Medical School Information

What is your FMIG region?
States in each region are listed in parentheses

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Medical School Information - Region 1: Western

What is the name of your medical school's main campus?

Our FMIG is on a main campus

If you are at a branch location, please list your branch name.

What is your Family Medicine Interest Group name?

What is the best mailing address for your FMIG?

Address (line 1):
Address (line 2):
Attention to:
City:
State (code):
Zip code:
Medical School Information

What is the name of your Medical School?

What is your Family Medicine Interest Group name?

What is the best mailing address for your FMIG?
Address (line 1): 
Address (line 2): 
Attention to: 
City: 
State (code): 
Zip code: 
FMIG Faculty Advisor (primary)

This should be the advisor who should serve as the primary contact for your FMIG

Name: 
Title: 
E-mail: 

Number of years in academic medicine:
(Please round up to next whole year)

Academic rank:
- Instructor
- Assistant Professor
- Associate Professor
- Professor
- Other

Primary role within the department:
- Preclinical course faculty
- Medical Student Education Director/clerkship director/peddoc director
- Medical student educator
- Resident educator
- Residency program director

Number of years serving as advisor:
(Please round up to next whole year)

May the AAFP add this advisor to the FMIG Faculty and Staff Advisors and Supporters online community?
- Yes
- No

FMIG Faculty Advisor (additional)

Name: 
Title: 
E-mail: 

Number of years in academic medicine:
Academic rank:
- Instructor
- Assistant Professor
- Associate Professor
- Professor
- Other

Primary role within the department:
- Preclinical course faculty
- Medical Student Education Director/clerkship director/predoc director
- Medical student educator
- Resident educator
- Residency program director

Number of years serving as advisor:
(Please round up to next whole year)

May the AAFP add this advisor to the FMIG Faculty and Staff Advisors and Supporters online community?
- Yes
- No

FMIG Faculty Advisor (additional)

Name: ____________________________
Title: ____________________________
E-mail: ____________________________

Number of years in academic medicine:
(Please round up to next whole year)

Academic rank:
- Instructor
- Assistant Professor
- Associate Professor
- Professor
- Other

Primary role within the department:
- Preclinical course faculty
- Medical Student Education Director/clerkship director/predoc director
- Medical student educator
- Resident educator
- Residency program director
Number of years serving as advisor:
Please round up to next whole year: 

May the AAFP add this advisor to the FMIG Faculty and Staff Advisors and Supporters online community?
☐ Yes
☐ No

FMIG Faculty Advisor (additional)
Name: 
Title: 
E-mail: 

Number of years in academic medicine:
Please round up to next whole year: 

Academic rank:
☐ Instructor
☐ Assistant Professor
☐ Associate Professor
☐ Professor
☐ Other

Primary role within the department:
☐ Preclinical course faculty
☐ MSE director
☐ Medical student educator
☐ Resident educator
☐ Residency program director

Number of years serving as advisor:
Please round up to next whole year: 

May the AAFP add this advisor to the FMIG Faculty and Staff Advisors and Supporters online community?
☐ Yes
☐ No
Does your FMIG have support from any medical school staff?

☐ Yes  ☐ No
Please provide the support staff's contact information.

Name: 
Title: 
E-mail: 

Number of years he/she has served as staff supporting the FMIG.
Please round up to the next whole year: 

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How many students hold a formal leadership position in your FMIG (ex: president, community service chair, executive board member, etc., to which they were elected or appointed)?

How many of those FMIG student leaders also hold leadership roles in other student-run organizations?

Which organizations (please list):
*If more than six organizations, please enter the remaining in the sixth box.*
Please list your FMIG student leaders starting with the student who should be the primary contact. FMIG leaders include any medical students who you consider to hold formal, titled leadership roles with your FMIG, likely elected or appointed, and that have specific responsibilities for FMIG leadership and operations.

**FMIG Primary Student Leader Contact**

Name: 
Email: 

FMIG leadership title (ex: president, secretary, community service chair, etc.): 

Class year: 
- [ ] M1  
- [ ] M2  
- [ ] M3  
- [ ] M4  
- [ ] Other

**Additional Student Leader Contact**

Name: 
Email: 

FMIG leadership title (ex: president, secretary, community service chair, etc.): 

Class year: 
- [ ] M1  
- [ ] M2  
- [ ] M3  
- [ ] M4  
- [ ] Other

**Additional Student Leader Contact**

Name: 
Email: 

FMIG leadership title (ex: president, secretary, community service chair, etc.): 

Class year: 
- [ ] M1  
- [ ] M2  
- [ ] M3  
- [ ] M4  
- [ ] Other
Please list the names, contact information, and titles of any additional FMIG student leaders.
In what month does FMIG leadership transition each year?

Tell us about your programming from last year and your planned programming for this year.

<table>
<thead>
<tr>
<th>Programs</th>
<th>Attendance</th>
<th>Who else participates in or collaborates with your FMIG for this type of event? (i.e. residency program or residents, another interest group, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many M1 and M2 students typically attend this type of event? (both together not each)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many M3 and M4 students typically attend this type of event? (both together not each)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many faculty typically attend this type of event?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many in 2016-17?</td>
<td>How many planned in 2017-18?</td>
<td></td>
</tr>
</tbody>
</table>

| Career programming (what is family medicine, careers in family medicine) |
| Structured mentoring program (matching students with family medicine mentors) |
| Financial planning                                                      |
| Education on clinical topics (not skills workshops)                     |
| Clinical skills workshops (hands-on, procedures, etc.)                  |
| Discussion of hot topics or current trends in family medicine           |
| Community service activities                                            |
| Social activities                                                       |
| Residency fair                                                          |
| FMIG leadership meetings (business or planning of FMIG leadership team, not an open event) |

What else does your FMIG do that’s not captured in the categories above? Please describe in the box below.

How does your FMIG address health policy and advocacy?
Select all that apply

- Speakers and workshops
- Skill development for our members
- Participation in advocacy events, such as visiting the state congress and meeting with representatives
- Our FMIG does not address health policy or advocacy

What proportion of FMIG meetings and events does the faculty advisor or faculty representative attend?

☐ ☐ ☐ ☐

Does your FMIG track membership (FMIG membership)?

☐ Yes  ☐ No

If yes, how many students are members?

M1 ☐ ☐ ☐ ☐
M2 ☐ ☐ ☐ ☐
M3 ☐ ☐ ☐ ☐
M4 ☐ ☐ ☐ ☐

How many students from each class receive communications from your FMIG (invitations to events, information about scholarships and opportunities, etc.)?

M1 ☐ ☐ ☐ ☐
M2 ☐ ☐ ☐ ☐
M3 ☐ ☐ ☐ ☐
M4 ☐ ☐ ☐ ☐

How many students from each class attend at least one FMIG event?

M1 ☐ ☐ ☐ ☐
M2 ☐ ☐ ☐ ☐
M3 ☐ ☐ ☐ ☐
M4 ☐ ☐ ☐ ☐

How many FMIG events does a typical MS1, MS2, MS3, MS4 attend?

M1 ☐ ☐ ☐ ☐
M2 ☐ ☐ ☐ ☐
M3 ☐ ☐ ☐ ☐
M4 ☐ ☐ ☐ ☐

How many of your FMIG members matched to a family medicine residency in 2017?

☐ I don’t know
Compared to last year, is the number of students expressing interest in family medicine increasing, decreasing, or consistent?
- Increasing
- Consistent
- Decreasing
- Don’t know

What measures do you track to assess the success of the FMIG?
Select all that apply
- Attendance at FMIG events
- Total FMIG membership
- Match rate into family medicine (student population and/or FMIG membership)
- Evaluations or surveys
- Community service hours
- Fundraising
- Continued interest into third and fourth years
- None/do not track
- Other

With what could your FMIG use help?
Select all that apply
- Finances
- Increasing membership/recruitment
- Keeping M3s and M4s involved
- Incorporating community service
- Mentorship programs
- National conferences and leadership
- Presentation/speaker materials
- Information on health care reform and public policy (ACA, MACRA, etc.)
- Advocacy
- Health IT
- Current statistics on the specialty
- Dispelling myths about family medicine
- AAFP membership
- Starting a new FMIG
- Leadership development
- Growing and expanding our FMIG
- Other

Which of the following do you consider your FMIG’s strengths?
Select all that apply
- Finances
- Increasing membership/recruitment
- Keeping M3s and M4s involved
- Incorporating community service
- Mentorship programs
National conferences and leadership
Presentation/speaker materials
Information on health care reform and public policy (ACA, MACRA, etc.)
Advocacy
Health IT
Current statistics on the specialty
Dispelling myths about family medicine
AAFP membership
Building student resilience
Starting a new FMIG
Leadership development
Growing and expanding our current FMIG
Other

How would you like to receive information, ideas, or help from other FMIGs?
Select all that apply

☐ Direct faculty advisor contact to other school’s faculty advisor
☐ Direct student leader contact to other school’s student leaders
☐ Website resource that is searchable by topic
☐ Email listservs
☐ Regular email newsletters for FMIGs from the AAFP
☐ Social media, such as private Facebook pages for FMIG student leaders in each region
☐ Our FMIG would not like to receive information, ideas, or help from other FMIGs
☐ Other
Does your FMIG use resources on aafp.org/fmig?

If yes, what resources do you use? (Please list)

What additional resources, online or other, would be most helpful to your FMIG?

Please list

Estimate how much your FMIG will spend this year.

What are the sources of funding for the FMIG?

Select all that apply

- [ ] FM department
- [ ] Dean's office
- [ ] Student affairs or student government
- [ ] AAFP constituent/state chapter (ie, [your city/county/state/U.S. territory] Academy of Family Physicians)
- [ ] Fundraising activities, i.e., t-shirt sales
- [ ] Residency fair
- [ ] Individual donations
- [ ] FMIG funding initiative (AAFP grant)
- [ ] Other grants or awards
- [ ] Residency programs
- [ ] AHEC
- [ ] Funding from AMSA, Primary Care Progress, or other student organizations (please specify)
- [ ] Other

Does your available funding match your FMIG’s goals and activities?

- [ ] Yes
- [ ] No - not enough funds for goals and activities we would like to do
- [ ] No - more funding than we need for our goals and activities
In the past year, with which of the following groups (if any) did your FMIG collaborate? Select all that apply

- American Medical Student Association (AMSA)
- Student National Medical Association (SNMA)
- Another primary care interest group on campus (pediatrics, internal medicine)
- A student interest group outside of primary care (emergency medicine, orthopedic surgery)
- AAFP state/constituent chapter (i.e., [your city/county/state/territory] Academy of Family Physicians)
- An FMIG at another campus or school
- A community group
- Residency program
- None/did not collaborate
- Other

What level of support or involvement do you feel you get from your AAFP state/constituent chapter?

- None
- Very little
- Moderate amount
- A lot
- Too much
- Don’t know what our AAFP state/constituent chapter is

How does your FMIG interact with your AAFP state/constituent chapter, and how does it support your FMIG and your campus?


Do medical students train with interprofessional students on your campus?

If so, in what ways?


Does your FMIG host any interprofessional students (pharmacy, nurse practitioner, dental, etc.) at its events?


Do you know who your FMIG Network Regional Coordinator is?


Do you receive communications about the AAFP through him or her?


Who is completing this survey?

Name
Title

Are you:
☑ A student
☑ A faculty member
☑ A staff member