

# FMIG Program of Excellence (PoE) Application

**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:*

1. Medical School Name: Stanford University School of Medicine
2. FMIG Name: Stanford Family Medicine Interest Group
3. ☒ Main Campus or ☐ Regionally Separated (branch) campus  
a: If regionally separated (branch) campus, name: \_\_\_\_\_
4. Number of students in your medical school: 500  
a: If your campus is a regionally separated (branch) campus, number of students on your campus: \_\_\_\_\_
5. Number of active FMIG members: 20 - 25
6. Number of students serving in FMIG leadership positions: 3
7. 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 ☒ NO
9. Has your FMIG won this award in the past: ☐ YES ☒ NO

**Contact information:**

10. Primary Student Leader Name: Jimmy Zheng
11. Primary Student Leader Email Address: jimmyz1@stanford.edu
12. Primary Student Leader Phone: \_\_\_\_\_
13. FMIG Faculty Advisor Name(s): Tamara Montacute; Erika Schillinger; Tracy Rydel
14. FMIG Faculty Advisor Email Address: tamaram@stanford.edu; erikas@stanford.edu; tarydel@stanford.edu
15. FMIG Faculty Advisor Phone: \_\_\_\_\_
16. Institutional Mailing Address: PEEME-PCPH, 1215 Welch Road, Modular H, Stanford, CA 94305

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**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?

FMIG at Stanford University School of Medicine is run by 3 student leaders every year who work in close proximity with faculty, administrative staff, and other student organizations to increase the visibility of family medicine and primary care on campus. Student leaders are newly self-selected every year—a fresh, fierce cohort carrying on the torch and bringing innovative ideas to life. Uniquely, we represent both the MD and physician assistant (PA) student communities at Stanford, which facilitates valuable interprofessional crosstalk and collaboration.

All student leaders are rising 2nd years in their respective programs. They oversee the organization from April of their 1st year to April of their 2nd year. This affords the organization 1 to 2 months (April and May) before the end of the school year to smoothly transition and onboard the new cohort. Over the summer, the new leadership team collaborates with faculty advisors to brainstorm ideas, review areas for improvement, and begin program planning and execution. Student leaders are additionally responsible for intramural funding applications and facility reservations as needed.

18. Describe your FMIG's mission and goals.

The Stanford FMIG aims to provide the medical student community with early exposure to the field of family medicine and to support the career development of interested students. We aim to create a centralized academic 'home' that unifies resources in research, clinical practice, medical education, and longitudinal mentorship, making them accessible to students exploring careers in family medicine, preventative medicine, and population health. Stanford FMIG also serves as a convener to allow students to engage in current primary care topics such as health care reform, innovative care models, and reduction of health disparities.

To carry out our mission, we commit to putting on one major program each year, which either involves a sizeable number of participants or spans a substantial part of the year. We additionally plan for 2 to 3 smaller projects, targeting topic areas that have received less attention in previous years, such as research or mentorship opportunities. In doing so, we hope to carve out abundant spaces for students to explore family medicine at an academic medical center where these opportunities may otherwise be overshadowed by highly specialized research and patient care.

19. Describe the role of your FMIG Faculty Advisor.

Our FMIG Faculty Advisors play the crucial role of mentoring the student leaders, facilitating the brainstorming process, and helping plan the events. They serve as a nexus between the leadership team and the vast network of family medicine physicians at Stanford and in the community. This becomes particularly crucial when developing programs that require substantial faculty support or supervision, especially given that Stanford does not have a dedicated department of family medicine. Furthermore, Faculty Advisors may offer the group extracurricular opportunities as well as additional funding as available.

## 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](mailto:poe@aafp.org) or (913) 906-6368.*

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**PROGRAM/PROJECT/INITIATIVE 1**

- Title of FMIG event, project, or initiative: “Primary Care Defined: Perspectives and Procedures” Pre-Clerkship Elective Course
- Date(s) and time(s) held: September 23, 2019 to November 18, 2019, every Monday, 12:30-1:30pm
- Number of students/student work hours it took to organize: 3 students, 300 total hours
- Number of students who participated: 40 - 45
- Choose the categories that apply. Please choose all that apply, but be discerning with your selections. Chosen categories should strongly apply to your program/initiative/project.
 

<ul style="list-style-type: none"> <li><input type="checkbox"/> Community service: This is something your FMIG does for the community.</li> <li><input type="checkbox"/> Professional development: This is something your FMIG does to promote professional and/or leadership development among your members.</li> <li><input checked="" type="checkbox"/> 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.</li> <li><input checked="" type="checkbox"/> 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.</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 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.</li> <li><input type="checkbox"/> Current issues or innovations in family medicine.</li> <li><input checked="" type="checkbox"/> New event for this FMIG.</li> <li><input type="checkbox"/> Significant changes/improvement made on an existing FMIG program.</li> <li><input type="checkbox"/> Collaboration with another campus group. Please indicate which group (SNMA, another primary care interest group, etc.): _____</li> <li><input type="checkbox"/> Other: _____</li> </ul>
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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.

In Summer 2019, FMIG student leaders came together with two separate ideas: 1) procedural workshops to highlight the technical aspects of family medicine and 2) “real talk” on the value of primary care by family medicine clinicians. The dovetailing of the two formed the genesis of a novel pre-clerkship elective course titled “Primary Care Defined: Perspectives and Procedures.” This was our attempt to expand students’ conception of primary care and to improve interest in a career in family medicine. The elective consisted of procedural workshops showcasing common outpatient procedures performed in family medicine, followed by interactive sessions highlighting clinician perspectives. The main learning objectives were:

- Define primary care and its broad scope of practice, including procedural interventions
- Articulate the value of family medicine through the lens of the patient, clinician, and healthcare system
- Create connections with faculty, fellows, and residents in family medicine at Stanford and beyond
- Examine the rewards and challenges of a career in primary care
- Rank a career in family medicine and primary care higher than at baseline

This elective was designed as a weekly one-hour lunch seminar elective for pre-clerkship medical and PA students at the Stanford University School of Medicine. Following an introductory session, there were four case-based procedure workshops (abscess drainage, IUD insertion, shave biopsy, knee/shoulder injections) and four interactive sessions for a total of nine classes. Workshops spotlighted procedures such as shave biopsy and joint injections, starting with a patient case, then a procedural demonstration, and finally small-group practice. The four interactive sessions that followed addressed key topics such as work-life fit, salary, and post-training trajectories through panel discussions or small group breakouts with physicians, residents, and PAs. Speakers from family medicine and from across different practice settings were invited.

FMIG leaders, in close collaboration with all faculty advisors, developed the curriculum, solicited the supplies, generated publicity, facilitated or moderated each session, and administered course evaluations. FMIG Faculty Advisors were critical in recruiting faculty supervisors for the procedural workshops, along with resident and attending panelists for the perspective-based sessions. We had a total of 18 Stanford or community leaders speak during the course, many of whom practice family medicine full-time while pursuing diverse passions on the side. We additionally invited a patient family to share their experience with their family medicine doctors at our final session. To evaluate the success of this elective, we requested formal feedback from enrolled students via weekly surveys. We also administered quantitative pre- and post-course surveys on their interest in and attitudes toward primary care compared to a control group.

In total, we had a median of 37 students attending each session. Based on formal qualitative feedback, students favored the relatively small class size, high faculty-to-student ratio, and diversity of skills learned. They offered constructive feedback including allotting more time for procedural walkthroughs and reorganizing learning stations for smooth workflow. Students also stressed the value of hearing honest perspectives from clinicians on important topics like income, job complexity, and career opportunities. The quantitative surveys indicated that enrollees rated their interest in primary care after the course significantly higher compared to the control group. They also scored more positively than controls on statements regarding compensation, scope of practice, and job fulfillment. We are currently in the process of submitting these results and implications to an academic journal.

In summary, our elective broadened students’ understanding of the scope and diversity of family medicine, along with the many available opportunities beyond clinical medicine, including health policy, underserved care, and digital health. The impact of our elective is best encompassed in the positive student feedback we received; one described the elective as “very educational for me, who previously didn’t have primary care anywhere on the map. Hearing these perspectives changed the game for me!”

**PROGRAM/PROJECT/INITIATIVE 2**

- Title of FMIG event, project, or initiative: FMIG Outpatient Procedures Dinner Workshop
- Date(s) and time(s) held: February 24, 2020, 5:30-7:30pm
- Number of students/student work hours it took to organize: 3 students, 20 total hours
- Number of students who participated: 19
- Choose the categories that apply. Please choose all that apply, but be discerning with your selections. Chosen categories should strongly apply to your program/initiative/project.
 

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Given the high level of interest during our pre-clerkship elective during the Fall, we decided to offer the first of a recurring series of outpatient procedures dinner workshops the following academic quarter. Our goals were twofold:

- Expand students' understanding of the breadth of procedural opportunities available in family medicine
- Encourage close interactions between family medicine residents or physicians and participating students

FMIG leaders, under the guidance of our faculty advisors, developed the procedural curriculum, ordered and organized the supplies, generated publicity, and facilitated the workshop. We had 6 Stanford faculty and residents come in and teach students a range of procedures, including toenail removal, shave and punch biopsy, and abscess drainage. We set up a total of 4 learning stations and prepared a patient case for each station, resembling a typical encounter in a primary care setting. Facilitators, each assigned to a different station, then walked their small group of students through the procedure in stepwise fashion. Students rotated through each of the 4 stations. The entire workshop lasted about an hour and a half.

The workshop was attended by 19 students, many of whom had not previously participated in our elective sessions the prior quarter. Informal feedback obtained at the end of the workshop was highly positive. Most students expressed appreciation for the practical hands-on learning experience, as there are few similar workshops offered at the pre-clerkship student level. A handful additionally requested that similar workshops be offered in the future. Overwhelmingly, students were grateful for the incredible faculty and residents for their patience in teaching and generosity with their time.

We are excited to continue offering these types of workshops to pre-clerkship students once Stay-at-Home restrictions lift and in-person teaching can resume.

### PROGRAM/PROJECT/INITIATIVE 3

- Title of FMIG event, project, or initiative: Stanford Frontline Project for Primary Care Providers
- Date(s) and time(s) held: March 23, 2020 to June 2020, ongoing
- Number of students/student work hours it took to organize: 6 students, 200 total hours as of April 2020
- Number of students who participated: 15
- Choose the categories that apply. Please choose all that apply, but be discerning with your selections. Chosen categories should strongly apply to your program/initiative/project.
  - ☒ 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.
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  - ☐ 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.
  - ☒ New event for this FMIG.
  - ☐ Significant changes/improvement made on an existing FMIG program.
  - ☐ 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.

Stanford Frontline is a COVID-19 clinical consult service for frontline primary care clinicians, staffed by Stanford medical and physician assistant students who answer COVID-19-related questions through rigorous literature review and faculty oversight. The project was created by family medicine-interested medical students in response to a growing demand from clinicians for succinct, clinically relevant summaries of the popular and medical literature. Topics span the development of vaccines and antibody testing to clinical management and best practices for patients sheltering-in-place at home. Clinicians are able to submit questions through the Primary Care Portal, which is monitored daily by medical and physician assistant students. Our responses are 1-2 pages in length and generally take 2-3 days to turn around. In addition, they are both evidence-based, supported by established medical bodies (e.g., CDC, WHO, local and state health departments), and peer- and faculty-reviewed for clinical accuracy. Students additionally receive didactic sessions led by our Stanford Clinical Support Librarians. Lastly, we are currently expanding the Stanford Frontline clinical consult service to support local Federally Qualified Health Centers, while also creating a new division to address our local community's web of social determinants of health and health equity issues related to the COVID-19 pandemic.

In connecting students with family medicine providers, Stanford Frontline has the added advantage of exposing our students to the wide array of questions, practice settings, and concerns that our family medicine physicians are experiencing on the front lines. In addition, the core student team has received close mentorship from family medicine faculty members in setting up the project. Finally, first- and second-year students gain exposure to the field of Family Medicine by working with primary-care minded clerkship student topic leads. The project pipeline was conceptualized by Stanford FMIG clerkship students, Bright Zhou and Chris Calkins, and involves a team of 15 medical and PA students, as well as 13 family medicine and internal medicine faculty. Bright Zhou is currently evaluating the efficacy of this online service-learning and clinical research curriculum through an independent research project. As the project extends to the surrounding community, the team is also developing a Community-Based Participatory Research project to evaluate its efficacy. As of April 23, 2020, the team has already assembled a database of over 60 responses to clinician questions.

#### PROGRAM/PROJECT/INITIATIVE 4

- Title of FMIG event, project, or initiative: Stanford Student Community Outreach Pandemic Support (S-CORPS)
- Date(s) and time(s) held: April 2020 to July 2020, ongoing
- Number of students/student work hours it took to organize: 4 students, 100 total hours as of April 2020
- Number of students who participated: 16
- Choose the categories that apply. Please choose all that apply, but be discerning with your selections. Chosen categories should strongly apply to your program/initiative/project.
 

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The Stanford Student Community Outreach Pandemic Support (S-CORPS) is a pilot educational program developed during the COVID-19 pandemic to (1) create authentic virtual learning experiences that leverage the talents and commitments of medical students to enhance patient care; (2) amplify primary care physicians' impact and reduce their workload by sharing the care with medical students; (3) provide additional virtual outreach to our most vulnerable, isolated and potentially anxious patients.

This program is being offered as a course (FAMMED 280) during the Spring and Summer quarters this year. Each student is paired with a physician preceptor in the Stanford Primary Care and Population Health clinics including the Family Medicine, Internal Medicine, Chemical Dependency, Geriatrics, and Palliative Care disciplines. Each medical student, under the guidance of a primary care physician, is trained to do virtual weekly outreach/wellness checks for our most vulnerable primary care patients through a semi-structured interview format. Students also attend weekly virtual didactic and debriefing sessions with course faculty.

FMIG students and faculty leaders were involved in the development and execution of this course. We plan to assess the overall effectiveness of the program by surveying students, patients, and primary care providers / health care team members. To date, our patients have been incredibly grateful for the individualized wellness check-ins provided by students. Our students have enjoyed the opportunity to have meaningful patient interactions and develop mentoring relationships with their primary care preceptors, and our physicians have appreciated the ability to extend their reach by working with a motivated student. We look forward to continuing to grow and adapt this program over the coming months.



**PROGRAM/PROJECT/INITIATIVE 5**

- Title of FMIG event, project, or initiative: FMIG Panel on COVID-19: Leading with Primary Care
- Date(s) and time(s) held: May 1, 2020, 1:00-2:00pm
- Number of students/student work hours it took to organize: 3 students, 7 total hours
- Number of students who participated: 20 (estimated)
- Choose the categories that apply. Please choose all that apply, but be discerning with your selections. Chosen categories should strongly apply to your program/initiative/project.
 

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The FMIG Panel on COVID-19: Leading with Primary Care aims to highlight the work of Stanford family medicine clinicians on the frontlines of the COVID-19 pandemic. Through a public Zoom videoconference, we feature clinicians across the Stanford network, including Dr. Linda Barman, who has been leading the deployment of Stanford Express Care in getting patients out of the waiting room, and Dr. Amelia Sattler, who leads Quality Improvement in the Department of Primary Care and Population Health and has been running daily COVID-19 briefings for all primary care faculty. Topics covered include telehealth adaptation, care transformation in times of pandemic, the importance of urgent care, and strategies for patient care.

The goal is to publicize the vital role that primary care clinicians have in addressing the pandemic. The panel will be open not only to medical and PA students, but also to residents, faculty, undergraduates, and patient-family partners. This idea was developed by FMIG student leaders in conjunction with all faculty advisors, who offered suggestions for panelists to invite, possible questions for the discussion, and ideas for publicity. Student leaders drafted a flyer and agenda, reached out to the panelists, and coordinated event logistics.

We estimate that roughly 20 students will attend, not including other members of the community. As of April 28th, 2020, there have been 16 total RSVPs. We hope to gauge the success of this program based on a brief online feedback survey distributed at the end of the Zoom call and the level of participant engagement during the videoconference.



## PROGRAM/PROJECT/INITIATIVE 6

- Title of FMIG event, project, or initiative: \_\_\_\_\_
- Date(s) and time(s) held: \_\_\_\_\_
- Number of students/student work hours it took to organize: \_\_\_\_\_
- Number of students who participated: \_\_\_\_\_
- Choose the categories that apply. Please choose all that apply, but be discerning with your selections. Chosen categories should strongly apply to your program/initiative/project.
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## PROGRAM/PROJECT/INITIATIVE 7

- Title of FMIG event, project, or initiative: \_\_\_\_\_
- Date(s) and time(s) held: \_\_\_\_\_
- Number of students/student work hours it took to organize: \_\_\_\_\_
- Number of students who participated: \_\_\_\_\_
- Choose the categories that apply. Please choose all that apply, but be discerning with your selections. Chosen categories should strongly apply to your program/initiative/project.
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**PROGRAM/PROJECT/INITIATIVE 8**

- Title of FMIG event, project, or initiative: \_\_\_\_\_
- Date(s) and time(s) held: \_\_\_\_\_
- Number of students/student work hours it took to organize: \_\_\_\_\_
- Number of students who participated: \_\_\_\_\_
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  - ☐ 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.
  - ☐ 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.
  - ☐ 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.
  - ☐ New event for this FMIG.
  - ☐ Significant changes/improvement made on an existing FMIG program.
  - ☐ 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.