



Family Medicine Interest Group (FMIG) Program of Excellence Award Winners

Overall Award

University of Kansas School of Medicine

FMIG Operation

Our executive board consists of a President, Vice President, Secretary, and a Kansas Academy of Family Physician Representative. We have several other board positions, along with several class representatives from each class. The other positions are listed below:

- AAFP Student Ambassador (also helps integrate main campus FMIG members when they move to our branch),
- Community Service Coordinator, Dark Vapor Coordinators (2), Doc for a Day Coordinators (2), Program of Excellence
- Chair, POCUS Chairs (2), Primary Care Week Chairs (2), Social/PR Chair, and Social Justice Chair.
- Class Representatives: M1 Class - 2 reps

We hold elections 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 transitions happen over 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 led by the new officers, with direction from former officers. 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 meetings. All officers and class representatives 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. For

most all-member meetings we hosted speakers on various topics, with most meetings being hybrid to allow students on away rotations to participate. 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, report at each meeting, maintain communication with the president and advisor and ask for volunteers when needed. The presidents create the agenda for each meeting. Every board member contributes ideas for speakers, and the presidents coordinate the events unless another

member volunteers or the event falls under one of the office's roles. We have a shared online drive that all board members may access. Each officer position has its own folder in the drive, helping to make officer transitions smoother.

Goals

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

Goal

1. Education

- a. Expose students to the three KU School of Medicine-Wichita family medicine residencies.
- b. Prepare student to apply and match into family medicine residence.
- c. Provide lectures and procedure nights educating members on current topics and skills in family medicine.

2. Social justice

- a. Invite speakers to talk about social justice concerns, for example, addiction medicine and harm reduction.
- b. Create health equity posters with monthly themes on health disparities, and distribute these posters to the Wichita community.
- c. Create a mental health initiative through PCLC to improve the mental health care of our student-run clinic (Jaydoc) patient.

3. Networking

- a. Host social event to welcome M1 and M3 student to our campus
- b. Invite speakers from a variety of backgrounds, interests, and leadership roles
- c. Plan and execute a family medicine speed networking event, where students can interact with physicians in 6-7 areas of interest in family medicine

4. Community Service

- a. Connect with various organizations in the community including Ronald McDonald House, Urban League, and more.
- b. Teach about the dangers of tobacco use and vaping to local 4th and 5th graders in the community in a program titled "Dark Vapor"
- c. Host a school-wide blood drive

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. Promote attendance at the National Conference of Family Medicine Resident and Student in Kansas City.

Faculty Advisor

Our current faculty advisors help the group to maintain connections with the Department of Family and Community Medicine (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(s), and the DFCM. The meeting allows leaders to be oriented to DFCM resources and procedures and to 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.

The first of our two advisors, Dr. Tessa Rohrberg, served as the AAFP Student Representative to the AAFP Congress of Delegates and services many roles at KUSOM, including special projects committee and a member of the phase 1 revision committee. She is the current Membership and Member Services Committee Co-Chair for the Kansas AAFP chapter. As an advisor, she helped with the suturing station at a procedure night and helped plan our family medicine speed networking event.

The second advisor, Dr. Lynn Fisher, 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 KAFP 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.

Our staff supporter, Mary Hursey, is the 3rd year family medicine clerkship coordinator and a very important asset to FMIG. For monthly meetings, she books the room and orders food. She plays a bigger role in our Doc for a Day event, including contacting local schools, organizing student sign-ups and payments, and gathering materials for procedure stations.

Programs

Doc for a Day

Doc-for-a-Day is an annual event hosted by our FMIG chapter. The goal of Doc-for-a-Day is to inspire local high school students to pursue a career in medicine by introducing medical education, providing Q&A time with current students, and hosting hands-on procedural and simulation training. We prioritize students from under-resourced high schools. As many of the students we host may not have resources to we aim to fill this role.

New this year FMIG hosted a second Doc for a Day event in the spring, called the Youth Diversity Summit. This event was planned in conjunction with the Medical Society of Sedgwick County (MSSC), and was aimed toward primarily black and Hispanic students. This session hosted 70 high school students and had 32 medical student volunteers. We also included a diversity in medicine session where students heard from local physicians and students of color.

Upon arrival and check-in, students and volunteers attend the presentation period of our time together, where we introduce medical education, the path to medical school, and how KU School of Medicine-Wichita (KUSM-W) serves our state in the production of family medicine physicians. Following this brief time together, students find their medical student mentor and proceed to rotate through our six activity stations.

These stations were: abscess drainage, a vitals/clinic visit, childbirth simulation, code blue simulation, suturing, and CPR training. The abscess drainage session taught students the basics of abscess

drainage and packing using mayonnaise packets, Coban tape, saline flushes, and packing gauze. The vitals and clinic visit station was held in our standardized patient exam rooms, where medical students taught participants how to take vitals, how to gather a history from a patient, and how to perform a general physical exam. The childbirth and code blue simulations were held in the KUSM-W Simulation Center using our high-tech medical mannequins. Medical student volunteers taught participants a simple interrupted suture and instrument ties on pig feet or suture pads at the suturing station. At the CPR station, volunteers taught participants how to perform standard CPR and used mannequins to assess skills.

The event concluded with a Q&A session with current medical students, and the distribution of handouts and a short survey about the day.

Prior to the event, Doc-for-a-Day co-chairs met regularly with the FMIG faculty advisors, MSSC representatives and the Department of Family and Community Medicine (DFCM) representatives to update them on event planning. At a follow-up meeting, co-chairs compiled both high school participant and medical student volunteer surveys to create a “Tips and Timelines” document to be used for future planning efforts. By doing so, future co-chairs will be able to adapt portions of the program to better suit the needs of both participants and volunteers.

The DFCM provided supplies for the procedural stations, including suturing kits and pig feet. DFCM also facilitated the distribution of flyers and electronic communication about the program to local high school counselors. Event coordinators collaborated with the KUSM-W Public Affairs department to design t-shirts for all participants and volunteers, as well as ordering promotional items such as pens, stickers, and chapstick to be given in a KUSM-W tote bag at the conclusion of the event.

For the fall session, twenty-eight medical students from all years of study volunteered for the day to either rotate alongside a group of students or serve and teach at a specific station. FMIG members were provided the sign-up sheet first, before then being provided to all KUSM-W students. Our volunteer list filled quickly, indicating our school’s strong support of this event.

To update procedure stations based on last years feedback, the sterile field station was removed and an abscess drainages station was added. The Q&A session was updated to include topics in medical education that had not previously been addressed.

POCUS Procedure Nights

This initiative was created and organized two years ago by a past KU student, . 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 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. The packet continues to remain open to allow future FMIG members to contribute. To help with the distribution and accessibility of the POCUS Packet, it was converted to a website format that has been widely appreciated. leadership has evolved to a position within our FMIG: the POCUS Chair.

This year and took over the role of POCUS co-chairs and 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 pathology with the ultrasound.

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 interested students can check out the Butterfly IQ+ for a few days and to practice at home. 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.

This year the goal for the POCUS chairs was to create new POCUS topic nights and for the committee to add new and updated information to the packet. New POCUS nights this year included musculoskeletal and patient cases. An effort to stagger leadership and interest in this group among multiple graduation classes hopes to contribute to this sustainable model. 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.

Social Justice Committee and Health Equity Posters

The Social Justice position 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 position to host events, organize projects, and have discussions on the topic.

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 for this academic year was to continue to create monthly health equity posters for our school and beyond. These posters take one of the month's health topics (for example, breast cancer month) and highlight racial inequities in screening, diagnosis or treatment of this disease. Where necessary, Wichita - specific resources are also included. The posters are then placed at local family medicine clinics and health departments. Information for the posters is gathered by groups of three medical students, then a member of the Diversity, Equity, and Inclusion cabinet takes the information and designs a poster. Our Social Justice chair facilitates this process by organizing the student researchers, communicating with the DEI committee, and distributing the poster. So far 10 posters have been created.

This project has been updated this year by increasing the number of posters produced to have one for each month instead of every few months. Additionally, we have formed new connections through our campus's DEI office to work with experts in certain areas, such as disabilities. These new resources have allowed us to improve the quality of content on the poster as well as include expert definitions and insight into the content. We are also currently working on increasing the exposure of this

content by partnering with the DEI social media account to make the information available to a broader audience.

Dark Vapor

The Dark Vapor presentation is our group's revamped version of Tar Wars, the AAFP's tobaccofree 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.

Students travel to local elementary or middle schoolers, giving a 40-minute presentation and 10-minute demonstration with pig lungs to classes of 20-30 students. In total, we gave 21 presentations, reaching over 900 students in the state of Kansas this year. 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 their classrooms and answering questions, we were able to help promote primary prevention and encourage a career in healthcare. We consistently get feedback that students and teachers find the sessions engaging and helpful.

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

Each year, our two Dark Vapor Coordinators contact schools, work with teachers and school nurses, and update the presentation. The list of schools and contact information is organized and stored for future coordinators.

This year the Dark Vapor PowerPoint was updated with 2023 data, new graphics, and a change in materials to make it more accessible to 4th and 5th graders. Also, a succinct educational flyer was created to distribute to students after presentations created by the Dark Vapor Coordinators. Feedback from previous schools indicated that a flyer might help students retain information and distribute the information to their families. The number of presentations and students reached increased this year.

Residency Preparation

The Residency Prep event series is an important focus for our FMIG every year, as our goal is for our members to be adequately prepared and ready for the residency application and interview process. The series was improved this year by changing our scheduling of events. Typically the first 4 FMIG meetings of the year are residency meetings, which can be intimidating to first and second year students. This year we interspersed the residency meetings with "regular" speaker meetings and procedure nights to allow more applicable content for M1 and M2's.

"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 two firstyear family medicine residents and KU-Wichita graduates to discuss the timeline for residency 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 to allow fourth-year students plenty of time to develop their residency applications. 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 and talk to residents and faculty face to face.

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 14 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. 6 students 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 Networking

Our FMIG leadership wanted a way to provide students the opportunity to meet local physicians and explore the breadth of opportunities in family medicine. This year, we hosted a Speed Networking event at a local restaurant. 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 family medicine represented, including rural family medicine, direct primary care, rural hospitalist medicine, sports medicine, FQHC medicine, emergency medicine, global health, and academic medicine. Each year the family medicine "specialties" are changed so students can attend yearly and have a meaningful experience. This year global health, sports medicine, and rural hospitalist were new specialties included.

Physicians were each assigned a station, and students rotated from table to table every 15 minutes. There were 15 minutes at the end for students to go back and spend more time with a physician. A total of 19 students attended this event, which was increased from 9 students last year.

Feedback from students and physicians in past years suggested having longer time with each physician, so we increased time from 10 to 15 minutes. However, students this year still felt like time went by quickly. We also moved the event from rooms at the school to a local restaurant. This allowed transitions to be smoother, and all students and physicians to be in the same room.

Blood Drive

Our FMIG chapter reinstated an on-campus blood drive with the American Red Cross as part of our community service mission to partner with existing community organizations and engage our School of Medicine colleagues in meaningful actions. Leaders within family medicine are well-positioned to be difference-makers in their communities. The blood drive fits within this framework.

Our goal with the blood drive is for it to become an annual event and to increase the number of donors each year. This year our target donor goal was 18 donors. We surpassed our goal by scheduling 20 donors. However, because 6 donors were deferred during the drive, we successfully collected 14 donations.

The drive was set up through communication with a local Red Cross representative, the FMIG community service coordinator, and administrative staff within the Department of Family Medicine. Planning steps included meeting with the Red Cross representative, reserving adequate space for the drive, coordinating the best date and times for the event, building a planning committee, creating a marketing plan, recruiting donors, organizing day-of volunteers, and hosting a successful drive. The drive took a few months to plan and required consistent communication between the committee chair and the committee. The planning committee was led by the community service chair and consisted of three additional FMIG members. The committee was responsible for executing the marketing plan (i.e., emails, messages, and marketing materials) and donor recruitment. Donors were incentivized through entry into a raffle for a \$50 Amazon gift card.

The success of the event was determined by the number of donations received and feedback from those involved with the drive. Feedback was obtained through a brief survey administered to donors upon check-out via QR code. The feedback we received through the formal survey was very positive with donors indicating satisfaction with the location and time of the drive and overall experience. They indicated they would definitely donate at a future drive and offered a few suggestions for improvement.

Overall, the drive was a success. Areas of improvement could include developing new strategies to reach more donors, optimizing outreach on social media, and improving signage on campus directing donors to the drive. Additionally, future drives should plan for walk-in appointments as there were many people interested in donating day-of but our drive was not set-up to accommodate last minute appointments.

Mental Health Initiative - Primary Care Leadership Collaborative Project

Wichita's FMIG was accepted to participate in the AAFP's Primary Care Leadership Collaborative (PCLC) in April of 2022. Several of our members then attended AAFP's national conference in July of 2022 and participated in two half-day sessions on relational leadership. Shortly after, our group decided that our project addressing health inequities would focus on mental health.

We identified that mental health issues were not being adequately identified or addressed at our local student-run clinic, Jaydoc. Additionally, we acknowledged that medical students do not feel comfortable asking about mental health problems or utilizing motivational interviewing to discuss treatment plans with patients.

To address these issues we are working on a multi-step plan. First, we will institute universal screening for depression using the PHQ2. Second, we will provide physical copies of PHQ-9s, GAD-7s, and other diagnostic tools available for medical students to utilize at Jaydoc, as well as adapt the EMR to insert these tools. Third, we have compiled a list of referral sites that can provide care to uninsured patients. Finally, we are going to host a medical student training to equip students to overcome barriers to mental health care in Jaydoc's primarily uninsured and Hispanic population. A second training session will be on utilizing motivational interviewing at Jaydoc. To determine the efficacy of our project we are distributing surveys to students before the project begins, as well as at the 6 month and 1-year mark.

Our group spent the year developing our plan, creating documents with research on this topic and a list of referral resources, and preparing to present our plan to the Jaydoc executive board in May. We meet monthly after FMIG meetings, and then the following Sunday with our Coach, who provided invaluable feedback and critique.