

Application: 17966



Page: Applicant Information

This is the application form for the Program of Excellence (PoE) Award for FMIG/SAACOF's at medical schools. If you have any questions as you complete the application, please email studentorgfunding@aafp.org (mailto:studentorgfunding@aafp.org).

This application form will allow you to save and return to your work at a later date. You can also invite others to help you complete this application by clicking the "Manage Collaborators" button. For more details about this program, as well as specific instructions for family medicine student groups, visit the AAFP website (<https://www.aafp.org/membership/benefits/awards/student-resident-awards/fmig.html>)

title



groupName

University of Kansas School of Medicine-Wichita Family Medicine Interest Group

category

Overall Award Application

medicalSchoolLocation

U.S. MD medical school

state

Kansas

city

Wichita

mainOrBranchCampus

Branch campus

Branch campus name

Wichita

studentsOnCampus

MS/OMS I, MS/OMS II, MS/OMS III, MS/OMS IV

fmigNetworkRegion

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

mailingAddress

KU SOM-Wichita: Dept Family and Community Medicine
1010 North Kansas, Suite 3007
Wichita Kansas 67214 US

numberOfStudents

870

branchNumberOfStudents

210

activeFmigSaacofpMembers

41

studentsServingInLeadershipPositions

26

aliasa6936f2987d84b3e81abb2126e8b0673

Yes

won

Yes

Page: Group Leadership

Please complete the following information about your group's faculty advisors.

facultyAdvisors1

Lynn Fisher, MD



Yes

Tessa Rohrberg, MD



Yes

Please complete the following information about your group's staff support.

staffSupporters

Please complete the following information about your group's student leaders.

studentLeaders1

Aaron Holt



Co-President

2023

Katie Hrencher



Co-President

2023

Leadership transition

February

Page: Award and Group Information

FMIG Operation

Our executive board consists of Co-Presidents (2), Secretary, Financial Officer, and a Kansas Academy of Family Physician Representative. We have even other board position, along with several class representative from each class. The other positions are listed below:

AAFP Student Ambassador (1; also helps integrate main campus FMIG members when they move to our branch), Community Service Coordinator, Special Project Coordinator, Dark Vapor Coordinator (2), Doc for a Day Coordinators (2), Program of Excellence Chair, POCUS Chairs (2), Primary Care Week Chair, and Social/PR Chair. This year we added a Social Justice Chair

We hold election for our executive board in February. The newly elected executive board, along with the former president(s) and three elected nominating committee members, slate the remaining positions for all members to vote on. This slate is voted on in mid February. Officer transition happens over the course of 1-2 months. We allow time for new and former officers to meet and transition during a board meeting. The final meeting before turnover is run by the new officer, with direction from former officer. Official turnover occurs at the annual senior banquet at the beginning of April. We do not limit the number of class representatives each class may have. Any member of FMIG may volunteer to be a class representative and attend board meeting. All officer and class representative attend monthly board meetings to give officer reports, share ideas for planning, and volunteer to assist officers with activities. Committees are created when necessary.

Membership is open to any student who is interested in family medicine and is defined as participation in FMIG sponsored events. We take attendance at every board meeting and all-member meeting to track participation. Most all member meetings were speaker on virtual conference, but we occasionally had small on campus events. We have an all-member meeting at least once a month with a board meeting beforehand. All board meetings are open. Special board meetings may be called when necessary. The officers have a list of responsibilities they are to carry out. It is the officer's duty to fulfill his or her duties, give a report at each meeting, maintain communication with the president and advisor, and ask for volunteers when needed. The president creates the agenda for each meeting. Every board member contributes to ideas for speakers, and the presidents coordinate the events unless another member volunteers or the event falls under one of the officer's roles. We have a shared online drive that all board members may access. Each officer position has their own folder in the drive, helping to make officer transitions smoother.

goals

The aim of the Family Medicine Interest Group is to foster an appreciation for family medicine across campus, promote leadership and professional development of its members, recruit aspiring family physicians, and provide students the opportunity to network with others while learning how to better serve their future patients and community.

Goals:

1. Education
 - a. Expose students to the three KU School of Medicine-Wichita family medicine residencies.
 - b. Provide lectures educating members on current topics in family medicine.
2. Professional Development
 - a. Have speaker topics revolving around practice management.
3. Networking
 - a. Encourage engagement in virtual social events.
 - b. Invite speakers from a variety of backgrounds, interests, and leadership roles.
4. Community Service
 - a. Connect with an organization in the community.
 - b. Teach about the dangers of tobacco use and vaping to local 4th and 5th graders in the community.
5. Promoting Family Medicine
 - a. Host a "Doc for a Day" event, promoting primary care to local high school students.
 - b. Participate in Primary Care week with an event each day of the week.
 - c. Partner with the Rural Medicine Interest Group to promote family medicine in rural Kansas.
 - d. Promote attendance at the National Conference of Family Medicine Residents and Students in Kansas City.

Faculty Advisor

The FMIG Faculty Advisor is historically appointed by the Chair of the Department of Family and Community Medicine (DFCM). Our current faculty advisors transitioned into this shared role last year with the guidance of our former advisor, giving our new advisors the skills, knowledge, and relationship base needed to excel in the role. They help the group to maintain connections with the DFCM and work with them to assist our group with event planning, organization, and finances. At the beginning of each officer transition, a meeting is held with the president(s), financial officer, advisor, and DFCM. The meeting allows leaders to be oriented to DFCM resources and procedures and share their visions with the advisor and staff.

Beyond assisting with logistics, our advisors attend FMIG meetings and maintain frequent communication with FMIG leaders. Our advisors allow FMIG leaders to lead and direct all meetings and events. They participate in meetings as if they were members, providing ideas, giving input, and answering questions about logistics. They work to coordinate with the DFCM and state AAFP chapter to find the support we need for any ideas we want to pursue as a group. Both have demonstrated excellence in promoting family medicine and encouraging leadership and professional development, specifically, encouraging and helping to connect students to go to the state AAFP annual meeting, the AAFP National Conference, and to submit an application to the PCLC this year, and pre-planning large events such as Doc for a Day with student leaders so that advisors could be more involved.

The first of our two advisors served as the AAFP Student Representative to the AAFP Congress of Delegates and was on the Commission on Education and Commission on Governmental Advocacy during medical school and residency. She is the current Membership and Member Services Committee Co-Chair for the state AAFP chapter. She jumped into her role of incoming advisor by being the faculty member in charge of the POCUS station during our procedure night and by offering constructive feedback as we put together our POE application.

The second incoming advisor has had several leadership roles in our state AAFP chapter. He is a past KAFP President and current Alternate Delegate, and he currently serves on the AAFP Commission on Health of the Public and Science and in the state AAFP chapter as Communications Committee Co-Chair. He has been a wonderful asset to our group by providing ideas for our events and building the bridge between our group and the KUMC Diversity, Inclusion, and Equity Cabinet.

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Overall award

programtable

Primary Care Week

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Primary care week is a large event that our FMIG puts on every year to encourage students on campus to consider primary care specialties and provide them with experiences and learning opportunities in those fields. The events are spread over the Monday-Friday of primary care week. Below is a description of each.

Monday: Procedure night- Students, residents, and faculty from a variety of interest areas in primary care (internal medicine, family medicine, pediatrics, OBGYN, and rural medicine) created procedure stations for students to rotate between and get hands-on experience with multiple types of procedures. Stations included delivery simulations, suturing, circumcisions, POCUS, intubation, EKGs and more. We had 26 students participate in this event, and we got feedback from these students in order to gauge interest and positive learning experiences for each of the stations.

Tuesday: Smoky Hill Family Medicine Residency presentation- This event was the last of a series of residency presentations from family medicine programs in Wichita. Residents and faculty from Salina's program came and talked about their program and answered questions from students about the program. Fourteen students attended this event.

Wednesday: JayDoc volunteer night- FMIG students staffed the free clinic that the students help to run for the evening, encouraging students to volunteer and get involved in the community. Additionally, this night was focused on diabetes and women's health, providing the students with some extra experience working with patients in this area. Eight students volunteered to help with this event.

Thursday: speaker, Dr. Neill from Norton, Kansas- Dr. Neill joined us virtually to talk about what it is like being a primary care provider in a rural community. She provided insight into what her scope of practice was and what had drawn her to practice in a rural setting. She then took questions from students. Eight students attended this event.

Friday: Pumpkin patch social event- To wrap up the week, FMIG sponsored an evening at the pumpkin patch so that students could spend time socializing and enjoy the end of the week together. Students were able to bring a guest and look around for pumpkins, enjoy the petting zoo, and sip some warm cider. Sixteen students attended the event, and many brought a guest as well.

The major change to the event from last year was our Monday night event. For procedure night, we wanted to encourage the involvement of other primary care fields, so we invited the organizations that represented these groups to determine their own procedure station for the students. This helped to introduce a lot of new ideas that we hadn't had at previous procedure nights. The OBGYN group held the delivery simulation from previous years, but added manikins to help teach well woman exams to students. We also added internal medicine for the first time this year, and they introduced an intubation and EKG station. By adding more organizations and allowing them to decide which events that they wanted to put on, we were able to have a much greater diversity of experiences for students.

Doc for a Day

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Doc for a Day is an annual event hosted by our FMIG chapter. The goal of Doc for a Day is to

introduce local high school students to the possibilities of attending medical school and pursuing a career in medicine, with specific emphasis on primary care medicine.

The introductory presentation included a description of a successful medical school application, including pre-medical requirements, the MCAT, health care experience, and volunteering in the community. Information on the costs of medical school, how to pay for it, and scholarship/repayment programs were also discussed. The goal of this introductory session was to familiarize the participants with the path of medical training and to provide encouragement to the students who aspire to a career in medicine.

The high school student participants then rotated through the six stations. These stations were: childbirth simulation, code blue simulation, vitals/clinic visit walkthrough, sterile field technique, suturing, and CPR training. The childbirth simulation and code blue simulation were held in the KU School of Medicine-Wichita (KUSM-W) Simulation Center using high-tech manikins. The vitals and clinic visit station was held in standardized patient exam rooms, and medical student volunteers taught the participants how to take vitals, how to interview a patient during a visit, and how to perform a physical exam. Participants learned how to don and doff sterile gloves and gowns at the sterile field technique station, and then played Operation on a life-sized game board. Medical student volunteers taught participants a simple interrupted suture on practice pads at the suturing station. The CPR station volunteers taught participants how to perform CPR and had them practice on manikins. The event concluded with a Q&A session with current medical students and distribution of information on the process of applying to medical school and becoming a physician.

The two Doc for a Day co-chairs met with the FMIG faculty advisors and Department of Family and Community Medicine (DFCM) representatives multiple times prior to the event to update them on the event plan and how the planning process was progressing. Surveys were distributed to both medical student volunteers and high school student participants after the event, and the responses were discussed at the debrief meeting and used to guide recommendations for next year's event. These strengths and opportunities, along with a suggested timeline for planning the event, were recorded for next year's Doc for a Day co-chairs.

DFCM provided supplies for the stations, including suturing kits and sterile gloves and gowns. DFCM also facilitated the distribution of flyers about the program to local high school counselors. The event coordinators also collaborated with the KUSM-W Public Affairs department to design t-shirts for the medical student volunteers and high school participants and order promotional items such as pens, magnets, and water bottles that were given to the participants in "goodie bags" at the conclusion of the event.

Thirty medical students from all years of study volunteered to be group leaders for the high school students and to lead the participants through each station. The volunteer sign-up sheet was sent to all KUSM-W students and filled up rapidly after sending it out, indicating our school's strong support of this event. The majority of volunteers were FMIG members.

Improvements to this year's event included an increase from 30 high school students last year to 64 this year. Participants learned how to perform a physical exam this year, including how to use a stethoscope and reflex hammer, during the vitals/clinic visit station. This station also included demonstration of a handheld ultrasound machine, which was well-received by the participants. The introductory session was broadcast over Zoom to the participant groups rather than being held in the auditorium to comply with social distancing guidelines. The Q&A session at the end of the event was also held in the small groups.

Dark Vapor

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The Dark Vapor presentation is our group's revamped version of Tar Wars, the AAFP's tobacco-free education program for fourth- and fifth-grade students. This presentation was put together by two of our Dark Vapor Coordinators. It discusses the dangers and risks associated with vaping. Like Tar Wars, the Dark Vapor presentation is targeted toward a 4th and 5th grade audience. The coordinators update the presentation each year to add new research, statistics, and guidelines.

This year, our group gave both in-person and online presentations via Zoom and Microsoft Teams. The presentations were adapted to be interactive for students online. We gave 14 presentations, reaching over 400 students in the state of Kansas. Presenters were selected on a volunteer basis and participated in a one-hour training session put on by the Dark Vapor Coordinators prior to giving a presentation.

The goal of this program is to exercise primary prevention. As the Family Medicine Interest Group, we care deeply for our community and hope to make an impact on the health of the people living in it. This initiative allowed us to interact with youth and educate, as well as mentor them. By entering into their classrooms and answering questions, we were able to help promote primary prevention and encourage a career in healthcare.

One of the highlights of the Dark Vapor presentation is giving students the opportunity to compare a smoker's lung to a normal lung. The lungs were purchased using AAFP Special Grant money in 2020.

Each year, our two Dark Vapor Coordinators make a list of the schools, their contact information, the number of students that participated, and the names of volunteers. This information is passed on to future coordinators. The coordinators also make a list of things that went well and could be improved and pass it on to future leaders during officer transitions.

Social Justice

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The Social Justice committee was created in 2020 in response to the George Floyd case and the protests that followed. The movements in our country brought into light the need for medical education to address the topics of racism and social injustice. As the Family Medicine Interest Group, we felt the call to create a committee to address the inequities and host events and discussions on the topic.

The committee is chaired by one member, with 16 other participants, both FMIG members and beyond. Committee members were selected on a volunteer basis. Most communication of the group occurred via email and GroupMe. Other board members not already on the committee were welcome to help with event planning if they wanted.

The Social Justice committee worked with the Diversity, Equity, and Inclusion office to create a partnership with FMIG. This partnership was strengthened by having one of our FMIG advisors on the Diversity, Equity, and Inclusion Cabinet at our school. The two groups were able to support each other in publicizing events. Our FMIG Social Justice committee gave a report at each board meeting to update members on happenings within the community and medical school regarding social justice.

The main goal of the academic year was to create a working group that would put together monthly health equity posters for our school and beyond. The initial group of members included FMIG faculty sponsors, DEI cabinet members and outgoing and incoming social justice chairs. The group brainstormed ways to create these posters and find ways to promote and give access to both learners, practitioners, and patients.

The student leaders then created a student working group that divided the work amongst 20 interested students. The groups are in pairs or groups of three, and they work on one or two projects within the year to create monthly health equity posters. These posters will have two versions: one for the physician/learner and another for the patients with relevant health information. The content and data are gathered and sent through an editing process by a physician. The content is then sent to a designer in the DEI department at KUMC and then printed and distributed.

POCUS

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This initiative was created and organized last year by a past KU student, Jeremy Lickteig. Jeremy started this program to give medical students a head-start in diagnostic and procedural competence in ultrasound to prepare them for clerkships and residency. He organized the creation of an introductory curriculum based on the AAFP's Recommended Curriculum Guidelines for Family Medicine Residents for Point of Care Ultrasound. While Jeremy was an author in many of the sections, he also recruited the help of four other FMIG student leaders to write the remaining chapters. These chapters include straightforward concepts, images, and examples of pertinent findings in each organ system. To help with the distribution and accessibility of the POCUS Packet, it was converted to a website format that has been widely appreciated. Jeremy's leadership has evolved to a position within our FMIG: the POCUS Chair. Upon Jeremy's graduation, Holly Burt and Bethany Peach took over the role as POCUS co-chairs. This year, they have implemented monthly in-person POCUS skills nights. They have worked closely with KU's Simulation Center to set up POCUS nights where a theme in ultrasound is presented. Students are given time to practice their new knowledge and skills on standardized patients, using a full-size GE Ultrasound machine and the Butterfly IQ+. The students also have access to the Simulation Center's CAE Vimedix Ultrasound Simulator, which allows the students to practice identifying different pathologies.

FMIG continues to realize that to teach and learn ultrasound, students need to have unfettered access to ultrasound machines. One of the great accomplishments of our POCUS committee was the acquisition of a Butterfly IQ+ in 2021. The money for the purchase was received from a combination of funds from the AAFP Special Grant and a Family and Community Medicine department endowment. Any students interested can check out the Butterfly IQ+ for a few days and practice at home or with other students. The sign-up is organized by our department administrator. The Butterfly IQ+ continues to be checked out consistently. We have received feedback from students that this is a great way for them to expand their skills in their own time.

Our goal is to continue this initiative each year, with the POCUS Chair and others on the committee adding new and updated information to the presentations and packet. An effort to stagger leadership and interest in this group among multiple graduation classes hopes to contribute to this sustainable model. The future of this part of our interest group will revolve around refining the presentation of material, expanding the number of topics presented, and making sure students can easily consume the content, as well as, continuing to provide access to standardized patients and simulators to gain further hands-on skills. A planning document regarding the future scope and sustainability of the POCUS Packet has been left to the future leaders, who have been a part of this process and will continue to hand off the administration of this information to future students. We hope that the Packet will equip future family physicians with the skills and confidence to incorporate ultrasound into their scope of care, and that it will also attract students across campus to the diverse skill set and command of knowledge found in family medicine.

Residency Preparation

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The Residency Prep event series was improved this year to adapt to the Match changes made in response to COVID. The first of these improvements was hosting a revamped "Strolling Through the Match" meeting. Our group hosted Dr. Rick Kellerman, a former residency director, and a first year resident from Smoky Hill Family Medicine residency.

"Strolling through the Match"

Strolling through the Match is an annual event FMIG hosts at the beginning of the school year to expose first through fourth years to matching into family medicine. FMIG invited Dr. Kellerman, a former residency director, and a resident who had recently been through the match, to talk through the timeline for applications, interviews and matching, with a focus on navigating virtual interviews. They also covered ways first, second and third years can have competitive applications. The discussion was followed by a Q&A.

Residency Program Nights:

To expose FMIG members to Family Medicine residency opportunities and encourage networking, our group hosted the three Family Medicine Residency programs associated with our school. Each program had a separate night to present their program and answer students' questions. The residency nights were scheduled in the fall, with a month between each residency night.

Two of the residency program nights took place at the residency's facilities, with one out of town residency hosted at the school. This allowed students going through the Match process to have a deeper connection with the residencies.

Match Panel:

Following Match Day, a panel of M4 students matching into Family Medicine was compiled by the FMIG co-presidents. The panel discussion was hosted on Zoom, with 16 students attending the event. During the discussion, panelists described their residency application and interview experience, provided tips for the process, and gave guidance to underclassmen on what they can be doing now to prepare them for applying to residency. The discussion was followed by a Q&A. 2 were on the panel. The students represented a variety of interests, backgrounds, and residency locations.

Each event was reviewed and discussed by our board in the meeting following the event date. Notes were taken in the meeting minutes, and input/ideas brought forth were noted by the respective leaders. This input and advice gets passed to future leaders during officer transitions.

Speed Dating:

Our FMIG leadership wanted a way to provide students the opportunity to meet local physicians and explore different opportunities in primary care. This year, we put on a Speed Dating event. This event was coordinated by our co-presidents. Local physicians were contacted via email and asked to participate in the event. We had several areas of primary care represented, including: Rural Family Medicine, Direct Primary Care, Suburban Family Medicine, FQHC, Eating Disorder, Emergency Medicine, Administration, and Academic Medicine.

Physicians were each assigned a station, and students rotated from room to room every 9-10 minutes. There were 15 minutes at the end for students to go back and spend more time with a physician.

Feedback from students and physicians in past years suggested having longer time with each physician, so we increased time from 7 to 10 minutes. However, students this year still felt like the time went by quickly. Other feedback included having printed schedules, to help smooth transitions.

Practice Management

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To reach our FMIG goal of educating members on current topics in Family Medicine, our leadership team chose to host a discussion covering accountable care organizations. The session highlighted the expertise of our Dr. Jen Brull, a family physician, who also works in clinical engagement for a company partnering with physicians in value based care. Our discussion covered what value based care and accountable care organizations are, how physician and hospital lead organizations differ, and how they can improve patient care. The presentation was popular, as many medical students voiced they had not been properly trained for the business aspect of medicine while in medical school. It encouraged students to think about their future practices and challenged them to explore ways they can best serve their patients while being a practice owner.
