

Application: 2007-2008 Program of Excellence Award

Dartmouth Medical School Family Medicine Interest Group (FMIG)

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I. Infrastructure

Family Medicine Interest Group

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

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

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

FMIG History

Since its establishment in 1982, the DMS FMIG has undergone tremendous growth and successful change. Now, 26 years after its' founding, the FMIG is a valuable component of the Family Medicine Predoctoral Education Division at Dartmouth Medical School. This Division, under the new leadership of Dr. Kathleen Morrow, our FMIG Faculty Advisor, oversees all Family Medicine courses, electives and programs including: career advising, Rural Health Scholars, summer preceptorships and research opportunities. FMIG is fortunate to be linked to many other resources and provides the opportunity for cooperation between faculty and students representing many different aspects of Community and Family Medicine. As a faculty-mentored, student-run organization, it has been, and continues to be our goal to provide pertinent, continuous support to all students interested in Family Medicine during all four years of medical school. In 2001, through a HRSA Predoctoral education grant, our FMIG benefited greatly from a consultation by Dr. Elizabeth Garrett, faculty FMIG advisor to the University of Missouri-Columbia School of Medicine. Dr. Garrett's expertise and insight provided us with valuable ideas and suggestions enabling us to expand and improve our board infrastructure, activities, and monthly meeting organization. Following her visit, we transitioned to a student-run executive board structure with two supervisory faculty members (one academic and one administrative). Since 2001, many of the added activities of the DMS FMIG, such as the annual skills night, became anticipated traditions which expanded the DMS community's awareness of family medicine.

However, the drastic change in funding last year, combined with the current FMIG's particular interests in community service, required a dramatic, programming-based change in the infrastructure of FMIG. Positions were created for each of the interested second-year FMIG students to become involved in various facets of organization, with the guidance of the two excellent faculty members. Our "Skills Night in Five Acts" (five separate skills groups taught on five separate nights) hosted by visiting residency programs, has been a cornerstone to providing student exposure to family medicine despite financial cutbacks. Additionally, new "Mini-skills" lunches have been started to give all medical students broader exposure to family medicine and provide higher visibility for FMIG. In addition to these skills series, regular community service activities have been established and expanded and local, state, and national family medicine

involvement has been fostered through panel discussions, guest lectures, and student participation in regional and national conferences. Dartmouth Medical School takes pride in developing well-rounded, professional physicians who excel both in and out of the classroom. The DMS campus is rich with opportunities for community service, professional networking, leadership roles, and extracurricular camaraderie. The FMIG is unique among groups on campus because it is all-inclusive, and it supports each of these facets: service, professional growth, skill enhancement, and balance, while promoting family medicine as a career choice. For these reasons, we believe the DMS FMIG deserves to be recognized by the AAFP's Program of Excellence.

FMIG Leadership Structure

With the passing of the baton from the second-year leaders of the 2006-2007 school year to the then first-year students, changes were made to accompany the goals of the large number of students interested in FMIG planning and organization. Following the model of previous years two "leaders" were elected. Positions were defined to correlate with our programming goals for the coming year. The position of community service organizer was shared between two invested FMIG members, who organized both our community Blood Pressure Clinics and the Head Start Collaboration project. Building off of the previous year-long series of five Skills Night Events, students were given the opportunity to organize individual events and develop relationships with the visiting residency programs. During the second half of the academic year, first-year students were encouraged to try out these roles in partnership with second-year students, in preparation for the coming transition of leadership to their class.

Positions and responsibilities:

Co-leaders – these two individuals set agendas for monthly meetings, mediated the meetings, monitored the FMIG email account and provided support for event planning and execution.

Community Service Coordination Team – one of these two individuals was responsible for organizing and recruiting volunteers for monthly blood pressure clinics; the other individual focused on the organization of the Head Start collaboration.

Skills Night Coordinators – each skills night student coordinator was responsible organizing their individual skills nights format with the visiting residency, advertising, and organizing the lottery system for skills night attendance.

Membership Coordinator/Secretary – recruited students for AAFP and FMIG membership through multiple avenues and acted as a primary liaison with other student run interest groups for coordinated events.

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

FMIG Planning Committee, 2007-2008

Co-Leaders: Leslie Morris and Aaron Swenson ('10)

Membership Coordinator/Secretary: Sarah Dotters-Katz ('10)

Community Service Coordination Team: Micah Johnson and Melissa Dewhurst ('10)

Skills Night Coordination Team: Paul Jensen, Leslie Claracay ('10), Isaac Howley ('10), Aaron Swenson, Sarah Dotters-Katz.

NHAFP Liaison and Voting Member: Paul Jensen ('10)

Faculty Advisors: Cathleen E. Morrow, MD, M. Scottie Eliassen, MS

Monthly Planning Meeting Structure

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

Case Review/Mini-Skill Lunches—A case or clinical skill of interest to the group is selected by the faculty advisor, who presents it in a problem-based learning format. Current best practice as summarized in recent literature is distributed for further reading about the disease or skill presented. The clinical skill is then practiced on volunteers and/or amongst medical students. These encounters reinforce lifelong learning and are a unique opportunity to review current topics in a collegial environment.

Ongoing Events Planning

Skills Nights Planning and Post Skills Night Review

Community service events

Local, Regional, and National Updates and News

FMIG Planning Committee Benefits

Direct input into FM curriculum and events planning

Free membership to the American Academy of Family Physicians

Free subscription to American Family Physician journal

Early and continual career advising and mentoring

Preferred selection for Family Medicine summer preceptorships and research experiences

Funding through the NHAFP for participation in the National Conference of Students and Residents in Kansas City and the Northeast Society of Teachers of Family Medicine annual conference

Local and national leadership opportunities

Collaborative research and publication opportunities with faculty

Scholarly opportunities at national and regional conferences in family medicine

Member of the NHAFP Listserve

Communication

FMIG WEB site—a link within the DMS student site, Blackboard, where all student organizations are represented. Each organization is allotted space for a picture of the leaders of the group as well as a description of the goals of the organization and its upcoming events

FMIG Brochures- Overview of FMIG activities, handed out at the Activities Fair to students interested in joining the group.

Email- sent to the planning committee and the student body at large. FMIG planning committee members are notified of coming meetings, and meeting minutes are emailed out to the group to keep all members informed of upcoming events and opportunities to get involved. Student body emails are sent out as part of the advertising strategy for FMIG events.

New Hampshire AFP Chapter meetings—FMIG planning committee member Paul Jensen provided regular representation via a designated board seat at monthly NHAFP meetings. The DMS FMIG representative to the NHAFP is listed as members of the NHAFP board. NHAFP meeting attendance was open to two FMIG members monthly, one space filled by our primary representative and the other on a rotating basis, providing both consistency of feedback and optional participation for other FMIG members.

Funding Sources

With the loss of HRSA funding last year, DMS FMIG faced the national FMIG challenge of financing events. In order to maintain the well-known and well-attended skills night, FMIG continued a series of events distributed throughout the year sponsored by regional residency programs. Five programs offered to come to DMS to share workshops for students, paying for the traditional accompanying dinner as well as the supplies needed for the workshops. The New Hampshire AFP provided funding for student travel to national and regional FM conferences, with DMS Student Government assisting with a portion of conference costs in some instances as well. The DMS

Department of Community and Family Medicine covered the cost of lunches served during monthly planning meetings and mini-skills luncheons.

II. Student Involvement / Student Retention

The FMIG student leaders of 2007-8 were thrilled to have inherited a strong, thriving, award-winning organization from our predecessors. In the spring of 2007, we reviewed the successes of the previous year and considered the values we wished to bring to the program. Our leaders shared a commitment to community service and advocacy, and we chose to make this a focus of our efforts in the coming year.

FMIG continued to grow and develop at DMS – we were successful in meeting the AAFP’s autumn Student Membership challenge, having added 23 new AAFP members, a 26% increase from last year. The position of membership coordinator was new to our FMIG program this year, having learned about it from a DMS student who attended the AAFP Annual Conference last summer. This person was responsible for our initial membership drive and for developing collaborative partnerships with other with other interest groups. We initiated our recruitment efforts at the annual Activities Fair, emphasizing our community service, Skills Nights, and the opportunities for summer clinical experiences and projects available through the Department of Community and Family Medicine. From among the many students added to our mailing list, 5 first-year students have become regularly involved in our monthly planning meetings. We also invited the second-year students to take another look at FMIG, and recruited 2 new active members. In total, 14 first- and second-year students regularly attend planning meetings. This spring, we are piloting a “Mini-Skills Workshop” in conjunction with our monthly FMIG meeting, in lieu of our usual faculty case presentation. We expect that this will increase interest among students previously unexposed to FMIG and strengthen our core membership. Through our Skills Nights and other events, over 200 student encounters with Family Medicine have taken place. The students have had the chance to meet faculty from diverse backgrounds and practice models, develop primary care skills, and consider the core principles and values that draw physicians to this rewarding field.

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

- August - **Kansas City Conference (8/1-4)**: 1 rising second-year medical student attended the National Conference.
- September – **DMS Activities Fair (9/10)**: FMIG leaders spoke to new first-year students about community service, Skills Nights, and other opportunities through the Department of Community and Family Medicine and added to our mailing list and core membership.

Lebanon Farmers Market Health Fair (9/28): 10 FMIG members prepared and staffed a blood pressure booth and health-focused children's activities at a local Farmers Market Health Fair.

Marshall Denkinger Presentation (9/28): Dr. Denkinger spoke to 24 students and 3 faculty members about his career in Wilderness Emergency Medicine in Colorado.

- October –**Head Start Screenings (10/19 & 24):** 5 students traveled to regional Head Start sites to complete required preschool health screenings in Woodsville and Lebanon, NH.

NESTFM Conference (10/19-21): 14 students and 1 faculty member attended the NESTFM Annual Conference in Pittsburgh. Four students presented posters, among which 2 students were given "Best Poster" honors.

Summer Presentations (10/22): 4 DMS students funded for summer projects and preceptorships in family medicine presented their work for their peers and 2 DMS family medicine faculty members.

Skills Night Act I (10/25): Maine-Dartmouth Family Medicine Residency presented suturing and lumbar puncture to 39 medical students. Five representatives from the Maine-Dartmouth program also led a discussion on choosing a career in family medicine.

- November – **Skills Night Act II (11/27):** Central Maine Family Medicine Residency program presented 6 mini-workshops on contraception methods. Six faculty/residents and 1 FMIG faculty member were present.

NH Academy of Family Physicians Annual Conference (11/30): Two students participated in this regional conference and 1 student presented her Award-winning NESTFM poster.

- January – **Skills Night Act III (1/9):** Lawrence Family Medicine Residency presented a discussion of urban and poverty medicine and taught joint injections. Thirty-one students interacted with 5 Lawrence faculty/residents and 1 FMIG faculty member.
- February – **Skills Night Act IV (2/20)** University of Massachusetts Fitchburg Residency led 20 students in a casting and splinting workshop. Students had the opportunity to talk with 5 residents/faculty about paths toward family medicine.
- March – **Skills Night Act V (3/20):** Dartmouth-Concord Residency taught suturing and EKG placement/reading skills to 30 students. The evening also included an extended discussion of careers in family medicine with 5 residents and 1 FMIG faculty member.
- April – **Prenatal Care "Mini-Skill Workshop" Recruitment meeting (4/15):** We anticipate that 18 students will participate in this recruitment meeting, many of whom have not previously been involved in FMIG. Two pregnant patients have volunteered to

help students learn fetal heart auscultation, fundal height measurement and Leopold's Maneuvers.

- May- **Punch Biopsy "Mini-Skill Workshop" Recruitment meeting (TBD)**

FMIG potluck (TBD): Leadership will be officially passed from second-years to first-years at this informal meeting.

- Ongoing – **Blood Pressure Clinic:** The first Saturday of every month, four students set up a blood pressure clinic at a local supermarket, take blood pressures, and educate shoppers about blood pressure, "heart healthy" food choices, and establishing a connection with a primary care physician.

NHAFP: The NHAFP encourages student presence at bi-monthly board meetings, so 1 designated NHAFP Liaison/Board Member and occasionally a second student attend each of the meetings to learn more about family medicine projects and advocacy across the state of New Hampshire.

Event Attendance and Faculty Exposure

DATE			ACTIVITY	Number of students in attendance	Number of faculty members involved
2007	Apr	30	Leadership Transition Potluck	8	2
	May	8	Core FMIG meeting	6	1
	May	16	NHAFP meeting	1	
	June	20	Advising session for 4 th year	3	1
	Aug	1-4	Kansas City conference	1	
	Aug	22	Core FMIG meeting	9	1
	Sept	10	Activities Fair	2	
	Sept	19	Core FMIG meeting	14	1
	Sept	28	Marshall Denkinger presentation	23	3
	Sept	28	Lebanon Health Fair	10	
	Oct	18	Core FMIG meeting	13	1
	Oct	19, 24	Head Start screenings	5	
	Oct	19-21	NESTFM	14	1
	Oct	22	Summer presentations	15	2
	Oct	25	Laceration Repair/LP–Maine-Dartmouth Residency	39	6
	Nov	3	Blood Pressure screening	3	
	Nov	26	Core FMIG meeting	14	3
	Nov	27	Contraception – Central Maine Residency	25	7
	Nov	30	NHAFP Annual Conference	2	
	Dec	1	Blood Pressure screening	4	
2008	Jan	5	Blood Pressure screening	4	
	Jan	8	Core FMIG meeting	9	2
	Jan	9	Urban Medicine/Joint Injections–Lawrence Residency	31	6
	Jan	16	NHAFP meeting	1	
	Feb	9	Blood Pressure screening	4	
	Feb	19	Core FMIG meeting	10	2
	Feb	20	Casting/Splinting–Umass Fitchburg Residency	20	6
	Feb	28	Advising session for 3 rd year students	6	1
	Mar	8	Blood Pressure screening	4	
	Mar	18	Core FMIG meeting	10	2
	Mar	19	NHAFP meeting	2	
	Mar	20	EKG/Suturing–Concord Residency	30	6
	Apr	5	Blood Pressure screening	4	
	Apr	15	Prenatal Care Mini-Skills/Recruitment meeting	TBD	2
	Apr	TBD	Leadership Transition Potluck	TBD	TBD
	May	3	Blood Pressure screening	TBD	
	May	TBD	Mini-Skills Recruitment Workshop	TBD	TBD

III. Family Medicine Advocacy

Advocacy of family medicine is an implicit part of the mission of FMIG and the work of our faculty advisors. Cathleen Morrow, MD (a family physician and Associate Professor of Community and Family Medicine) attends monthly FMIG planning meetings; the highlight is her presentation of a problem-based-learning-style case that students can work through using their budding history and physical exam skills. With her assistance, we are piloting a “mini-skills workshop” at our monthly meeting this April, in an effort to promote family medicine to more students at DMS. .

Students attending any of the five Skills Nights presented throughout the year have had the benefit of interacting with faculty from a variety of regional family medicine residency programs. Residents and faculty have shared unique perspectives on their work through dinner presentations and informally during the hands-on activities. In addition to discussing the strengths of their programs, we have learned about areas of difference and overlap between family medicine and other primary care fields, about developing a clinical “niche” within your general practice, and about the differences between urban and rural family medicine. Students have also been able to get advice on preparing for interviews and how to look for the right residency program.

This past summer, four rising second- and third-year students had the opportunity to explore family medicine and primary care through Summer Clinical Preceptorships and Community Projects funded by the Department of Family and Community Medicine. Upon their return in the fall, they presented their experiences to their peers, new first-year students, and faculty. The in-depth exposure to family medicine offered by these fellowships has been an invaluable experience, influencing students’ choice of specialty in the fourth year. Analysis of past summer program participants has shown that they chose family medicine (22%) and primary care (61%) more frequently than non-participants (8% family medicine, 38% primary care). We anticipate that three first-year students will be funded for preceptorships or community projects this year.

Fifteen DMS students had the opportunity to participate in state- and national-level conferences this year, due to funding from the New Hampshire Chapter AFP, DMS Student Government and FMIG. One student attended the AAFP National Conference in Kansas City, and 14 first- through fourth-year students participated in the Northeast Region STFM Annual Conference in Pittsburgh. Four students presented posters at the STFM, one of which won “Best Poster” honors. Students benefited from interaction with faculty from across the eastern seaboard and enjoyed networking with other students and residents at the workshops and clinical skills sessions. Opportunities such as these to engage in national-level discussion of topics in family medicine and are very important to DMS students, as they have reinforced our commitment to family medicine or, in some cases, planted a seed of interest where there was none before.

We also have a dedicated Liaison to the NHAFP on our leadership team who holds a seat on the NHAFP Board. He maintains a strong relationship with the organization and keeps them abreast of FMIG activities at Dartmouth. Two students attended the

NHAFP Annual Conference in Manchester, NH, allowing them to meet dozens of local physicians and learn about varying practice models.

IV. Community Outreach / Patient Advocacy

Community outreach is a central goal of the DMS FMIG with two of the leadership roles on the planning committee devoted to coordinating community service efforts. Over the 2007-2008 academic year, we have picked three prongs for our community outreach efforts: participation in a local health fair, Head Start health screenings, and monthly blood pressure clinics at one of the largest local grocery stores.

Lebanon Farmer's Market/ Lion's Club Health Fair: Through collaboration with other organizations and interest groups in the medical school and larger community, 10 students staffed booths at a local community health fair. The FMIG provided blood pressure screening and coordinated health related children's activities.

Head Start Health Screenings: Head Start fills a crucial community need by preparing low-income children for their formal education. Staff in area programs are mandated to perform basic health screening for all children within 45 days of the start of the academic year. Local Head Start sites needed assistance, and Dartmouth FMIG was looking for a new way to serve the community.

A lasting relationship between Head Start and Dartmouth FMIG now meets the needs of both Head Start and medical students. The staff are relieved of screening duties, while students are able to practice their pediatric physical exam and communication skills with young children in underserved communities. In its second year, 6 students participated in the screening of 35 children in two communities in Grafton County, NH.

Continued improvement and expansion of this alliance was initiated by training of DMS FMIG members for the role of dental screening. However, due to overwhelming response from the community at large to provide dental screening, DMS FMIG services were not requested. Continued involvement of first-year student and integration of feedback from surveys of participating Head Start staff will guide future opportunities for service to Head Start.

Monthly Blood Pressure Clinics: Beginning in the fall of 2007, DMS FMIG continued to offer monthly blood pressure screenings at a popular large local grocery store. Through a strong alliance with the in-store pharmacist, clinics were regularly scheduled every month, with a table set up immediately inside the main doors. In addition, the store warmly supported our presence, announcing the clinic's presence over the loudspeaker and by offering free, heart-healthy snacks for students to distribute. Over the past six months, we now average between 30-40 community members in each four-hour clinic (4-5 students involved per clinic). Students are able to spend 4-5 minutes with each patient, practicing counseling skills as they explain the implication of the screening values and offer other "healthy heart" advice. People are asked about their relationship with a PCP, and if they do not have one, they are referred to one of the free clinics affiliated with the medical school or the local community health center. The clinic

allows medical students to have a visible presence in the community, and that presence has opened doors for other community service projects.

Support for DMS CARE, a Student-Initiated Hurricane Katrina Relief Organization: Our Community Service Coordinators, Micah Johnson and Melissa Dewhurst, traveled to New Orleans in the spring of 2007 to provide assistance in the ongoing Hurricane Katrina relief efforts. They were so influenced by their time in New Orleans that they applied for, and were granted, funding from the Department of Community and Family Medicine to return to the area in the summer to continue their volunteer work. Since then, Micah, Melissa and other DMS students initiated DMS CARE, a student group dedicated to providing volunteer services for disaster relief. FMIG provided financial support to the organization this spring, so that a new group of first- and second-year students could make a second trip to the disaster area.

Special Request for Excellence in Family Medicine Advocacy

Dartmouth's FMIG continues its tradition of providing outstanding programming and professional opportunities to the medical school community. Not only have we continued to produce our high-quality "Skills Night in Five Acts" series, we continue to do so in the midst of significant funding cutbacks and the loss of our previous on-campus workshop site. We expanded these evenings to include a 30-minute dinner discussion solely focused on promoting family medicine to first- and second-year students. These workshops remain extremely popular, requiring a "lottery" process to select students and consistently increasing in student attendance compared to last year.

After inheriting an excellent workshop model from our third-year classmates, we focused our efforts to incorporate feedback gathered from students last year and to improve the depth and quality of the sessions. As a result we provided a forum for questions and answers with each visiting residency program. Additionally, we made the workshops more hands-on and repeated popular skills so that more students would have the chance to participate. An example of this is our improvement upon the popular EKG skills session presented last year by the Lawrence Residency program. Last year, the Lawrence faculty led an outstanding discussion on urban and poverty medicine and then did a didactic teaching session on EKG interpretation. Based on feedback received from students, we collaborated with the Emergency Medicine Interest Group and the Dartmouth-Hitchcock Department of Cardiology to obtain an EKG for real-time lead placement and interpretation. The final product featured an additive learning session where two groups were taught the basics of EKG interpretation, how to place leads on a classmate and then how to read the real-time EKG. The Concord program also led a session on suturing, which has been the most popular skill workshop among students in recent years. Students who had not been able to participate in our first suturing event in the fall enjoyed taking advantage of the great teaching from the Concord residents and faculty. We received a lot of positive feedback from first- and second-year students who felt that the practical aspect of the session was a great adjunct to their classroom learning.

In response to the displacement of our Skills Nights from the DMS campus to our affiliated hospital, we are piloting two “Mini-Skills Workshops” over the lunch hour. These will provide better visibility of FMIG and convenience to the broader medical student community. The first, set to take place on April 15th, will allow students to learn and practice fetal heart auscultation, fundal height measurement, and Leopold’s maneuvers with the help of two patients from local family medicine clinics. Lunch will be provided, and we anticipate that these events, held on-campus, will reach students previously uninvolved in FMIG. The second workshop will be held in May, when students will learn how to do punch biopsies on oranges.

In conclusion, Dartmouth FMIG has shown a strong commitment to sharing the values of family medicine with all medical students, while demonstrating the diversity that can be found in this broad specialty. We have built upon the foundation established by our predecessors and have worked to develop depth and broad appeal in our programming.