

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: _____
2. FMIG Name: _____
3. Main Campus or Regionally Separated (branch) campus
a: If regionally separated (branch) campus, name: _____
4. Number of students in your medical school: _____
a: If your campus is a regionally separated (branch) campus, number of students on your campus: _____
5. Number of active FMIG members: _____
6. Number of students serving in FMIG leadership positions: _____
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: _____
11. Primary Student Leader Email Address: _____
12. Primary Student Leader Phone: _____
13. FMIG Faculty Advisor Name(s): _____
14. FMIG Faculty Advisor Email Address: _____
15. FMIG Faculty Advisor Phone: _____
16. Institutional Mailing Address: _____

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?

18. Describe your FMIG's mission and goals.

19. Describe the role of your FMIG Faculty Advisor.

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.

CONTINUED

PROGRAM/PROJECT/INITIATIVE 1

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This past year our FMIG made a conscious effort to improve our internal organization as a means to help us enhance the programming we provide to our members. This was done through multiple changes made to our system of organization in the areas of leadership, planning and implementing programming, and documentation of past programming. We believe that structural consistency and tending to our organizational health allows for greater creativity and innovation with each new leadership team.

LEADERSHIP

Each year our leadership team holds elections near the end of the fall semester to fill the positions for the upcoming year. The new leadership team is composed of M1s from the new incoming class. We chose to hold elections before the end of the semester to allow for proper transitioning time. Each transition is a “warm handoff” meaning that the past chair meets in person with the new chair to explain the primary function of the position. This “warm handoff” allows the incoming chair to ask clarifying questions and gain guidance on the important aspects of the position. Additionally, during the fall semester the new leadership team held a Fall Leadership Retreat hosted by the co-presidents. This retreat allowed the new team to spend time together to brainstorm new ideas, go over expectations, and clarify their roles. These each vary from year to year depending on the goals of the team, and discussing them early allows the team to be on the same page from the start. The Leadership Retreat has become a cornerstone of our planning - allowing us to efficiently plan for the semester ahead and generate creative programming ideas early on. Lastly, each month we hold a planning meeting with the entire leadership team to discuss upcoming events, past events, and all other programming the FMIG is planning. These are all ways that we have adapted our leadership to enhance our programming throughout the year.

PROGRAM PLANNING and REVIEW

Throughout the year the group works to develop programming that was initially brainstormed at the Fall Leadership Retreat. Additionally, the FMIG GoogleDrive was organized and updated so that past programming could be used for inspiration and guidance. Having a basis allowed us to improve our programming and avoid mistakes that were made earlier. For example, from past years we knew that our first event of the year would have a large turnout, so we made sure to reserve a larger room and order more food, which allowed us to successfully host all of the interested students.

At each monthly planning meeting our Secretary takes meeting minutes. This provides structure to our meetings as well as notes for reflection and clear action items. Within each meeting we discuss past programming and review what went well and what could be improved upon. This allows us to keep learning and adapting to what we recognize to be areas of improvement. At the end of each meeting, we review the action items and responsible parties. Each of these changes have allowed us to be more successful and creative in our programming.

DASHBOARD

The biggest change we made in terms of improving our internal organization was creation of the Dashboard by the former co-presidents. The Dashboard is a way for our team to keep track of all the different types of programming we implement in a school year. It is organized by category, event name, date, time, attendance, cost, etc. This allows us to see all of our programming in a semester and make quick inferences as to what was successful and what could be improved upon. With an easily maintained system to organize past events, future students can ensure improved programming and use past ideas as jumping off points for novel programs.

Overall, we believe that the modifications we made to our internal organization has allowed us to provide better programming as an FMIG. Using what we've learned from past years we were able to better target our programming to the needs and wants of the class which is reflected in our consistently strong turnout. We believe that this will help us facilitate consistent improvement across years.

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Our FMIG strives to enhance exposure to the field of family medicine. We specifically aim to cater our programming to three distinct groups of students: 1) those with existing interest in family medicine, 2) those who have borderline interest in family medicine - including those with no clear interests in any specialty, and 3) those who believe that their interests lie outside the scope of family medicine. We target all three of these student populations because we feel strongly that family medicine is a dynamic specialty that has a place for everyone and that exists at the intersection of nearly all types of medical care. We bring AAFP membership forms to many of our events and encourage students to register in order to continue learning about the breadth of family medicine.

NURTURING EXISTING FM INTEREST

Student Interest Group (SIG) Fair (8/13/2019, 1-3pm). Planning: 3-4 students, 5 hours; Participated: majority of M1 students.

Our first event of the year is the VCU SOM SIG fair. At this event, incoming first year medical students learn about our organization's values and activities, and sign up to be a part of our listserv if they are interested.

Physician Dinner Social (2/26/20, 6:30-8:30pm). Planning: 4 students, 8 hours.

This was a new event for our FMIG, during which 18 first-year medical students socialized with 10 Virginia family physicians working within different practice models. During this event, students and physicians discussed common interests in medical care and practice, the day-to-day workstyle of being a family physician, training experiences, and opportunities within our healthcare system for unique practice models within family medicine. We chose to invite physicians who work within various models of primary care including acute care, academia, concierge care, community-health care, DPC, FQHC, etc. This allowed students with an existing interest in family medicine to begin considering options for their future careers.

Virginia Academy of Family Physicians (VAFP) Conference (January 24-26). Planning: 2 students, 15 hours.

Our FMIG sponsored 20 first-year medical students and 3 third-year medical students to attend the annual VAFP conference. This gave our members the unique opportunity to attend daily seminars as well as participate in a student workshop and Residency Panel. Through the interactive clinical case-based workshop and conversations with family medicine residents, students with an existing interest in family medicine were able to further their interests and exposure to the field, as well as interact with other students of similar interests.

EXPLORATION FOR UNDIFFERENTIATED STUDENTS

Lunch Lectures (1x/month). Planning: 2-3 students, 5-6 hours/month. Participated: ~30-40 students.

Each month, we invite a physician to speak on a topic that our student body has shown interest in. Topics this past year have included advocacy, refugee health, rural medicine, gender incongruence, and healthcare in prisons. These topics appeal to a wide variety of students and provide them with an understanding of how these topics overlap with the field of family medicine.

Undergraduate Mentorship Program (1x/semester). Planning: 2 students, 3-4 hours; Participated: 28 medical students, 24 undergraduate students.

Our FMIG organizes a mentorship program through which all medical students are invited to mentor a college student in their pre-medical journey. This initiative appeals to medical students who are interested in mentorship, exposing them to the inherent alignment of mentorship and the field of family medicine. The initiative also serves pre-medical students whose interests in medicine may still be unplaced, exposing them to the wide breadth of possibilities in the field of family medicine at the earliest stages of their career.

APPRECIATION OF FM FOR THOSE INTERESTED IN OTHER SPECIALTIES

Workshops (2x/semester). Planning: 2-4 students, 6-10 hours/semester. Participated: ~20 students.

This past year, we organized workshops on motivational interviewing, spirituality, osteopathic manipulative treatment, and casting. These workshops bring students with varying interests, and often those who may not envision themselves as family physicians in the future. Through these workshops, students not only gain new skills, but also learn how these skills are applied in the family medicine setting every day. Students learn about the wide scope of family medicine, and new interests in the field often develop.

Communication used in marketing

We send school-wide advertisements of SFMA events through the VCU SOM student government newsletters, and place high value on incorporating discourse around opening the door for students to explore whether family medicine may be a fit for them. Our events are available to all students to facilitate student discovery of interests within family medicine.

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In April 2018, student leaders launched SFMA Pulse with the intention of archiving stories, showcasing inspiring role models, and embracing a diversity of background within family medicine. Since its inception, the Pulse has evolved from a newsletter that explored student curiosities into an online magazine that engages students in new perspectives and understanding. In November 2019, the Pulse underwent a dramatic shift in aesthetics to reflect this development. Currently, each issue is carefully balanced at the intersection of broadening students' conceptualization of family medicine and filling in gaps we identify in either our curriculum or public discourse. The Pulse provides a family medicine oriented scaffold for novel thought in both our authors and our readers. Thus, it has become an avenue to share family medicine values across disciplines. Finally, the Pulse is a living anthology of our FMIG activities and commitment to the themes discussed in this application, truly accomplishing its namesake as the pulse of our organization.

DEVELOPING STUDENTS' CONCEPTUALIZATION OF FAMILY MEDICINE

A founding ideal of the Pulse involved presenting family medicine role models. We believed that our peers could better conceptualize their compatibility with family medicine equipped with examples of students and physicians in different career stages. Strengthening our commitment to that objective, we standardized monthly interviews with M3 students who had recently completed their family medicine rotation. Each student is purposefully invited to add to a repertoire of diverse experiences, each interview outlining their typical day, memorable experiences, reflections, and advice for other students. We also implemented an annual celebration of Match Day, featuring the geographic variety in our M4 students' futures. Finally, we encourage students to interview physicians to illuminate how the other side of graduation looks. By tracing the trajectory from student to clinician, we hope to pave a mental path for students to more easily traverse, deepening their understanding of family medicine. The Pulse also aims to broaden the perceived scope of family medicine, another dimension to students' understanding. In conjunction to career path, we structure physician interviews to highlight the convergence of family medicine and physicians' interests such as research, addiction medicine, obstetrics, LGBTQ care, Balint groups, etc. We also seek students who are in early stages of exploring family medicine to write about what they've learned from our FMIG events, publishing their work in the Pulse for other students to read. Engaging our diverse student body for contributions results in interesting testimonies for the extensive family physician skill set, from casting to osteopathic manipulation. We also welcome recaps of educational events, such as the VAFP Wintergreen Conference and the AAFP fellowships webinar. In demonstrating the variety within family medicine, supported by tangible career paths, we hope to paint family medicine in boundless and broad strokes.

PROVOKING NEW PERSPECTIVES AND UNDERSTANDING

FMIG members have prioritized cultivating breadth of thought in ourselves and in our peers. Staying current on societal developments has allowed students to further our medical discourse. As a group, we share those findings via the Pulse. For example, where one student conducted an exploratory investigation into healthcare for the homeless, another student researched the demand for mental health services in primary care, and yet another student participated in patient advocacy and shared reflections and a call to action. Students have also written passionately on combating burnout at a systemic level and the proven efficacy of motivational interviewing. The Pulse has also featured rural family medicine, unjust healthcare for incarcerated patients, and trans patient healthcare. Amplifying the needs of more invisible populations lessens that invisibility, which we hope leads to improved care.

SHARING IDEAS ACROSS STUDENT BODY AND BEYOND

Our FMIG believes in the family medicine values of good patient-physician relationships, whole-person approach including social and community factors, patient advocacy, and coordinated and longitudinal care. We also believe that these values can be applied across many disciplines. Therefore, the Pulse is distributed not only directly to our members, but also through the Medical Student Government's semi-weekly newsletter for the entire student body. The Pulse is also distributed to VCU faculty and interested readers throughout Virginia. Furthermore, especially because of the limited space at our events, we intentionally include commentary for every FMIG event in the Pulse, allowing more people to extract value from those experiences.

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The strength of our FMIG comes from the passion and enthusiasm of its student members, and as such, programming is largely student-driven. This allows our programming to be dynamic, reflecting the values, interests, and diversity of the leadership team each year. It also showcases the wide breadth of family medicine and the wealth of different experiences available within the specialty.

SFMA CAFÉS (planning: 4 students, 2 hours; participated: 24 students)

This past year, students led a series of two "SFMA Cafés", intended to showcase emerging topics in family medicine and hold a space for these topics to be discussed amongst a small group of students. In contrast to many of our events, these Cafés were entirely student-led, rather than faculty-led. Student leaders selected readings or other media to be discussed, and facilitated conversations about the topics. The topics of these cafés were chosen based purely on student interest. The structure of these events provided 10-12 students, per café, with the space to openly discuss race-based medicine and non-binary gender identities alongside their peers. The small group nature of the Cafés fostered camaraderie between students and provided a safe environment in which students could tackle subjects that were perhaps new to them. These Cafés were part of our FMIG's celebration of National Primary Care Week and gave us the opportunity to highlight values integral to family medicine to the student body.

WORKSHOPS (Planning: 2 students, 16 hours; participated: 45 students)

This year, we added two new workshops, both spearheaded by student leaders in our organization. The first new workshop focused on motivational interviewing. The student who recommended this workshop topic has a background in nutrition and wanted to bring her passion together with family medicine. She conceptualized, organized, and arranged the speakers and workshop activities. In the motivational interviewing workshop, students were able to learn the most effective strategies for discussing potentially difficult lifestyle changes with patients and practice implementing these strategies in well-crafted scenarios.

Our second new workshop was focused on spirituality and invited students to navigate complex topics surrounding patients' rights to religious expression in their medical care. The student who spearheaded this workshop recognized that spirituality is not often covered in a traditional medical curriculum though it is important to many patients and wanted to afford students the opportunity to explore this topic. To facilitate discussion and ensure students had practice navigating patients' spiritualities and religious beliefs, she devised several mock case scenarios, many dealing with religious quandaries in end-of-life care. Not only have these workshops helped students develop interviewing skills that will be useful throughout their careers, but they have also exposed students to the idea of holistic patient care, a tenant central to family medicine.

THE SFMA PULSE (Planning: 4 student editors, 155 hours; participated: ~22 students)

Our monthly publication, the SFMA Pulse, is entirely student-produced, and the content is driven by our interests and perspectives. We use the Pulse to focus on themes that we identify as central to the values of family medicine. Because of this, we have been able to publish articles on a wide range of topics, including healthcare and homelessness, single-payer healthcare, physician burnout, and evolving practice models, such as direct primary care. Additionally, the Pulse represents a chance for students outside of the FMIG to reflect on their experiences with family medicine as we publish a recurring article called "My Month in Family Medicine". In this feature, third years students reflect on their family medicine rotation and the lessons they took away from it. We actively seek students outside of the FMIG to interview for these articles to provide a fresh perspective on family medicine.

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This year our FMIG sought to showcase the importance of family medicine in the community. Our goal was to increase student awareness of the vulnerable and underserved populations who receive care from family medicine physicians as well as the breadth of family medicine practice in the community. We identified physicians or other providers in the community who work with these populations to give students an opportunity to learn, ask questions, and foster meaningful discussions during lunch lectures. A cornerstone in the success of these initiatives was partnering with other student interest groups focused on vulnerable and underserved populations and diversity in medicine. Our goal is to provide first hand experiences to students interested in working in family medicine with vulnerable or special populations as well as make students aware of the needs, challenges, and strengths of these communities.

Vulnerable Populations

LUNCH LECTURE: GENDER INCONGRUENCE: WHAT HEALTHCARE PROVIDERS SHOULD KNOW (11/18/2019, 12-1pm). Planning: 2 students, 4 hours. Participated: 30 people.

This lecture explored the topic of transgender health and how we, as future providers, can better support our trans patients. We partnered with MedPride, a student group devoted to equity within the medical profession and across patient populations for the LGBTQ+ community, for this event. We welcomed four family medicine providers from the Transgender Health Alliance of Central Virginia to discuss their practice and how to be an ally for trans patients. The talk emphasized the commitment family physicians have to treating the diverse needs of patients, as well as approaching health from a holistic point caring for social, mental, emotional and physical wellbeing.

SFMA CAFÉ: NONBINARY IDENTITIES (10/9/19, 12-1pm); RACE-BASED MEDICINE (10/10/19, 12-1pm). Planning: 2 students, 4 hours. Participated: 10-12 students each.

As part of our programming for National Primary Care Week, our club organized a series of student-led discussions called "SFMA Cafés". For each café, student leaders chose an article relevant to a topic in primary care and facilitated a discussion with students. Our first café focused on discussing inclusive language for affirmative and respectful patient care with patients who have nonbinary gender identities. We collaborated with MedPride, the aforementioned student group. Our second café focused on discussing race-based clinical research, decision-making and patient care. We collaborated with the VCU Student National Medicine Association (SNMA) interest group.

LUNCH LECTURE: HEALTH CARE IN PRISONS (2/18/20, 12-1pm). Planning: 2 students, 4 hours. Participated: 28 people.

We invited a community physician and previous VCU family medicine alumna to discuss her experiences working in the prison system of Virginia. This valuable perspective gave students the chance to inquire more about this unique environment and the challenges that healthcare providers face in this setting, as well as the health disparities faced by the inmates. The talk emphasized the importance of respect, communication, compassionate care, and care coordination - all key values of family medicine.

Underserved Populations

REFUGEE HEALTH LUNCH PANEL WITH DR. ARMISTEAD AND MR. KARMA (10/14/19, 12-1pm). Planning: 2 students, 4 hours. Participated: 26 people.

This lunch lecture focused on promoting a discussion on refugee health, with particular focus on the refugee community in Richmond and the community resources available for patients. Our panelists consisted of a family physician working in a community clinic in Richmond, as well as a case worker at Commonwealth Community Charities who works directly with the local refugee population as they resettle. This lunch lecture was hosted in collaboration with Refugee Connect at VCU, a student interest group focused on the issue of refugee health and social determinants affecting migrant populations.

UNA VIDA SANA CLINIC: (9/28/19 1-5pm, 5/4/19 1-5pm). Planning: 1 student, 4 hours. Participated: 7 students each.

For several years, our FMIG has partnered with the Latino Medical Student Association (LMSA) and students from the Schools of Nursing and Pharmacy to provide health screenings to the Hispanic community of Richmond. This interprofessional organization is called Una Vida Sana. Working with faculty from each school, our community service coordinator recruits and trains student volunteers to perform blood glucose, A1C, lipid and blood pressure checks at various health promotion events in the Richmond area. The opportunity to partner with LMSA has helped our club promote the importance of cultural competency and diversity in family medicine. This program is an excellent opportunity for student members to engage with the diverse Richmond community, work interprofessionally, and practice clinical skills.

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As the family medicine community establishes a shared future vision for our discipline, our FMIG nurtures our members' intrigue around currently evolving topics of interest. We curate events focused on best practices and novel perspectives, making sure to leave space to encourage students to develop a personal vision for family medicine. As the dialogue within family medicine constantly changes, we strive to provide thoughtful reflection and target programming to help students remain aware of these changes.

MOTIVATIONAL INTERVIEWING WORKSHOP (5/9/19, 5:30-7pm). Planning: 2 students, 6 hours. Participated: 20 students.

Collaborative decision between patient and physician is a hallmark of family medicine. Motivational interviewing has become an increasingly popular approach to enacting behavioral changes within patients. A passionate member of our leadership board brought new life to a motivational interviewing workshop by framing it in the relevant context of nutrition. A family physician and club member facilitated alongside our co-president, guiding students through the theory behind and the skills and tools needed for effective interviewing. Students reported enjoying diving deeper into a sparsely covered topic in our curriculum.

SPIRITUALITY WORKSHOP (NEW; 9/3/19, 5:30-7pm). Planning: 1 student, 6 hours. Participated: 22 students.

Acknowledging the increasing role that patient spirituality plays in their care, we wanted to explore this topic's place in family medicine which values a whole-person approach to patients. A workshop coordinator developed four case-based scenarios involving a variety of spiritual backgrounds designed for roleplay, and invited a local family physician to facilitate discussion and debrief. The roles included patients, family members, physicians, and chaplains, challenging students to adopt unfamiliar perspectives. The physician then used these cases as jumping off points to speak on reconciling different religious traditions with medicine and recommended ways to have open, respectful conversations with patients about their religious beliefs. During feedback, students reported that within the complexities of the scenarios, they gained new understanding on how to appropriately engage patients spiritually as part of healing.

RURAL MEDICINE (NEW; 11/1/19, 12-1pm). Planning: 2 students, 4 hours. Participated: 47 students.

The landscape of rural medicine is rapidly changing due to the development of modern technology like telemedicine. Program coordinators organized a video conference between a rural family physician who works in a community health center in the Eastern shore of Virginia. She subverted the myth of the lone wolf physician, walking us through her full-spectrum practice that involved support from colleagues, online resources, and of course the community in which she lived. The physician made evident that the rural environment was ripe for innovation and collaboration, and many students left considering rural medicine more than they did coming in.

PHYSICIAN DINNER SOCIAL (2/26/20, 6:30-8:30pm). Planning: 4 students, 8 hours. Participated: 18 students, 10 physicians.

As family medicine practice models continually change and evolve, we wanted to better conceptualize the variety of different care models. These range from the classic FQHC to the more recently popularized direct primary care model. Student leaders organized a dinner social, inviting 10 physicians (in acute, concierge, direct primary, community health, 100% value-based, residency, academic, and physician-owned care) to speak to students about their experiences. In written reflections solicited from the attendees, students demonstrated a well-rounded understanding of how different care models suited different populations and different physician lifestyles.

THE SFMA PULSE ARTICLES (Monthly publication). Planning: 4 student editors, 155 hours. Participated: ~22 students.

We invite students to contribute to our monthly magazine, the Pulse, on topics of current interest surrounding family medicine. These include emerging topics such as the integration of behavioral health into family medicine training, the need for a systemic solution to physician burnout, the growing importance and prevalence of research in family medicine, and the broadening of family physician scope of practice to include advocating for equity in social determinants of health among many others. As a result of the diversity within our student body, we are able to share a variety of innovative topics.

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.
 - 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.
 - 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.

PROGRAM/PROJECT/INITIATIVE 8

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