

FMIG Program of Excellence (PoE) Application

Please fill in the following:

1. Number of students in your medical school: 590
2. Number of active FMIG members: 264
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? 2000, 2001, 2002
 - 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:

Faculty Advisor (Name, Address, E-mail and Phone Number): Dr. Mark Meyer, University of Kansas School of Medicine, Mail Stop 1049, 3901 Rainbow Blvd. Kansas City, KS 66160, mmeyer@kumc.edu, 913.588.1908 ----- Dr. Deborah Clements, University of Kansas School of Medicine, Mail Stop 4010, 3901 Rainbow Blvd. Kansas City, KS 66160, dclements@kumc.edu, 913.588.1908 ----- Dr. John Delzell, University of Kansas School of Medicine, Mail Stop 4010, 3901 Rainbow Blvd., Kansas City, KS 66160, jdelzell@kumc.edu, 913.588.1908

Primary Student Contact (Name, Year in School, Address, E-mail and Phone Number): Daniel Kuhlman, M2, 3550 Rainbow Blvd. Apt 123, Kansas City, KS 66103, dkuhlman@kumc.edu, 785.476.5697

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.



History: The Family Medicine Interest Group (FMIG) was established at the University of Kansas School of Medicine in 1992 as the first specialty interest group on campus. It has been and continues to be one of the largest student interest groups on campus, with 103 current members out of the 175 students in the M1 class alone. Our group also remains one of the more involved and better recognized on campus. This is shown by our recognition as the KUMC Student Organization Award in 2001 and our KUMC Student Organization Advisor Award for Dr. Meyer in 2003. Our group prides itself on its development and uses our mission statement as a guideline for future growth.

Mission Statement: "The Family Medicine Interest Group strives to aid in professional development, cultivate interest in Family Medicine, provide an outlet for serving our community, and promote social activities for our members."

Leadership Structure: The Family Medicine Interest Group is directed by a steering committee of eleven student members and three faculty advisors. Each student member sees to a certain set of duties as well as contributing to all major meetings and events. The President presides over the monthly meetings of the committee and coordinates the other members in their responsibilities to individual duties. The rest of the steering committee officers are as follows: Vice-President, Treasurer, Community Service Chair, Professional Development Chair, Public Relations Chair, Membership Chair, Social Chair, and three M1 Representatives. The Chair positions are self-explanatory and are typically filled by M2 students. However, the M1 Representatives are asked to alternate taking notes for the monthly steering committee meetings and are usually paired with one of the Chair members to gain experience from shadowing them in their performance of duties. If any member should have too much to deal with at a certain time, the structure of the steering committee lends itself to allow others to fill in when needed. We maintain a flexible responsibility within each project, with the President ultimately responsible for completion of each task.

Transition: Typically, our transition occurs in April and May of our school years. The positions of President and Vice-President are selected from the three M1 Representatives. This practice has allowed a smoother transition from year to year and allows next year's steering committee the advanced knowledge that comes from lessons learned in prior steering committees. The outgoing M2 students make the selection at our April monthly meeting with input from the three advisors. The new President and Vice-President are then asked to solicit applications from their class to fill out the rest of the steering committee positions and ultimately select which people will fulfill these roles. The May monthly meeting of the steering committee is a transition meeting between new and old. Each outgoing Chair member is paired up with their incoming counterpart and asked to both describe the tasks completed during the prior year and educate them about future ideas and projects to consider for the following year. The new committee then meets again in May to discuss plans for the following year in order to be ready to work once the new school year starts in August.

Student Involvement: The steering committee works to keep the rest of the student members involved and educated. We hold monthly educational lectures, mostly during the noon hour to encourage the best attendance from all students, for our members on a wide range of topics. Often the meetings in the Fall are similar meetings/speakers that have been found to be beneficial and are held every year. The meetings in the Spring are tailored toward input from our membership as to which topics they would like covered or addressed. We also have several projects taken on by individual members of the steering committee where student members are asked to form a committee or leadership group to help in completing the necessary tasks. One example that will be touched on later is our recent community service efforts with the Community Service Committee, which is chaired by the Community Service Chair and includes several M2 and M1 FMIG members.

Student Member Retention and Recruitment: We are fortunate to have a wonderfully active KAFP to work with to increase membership and keep members interested and active. At the beginning of each year, FMIG signs up for a booth at the Orientation Organization Fair for the new M1 class. There, we recruit new members from the class and instruct them to attend an informational lunch meeting put on by members and staff of the KAFP later that week. This year, we had Dr. Mike

Kennedy, Past President of the KAFP, and Carolyn Gaughn, Executive Director of the KAFP, speak and given an overview of membership opportunities on a local level as well as national conferences. The KAFP pays the four year membership fee for each student that joins and remains in medical school. This has helped our membership grow substantially and we are ever grateful of the KAFP for this assistance. This year we focused on how to keep M3 and M4 students more involved with the FMIG. We tend to not hear as much from them due to their schedule loads and other interests. Along with Dr. Delzell, we have reached out to several past FMIG steering committee members lately and gathered ideas on how to keep them involved. These range from directing a meeting or two toward third and fourth year clinical rotations to adding an M3 and M4 Representative to the steering committee. These changes will hopefully benefit our group as a whole in the coming year.

Advisors/Others: We currently have three advisors that provide input on our many decisions over the year. Our main advisor is Dr. Deborah Clements, who has been irreplaceable due to her experience with past boards. We also have Dr. Mark Meyer, a former long-term advisor who enjoys continuing to be involved despite many other responsibilities to the School of Medicine, and Dr. John Delzell, a fresh perspective into board issues and concerns. All three are currently practicing physicians in the Department of Family Medicine. We are also pleased to have Lori Haney, a former AAFP employee who now works for the Department of Family Medicine, attend our meetings as a staff member and direct liason between our group and the department.

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.

We have two main contributions of note to mention in this category.

Community Service Committee: In the past few months our Community Service Chair, Ginger Fowell, has spent many hours working on putting together a multi-purpose committee composed of both Family Medicine doctors and interested students. The ultimate goal of this committee is twofold. First, we would seek out volunteer needs in the community and fulfill those needs with student members of FMIG. Currently, FMIG members are performing health screening for a research grant project through the Wyandotte County Area Agency on Aging. They have enrolled roughly fifty senior citizens into a fitness program and are asking us to keep track of their vitals for the study. If the goal of the project works, we would like to continue it with several other area projects. Secondly, and more importantly, we are working on putting together a referral network of Family Medicine doctors that can be used for medically underserved patients in the community. This goal is a very lofty one that requires a lot of work and thought before it can be implemented. Ginger has been meeting with Dr. Allen Greiner, the Director of Research for the Department of Family Medicine, and other doctors to put this group together. It is still currently in the planning stages, though we have expectations of implementing this project in the coming year. Our members are very excited about the possibilities this group will present to our community and the M1 Representatives are excited about continuing this work.

KUMC Street Fair: Every year, the Student Government Council puts together a large fair-type event for the local community of Wyandotte County. There are typically five to ten student interest groups and other organizations that run booths for the event. FMIG has helped with a booth every year since the event began. The event is attended by mostly families with many children present. Our group aims to educate these families and children on the importance of regular checkups with the doctor and dentist. We also give away free toothbrushes and toothpaste to the kids as well as educational flyers for the parents.

We do not currently collaborate with the SNMA chapter at our school, but it is on the list of new project goals for the coming 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*.
Again we have a couple of yearly activities we like to endorse or organize.

FMIG Procedures Day: Every year, typically in January, the Family Medicine Interest Group organizes an educational day for first and second year medical students. The goal of this event is to expose these students to common clinical skills and practices used on clinical rotations in the third and fourth years. This event has been a large success in prior years, and this year was no exception. We had to limit our registration to 50 students due to the size of the educational space, but the educational opportunity was not limited. We had five stations for the students to rotate through over the course of three hours, with an extra hour scheduled for students to return to a certain station if they wanted more one-on-one instruction. The stations were IV starts and blood draws, NG tubes and catheters, knee injections and sterile field techniques, suturing, and intubation. We coordinated this event with the Department of Family Medicine and the associated residents and were pleased to have 5 physicians and 4 residents available to teach at the stations. Drinks and snacks were provided by FMIG, and the event was held in our Nursing School's teaching lab. The facility is first rate and afforded us mannequins at each station as well as the necessary tools to teach at each station. Everything else (suturing materials, needles, etc.) was donated to us from the Department of Family Medicine. After completing all the stations, the students reported enjoying the intubation races put on by Dr. Mike Kennedy the most. This event provides a stress-free atmosphere for learning for the students and an invaluable experience for them as they continue in their education.

National Conference for Family Medicine Students and Residents: Since this event is held in Kansas City, we try and send as many students as possible to the event. The entire newly elected steering committee attends on scholarships provided by the KAFP, and other members are given extra scholarships as the pool of money allows. Other FMIG members are encouraged to apply for the numerous awards generously given at the event, including the First Time attendance scholarship. Our steering committee and FMIG members at large are encouraged to get involved with the Student Congress as well as interact with their peers and discover new ideas that can be implemented at our school. The incoming President usually serves as the Kansas Delegate to the Student Congress, but the position is open if someone else shows a large interest. Our members are also encouraged to apply for available AAFP Commission positions as well as other leadership opportunities within the AAFP. This event also serves a social function for our new board in that it allows them to interact in a positive environment for several days and hopefully gets them excited to do great things in the coming year.

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.

One of the main goals of our Family Medicine Interest Group is to bring in a different speaker or group of speakers every month to educate our membership about several different subjects. This is one of the main goals, and thus we develop several presentations around this subject.

Family Medicine in an Academic Institution: Several of our members asked for a Family Medicine physician's perspective on working in a large tertiary hospital. We asked our advisor, Dr. John Delzell, to give this presentation. He talked about the role of Family Medicine physicians in the hospital and discussed the interactions with several different specialties. He mentioned that the Department of Family Medicine has its own service within the hospital and discussed several past cases as examples of how the service works. He then answered several other questions from the roughly 60 members in attendance.

Is Family Medicine

Right for Me?: Dr. Amy McGaha,

Assistant Director of Medical Education for the AAFP, presented this topic to roughly 80 of our members in November. The discussion centered around the many possibilities within Family Medicine and included a general description of what a Family Medicine doctor does from day to day. She also described her prior practice (before working for the AAFP) and detailed a typical day for her. She then talked about a couple of cases and how her training as a Family Medicine doctor helped her to figure them out.

Family Medicine Resident Roundtable: We talked with Kristen Estrada, the Family Medicine Residency Coordinator, and asked her to lend us a couple of residents to discuss life as a resident in Family Medicine and some of the benefits and challenges they have experienced. She surprised us by recruiting both Chief Residents as well as 6 other residents to come speak with us. There were around 90 students present as well as our advisors and Kristen. Each resident was asked to speak for five to ten minutes about their personal story and experiences. We then went to more of a question and answer session, where we had time to answer roughly ten questions before the residents had to leave. These questions covered several topics ranging from studying for board certification to adjusting to the residency life with family and other concerns.

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). Again, we mainly accomplish this goal by bringing in several different speakers to address this area.

Medical Home/Getting Involved with the AAFP: We asked Dr. Doug Henley, Executive Vice President of the AAFP, to come and give a presentation on how to get involved at both a state and national level. In addition to this topic, Dr. Henley discussed the merits of the patient-centered Medical Home model and current efforts to implement this system within Kansas. He also took questions from the roughly 60 students in attendance.

Patient Centered Medical Home: Dr. Mike Kennedy, Associate Dean of Rural Medical Education for the University of Kansas and Past President of the KAFP, presented a co-sponsored discussion of the Medical Home model. Both the Family Medicine Interest Group and the Rural Medicine Interest Group brought in Dr. Kennedy to present information on the latest progress with the Medical Home model both on a state and national level. This meeting was attended by roughly 100 students from both membership groups.

Dr. McGaha also covered several of these areas in her presentation mentioned earlier.

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. Our most successful program has been our annual M1 vs. M2 Flag Football game. We try to put this event on sometime in September (weather permitting). This year, FMIG charged two dollars for attendance and also put together a concession stand for the members there. We had roughly 250 people in attendance, and our total revenue was somewhere in the \$600 range. This money goes toward putting on our Procedures Day event as well as funding several other endeavors of our group.



After reading through this application, I realize that one of our weaker areas is in measuring our success. We really do not have any sort of checklist or similar method of checking our progress against prior years. We make sure to complete all of our yearly projects that have been successful in prior years. Tracking membership rates has probably been one of our main measures of success, and we have done quite well over the last year. We recruited the largest number of members in one class this year, and plan to do so next year as well. However, the outgoing and incoming Presidents will discuss this objective and determine how we can better achieve this goal.

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.]

Thank you for your submission!