

OVERALL AWARD

APPLICATIONS ARE DUE APRIL 1, AND CAN BE SUBMITTED ELECTRONICALLY VIA EMAIL TO

POE@AAFP.ORG. YOU MUST USE THIS TEMPLATE FOR YOUR APPLICATION. It is highly recommended that all writing and editing be completed in a shared document (like a Google Document) or in Word, especially if multiple people are contributing to or reviewing the application material. When ready to submit the application, transfer the information into this PDF. *Please fill in the following:*

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1.	Medical School Name: University of Washington School of Medicine and the WWAMI Program
2.	FMIG Name: University of Washington WWAMI FMIG
3.	Main Campus or Regionally Separated (branch) campus
	a: If regionally separated (branch) campus, name: Seattle, Spokane, Wyoming, Alaska, Montana, Idaho
4.	Number of students in your medical school: 1000
	a: If your campus is a regionally separated (branch) campus, number of students on your campus: 400
5.	Number of active FMIG members: 209 (across all regional campuses)
6.	Number of students serving in FMIG leadership positions: 19
	Check all that apply:
	☐ 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.).
8.	Has your FMIG applied for this award in the past: ● YES O NO
9.	Has your FMIG won this award in the past: ● YES O NO
Co	ntact information:
10.	Primary Student Leader Name: Anna May
11.	Primary Student Leader Email Address: amay4@uw.edu
	Primary Student Leader Phone: 206-427-7231
13.	FMIG Faculty Advisor Name(s): Tomoko Sairenji
14.	FMIG Faculty Advisor Email Address: sairenji@uw.edu
	FMIG Faculty Advisor Phone: 206-543-9425
16.	Institutional Mailing Address: 1959 NE Pacific St, Room E-304, Campus Box 356391, Seattle, WA 98195

CONTINUED



FMIG OPERATION

Please answer the following three questions to describe your FMIG's structure and approach to operation. These questions will help describe the environment and provide the background for the programming/initiatives/projects section of the application.

17. How is your FMIG structured? What roles do student leaders play?

The University of Washington School of Medicine WWAMI Family Medicine Interest Group (FMIG) has six sites throughout a five state region: Washington(Seattle and Spokane), Wyoming, Alaska, Montana, and Idaho. There are both WWAMI-wide and site specific FMIG initiatives, which are driven by student interest and coordination and supported by faculty advisors. Each sites has one or more student representatives on the WWAMI FMIG Steering Committee. The FMIG Steering Committee is led by Seattle student Anna May who works closely with the WWAMI FMIG Director Dr. Tomoko Sairenji and other student leads throughout the region to promote idea-sharing, inspiration and growth of the interest groups at all sites. In her role as faculty advisor, Dr. Sairenji also supports all of the FMIG faculty advisors at each site by sharing opportunities for faculty development, sources for funding, and information about student activities.

The FMIG Steering Committee meets over Zoom teleconferencing, and coordinates via email to share updates about various projects at each site and support a shared commitment to excellent primary care and promotion of wellness across a large geographic area. Because each site has different resources, the connections across sites throughout the region allows us to leverage the diversity of experience and expertise of students and faculty. For example, while some sites are able to recruit family medicine residents to be on a Q & A panel, others might not have that access. However, through the region-wide WWAMI FMIG, we are able to attend events (via the online Zoom platform) and learn about initiatives we would not otherwise.

Students in leadership positions on the steering committee as well as other members of FMIG drive the direction of FMIG activities by suggest initiatives, events or projects that they are passionate or curious about to the group.

Structure of FMIG at each individual site:

Seattle FMIG has an executive committee made up of eight students and three leads, who share responsibility for running Seattle FMIG meetings and initiatives. The three executive committee leads organize and facilitate monthly meetings, to which all members are invited. The other students on the executive committee act as leaders and facilitators of Seattle FMIG's initiatives, reporting back monthly to the full group and asking for advice and feedback in order to continually improve. However, any member of FMIG can propose and lead an initiative, whether that be a multi-year project or a one-time speaker panel. There is strong support from our faculty advisors (Dr. Tomoko Sairenji and Ivan Henson), who have institutional memory that help students pick up ongoing projects quickly and help our new ideas succeed. Seattle FMIG's lack of hierarchy promotes input from all member and helps accommodate the busy schedules and different interests within the group.

Spokane FMIG has two student leaders with one faculty advisor (Dr. Clint Hauxwell) and has been working on a variety of projects this year, including an event to teach students how to advocate for their patients through the state legislature. The student leaders are responsible for promoting workshops among classmates and planning food for events. They are also responsible for recruiting family physicians to assist with or speak during workshops.

Wyoming FMIG has one leader for their interest group of 14 students. They have one faculty advisor (Dr. Yvette Haeberle) who has been essential to establishing new events, and has started multiple projects since 2016 when their group was formed. The group also connects with community physicians to get their assistance with skills events. Most students in the Wyoming class of 20 participate in the skills events but the group also teams up with other interest groups including ACEs and Health Equity Circle to host movie events related to current events. Considering the current class will remain in Wyoming for their entire pre-clinical phase for the first time next year, Wyoming FMIG is focused on building a strong foundation to maintain two years of FMIG representatives at the Wyoming site.

Alaska FMIG has structured roles for its student leaders, including two Presidents, a Community Service Coordinator, Secretary/Treasurer, and a Representative that coordinates with the other sites in the region as part of the FMIG Steering Committee. The student leaders decide the goals and priorities of the group. Their faculty advisor (Dr. Rachel Samuelson) is a community family physician who supports the students in establishing new events and finding scholarship opportunities to attend the AAFP National Conference.

Montana FMIG currently has two co-leaders, who work to provide family medicine-related opportunities for their classmates and to equally represent the interests of the FMIG members. As co-leads, they are not only able to share the workload, but collaboration also allows them to combine ideas and therefore provide more diverse events. Student leaders host panels, provide hands-on workshops and practicums, organize guest speakers, and work as a team with other student-led interest groups to provide inter-specialty events. Their faculty advisor is Zach Meyers.

18. Describe your FMIG's mission and goals.

As a whole, the WWAMI FMIG strives to provide exposure to family medicine, promote the value in patient care in family medicine, and provide opportunities to those considering a career in family medicine to explore the vast opportunities for practice in this diverse field. Student leaders at all sites play an important role in sharing ideas and opportunities to enhance required coursework in the University of Washington School of Medicine's curriculum. Events and workshops supported by FMIG are also open to students outside the interest group membership with the understanding that the principles of primary care are foundational for all medical specialties.

Mission and Goals at Each Individual Site:

Seattle FMIG seeks to expose students to activities that showcase the discipline of family medicine. They strive to educate and encourage a career in family medicine through acts of service, workshops, information sessions, and social events.

Spokane FMIG strives to promote diversity in the scope of practice in family medicine and provide opportunities for students to expand their knowledge and skills through workshops. We aim to help unite the Spokane medical community by holding events in which students can learn from local family care physicians.

Wyoming FMIG is dedicated to promoting the importance of family medicine and diverse opportunities available in the field.

Alaska FMIG strives to cultivate interest in family medicine, aid in professional development, provide an outlet for serving our community, and promote social activities for our members. They do this through assisting in residency searches, aiding in understanding the match and introducing skills and knowledge through workshops. They are committed to outreach and service by partnering with community groups to give back. Advocacy is also promoted here, by recognizing the importance of shaping their healthcare policy through government interactions, the public, and physician organizations at local, state, and national levels.

19. Describe the role of your FMIG Faculty Advisor.

Dr. Tomoko Sairenji and Ivan Henson serve as the faculty advisors to the regional WWAMI FMIG. support student initiatives, facilitate communication between the Department of Family Medicine, community physicians and FMIG and provide logistical support for events, especially those open to the whole region through Zoom.

The advisors at each regional site are instrumental in creating a cohesive and productive WWAMI FMIG. The projects handed down at each site to new students are supported by the advisors, and they have been essential in creating new projects at the sites. There are common themes throughout the sites within the role of the FMIG advisor. This includes assisting with workshops, panels and talks that fit the goals of the group. They connect students to resources available locally, within the WWAMI network and nationally. They are also key in providing students the resources for new events and workshops.

FMIG PROGRAMMING, INITIATIVES, AND PROJECTS

In this section of the application, please describe your FMIG programming. Each block of questions should reflect one program, initiative, or project. In total, you may submit eight programs, initiatives, or projects, meaning that you may fill out the block of questions up to eight times total to reflect up to eight individual programs, initiatives, or projects.

While there is an eight program/initiative/project maximum, there is NO MINIMUM. You are not required to fill out eight separate entries. Certain programs can be combined into one entry. For example, National Primary Care Week Celebration can be one programming entry, and you can describe the week's activities and how they fit into that initiative.

Questions during the application process can be directed to Marselle Bredemeyer at poe@aafp.org or (913) 906-6368.

PROGRAM/PROJECT/INITIATIVE 1		
Title of FMIG event, project, or initiative: Family Medicine Mentorship	Program	
Date(s) and time(s) held: 10/2018 - present		
Number of students/student work hours it took to organize: 5 students/	variable hours	
Number of students who participated: 62		
Choose the categories that apply. Please choose all that apply, but be disc your program/initiative/project.	cerning with your selections. Chosen categories should strongly apply to	
 Community service: This is something your FMIG does for the community. Professional development: This is something your FMIG does to promote professional and/or leadership development among your members. 	 Promoting the scope and diversity of family medicine: What your FMIG does to educate students and increase their understanding of and appreciation for the broad range of opportunities in family medicine. Current issues or innovations in family medicine. 	
Exposure to family medicine and family physicians: This is something your FMIG does to expose its members to family physicians in your medical school or the community.	 New event for this FMIG. Significant changes/improvement made on an existing FMIG program. Collaboration with another campus group. 	
☐ Promoting the value of family medicine as primary care: This is something your FMIG does to tell members about the role of family medicine in enhancing primary care. This could include the patient-centered medical home, primary care workforce, National Primary Care Week	Please indicate which group (SNMA, another primary care interest group, etc.): Other:	

Please describe the event, project, or initiative. Your answers should reflect the program, its goals and objectives, details about how the idea was generated, how the program was set up, collaboration or community participation, FMIG leader roles, FMIG Faculty Advisor roles, how family medicine was communicated through the initiative, program execution and student participation, and how your FMIG evaluated success of the program to plan for the future. If this was an existing program, what changes and improvements did your FMIG make this year? You will have a 750 word count limit for this section.

Activities, or other collaborations with primary care interest groups.

The goal of this program is to connect people early in their medical careers with people in Family Medicine. This new FMIG program began in fall 2018 by surveying students, residents and physicians across the WWAMI region about their interest in acting as a mentor or being mentored by someone involved in Family Medicine. Seattle FMIG facilitated the matching of mentors and mentees through a survey of preferences and created over 30 mentor-mentee pairs. Mentor-mentee pairs were introduced via email and given suggestions of ways to connect. FMIG provides support to the mentor-mentee pairs and sends out regular surveys to ensure mentor-mentee relationships are beneficial to both parties. The Seattle FMIG is planning a social for mentors and mentees during graduation in the spring.

PROGRAM/PROJECT/INITIATIVE 2	
Title of FMIG event, project, or initiative: Advocacy in Medicine	
Date(s) and time(s) held: 9/2018 - present	
Number of students/student work hours it took to organize: Varies	
Number of students who participated: 32	
 Choose the categories that apply. Please choose all that apply, but be disc your program/initiative/project. 	erning with your selections. Chosen categories should strongly apply to
 Community service: This is something your FMIG does for the community. Professional development: This is something your FMIG does to promote professional and/or leadership development among your members. 	 Promoting the scope and diversity of family medicine: What your FMIG does to educate students and increase their understanding of and appreciation for the broad range of opportunities in family medicine. Current issues or innovations in family medicine.
Exposure to family medicine and family physicians: This is something your FMIG does to expose its members to family physicians in your medical school or the community.	 New event for this FMIG. Significant changes/improvement made on an existing FMIG program. Collaboration with another campus group.
Promoting the value of family medicine as primary care: This is something your FMIG does to tell members about the role of family medicine in enhancing primary care. This could include the patient-centered medical home, primary care workforce, National Primary Care Week	Please indicate which group (SNMA, another primary care interest group, etc.): Other:

Please describe the event, project, or initiative. Your answers should reflect the program, its goals and objectives, details about how the idea was generated, how the program was set up, collaboration or community participation, FMIG leader roles, FMIG Faculty Advisor roles, how family medicine was communicated through the initiative, program execution and student participation, and how your FMIG evaluated success of the program to plan for the future. If this was an existing program, what changes and improvements did your FMIG make this year? You will have a 750 word count limit for this section.

Activities, or other collaborations with primary care interest groups.

In the past year, Seattle FMIG has established a new partnership with the Washington chapter of Physicians for Social Responsibility (WPSR) with the goal of learning from their work and experience advocating for policy change that will benefit the health of patients and populations. Dr. Sairenji, the FMIG advisor is the new faculty advisor for WPSR and provides a ready link for collaboration between FMIG and WPSR.

Spokane FMIG worked with the Washington State Medical Association (WSMA) and the Washington Academy of Family Physicians (WAFP) to host a workshop to help students understand the process of resolution writing to inform WSMA and WAFP policy and promote health advocacy at the state legislative level. As future primary care providers, students gained a background on how to advocate for their patients. This event was targeted toward UW students, WSU medical students, UW physician assistant students, and local medical residents.

Following the advocacy workshop described above, Spokane UWSOM FMIG collaborated with the WSU FMIG and WSMA leaders to organize a medical advocacy resolution writing workshop. It was a hands-on workshop designed to put skills learned in the initial advocacy workshop into practice. This workshop had around 30 attendees.

Spokane FMIG organized a panel of transgender patients from the patient panels of two local physicians. FMIG leaders voiced questions written by the student audience regarding the patients' interactions with the healthcare system. This event served to provide perspective on barriers to primary care in the Spokane transgender community and equip future family physicians to advocate for their patients. This workshop had 20 attendees.

PROGRAM/PROJECT/INITIATIVE 3	
Title of FMIG event, project, or initiative: Skills Workshops	
Date(s) and time(s) held: Varies	
Number of students/student work hours it took to organize: Varies	
Number of students who participated: Varies, 10-45	
Choose the categories that apply. Please choose all that apply, but be disc your program/initiative/project.	erning with your selections. Chosen categories should strongly apply to
 Community service: This is something your FMIG does for the community. Professional development: This is something your FMIG does to promote professional and/or leadership development among your members. 	 Promoting the scope and diversity of family medicine: What your FMIG does to educate students and increase their understanding of and appreciation for the broad range of opportunities in family medicine. Current issues or innovations in family medicine.
■ Exposure to family medicine and family physicians: This is something your FMIG does to expose its members to family physicians in your medical school or the community.	 □ New event for this FMIG. □ Significant changes/improvement made on an existing FMIG program.
Promoting the value of family medicine as primary care: This is something your FMIG does to tell members about the role of family medicine in enhancing primary care. This could include the nations entered	Collaboration with another campus group. Please indicate which group (SNMA, another primary care interest group, etc.): Alaska Surgery Interest Group, Orthopedic IG

Please describe the event, project, or initiative. Your answers should reflect the program, its goals and objectives, details about how the idea was generated, how the program was set up, collaboration or community participation, FMIG leader roles, FMIG Faculty Advisor roles, how family medicine was communicated through the initiative, program execution and student participation, and how your FMIG evaluated success of the program to plan for the future. If this was an existing program, what changes and improvements did your FMIG make this year? You will have a 750 word count limit for this section.

☐ Other:_

These workshops are designed to expose students to the wide variety of skills that family medicine physicians might use in their practices. By partnering with other interest groups and providers, many regional FMIGs were able to host a variety of workshops.

medical home, primary care workforce, National Primary Care Week

Activities, or other collaborations with primary care interest groups.

Spokane FMIG has organized and executed a number of skills workshops including an intrauterine device workshop, a delivery/pelvic exam workshop, a suturing workshop, a dermatology workshop, and a casting workshop. They were all well attended, averaging more than 50% of current students in attendance.

In collaboration with the Surgery Interest Group, Alaska FMIG held a suture workshop which was taught by a handful of emergency medicine physicians and surgeons and was aimed at helping introduce students to a basic stitch. Physicians from two nearby hospitals volunteered their time to teach at the workshop. Alaska also ran a casting workshop taught by an orthopedic surgeon and involving the Orthopedic Interest Group. Alaska FMIG also ran an ultrasound skills workshop taught by a radiologist, with the assistance of a senior radiology technologist student. The workshop was aimed at introducing basic ultrasound technique to the medical students, while allowing guided practice.

Montana FMIG hosted a Splinting & Casting Workshop last fall that consisted of two orthopedic surgeons, and one family medicine physician. This workshop began with an introduction to casting and splinting that included the scenarios appropriate for cast placement, instruction regarding how to apply the cast, and when it is appropriate to remove the cast. The physicians kindly supplied materials for each of the students to practice casting and splinting on one another. Once everyone placed a cast, students were able to remove the casts using a cast saw. Approximately 45 students attended this workshop, including both MS1 and MS2 students.

Montana FMIG hosted an EKG Workshop early in winter quarter to complement the MS1 cardiovascular curriculum; the workshop was led by two family medicine physicians. For this workshop, the student leaders collaborated with the local Gallatin Valley Fire Department in order to obtain an EKG monitor and rhythm generator for the workshop. This workshop began with a brief overview of EKGs and included a discussion of the role they may play in the rural Montana hospital setting. The remainder of the workshop consisted of 10 cases, with variable presentations, and each case was approached with a systematic method: rate, rhythm, axis, intervals, ischemia, etc. After each case was reviewed as a group, students were afforded the opportunity to practice lead placement on one another, and to review additional rhythms not represented in the cases by using a rhythm generator.

Wyoming FMIG worked with two providers to learn the basics of suturing. Additionally in collaboration with the Laramie Fire Department, Wyoming FMIG conducted an IV Placement workshop. They were educated on the supplies and proper aseptic technique to initiate intravenous lines. Students then familiarized themselves with the supplies by placing an IV on fellow students while a faculty member observed their technique. The workshop helped provide an understanding of what patients and staff members go through on a daily basis.

PROGRAM/PROJE		
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Activities, or other collaborations with primary care interest groups.

Title of FMIG event, project, or initiative: Service and Pipeline Partnerships	
Date(s) and time(s) held: Varies	
Number of students/student work hours it took to organize: Varies	
Number of students who participated: Varies	
 Choose the categories that apply. Please choose all that apply, but be disc your program/initiative/project. 	erning with your selections. Chosen categories should strongly apply to
 Community service: This is something your FMIG does for the community. Professional development: This is something your FMIG does to promote professional and/or leadership development among your members. 	 Promoting the scope and diversity of family medicine: What your FMIG does to educate students and increase their understanding of and appreciation for the broad range of opportunities in family medicine. Current issues or innovations in family medicine.
☐ Exposure to family medicine and family physicians: This is something your FMIG does to expose its members to family physicians in your medical school or the community.	 ■ New event for this FMIG. ■ Significant changes/improvement made on an existing FMIG program
☐ Promoting the value of family medicine as primary care: This is something your FMIG does to tell members about the role of family medicine in enhancing primary care. This could include the patient-centered medical home, primary care workforce, National Primary Care Week	☐ Collaboration with another campus group. Please indicate which group (SNMA, another primary care interest group, etc.): ☐ Other:

Please describe the event, project, or initiative. Your answers should reflect the program, its goals and objectives, details about how the idea was generated, how the program was set up, collaboration or community participation, FMIG leader roles, FMIG Faculty Advisor roles, how family medicine was communicated through the initiative, program execution and student participation, and how your FMIG evaluated success of the program to plan for the future. If this was an existing program, what changes and improvements did your FMIG make this year? You will have a 750 word count limit for this section.

Seattle FMIG's Primary Care Leadership Collaborative (PCLC) project is a program that aims to increase the diversity of those aspiring to enter the healthcare profession. The overarching goal is to introduce under-represented minority (URM) groups students to the healthcare field and help them prepare for this journey. We continue to partner with Federal Way High School. PCLC has organized two half-day workshops for high school students to learn about medicine and other health professions in partnership with other programs including social work, nursing and physical and occupational therapy. The workshops include teaching students hands-on skills as well as discussing advice for those interested in pursuing careers in the health sciences. The third workshop is planned for the end of April.

Seattle FMIG supports ROOTS youth shelter by organizing six monthly breakfast crews comprised of medical students and other health professions students. Students cooks breakfast and serve it to youth experiencing homelessness in the university's neighborhood. In addition, FMIG organizes monthly bake sales to support the shelter and to raise awareness about FMIG's work and the challenges facing youth in our neighborhood. This program is designed to support a local organization doing good work and to equip future family physicians to advocate for their patients.

Seattle FMIG also has a new partnership with Amara, which is a foster and adoption support agency in Columbia City, Seattle. They run an emergency foster care home for kids age 0-12 in their first few days of out of home care. All kids that stay there have been brought by child protective services because of alleged abuse or neglect until a longer term foster care home or relative placement can be found. Some kids get to go back home to their parents after a few days depending on the case. Since there are not enough foster care homes, kids often stay in a social worker's office or in a hotel if there are not places like the Amara Emergency Foster Care home. FMIG has recruited and begun to train volunteers for 4 to 10 hour shifts at Amara. The volunteer works with an Amara staff member to care for the 1 to 5 kids there. The goal of the program is to support an organization doing important work in providing a calm and caring presence in the midst of one of the most chaotic moments in a child's life. In addition, FMIG hopes to better prepare future family physicians to support patients and children who have experience in the foster care system.

PROGRAM/PROJECT/INITIATIVE 5

Activities, or other collaborations with primary care interest groups.

Title of FMIG event, project, or initiative: Prevention/Chronic Disease Management and Education Programs		
Date(s) and time(s) held: Varie	S	
Number of students/student wo	rk hours it took to organize: Varies	
Number of students who partici		
Choose the categories that app your program/initiative/project.	y. Please choose all that apply, but be disc	cerning with your selections. Chosen categories should strongly apply to
☐ Professional development: The	nething your FMIG does for the community. nis is something your FMIG does to leadership development among your	 Promoting the scope and diversity of family medicine: What your FMIG does to educate students and increase their understanding of and appreciation for the broad range of opportunities in family medicine. Current issues or innovations in family medicine.
,	and family physicians: This is something members to family physicians in your unity.	 □ New event for this FMIG. □ Significant changes/improvement made on an existing FMIG program
thing your FMIG does to tell m in enhancing primary care. Th	medicine as primary care: This is some- lembers about the role of family medicine is could include the patient-centered vorkforce, National Primary Care Week	Collaboration with another campus group. Please indicate which group (SNMA, another primary care interest group, etc.):

Please describe the event, project, or initiative. Your answers should reflect the program, its goals and objectives, details about how the idea was generated, how the program was set up, collaboration or community participation, FMIG leader roles, FMIG Faculty Advisor roles, how family medicine was communicated through the initiative, program execution and student participation, and how your FMIG evaluated success of the program to plan for the future. If this was an existing program, what changes and improvements did your FMIG make this year? You will have a 750 word count limit for this section.

Tar Wars is an AAFP program aimed at 4th and 5th grade students. This national program began in 1988 and Seattle FMIG has been part of it for the last 10 years. We reach out to King County public schools to set up presentation times, then teach the elementary students about the life-long health impacts of tobacco use, with the goal of intervening before they even try tobacco products. We also address the cost of using tobacco, the strategies that advertisers use to promote tobacco products to youth (especially newer products such as JUUL), and discuss ways to say no if tobacco products are offered to them. Presenters usually end by showing the kids healthy versus smoke-damaged pig lungs to show the effects of smoking on their anatomy.

Volunteer medical students are trained each autumn to prepare them for delivering 45-60 minute presentations. They are givenactivity options to pick from so that they can engage each classroom in whatever way they feel is best. This program runs smoothly thanks to our student leaders and generally requires minimal help from of our advisors.

Over the past year, Tar Wars has expanded to partner with the Doctor for a Day program at UWSOM. This has provided an opportunity to test modified versions of our presentation material to older, high school-aged students. This partnership has been successful; we have found ways to engage an older audience and prompt important discussions of what substance use looks like in these teenager's lives. As we are taught in family medicine, we have tried to focus on prevention and encourage these high schoolers to find ways to advocate for their own health even before they become adults.

In terms of chronic disease management, the Wyoming FMIG runs a Glucometer project at the Downtown Clinic of Laramie with the goal of providing community members living with diabetes and teaching them how to use glucometers. The project also helps to educate future providers about the best way to partner with patients to promote diabetes management. Our mission is to provide adequate information for patients at the clinic so that they can monitor their blood glucose levels and control their diabetes. The clinic serves low-income and uninsured citizens of Albany County. The Downtown Clinic is transitioning their diabetic patients to a new glucometer, and needed assistance from the Wyoming FMIG students in educating patients on how to use the new glucometers.

PROGRAM/PROJECT/INITIATIVE 6		
Title of FMIG event, project, or initiative: Diversity of Family Medicine		
Date(s) and time(s) held: Varies		
Number of students/student work hours it took to organize: Varies		
Number of students who participated: Varies		
Choose the categories that apply. Please choose all that apply, but be disc your program/initiative/project.	erning with your selections. Chosen categories should strongly apply to	
 Community service: This is something your FMIG does for the community. Professional development: This is something your FMIG does to promote professional and/or leadership development among your members. 	 Promoting the scope and diversity of family medicine: What your FMIG does to educate students and increase their understanding of and appreciation for the broad range of opportunities in family medicine. Current issues or innovations in family medicine. 	
Exposure to family medicine and family physicians: This is something your FMIG does to expose its members to family physicians in your medical school or the community.	 New event for this FMIG. Significant changes/improvement made on an existing FMIG program. Collaboration with another campus group. 	
■ Promoting the value of family medicine as primary care: This is something your FMIG does to tell members about the role of family medicine in enhancing primary care. This could include the patient-centered medical home, primary care workforce. National Primary Care Week	Please indicate which group (SNMA, another primary care interest group, etc.): Spokane OBGYN Interest Group	

Please describe the event, project, or initiative. Your answers should reflect the program, its goals and objectives, details about how the idea was generated, how the program was set up, collaboration or community participation, FMIG leader roles, FMIG Faculty Advisor roles, how family medicine was communicated through the initiative, program execution and student participation, and how your FMIG evaluated success of the program to plan for the future. If this was an existing program, what changes and improvements did your FMIG make this year? You will have a 750 word count limit for this section.

Activities, or other collaborations with primary care interest groups.

This project is an ongoing effort to expose students to family medicine providers that work in a variety of settings with a variety of patient populations. Student leaders at each regional site have proposed a variety of panel discussions and events to which FMIG advisors help recruit physicians.

Seattle FMIG hosted daily lunch and dinner speaker events during National Primary Care Week. These included an open house with the Department of Family Medicine, Working with Individuals with Intellectual and Developmental Disabilities, Caring for LGBTQ Patients in a Primary Care Setting, Prison Medicine, Addiction and Advocacy, HIV and Primary Care, What is Family Medicine in Different Settings? and Institutional Racism.

Spokane FMIG is hosting a 'Careers in Family Medicine' panel where students were introduced to local providers who practice in a wide variety of settings, including hospice, OBGYN, administration, and rural healthcare. In addition, we held skills workshops attended by local family medicine physicians to answer questions students had about procedures or family medicine in general. All participants had opportunities for exposure to family medicine physicians practicing a broad scope of medicine. For the obstetrics and gynecology oriented workshops, FMIG leaders collaborated with UW-Spokane's new OBGYN interest group.

Wyoming FMIG facilitated discussion with rural primary care providers who established a direct primary care model and attest to the benefits to their community. The refreshing outlook highlighted the diverse opportunities available to primary care providers.

Alaska FMIG hosted a "What is Family Medicine?" panel to expose students to the field and demonstrate the diversity within family medicine.

Montana FMIG hosts physician panels as a method for students to discuss the rewards and challenges integral to a career in family medicine, and to ask questions and elicit opinions from community physicians.

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Title of FMIG event, project, or initiative: Baby Delivery Programs	
Date(s) and time(s) held: Year-round	
Number of students/student work hours it took to organize: Varies	
Number of students who participated: Varies	
Choose the categories that apply. Please choose all that apply, but be disc your program/initiative/project.	erning with your selections. Chosen categories should strongly apply to
 Community service: This is something your FMIG does for the community. Professional development: This is something your FMIG does to promote professional and/or leadership development among your members. 	 Promoting the scope and diversity of family medicine: What your FMIC does to educate students and increase their understanding of and appreciation for the broad range of opportunities in family medicine. Current issues or innovations in family medicine.
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Promoting the value of family medicine as primary care: This is something your FMIG does to tell members about the role of family medicine in enhancing primary care. This could include the patient-centered medical home, primary care workforce, National Primary Care Week Activities, or other collaborations with primary care interest groups.	 □ Collaboration with another campus group. Please indicate which group (SNMA, another primary care interest group, etc.): □ Other:

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Please describe the event, project, or initiative. Your answers should reflect the program, its goals and objectives, details about how the idea was generated, how the program was set up, collaboration or community participation, FMIG leader roles, FMIG Faculty Advisor roles, how family medicine was communicated through the initiative, program execution and student participation, and how your FMIG evaluated success of the program to plan for the future. If this was an existing program, what changes and improvements did your FMIG make this year? You will have a 750 word count limit for this section.

These programs aim to provide an opportunity to see the breadth of what a family medicine physician can do. It reinforces continuity of care, shows the unique provider-patient relationship, and gives another dimension to family medicine students might not have considered before. Family physicians are extremely important in the care of their patients, and build life-long relationships with them. Expectant mothers might feel much more comfortable with their family physician delivering their baby, and offers yet another important role of family medicine physicians.

Idaho FMIG planned a baby delivery workshop since many people in their class voiced an interest in knowing more about the process of delivering a baby, and there is no OB/GYN interest group. While this might be more aligned with OB/GYN, it is not uncommon in rural settings for family practice physicians to perform deliveries. Additionally, they plan to work with local providers to lead a workshop so that students can be prepared when they have the opportunity to watch or assist in a delivery during rotations or preceptorships.

The Baby Beeper program currently runs at four regional sites and provides students with the opportunity to be paged for a delivery. The Seattle Baby Beeper program has two parts. First, students round with the inpatient family medicine team during the week they're holding the "baby beeper." This also creates a "warm handoff," in which the Family Medicine residents are familiar with the student each week and are more comfortable including them in a delivery. Second, students are called to be present at any births that happen during that week.

Title of FMIG event, project, or initiative: Primary Care Skills Elective (Course
Date(s) and time(s) held: 9/2018 - 12/2018	
Number of students/student work hours it took to organize: Varies	
Number of students who participated: 40	
Choose the categories that apply. Please choose all that apply, but be disc your program/initiative/project.	erning with your selections. Chosen categories should strongly apply to
 Community service: This is something your FMIG does for the community. Professional development: This is something your FMIG does to promote professional and/or leadership development among your members. 	 Promoting the scope and diversity of family medicine: What your FMIG does to educate students and increase their understanding of and appreciation for the broad range of opportunities in family medicine. Current issues or innovations in family medicine.
■ Exposure to family medicine and family physicians: This is something your FMIG does to expose its members to family physicians in your medical school or the community.	 New event for this FMIG. □ Significant changes/improvement made on an existing FMIG program.
■ Promoting the value of family medicine as primary care: This is something your FMIG does to tell members about the role of family medicine in enhancing primary care. This could include the patient-centered medical home primary care workforce. National Primary Care Week	Collaboration with another campus group. Please indicate which group (SNMA, another primary care interest group, etc.):

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Activities, or other collaborations with primary care interest groups.

Please describe the event, project, or initiative. Your answers should reflect the program, its goals and objectives, details about how the idea was generated, how the program was set up, collaboration or community participation, FMIG leader roles, FMIG Faculty Advisor roles, how family medicine was communicated through the initiative, program execution and student participation, and how your FMIG evaluated success of the program to plan for the future. If this was an existing program, what changes and improvements did your FMIG make this year? You will have a 750 word count limit for this section.

This year Seattle FMIG offered our FMIG Elective Course for the third time. This effort started in 2016 to consolidate eight discrete skills workshops into a longitudinal course that 1st and 2nd year students can take for credit. The FMIG Faculty Advisor was the course director and submitted grades (pass/fail). Each day of workshops was coordinated by a different Seattle FMIG student leaderOne key point of this course was to call it Primary Care Skills workshop and to keep it open for all comers; students who may not sign up if it was a Family Medicine course.

7 family medicine residency programs from Washington state and one program from Oregon offered 8 workshops on topics: Splinting, Addiction Medicine, OB skills, Motivational Interviewing, Contraceptive Counseling, Suturing, Vaginal Delivery and EKG Interpretation from October to December of 2018. Each session consisted of two 75-minute workshops, and then a required lunch panel. Lunch was a Q&A panel that opened by letting each resident talk about why they chose Family Medicine and/or their specific program and then allowed for student questions. Other topics discussed were variations in Family Medicine practice across the country, incorporating OB practice into Family Medicine, fellowships, and characteristics of residency programs, and how to prepare for clerkships.

In total, we had had 40 students enroll, and 100% completed the course feedback survey. When asked "how effective was the course overall in contributing to your knowledge and clinical skills in primary care?" the average rating was 4.4/5. There were numerous comments on how the breadth of Family Medicine was surprising to students. We collected feedback on the content of each workshop and will be providing this to the residency programs to help them refine their presentations for next year.