, logistic and organizational responsibilities, however, she goes above and beyond that by providing much-appreciated home cooking at many of our meetings, a 24-7 hotline for support and serves as our resident photographer

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.
A list of our community service programs:

Tar Wars ®;(Jessica Albright, Coordinator; Reema Patel and Heather Wright, Ambassadors)

Tar Wars ® is the most popular project for student participation. The M1 students provide the majority of the volunteer presentations and thoroughly enjoy their experience, as it is both entertaining and educational for both the elementary and medical students. The participants deliver a one hour anti-tobacco program to fourth grade students across the entire Washington

County School System. The students, teachers, and administration look forward to the fall semester every year in anxious anticipation for the Tar Wars® presentations. Yearly planning for Tar Wars® begins early in the fall semester to allow for maximum participation and organization. During the first month of the fall semester, we hold an introductory meeting to allow incoming potential presenters to begin to get comfortable with the materials and process of Tar Wars® as they review presenter packets and material and watch/participate in a sample demonstration. Also during this meeting, the M1 students are consulted on the best dates for presentations to be scheduled between mid September and mid November.

Once a schedule has been set, the coordinator contacts Washington County School Health to assure presentations are scheduled with every fourth grade class in Washington County at the ten respective elementary schools. The M1 students wishing to participate are then able to sign up for the specific dates and times with a minimum of two presenters per classroom. Presenters collect their supplies from the student mailroom, carpool to the school, and then lead an energetic anti-tobacco presentation for the scheduled classes. They also explain the rules for participation in the Tar Wars® poster contest and supply poster board to ensure that every child has the opportunity to participate. Poster contest winners from each school are presented a personalized certificate and ribbon for first, second, and third place along with five honorable mentions by the medical students in December.

The presentations contain several different teaching exercises and demonstration activities. The first activity is designed to teach the children that the majority of people do not smoke or use tobacco. For example, a presenter may ask the class, "How many adults out of 100 smoke?" The majority of the time, the class will unanimously respond, "99 or 100." The presenter will then explain to the children that the actual number or percentage is around 20 along with explaining to the kids that it can't be 99 or 100 because the presenters do not use tobacco and neither does their teacher. The kids are often enlightened to learn that it is always a minority of people that smoke in each respective age group.

The next activity continues with asking the students about the negative effects of smoking or tobacco use. Often they will respond with ideas such as yellow teeth, wrinkles, smelling bad. We then educate them about things such as difficulty breathing, coughing, cancer, and high expenses. The discussion of the expenses related to smoking lead into the next exercise during which a volunteer is called to the board to write up the math involved with a tobacco habit of one pack a day at four to five dollars per pack. Once the end total of one year's use is calculated, the children are amazed at the amount of money that has added up. We then ask them what they would rather spend this money on and receive enjoyable answers such as a house or a car, but often more realistic ideas of clothing, toys, and games.

After discussion of the financial aspect is complete, we give the kids a hands-on opportunity to simulate the respiratory effects of cigarette smoking. Each student receives a plastic drinking straw with any students having asthmatic difficulties being excused from participating. The students are instructed to hold the straw in their hand at their side and jog in place for about twenty to thirty seconds. We then ask them if that was difficult. We always receive a resounding "NO!" We then have the kids to place the straw in their mouth and pinch their nose closed and repeat the same exercise while only breathing through the straw. Once again we ask if this was difficult, and we usually receive a loud "YES!" The children are excited to know first-hand how problematic tobacco use can be.

We then discuss the idea of peer pressure and other reasons that people may give for smoking or using tobacco. To aid in this discussion, we form small groups with the students and hand out tobacco advertising and ask the students to describe what seems wrong in the picture based on what we have talked about so far. For example, one advertisement may have a beautiful young woman with sparkling white teeth, and the students often relay to us that if she really smoked that her skin would be wrinkled and her teeth would be yellow.

At this point it is time for another hands-on activity in which we select six volunteers and give them small drinking cups filled with water and give three of them coffee stirrers and the other three regular drinking straws. We explain how the group with the large straws represents the big healthy lungs and the stirrers represent the unhealthy smoker's lungs. We ask the class to

determine who will be able to win in a race to drink their water. Unanimously they correctly decide the group with the larger straws.

The final exercise includes a demonstration during which water is poured through a clean coffee filter as we explain that this is the healthy long. Next, we pour a little bit of molasses onto the filter (the students often believe this is tar) and pour more water. The students watch as the water moves much slower and becomes dark on the other side of the filter. They are able to visually understand how a buildup of “tar” on their lungs could potentially affect their breathing. All of the activities and demonstrations are conducted in hopes to improve the student’s understanding about the dangers of tobacco use and empower them with knowledge to hopefully prevent their use of tobacco products. Also, we make it a point to emphasize that although tobacco use is not good for them, it does not make the people that use tobacco bad. We want them to understand that their parents or grandparents are not bad people if they use tobacco. Rubbermaid® totes are used each year and restocked with all of the supplies that presenters need in order to complete each presentation. This includes the appropriate number of straws, cups, filters, molasses, etc. as well as scripts for the presenters, a list of presenter responsibilities and student activity sheets. The totes also contain maps and directions to each school, contact information for the school and the school health coordinator, and information to be delivered to the teachers regarding the poster contest. Upon completion of the program at a particular school, presenters return the totes to the medical school and restock what was used so that the totes are ready for next presenters. At the medical school, a supply tote is kept with extra supplies for restocking.

This year’s Tar Wars® program was an overwhelming success for both the Washington County fourth graders and the medical student presenters. We had an increase in poster contest participation from approximately 100 to over 300 poster entries this year. We also had over one third of the M1 class participate in presentations and the awards ceremonies. Tar Wars® is a great opportunity for medical students to remind themselves of why they are working to become a physician in the mix of all the book work and studying.

Church Hill Free Clinic

(Mimi Shaffer, Coordinator ; Cooper Warren, Ambassador)

Since the spring of 2004, student members of FMIG at ETSU have been fortunate to have the opportunity to work alongside local physicians at the Church Hill Free Medical Clinic in Church Hill, Tennessee. This particular clinic offers free medical care and spiritual counseling to uninsured and underinsured people in Church Hill and the surrounding communities. With the assistance of Drs. Robertson and Schilling, the clinic was established by Of One Accord ministries, a faith-based community organization. Although the clinic was originally housed in the same facility as a food pantry, the patient load of the clinic has increased dramatically from the original 75 patients seen in the clinic’s first year of operation. In its last annual report from 2008, Of One Accord ministries reported that 478 patients were seen with a total of 1,185 office visits, \$77,000 in free medications were dispensed, and \$96,325 in laboratory testing was provided for patients. Including contributions from FMIG members at Quillen, over 2,000 hours were donated by volunteers in the community. In order to accommodate this rapid growth, the clinic recently moved to a larger facility. This transition was made possible by numerous donations and several volunteers who toiled to ensure that the new site could better accommodate the needs of their patients. This new facility boasts more complete exam rooms, a larger pharmacy, increased space for operations and patient comfort, and greater privacy for counseling. The clinic’s expansion has allowed for the accommodation of their rapidly-growing patient population as well as for increased opportunities for medical student involvement.

Although the clinic is sponsored by Of One Accord Ministries, a faith-based organization, the clinic relies almost entirely on volunteers for its continued operation. In addition, local physicians and other medical personnel donate medicines and lab services in order to meet the needs of the clinic’s patients. Several medical volunteers serve the clinic, including local physicians, nurses, and pharmacists. Moreover, translators volunteer in order to assist the volunteers in communicating with the large number of Hispanic individuals utilizing the clinic. The clinic meets every second and fourth Tuesday and Thursday of each month from 5:30pm to 8:30

or 9:00pm. Up to thirty patients are seen by the physicians each night; however, several other clinic patients arrive in order to have their medications refilled, free of charge, at the clinic. Each patient is offered time with a spiritual counselor before leaving in order to assist the patient in improving their overall well-being. The role of medical students at the clinic varies; however, typical experiences include the opportunity to shadow doctors, to practice interviewing and physical exam skills, and to observe the realities of a working medical practice. Additionally, many medical students assist with Spanish translation in the clinic. On a typical evening, the majority of students shadow local family physicians and other specialists, an experience that allows students to participate in the patient interview and physical exam and to observe patient-doctor interactions. Occasionally, when certain areas of the clinic are understaffed, particularly in the dispensary, students eagerly volunteer to assist and to subsequently gain additional knowledge in that particular realm.

Typically, two to three medical students are in attendance at each clinic. Traditionally, these have been a group of either all first year (M1) or all second year (M2) students. In the fall of 2007, a change was made so that at least one M1 and one M2 student attended each clinic. The purpose of this particular adjustment was to foster stronger relationships between the medical school classes and to bring varying levels of medical experience to the clinic. In the fall of 2008, this practice proved incredibly successful, not only in building relationships between peers, but also in assisting the physicians with their newly increased patient load. In particular, second-year medical students were often given the opportunity to conduct the patient interview and physical examination, followed by the presentation of the patient to the physician in the same manner that a medical student might present a patient to an attending physician during teaching rounds. In addition to strengthening personal and professional relationships with the physicians, this opportunity offers additional educational experience for every student that attends and may ultimately increase the clinic's efficiency in providing patient care. Additionally, several specialist physicians have volunteered to see patients on selected clinic dates, allowing students to develop a greater understanding of these aspects of medicine. Since last spring, Dr. Ed Griffin has also been holding a diabetes screening and education workshop every Thursday afternoon at the clinic office. During this particular clinic, M3 and M4 students are involved in counseling patients concerning strategies for management of their diabetes as well as performing laboratory tests to monitor the patients' current state of glycemic control. In particular, this specialized clinic has allowed both patients and medical students to gain a greater understanding of the management of diabetes. In addition, this workshop has allowed the numerous diabetic patients of the clinic to form a more effective support system and to feel a greater sense of individualization of their care.

The Church Hill Free Medical Clinic continues to be a vital source of medical care for the community as well as an invaluable educational experience for medical students. The patients of the clinic receive high-quality care in a supportive atmosphere and the medical students gain practical experience that helps to solidify their basic science knowledge. The ETSU Quillen College of Medicine FMIG is honored to have the opportunity to participate in such a significant and accomplished community outreach program.

Family Medicine Partners (T.J. Seneker, Coordinator; Jeremy Pickell, Ambassador)

Family Medicine Partners is a program involving all levels of medical students and residents as well as attending physicians. The program began in the spring of 2007 when the leaders and members of FMIG felt that they were missing out on one of the most valued experiences of Family Medicine. They felt that they were unable to experience the long, enduring relationship and consistency with patients and their families that is the greatest opportunity of the practicing Family Physician. The relationship and comfort that is established between a Family Physician and their patients and patient's families is what sets them apart from other specialties and care given by different physicians. In addition, there was a desire for more interaction between medical school classes, residents, and physicians in the way of collaborative care.

The program involves a group of medical students from all different classes and PGY2 and PGY3 residents who see a patient in home visits and office visits in order to follow their health and care more closely. The resident identifies a patient with chronic illness who they believe may greatly benefit from frequent visits from medical students at their home. The

students will organize visits at least once a month or more throughout their years in medical school or as long as it may be necessary to the patient. The students act to provide support, follow-up visits, and collect specific information that the resident requests. After each visit, a note is sent to the resident, the rest of the group, and the one of the attending physician advisors. The information will be entered into the patient's medical records and more severe problems can then be addressed in an office visit. In addition, this allows for the resident the ability to assess how the patient is doing without the patient coming to the clinic.

In its second year of operation, the Family Medicine Partners program is continuing to follow patients that were involved in the program last year, as well as, adding new patients to this service. The residents expressed the issues they would like to work on with their patients within their individual groups of medical students. For example, one group following a new diabetic mellitus type 2 patient wants the students to work on health literacy and chronic management of diabetes during their home visits with the patient. In this case, the resident asked us to talk to the patient about daily medication use and discuss dietary habits which are recommended for insulin resistant people. In addition, we performed some basic physical exams such as heart, lung and ophthalmic exams, as well as more specific exams for diabetic patients like sensory foot checks during our home visits. The visits usually last from 45 minutes to one hour. Afterwards, the students type up a note of our visit and send it to our respective resident to add in the patient's chart. Yet, probably the most beneficial aspect of the program are the patients' appreciation of a home visit and the time spent listening to their concerns, which is quite unique in modern medicine.

Another example of this year's work involves a patient suffering from severe mental illness. A member of the group attended their patient's office visit last week and was able to be there for her interaction with the resident and the psychiatrist. The patient suffered from major depression in addition to many other chronic medical conditions. She recently had a really difficult couple of weeks and no longer had a phone that she could use. In this instance, the resident physician was delighted to know that the students were going to see her the very next weekend so that we can assess her medical problems and more specifically her mental status especially after changing her medication. Also, the students are able to see the living environment and the habits of the patient that can be helpful to the resident when considering treatment and counseling.

The visits are a great experience for the students and allow them to develop communication and exam skills as well as note taking and reporting skills. In addition, the visits allow the students to have a meaningful patient encounter and to develop a relationship with a patient that can go beyond one visit one day. The benefits for everyone involved in the program are tremendous and we believe that it provides a wonderful opportunity for everyone involved. The program allows one to experience what family medicine is about: patients and relationships.

We are excited to continue this program and the possibility to expand the program to involve more medical students and more patients. Together we can provide better care for patients, more comprehensive information for the residents, and an enhanced learning environment for students.

Migrant Health Care (Kristin Cardona, Coordinator; T.J. Seneker, Ambassador)

As the Hispanic population in East Tennessee grows, so too has FMIG's commitment to facilitate ties between local health care providers and region's migrant population. During the past academic year, FMIG began a relationship with Rural Medical Services, a consortium of five federally funded clinics geared toward serving the underserved in rural Tennessee. FMIG's interest in a partnership with RMS was predicated on three basic tenets: 1) medical students at all levels have an interest in obtaining patient contact, guided clinical exposure, cross cultural experience, and understanding of area needs, 2) faculty and residents in significant numbers have a personal interest in the migrant population and 3) the Family Medicine Residency Programs and the College of Medicine are interested in avenues for training clinicians in the context of community. This year's partnership with RMS has been a success in all three regards.

RMS has a special dedication to migrant health care, as its Migrant Health Program provides bilingual primary care services, including obstetrics, pediatrics, and family medicine, with a

special emphasis on promoting basic medical education, to the Spanish speaking population within a five county radius. As a part of these services, FMIG partnered with RMS during the growing season to send medical students to attend outreach/screening clinics hosted throughout the growing season. Over the course of the summer, five clinics were held at area farms, and ETSU faculty and representatives from M1-M4 classes were in attendance. While faculty aided RMS staff in seeing patients, students were able to participate in care-giving on several fronts. M1 and M2 students were able to shadow clinicians and practice basic physical exam skills, such as taking vital signs and eliciting patient histories. FMIG provided an opportunity to M3 and M4 students to receive credit for participation from their family medicine rotations, and so several upperclassmen were able to attend the clinics, seeing patients and formulating a treatment plan monitored by attending physicians. Bilingual students also provided an asset to RMS staff in expanding the number of available translators. Not only was this a beneficial practical experience for the students, but the migrant workers also clearly enjoyed communicating their personal cosmivision, in their own language, to interested students. ETSU's Rural Track Program further highlighted this emphasis on communication and community via the summer clinics. Rural Track students from medicine, nursing, and master's level in public health joined FMIG in participating in the clinics, gathering information for an intervention targeting the occupational health of the local migrant population. Although the clinics have provided the greatest avenue for interaction with the Hispanic population, FMIG's ties with RMS are not limited these summer events. Throughout the year, involved students have been called upon by the RMS to facilitate doctor's appointments for non-English speaking area migrants. It is our hope that these ties between the medical and migrant communities will continue to grow and develop, enhancing the life experiences of students, health care professionals, community leaders, and the migrant population.

Rural Tract and Community Care (Stuart Winkler, Coordinator; Andrew Smith, Ambassador)
Student Interest Group and Activities Calendar:

FMIG's size and level of student involvement places it in a position of leadership among Quillen's other specialty-specific student interest groups (eg Internal, Emergency, Pediatrics, etc.). This past year, the Rural and Community Projects Coordinator was tasked with coordinating all twelve of the student IGs' meetings and activities. Methods used in coordination included periodic meetings with all IG presidents and Quillen faculty, establishment of an online calendar using Google Calendars (accessible to all students through the school email account), and posting of a physical calendar at the school. Thus far, this new initiative has reduced scheduling conflicts and made students more aware of the opportunities available to them through the student IGs. Next year and in the future, the IG Coordinator position will be an appointed position by the officers of the second-year class. This will allow the coordinator to devote more time to the position and remove any potential conflict-of-interest that could arise out of having an FMIG officer coordinate all interest groups. This valuable position, however, was able to be realized through the existing structure of FMIG and its leadership among other interest groups.

Family Medicine Division of Rural Programs:

Quillen College of Medicine has a strong commitment to providing healthcare to rural Appalachia including a unique primary care rural tract program and opportunities to several rural medicine experiences every year. In addition, FMIG students have access to fund from the Rural Medicine Grant through Dr. Joe Florence, the Director of Rural Programs. Each year, the Division of Rural Programs provides free care at healthfairs in Saltville and Troutdale, Virginia where first and second year medical students can assist physicians, nurses, and senior medical students in the care of underserved patients. This allows for medical students to gain clinical experience early in their medical education. In addition, this opportunity allows the M1 and M2 medical students to work with other medical students in a collaborative way which may enhance the learning environment. Students also participate in other clinical opportunities in the community. For example, some students displayed and discussed disease processes using

organs from the Homecoming Weekend and Family Fun Festival and at Elementary schools in the area. anatomy lab at ETSU's

In addition, students become involved in international health that has strong ties with the rural program at ETSU. This past October, second year student Kristen Cardona was able to travel to Guaranda, Ecuador and work with Ecuadorian physicians to learn more about diseases common to that area.

The Divisions of Rural Programs also hosts social dinners for medical students and their families every year. The dinners are full of questions as well as casual conversation that allow the participants to communicate out of the usual clinic setting. These dinners provide a unique opportunity for the medical students to interact with each other and the physicians who share a passion and commitment to rural family medicine.

University school Science Fair:

Each year, students from kindergarten to ninth grade create science projects and display boards in either the physical or biological sciences fields for the annual science fair. Ten FMIG volunteers participate as the judges for these science projects and analyze the displays. The judging can sometimes be very difficult as all of the projects are very creative and well organized. Through this opportunity, the FMIG participants are able to serve as role models and encourage young student's interest in science while also promoting the importance of science today.

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*.

Professional development within our FMIG is a function of the multiple offices we require for our operations. Upperclassmen who have held the positions prior, faculty advisors, and our Program Development Coordinator, Kathy Kunisch all provide supporting roles to group leadership. Following is a description of the structuring of our offices, their roles and importance, and their development.

With the goal of smooth continuation of leadership and programs, there was the creation of officers in each class level. This year we streamlined some positions by combining some and eliminating others. FMIG officers are selected in the spring semester of their first year by the outgoing M-2 officers and confirmed by the student body. M-1 ambassadors are selected by their class and confirmed by the current officers in the fall. The positions of Immediate Past President and President are assumed by the ascending President Elect each subsequent year. This progression of leadership spread across four classes provides on-going stability to the organization and serves as an excellent leadership development program.

M-2 Officers: Within a couple weeks of the FMIG monthly March meeting, new officers gather with the rising third year students who they are replacing for a formal "Passing of the Torch". This meeting provides the opportunities for the successors to each position to continue the progress made in the previous year or to learn where improvements need to be made in the upcoming session. Incoming officers are able to bring their new or different ideas to this gathering and receive input and advice from those leaving the position. In this process the new officers develop a working relationship with one another and gain contact with the leaving officers that they can use as advisors if needed. In April and May, the newly elected officers meet to plan all the activities for the upcoming year and discuss the details with the club's faculty advisors. These planning sessions include deciding on monthly lunch topics and speakers, evening skill-building workshops, possibility of adding or changing current service projects, networking opportunities with other student interest groups, special events, and put together arrangements for the annual freshmen welcome dinner in July.

M1 Ambassadors: Incoming first-year students are nominated in the fall of the year to serve as class representatives for a particular office or project. These positions offer early opportunities for leadership involvement not seen in other interest groups. While in these positions individuals are able to learn about the coordination of specific service projects or assist

the M-2 officers in their duties. These individuals maintain information flow between their class and the officers, help coordinate M-1 volunteer lists in projects, and promote class involvement. Ambassadors may also act in the place of the Coordinator should they not be available or able to

perform their duties. Since ambassadors gain so much experience with specific projects, they become natural considerations for the positions to which they were ambassadors, although they are not obligated or guaranteed to these positions.

M3 and M4 Class Representatives: Two rising third year class representatives are nominated in March at the monthly lunch meeting and two rising fourth year class representatives are nominated at the annual Servico Cum Laude spring meeting. In addition to the nominations, the Immediate Past President and the President serve as class representatives also. Together they are members of the FMIG Board and work directly with the Servico cum Laude advisor to develop and schedule programs relevant to the M3 and M4 membership.

Immediate Past President: The Immediate Past President is a fourth year student who served as President and has a continued interest in Family Medicine. He or she continues to be a representative at the local, state, and national level along with the President and serve as a liaison to the department's three family medicine residency programs. In working with these programs, they coordinate and facilitate student and resident networking and relationship building for all members of FMIG. One important role played this year was acting as a guide for the visit of TAFP President Dr. Lee Carter, showing him the campus, the residencies, and introducing him at his noon lunch presentation.

President: The President is a third year student who served as the President Elect and has a continued interest in Family Medicine. The President serves FMIG by representing its membership and the school's Department of Family Medicine on local, state, and national levels. The President supports the President Elect for the purpose of strengthening student involvement in Family Medicine, focusing on retention and advocacy through their participation on the Board and as a leader in their class and school.

President Elect: The second year student selected to this position provides the necessary administrative support for all FMIG activities. The role of the President Elect includes membership recruitment and retention, family medicine advocacy, programming, communications, and organizational efficiency and effectiveness. The President Elect leads regular officers' meetings for new initiatives to be formulated and discussed; and for Project Coordinators and Ambassadors to share their progress and collectively solve problems. Officers' meetings and group emails are vital for continued planning and coordination of topics and dates for all FMIG activities. Feedback from leaders is utilized and adaptability is encouraged in order to continually be responsive to the needs of the student body. In addition, the President Elect works with the Vice President to maintain the necessary lines of communication between officers, other club leaders and the college's administration.

Vice President: The second year student who is selected to this position provides administrative support to the President Elect, oversight to the project coordinators and is the student membership liaison. The Vice President manages and disseminate communication between the FMIG's leadership, project coordinators, other club leaders, college administration and the student body at large. The VP also prepares the freshmen welcome packet, maintain FMIG's bulletin board and calendar of events, and troubleshoot with project coordinators.

Vice President/Coordinator of Servico cum Laude: The Coordinator of Servico cum Laude is a third year student responsible for working with the Servico cum Laude faculty advisor and M3 and M4 membership to develop activities and maintain effective communications. This officer builds relationships with mentors, acquires and channels resources, and communicates regularly with the membership. This year the Coordinator of Servico cum Laude worked to integrate the skills workshops that the third and fourth year students requested with the ongoing workshops typically attended by the underclassmen. We strive to maintain continuity within the Family Medicine Interest Group as students move forward through their medical education so that the older students can share their growing clinical knowledge with the first and second years. We have also integrated a resume and personal statement into the schedule to allow the Servico members an opportunity to speak with current Family Physicians about their residency

applications. This officer acts as an advocate for continued understanding and commitment to the field of family medicine through the clinical years.

Coordinators: Coordinators are project managers over FMIG's community outreach activities and work directly with the membership to provide opportunities that encourage service, commitment, patient and community understanding, and balance between education and application. These individuals are extremely important in the stability and strength of our FMIG and act as a critical backbone to our structure. By competently managing their projects they maintain community contacts and strong service projects that draw individuals to participate in our interest group. With intimate knowledge of their project, second year Coordinators, supported by first year Ambassadors, are best apt at making service and learning a natural part of the educational process. The individual duties of the different Coordinators are as follows:

1. Tar Wars® Coordinator and Ambassador take the lead role in coordinating the presentation of the AAFP Tar Wars® anti-smoking curriculum to fourth graders in Washington County, Tennessee public school system and direct the Tar Wars Poster Contest.
2. Rural and Community Projects Coordinator and Ambassador coordinate rural and community learning and service experiences for FMIG members and the entire student body. They serve as a spokesperson for rural medicine during recruitment and orientation of the incoming class and support the following activities: University School Science Fair Judging, Health Fairs, Homecoming Weekend Family Fun Fest Booth, Resident and Student Activities, Wellapalooza...
3. Migrant Outreach Coordinator and Ambassador identify and coordinate short-spanning Migrant Camp Clinic Outreaches experiences for FMIG members and identifies any other opportunities available.
4. The Church Hill Free Clinic Coordinator and Ambassador coordinate scheduling for student experiences at the clinic and ensures coverage of timeslots for both first and second year students.
5. Family Medicine Partners Coordinator and Ambassador, direct the partnership between residents and students to collectively serve patients with chronic illnesses through student home visits, electronic progress reports, and resident and student team meetings.

In addition to the local involvement of the officers and coordinators, we have a number of students involved at the State and National levels. Mary McCormick served as the student member of the TAFP Board, 2007 and 2008 and she and her husband ,Andrew McCormick (M4s), are serving as the student members of the 2009 TN AFP Summer Weekend seminar committee. Beth Enland, MS3, served as the student delegate to the Family Medicine Congression Conference in 2008 and Tim Brooks, MS2, is serving as the student member of the TAFP education committee in 2009. Finally, Quillen has good student representation at the National Conference with attendance from most medical school classes. Last year we had 3 MS4s, 4 MS3s, and 1 MS2 and this year we have even more first and second year students interested, including up to 7 in the first year class. The high attendance to the National conference and significant involvement at all levels, locally, state, and nationally, demonstrate our student's dedication to professional development and leadership.

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.

In nearly all our activities, through our workshops, lectures, and dinners, students have the opportunity to meet and interact with Family Physicians in the community. Efforts are made beginning in orientation to have interactions between family physicians, residents, and students. By introducing students to Family Medicine and community physicians early in their medical education we are able to increase the interest in learning more about Family Medicine as a specialty. Programs such as Family Medicine Partners, the Church Hill Clinic, and the Migrant Clinic allow students to connect and assist in treating patients. These programs allow medical students at all levels but especially M1 and M2 to gain clinical skills, knowledge, and insight with

real patients early in their medical career. Also, our Family Medicine Partners program allows the students to experience continuity of care and the enduring patient relationships that are one of the greatest aspects of being a Family Physician.

We have a number of ongoing Family Medicine advocacy programs:

1. Family Medicine Partners: In its second year, the Family Medicine Partners is continuing to see patients from last year and extending their services to new patients. Teams of Medical students and residents at all levels visit a patient at their home once month, take notes, and sent the note to the resident and the advisor. Feedback is provided by the FMIG advisor and resident on the patient's assessment and adjustments are made to the patient's care if needed. The program allows students to practice interviewing, limited physical exams and note taking skills
2. On Call and Rounds Shadowing Program: This program invites M1 and M2s to shadow a Family Medicine Resident in the hospital in Kingsport, Johnson City, or Bristol. Students can organize a 2-4 hour block of time while residents are on various hospital services or rounding on patients. The experience allows for students to further understand the role that the residents plays in the patient care and helps prepare them for their clinical rotations.
3. Freshman Welcome dinner: The annual dinner is hosted during orientation week for the freshman students and gathers students, residents, and faculty together for fellowship and introduction of the Family Medicine department. This year's dinner was held on campus and allowed for a larger attendance by students and their families. The featured speakers, Drs. Josh Gettinger and Barb Levin, were a couple who are partners in a diverse family medicine practice in Madisonville, TN. They gave an enthusiastic presentation of their practice and community which was received well by all.
4. Skill-building workshops: FMIG hosts three skills workshops, one at each of the Family Medicine Residency Programs in the area. Each workshop has specific topics planned for the purpose of teaching students some procedures and techniques used by family physician. In addition, the workshops feature a particular philosophy of patient centered care and highlight the people and residency programs in our area. We travel to each of our three residency site to allow students to experience the communities, programs, and people at each place. The hands-on experience with support and instruction from the residents provides a unique opportunity to enhance skills and expand knowledge such as vital signs, treadmill and stress tests, osteopathic manipulations, knee and shoulder exams, casting, and joint injections.
5. Monthly lunch meetings: On the first Monday of each month, FMIG offers a lunch meeting with food and a lecture that is presented by a Family physician from ETSU or the Community. The lunch meetings give students the opportunity to meet physicians in the area, hear Family Physicians speak, and ask them questions. Our meetings this year included:
 - March 9, 2009 -"Medical Jeopardy" by Dr. Reid Blackwelder, FMIG Advisor
 - February 9, 2009 -"The Future of Family Medicine" by Dr. John P. Franko, Chairman
 - January 12, 2009 -"Preparing For Your Clinical Years" by 3rd and 4th year Student Panel
 - November 10, 2008 -"The Differences Between Family Medicine & Internal Medicine" by Dr. Bayard
 - September 29, 2008 - "NHSC and other Loan Repayment Programs" by Dr. Joe Florence, Director of Rural Programs
 - September 8, 2008 – "International Health and Family Medicine" by Dr. Lindberg
 - August 18, 2008 - "Survival Skills for Medical School" by Dr. Reid Blackwelder, FMIG Advisor
6. End of the Year Spring Picnic at the Chairman's House: This event closes out another successful year for FMIG and celebrates the activities, relationships, and leadership with the students, faculty, and residents attending. We enjoy food, fellowship, and award recognitions.
7. The AAFP National Conference of Family Medicine Residents and Medical Students: The conference took place July 30-Aug 2 in Kansas City, MS. FMIG students work hard to acquire scholarships and funding to send as many students as possible. This year we had 1 M2, 4 M3s, and 3 M4s attend and enjoy a variety of speakers, seminars, workshops, exhibits, and networking opportunities.

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).

The primary mission of the Quillen College of Medicine is "to educate future physicians, especially those with an interest in primary care, to practice in rural underserved communities." The FMIG is in direct concert with this mission. We believe that our strong presence among the student body is a continued reminder of the importance of primary care. A number of our monthly luncheon meetings discuss the importance of primary care, these included: "The Need for Family Medicine" by Dr. John Franko, "The Differences Between Family Medicine and Internal Medicine" by Dr. Max Bayard, "NHSC and other Loan Repayment Programs" by Dr. Joe Florence, "International Health and Family Medicine" by Dr. Lindberg. All of these presentations were given by family physicians in manners that promoted the need for primary care physicians and their roles in health care communities. Dr. Franko addressed the need for primary care in the current health care system in the United States, including physician shortages, rising costs, improving care, and the studies and research that support it. Dr. Florence discussed the physician needs in underserved areas in this country and possible reimbursement for practicing in these areas, and Dr. Lindberg presented the opportunities to practice international primary care to areas of true healthcare hardship.

This year, the Quillen College of Medicine FMIG was proud to host Dr. Lee Carter of Huntingdon, TN, President of the Tennessee Academy of Family Physicians. Dr. Carter was kind enough to visit us after invitation extended last June by student TAFP Board members. The primary event of the day was a lunchtime presentation held in the main academic hall on the college of medicine campus. Faculty, FMIG officers, and a substantial number of the student body, including M3 and M4 students were in attendance for lunch and Dr. Carter's presentation: "The Future of Family Medicine." This presentation covered many of the current actions being taken by the TAFP at multiple levels to improve the status of family medicine in the State of Tennessee. These included legislative agendas, implementation of electronic medical records in practice, and coalitions being made with insurance companies, FedEx, and the Memphis Business Group. The latter project was a discussion on improvement of relationships and communications concerning primary care reimbursements. There was also significant discussion of the patient-centered medical home and its importance in the achievement of better managed, affordable healthcare. A major goal of this experience was to make students all more aware of the TAFP and AAFP that will represent them and conscious the potential for involvement in their efforts. The majority of students were unaware of the legislative agendas of the Academy and their stances on the major healthcare issues that are in the national dialogue. Many in attendance who had strong interests in specialties other than family medicine engaged in discussion around the topic of the patient-centered medical home and the importance this concept will play in all medical practices. We were also hoping that this presentation would further advocate for family medicine by displaying a strong and promising future for its practice. Overall this event was considered a major success due to positive feedback from many students.

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.

The success of our FMIG is definitely found in our consistently high membership retention and attendance at our meetings. Quillen FMIG is the largest and most widely attended interest group at Quillen. In addition, the success and continued growth of our community service projects outlined above is extremely encouraging. The significant growth of our programs is attributed to the multiple opportunities we provide students to be involved in community service and enrich their medical education through our presentations and workshops. We are also proud to have received Program of Excellence recognition from 2001 through 2008. Significant achievements involving Quillen's Department of Family Medicine, with which the FMIG is directly



involved, include national recognition of certain faculty and programs as well as the recognition of the Department as a whole. Dr. Reid Blackwelder, MD, a nationally recognized FMIG advisor received the AAFP Exemplary Teaching Award in 2008 and is currently a candidate for the AAFP Board of Directors. The Department of Family Medicine was ranked 12th in the nation for excellence in family medicine training, according to the "Best Graduate Schools" issue of US News and World and News Report and was ranked 4th among medical schools for Rural Medicine. Quillen's Rural Track Program was awarded the "Program of the Year" from the National Rural Health Association (NRHA) in 2008. Finally, Quillen's Family Medicine Clerkship was honored by students with the Clerkship of the Year Award in 2008.

In addition, the success of our FMIG's programs and ability to promote Family Medicine may also contribute to an increase in Quillen students choosing Family Medicine as their specialty. In 2008, 21% of graduating students matched into Family Medicine, this is up from 16% the year before. While credit for match rates may go mostly to our outstanding Department and faculty, we consider ourselves an important part of it. We will always recognize that we are fortunate to be part of a school that values family medicine and continues to generously support and encourage our Department and its FMIG.

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.]
N/A

Thank you for your submission!