FMIG Activity Survey 2018

Medical School Information

What is your FMIG region?

States in each region are listed in parentheses

( ) Region 1: Western (AK, AZ, AR, CA, CO, HI, ID, LA, MT NV, NM, OK, OR, TX, UT, WA, WY)

( ) Region 2: Midwest (IL, IN, IA, KS, MN, MO, NE, ND, SD, WI)

( ) Region 3: Mid Atlantic (DC, MD, MI, OH, PA, VA, WV)

( ) Region 4: Northeast (CT, DE, ME, MA, NH, NJ, NY, PR, RI, VT)

( ) Region 5: Southeast (AL, FL, GA, KY, MS, NC, SC, TN)

What is the name of your medical school's main campus?

The FMIG is on a:

( ) Main campus

( ) Branch location - Please specify::

_____

What is the Family Medicine Interest Group name?

_____

What is the best mailing address for the FMIG?

Address (line 1):: _____

Address (line 2):: _____

Attention to:: _____

City:: _____

State (abbreviation):: _____

Zip code:: _____

Primary FMIG Faculty Advisor

FMIG Faculty Advisor (primary)

This should be the advisor who should serve as the primary contact for the FMIG.

Name:: _____

Title:: _____

Email:: _____

Number of years in academic medicine:

Please round up to the next whole year

_____

Academic rank:

( ) Instructor (including clinical)

( ) Assistant Professor

( ) Associate Professor

( ) Professor

( ) Professor Emeritus

( ) Other - Please specify:: _____

Primary role within the department:

( ) Preclinical course faculty

( ) Medical student educator (clinical faculty)

( ) Medical Student Education Director/clerkship director/predoc director

( ) Resident educator

( ) Residency program director

( ) Department chair

( ) Associate or assistant dean

Number of years serving as an advisor:

Please round up to the next whole year

_____

May the AAFP add this advisor to the FMIG Faculty and Staff Advisors and Supporters online community?

( ) Yes

( ) No

Are there any additional Faculty Advisors associated with your FMIG?

( ) Yes

( ) No

Additional FMIG Faculty Advisor 1

FMIG Faculty Advisor (additional)

Name:: _____

Title:: _____

Email:: _____

Number of years in academic medicine:

Please round up to the next whole year

_____

Academic rank:

( ) Instructor (including clinical)

( ) Assistant Professor

( ) Associate Professor

( ) Professor

( ) Professor Emeritus

( ) Other - Please specify:: _____

Primary role within the department:

( ) Preclinical course faculty

( ) Medical student educator (clinical faculty)

( ) Medical Student Education Director/clerkship director/predoc director

( ) Resident educator

( ) Residency program director

( ) Department chair

( ) Associate or assistant dean

Number of years serving as advisor:

(Please round up to next whole year)

_____

May the AAFP add this advisor to the FMIG Faculty and Staff Advisors and Supporters online community?

( ) Yes

( ) No

Are there any additional Faculty Advisors associated with your FMIG?

( ) Yes

( ) No

Additional FMIG Faculty Advisor 2

FMIG Faculty Advisor (additional)

Name:: _____

Title:: _____

Email:: _____

Number of years in academic medicine:

Please round up to the next whole year

_____

Academic rank:

( ) Instructor (including clinical)

( ) Assistant Professor

( ) Associate Professor

( ) Professor

( ) Professor Emeritus

( ) Other - Please specify:: _____

Primary role within the department:

( ) Preclinical course faculty

( ) Medical student educator (clinical faculty)

( ) Medical Student Education Director/clerkship director/predoc director

( ) Resident educator

( ) Residency program director

( ) Department chair

( ) Associate or assistant dean

Number of years serving as advisor:

(Please round up to next whole year)

_____

May the AAFP add this advisor to the FMIG Faculty and Staff Advisors and Supporters online community?

( ) Yes

( ) No

Are there any additional Faculty Advisors associated with your FMIG?

( ) Yes

( ) No

Additional FMIG Faculty Advisor 3

FMIG Faculty Advisor (additional)

Name:: _____

Title:: _____

Email:: _____

Number of years in academic medicine:

Please round up to the next whole year

_____

Academic rank:

( ) Instructor (including clinical)

( ) Assistant Professor

( ) Associate Professor

( ) Professor

( ) Professor Emeritus

( ) Other - Please specify:: _____

Primary role within the department:

( ) Preclinical course faculty

( ) Medical student educator (clinical faculty)

( ) Medical Student Education Director/clerkship director/predoc director

( ) Resident educator

( ) Residency program director

( ) Department chair

( ) Associate or assistant dean

Number of years serving as advisor:

(Please round up to next whole year)

_____

May the AAFP add this advisor to the FMIG Faculty and Staff Advisors and Supporters online community?

( ) Yes

( ) No

Does your FMIG have support from any medical school staff?

( ) Yes

( ) No

How many students hold a formal leadership position in your FMIG (ex: president, community service chair, executive board member, etc., to which they were elected or appointed)?

_____

How many of those FMIG student leaders also hold leadership roles in other student-run organizations?

_____

Which organizations (please list):

If more than six organizations, please enter the remaining in the sixth box.

: _____

: _____

: _____

: _____

: _____

: _____

FMIG Primary Student Leader Contact

Name: _____

Email: _____

FMIG leadership title (ex: president, secretary, community service chair, etc.):

_____

Class year:

( ) M1

( ) M2

( ) M3

( ) M4

( ) Other: _____

Additional Student Leader Contact

Name: _____

Email: _____

FMIG leadership title (ex: president, secretary, community service chair, etc.):

_____

Class year:

( ) M1

( ) M2

( ) M3

( ) M4

( ) Other: _____

Additional Student Leader Contact

Name: _____

Email: _____

FMIG leadership title (ex: president, secretary, community service chair, etc.):

_____

Class year:

( ) M1
( ) M2
( ) M3
( ) M4
( ) Other: _____

Additional Student Leader Contact

Name: _____

Email: _____

FMIG leadership title (ex: president, secretary, community service chair, etc.):

_____

Class year:

( ) M1
( ) M2
( ) M3
( ) M4
( ) Other: _____

Additional Student Leader Contact

Name: _____

Email: _____

FMIG leadership title (ex: president, secretary, community service chair, etc.):

_____

Class year:

( ) M1

( ) M2

( ) M3

( ) M4

( ) Other: _____

Please list the names, contact information, and titles of any additional FMIG student leaders.

_____

_____

_____

_____

In what month does FMIG leadership transition each year?

( ) January

( ) February

( ) March

( ) April

( ) May

( ) June

( ) July

( ) August

( ) September

( ) October

( ) November

( ) December

Tell us about your programming from last year and your planned programming for this year.

	Number of Programs How many in 2016-17	Number of Programs How many planned in 2017-18?	Attendance Count How many M1 and M2 students typically attend this type of event? (both together not each)	Attendance Count How many M3 and M4 students typically attend this type of event? (both together not each)	Attendance Count How many faculty typically attend this type of event?	Who else participates in or collaborates with your FMIG for this type of event? (i.e. residency program or residents, another interest group, etc.)
Career programming (what is family medicine, careers in family medicine)	___	___	___	___	___	___
Structured mentoring program (matching students with family medicine mentors)	___	___	___	___	___	___
Financial planning	___	___	___	___	___	___
Education on clinical topics(not skills workshops)	___	___	___	___	___	___

Clinical skills workshops (hands-on, procedures, etc.)	___	___	___	___	___
Discussion of hot topics or current trends in family medicine	___	___	___	___	___
Community service activities	___	___	___	___	___
Social activities	___	___	___	___	___
Residency fair	___	___	___	___	___
FMIG leadership meetings (business or planning of FMIG leadership team, not an open event)	___	___	___	___	___

What else does your FMIG do that's not captured in the categories above? Please describe in the box below.

_____

_____

_____

_____

How does your FMIG address health policy and advocacy?

Select all that apply

[ ] Speakers and workshops

[ ] Skill development for our members

[ ] Participation in advocacy events, such as visiting the state congress and meeting with representatives

[ ] Other (please specify): _____

[ ] Our FMIG does not address health policy or advocacy

What proportion of FMIG meetings and events does the faculty advisor or faculty representative attend?

( ) All FMIG Events

( ) Most FMIG Events

( ) Some FMIG Events

( ) Few FMIG Events

( ) No FMIG Events

Does your FMIG track membership (FMIG membership)?

( ) Yes

( ) No

How many students are members?

M1: _____

M2: _____

M3: _____

M4: _____

How many students from each class receive communications from your FMIG (invitations to events, information about scholarships and opportunities, etc.)?

M1: _____

M2: _____

M3: _____

M4: _____

How many students from each class attend at least one FMIG event?

M1: _____

M2: _____

M3: _____

M4: _____

How many FMIG events does a typical MS1, MS2, MS3, MS4 attend?

M1: _____

M2: _____

M3: _____

M4: _____

How many of your FMIG members matched to a family medicine residency in 2017?

If you are not sure, please leave this question blank.

_____

Compared to last year, is the number of students expressing interest in family medicine increasing, decreasing, or consistent?

( ) Increasing

( ) Consistent

( ) Decreasing

( ) Don't know

What measures do you track to assess the success of the FMIG?

Select all that apply

[ ] Attendance at FMIG events

[ ] Total FMIG membership

[ ] Match rate into family medicine (student population and/or FMIG membership)

[ ] Evaluations or surveys

[ ] Community service hours

[ ] Fundraising

[ ] Continued interest into third and fourth years

[ ] Other (please specify): _____

[ ] None/do not track

With what could your FMIG use help?

Select all that apply

[ ] More financial resources than it has (the amount of funding)

[ ] Ways to fundraise (the process of generating the funding)

[ ] Increasing membership (recruitment)

[ ] Keeping M3s and M4s involved

[ ] Promoting/recruiting AAFP student membership

[ ] Starting a new FMIG

[ ] Improving an inactive FMIG

[ ] Growing and expanding our FMIG

[ ] Incorporating community service

[ ] Mentorship programs

[ ] Presentation and speaker materials

[ ] Programming ideas and examples

[ ] Advocacy

[ ] Health IT

[ ] Current statistics on family medicine

[ ] Dispelling myths about family medicine

[ ] Information on health care reform and public policy (ACA, MACRA, etc.)

[ ] Information about conferences students can attend

[ ] Financial resources to support student trips to conferences

[ ] Information about leadership opportunities for students

[ ] Leadership development for our students

Which of the following do you consider your FMIG's strengths?

Select all that apply

[ ] More financial resources than it has (the amount of funding)

[ ] Ways to fundraise (the process of generating the funding)

[ ] Increasing membership (recruitment)

[ ] Keeping M3s and M4s involved

[ ] Promoting/recruiting AAFP student membership

[ ] Starting a new FMIG

[ ] Improving an inactive FMIG

[ ] Growing and expanding our FMIG

[ ] Incorporating community service

[ ] Mentorship programs

[ ] Presentation and speaker materials

[ ] Programming ideas and examples

[ ] Advocacy

[ ] Health IT

[ ] Current statistics on family medicine

[ ] Dispelling myths about family medicine

[ ] Information on health care reform and public policy (ACA, MACRA, etc.)

[ ] Information about conferences students can attend

[ ] Financial resources to support student trips to conferences

[ ] Information about leadership opportunities for students

[ ] Leadership development for our students

How would you like to receive information, ideas, or help from other FMIGs?

Select all that apply

[ ] Direct faculty advisor contact to other school's faculty advisor

[ ] Direct student leader contact to other school's student leaders

[ ] Website resource that is searchable by topic

[ ] AAFP supported FMIG Network Online community

[ ] Email groups

[ ] Regular email newsletters for FMIGs from the AAFP

[ ] Social media, such as private Facebook pages for FMIG student leaders in each region

[ ] Other (please specify): _____

[ ] Our FMIG would not like to receive information, ideas, or help from other FMIGs

Does your FMIG use resources on aafp.org/fmig?

( ) Yes

( ) No

( ) I don't know

What resources do you use? (Please list)

_____

_____

_____

_____

What additional resources, online or other, would be most helpful to your FMIG?

Please list

: _____

: _____

: _____

: _____

: _____

: _____

: _____

: _____

How much did your FMIG spend in the 2017-2018 academic year?

_____

Please estimate how much your FMIG will spend this year.

_____

What were the sources of funding for the FMIG in the 2017-2018 academic year?

Select all that apply

[ ] FM department

[ ] Dean's office

[ ] Student affairs or student government

[ ] AAFP constituent/state chapter (ie, [your city/county/state/U.S. territory] Academy of Family Physicians)

[ ] Fundraising activities, i.e., t-shirt sales

[ ] Residency fair

[ ] Individual donations

[ ] FMIG funding initiative (AAFP grant)

[ ] Other grants or awards

[ ] Residency programs

[ ] AHEC

[ ] Funding from AMSA, Primary Care Progress, or other student organizations (please specify)

[ ] Other: _____

Does your available funding match your FMIG's goals and activities?

( ) Yes

( ) No - not enough funds for goals and activities we would like to do

( ) No - more funding than we need for our goals and activities

How much funding did the FMIG receive from the following funding sources for the 2017-2018 academic year?

If you are not sure, please leave the box blank.

In the past year, with which of the following groups (if any) did your FMIG collaborate?

Select all that apply

[ ] American Medical Student Association (AMSA)

[ ] Student National Medical Association (SNMA)

[ ] Latino Medical Student Association (LMSA)

[ ] Another primary care interest group on campus (pediatrics, internal medicine):
_____

[ ] Another interest group or club that relates to family medicine or primary care (ex: rural medicine interest group, underserved medicine interest group):
_____

[ ] A student interest group outside of primary care (emergency medicine, orthopedic surgery):
_____

[ ] AAFP state/constituent chapter (i.e., [your city/county/state/territory] Academy of Family Physicians)

[ ] An FMIG at another campus or school

[ ] A community group

[ ] Residency program

[ ] Primary Care Progress chapter

[ ] Other (please specify): _____

[ ] None/did not collaborate

What level of support or involvement do you feel you get from your AAFP state/constituent chapter?

( ) None

( ) Very little

( ) Moderate amount

( ) A lot

( ) Too much

( ) Don't know what our AAFP state/constituent chapter is

Please indicate the extent to which the following statements apply to your FMIG by your agreement or disagreement.

All statements refer to your AAFP state or constituent chapter (ex: the Texas Academy of Family Physicians, the Uniformed Services Academy of Family Physicians, etc.)

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I'm not sure
My AAFP state/constituent chapter offers to help with FMIG activities or events.	( )	( )	( )	( )	( )	( )
My AAFP state/constituent chapter host or provides speakers for FMIG activities or events.	( )	( )	( )	( )	( )	( )
My AAFP state/constituent chapter provides leadership	( )	( )	( )	( )	( )	( )

opportunities for students from my school.					
My AAFP state/constituent chapter includes medical students from my school in its conferences and events.	( )	( )	( )	( )	( )	( )
My AAFP state/constituent chapter is an accessible resource to leaders from my FMIG to support our goals.	( )	( )	( )	( )	( )	( )
My AAFP state/constituent chapter is an essential partner for our FMIG.	( )	( )	( )	( )	( )	( )

Do medical students train with interprofessional students on your campus?

( ) Yes

( ) No

( ) Don't know

If so, in what ways?

_____

_____

_____

_____

Does your FMIG host any interprofessional students (pharmacy, nurse practitioner, dental, etc.) at its events?

( ) Yes

( ) No

( ) Don't know

Do you know who your FMIG Network Regional Coordinator is?

( ) Yes

( ) No

Do you receive communications about the AAFP through him or her?

( ) Yes

( ) No

( ) Don't know

Who is completing this survey?

Name: _____

Title: _____

Are you:

( ) A student

( ) A faculty member

( ) A staff member

Thank You!