

Application: 12525

Wright, Brynn

Page: Applicant Information

This is the application form for the Program of Excellence (PoE) Award for FMIG/SAACOFPS at medical schools. If you have any questions as you complete the application, please email 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](#)

Applicant's Name

Wright, Brynn

FMIG/SAACOFPS Group Name

University of Kansas School of Medicine - Wichita FMIG

Award Application Type

Overall Award Application > Overall Award Application - US MD Program

International medical school

Not Applicable

Medical School State

Kansas

Medical School Name

University of Kansas School of Medicine - Wichita

Medical School City

Wichita

Main or branch campus

Branch campus

Branch campus name

University of Kansas School of Medicine - Wichita

Students on campus

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

FMIG Network Region

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

Mailing Address

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

Number of Students

870

Branch Number of Students

210

Active FMIG/SAACOFB members

50

Students serving in Leadership Positions

37

Applied for Award in the past

YES

Won Award in the past

YES

Page: Group Leadership

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

Faculty advisor name

Rick Kelleman, MD

Faculty advisor email

rkellerm@kumc.edu

Family physician?

Yes

Add to Faculty Advisor Online Community

Yes

Additional faculty advisor name

Lynn Fisher, MD

Additional faculty advisor email

lfisher11@kumc.edu

Family physician?

Yes

Additional faculty advisors

Tessa Rohrberg, MD
trohrberg@kumc.edu

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

alias394a7c658f5641ce8d6ac2cd2a02b05c

Yes

Staff supporter name

Mary Hursey

Staff supporter title

Student Coordinator

Staff supporter email

mhursey@kumc.edu

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

Students in Leadership Positions

37

Leadership transition

April

Primary student leader name

Aaron Holt

Primary student leader title (ex: FMIG president)

FMIG Co-President

Primary student leader class year

MS/OMS II

Primary student leader email

aholt5@kumc.edu

Additional student leader name (2)

Katie Hrencher

Additional student leader title (2)

FMIG Co-President

Additional student leader class year (2)

MS/OMS II

Additional student leader email (2)

khrencher@kumc.edu

Additional student leader name (3)

Fatima Rahman

Additional student leader title (3)

Financial Officer

Additional student leader class year (3)

MS/OMS II

Additional student leader email (3)

f564r909@kumc.edu

Additional student leader name (4)

Sydney Vahling

Additional student leader title (4)

Secretary

Additional student leader class year (4)

MS/OMS II

Additional student leader email (4)

svahling@kumc.edu

Additional student leader name (5)

Preston Montgomery

Additional student leader title (5)

KAFP Representative

Additional student leader class year (5)

MS/OMS II

Additional student leader email (5)

pmontgomery4@kumc.edu

Additional student leaders

AAFP Student Ambassador - Katelyn Shumacher M3, k083s179@kumc.edu

Community Service Coordinator - Tiffany Bouddhara M2, tbouddhara2@kumc.edu

Dark Vapor Co-Chairs - Tori Farwell M3, tfarwell@kumc.edu; Fatima Rahman M2; above

Doc for a Day Co-Chairs - Jack Harrigan M1, jharrigan2@kumc.edu; Sarah Veasart M2, sveasart@kumc.edu

POE Chair - Jo Leatherman M3, jleatherman@kumc.edu

PR/Social Chair - Stephanie Hassouneh M2, shassouneh@kumc.edu

Primary Care Week Chair - Savannah Bender M2, sbender2@kumc.edu

POCUS Chair - Bethany Peach M3, bpeach@kumc.edu; Holly Burt M3, hburt@kumc.edu

Social Justice - Morgan Weiler M3, mweiler2@kumc.edu

Special Project Coordinator - Laura Vanderheiden M3, lvanderheiden@kumc.edu

Page: Overall or Categorical Award and Group Information**Category or Special Consideration**

N/A applying for Overall Award

FMIG Operation

Our FMIG has a traditional structure. Our executive board consists of Co-Presidents (2), Secretary, Financial Officer, and a Kansas Academy of Family Physicians Representative. We have seven 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 into our campus FMIG when they move to our branch), Community Service Coordinator, Dark Vapor (formerly Tar Wars) Co-Chairs, Doc for a Day Co-Chairs, Social Justice Chair, Program of Excellence Chair, POCUS Co-Chairs, Primary Care Week Chair, Social/PR Chair, and Special Project Coordinator.

Class Representatives: M1 Class- 3 reps, M2 Class- 1 rep, M3 Class- 7 reps, M4 Class- 4 reps We hold elections for our executive board in early February. The newly elected executive board, along with the former president 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 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 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. This year, we added a Diversity and Inclusion Committee and a POCUS Committee.

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 keep track of participation. With the pandemic, most all-member meetings consisted of a speaker on zoom, though 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/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 president coordinates the events, unless another member volunteers or the event falls under one of the office's roles. We have a google 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.
- c. Develop a POCUS curriculum to share with interest group members and students on campus.

2. Professional Development

- a. Host a procedure night for all students on campus.
- b. Have speaker topics revolving around practice management.
- c. Address the topic of social justice and inequalities by forming a committee and organizing speakers/events about the topic.

3. Networking

- a. Develop a mentorship program amongst students.
- b. Host a speed-dating event to nurture connections between family medicine doctors and students.
- c. Collaborate with other primary care groups on campus for at least 2 events.

4. Community Service

- a. Give presentations on the dangers of tobacco use and vaping to local 4th and 5th graders in the community.
- b. Organize an agriculture-related mental health initiative within local rural communities.

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 Residents and Students in Kansas City.

6. Resilience and Adaptation Through the Pandemic

Continue peer interaction, mentoring, and activities through online interactions and socially distanced events. Offer programming that addresses policy, public health, and advocacy to encourage professional development in a critical time for leadership and expertise in primary care.

Faculty Advisor

The FMIG Faculty Advisor is historically appointed by the Chair of the Department of Family and Community Medicine (DFCM). Our current faculty advisor serves both the role of DFCM Chair and FMIG advisor. He is a previous AAFP president who has been an integral component of our FMIG's success. He maintains connections with the DFCM and works 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 advisor makes an intentional effort to personally know each FMIG member. He attends all FMIG meetings and maintains frequent communication with FMIG leaders. His connections from previous leadership roles have created many opportunities for us. Our advisor shows his natural talent for leadership by allowing FMIG leaders to lead and direct all meetings and events. He participates in meetings as if he were a member- providing ideas, giving input, and answering questions about logistics. He works hard to coordinate with the department and state AAFP chapter to find the support we need for any ideas we want to pursue as a group.

We have two faculty members that are currently training to take the place of our current advisor. These two faculty members have attended all FMIG meetings and helped direct and assist the group. The year-long transition has proved to be instrumental in giving our new advisors the skills, knowledge, and relationship base needed to excel in the role. Both have demonstrated excellence in promoting family medicine and encouraging leadership and professional development.

The first of our two incoming 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 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 state AAFP chapter President and current Alternate Delegate, and he currently serves on the AAFP Commission on Health of the Public and Science. 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.

Page: OVERALL PROGRAM/PROJECT/INITIATIVE #1

Title of Program

POCUS

Date and Time

2/4/21 7 pm; 2/16 8:30 pm; monthly email updates

Work Hours to Organize

5 students, 70+ hours to build The POCUS Packet

Participation

30 receive monthly updates via email. All students on our campus have access to "The POCUS Packet" through FMIG.

Choose Categories

Professional development: This is something your FMIG/SAACOFP does to promote professional and/or leadership development among our members. , Promoting the value of family medicine as primary care: This is something your FMIG/SAACOFP 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. , Current issues or innovations in family medicine , New event for this FMIG/SAACOFP

Description

This new initiative was created and organized by one of our 4th year medical students, Jeremy Lickteig. Jeremy wanted to give medical students a head start in diagnostic and procedural competence in ultrasound in order to prepare them for residency. He realized that ultrasound skills were desired among many local family medicine students, yet the school did not have the trained faculty nor the infrastructure to teach this. 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 4 other FMIG student leaders to write the remaining chapters. These chapters include straightforward concepts, images, and examples of pertinent findings in each organ system. Jeremy's leadership has evolved to a position within our FMIG: the POCUS Chair.

Alongside the AAFP Guidelines, he consulted with local residency faculty and used open access medical education resources to determine what were the most practical and realistic uses for ultrasound that was feasible to teach students. Additionally, the authors compiled a list of what they believed to be the highest-yield and most user-friendly resources for additional self-guided learning. The document encourages students to work through the packet at their own pace and practice the techniques. At the completion of the packet, students are encouraged to put their name on the list created to recognize "Champions of POCUS".

In order to put this theoretical knowledge into practice, The POCUS Chair and FMIG have led ultrasound image review sessions in order to discuss interesting cases. Students are given images and quizzed over specific techniques, views, and findings. The resolution of the pandemic will allow the group to do more in-person scanning exercises in the future, but currently the online image review format seems to work very well to consolidate knowledge. This method was inspired by image review sessions that some ultrasound-focused emergency medicine residency programs host.

Finally, FMIG realized that in order to really teach and learn ultrasound, students needed to have unfettered access to ultrasound machines. While some clinical sites have ultrasound, there were no teaching machines at the medical school. One of the great accomplishments of our POCUS committee was the acquisition of a Butterfly IQ+. 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 are able to 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. Since January 2021, when the Butterfly was purchased, it has been checked out every day, with many students on a waiting list. The entire initiative has proved to be a very popular, effective, and needed service in our school!

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. In order to make the material more accessible, The POCUS Packet has recently been converted to website format. 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. 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. It is our 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.

Title of Program

Social Justice

Date and Time

August 12, 2020; November 3, 2020 5:00-6:30 pm

Work Hours to Organize

8 students; 2 one-hour meetings to plan main event, attended monthly Wichita Diversity, Equity and Inclusion workforce meetings

Participation

32

Categories

Professional development: This is something your FMIG/SAACOFP does to promote professional and/or leadership development among our members. , Exposure to family medicine and family physicians: This is something your FMIG/SAACOFP 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/SAACOFP 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., Collaboration with another campus group: Please include which group (SNMA, another primary care interest group, etc.)

Collaboration

FMIGs on other campuses; Diversity, Equity, and Inclusion Cabinet

Description

The Social Justice committee was created 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 was chaired by one member, with 7 other participants. 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 event our committee hosted was titled "Racial Disparities in Healthcare". Outgoing AAFP President, Gary LeRoy was the speaker for the event. He joined our group via Zoom, which allowed us to open the event to all students on campus, faculty, and the FMIG groups on the two other campuses.

At the event, Dr. LeRoy answered questions regarding social justice and discussed how students and faculty could address racial disparities in their lives and future practices. The presentation encouraged professional development and growth, as well as leadership. It was followed by a Q&A session and closing remarks from Dr. LeRoy. The event was well-received, with 32 individuals in attendance.

The event and its success was discussed at the following board meeting. Our group was thankful students had an opportunity to meet a national leader and were challenged/inspired to consider what changes can be made as current and future leaders in medicine. A note was made to strengthen communication with the other campuses if an event like this were to be held again.

Page: OVERALL PROGRAM/PROJECT/INITIATIVE #3

Title of Program

Practice Management

Date and Time

1/12/21 6-7 pm

Work Hours to Organize

5

Participation

17

Categories

Professional development: This is something your FMIG/SAACOFPP does to promote professional and/or leadership development among our members. , Exposure to family medicine and family physicians: This is something your FMIG/SAACOFPP 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/SAACOFPP 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/SAACOFPP 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/SAACOFPP

Description

Please see word doc from Keshia.

To reach our FMIG goal of educating members on current topics in Family Medicine, our leadership team chose to host a discussion covering the basics of Finances and Practice Management. The session highlighted the expertise of our two incoming advisors, who collectively have 18 years of experience as private practice owners in rural Kansas. They presented on the following topics: types of billing services, reimbursement rates, life cycle of a medical bill, patient account collection, cost associated with medical practice, and the benefits of a private practice. Three additional doctors, along with two practices, helped with the compilation of the presentation.

Page: OVERALL PROGRAM/PROJECT/INITIATIVE #4**Title of Program**

Residency Prep

Date and Time

7/28/20; 8/04/20; 9/01/20; 10/06/20, 3/24/21 6pm-7pm

Work Hours to Organize

5 students; 8 hours

Participation

25; 17; 23; 15; 16

Categories

Professional development: This is something your FMIG/SAACOFPP does to promote professional and/or leadership development among our members. , Current issues or innovations in family medicine , Significant changes/improvement made on an existing FMIG/SAACOFPP program.

Description

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, called “Stepping Into the Virtual Match”. Our group hosted Dr. Deborah Clements. Dr. Clements was a guest speaker for the AAFP National Conference. Her contact information was provided by reaching out to the AAFP conference coordinators

“Stepping Into the Virtual Match”:

At the National Conference, Dr. Clements addressed the topic of Match 2020 and what students should do to increase their chance of having a successful Match. Dr. Clements spoke to our group via Zoom, sharing her advice and projections for the year’s Match. The discussion was followed by a Q and A session. It was an extremely active and engaging presentation, as members were eager to learn more about the changing Match process.

This event exposed students to another national leader in Family Medicine. Dr. Clements is president of the Association of Family Medicine Residency Directors, chair of the Council of Academic Family Medicine, treasurer of the NRMP, and immediate past chair of the Organization of Program Director Associations. She serves as a fantastic example of leadership in Family Medicine. Students enjoyed the opportunity to meet her and listen to her expertise.

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.

The residency program nights took place on Zoom, with the exception of allowing 4th year medical students to go to the presentations in-person. This allowed students going through the Match process to have a deeper connection with the residencies, without our group breaking the social distancing guidelines set in place by our school.

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.

Page: OVERALL PROGRAM/PROJECT/INITIATIVE #5

Title of Program

Mentorship Initiative

Date and Time

9/01/20 5:30-6pm; 12/01/20 6:00-7:30 pm

Work Hours to Organize

1; 3

Participation

30; 15

Categories

Professional development: This is something your FMIG/SAACOFP does to promote professional and/or leadership development among our members. , Exposure to family medicine and family physicians: This is something your FMIG/SAACOFP does to expose its members to family physicians in your medical school or the community , Promoting the scope and diversity of family medicine: What your FMIG/SAACOFP does to educate students and increase their understanding of and appreciation for the broad range of opportunities in family medicine. , New event for this FMIG/SAACOFP

Description

Mentorship Program:

The mentorship program was new to our FMIG this year. Our leaders felt it was important to encourage mentorship and provide it as a form of socialization and networking during the pandemic. Many first year students voiced feeling isolated, and this program helped mitigate those feelings. 18 first and second year medical students on our campus chose to participate in the program, and 21 third and fourth year students volunteered to be mentors. Sign-up was offered via email. Participants were asked to fill out a Google form asking about their interests, hobbies, future plans, etc. Mentors and mentees were then paired together by the student leader who volunteered to organize the effort. The majority of pairs met via Zoom or phone 30 minutes before the September FMIG meeting. Each pair was encouraged to meet at least once a month during the first semester and once every 9 weeks in the second semester. All other meetings were on a PRN basis. The mentors set up the meetings, with reminder emails sent periodically from the student leader. Some emails contained suggestions on specific topics for mentor and mentees to discuss.

A survey was sent to participants a few months after the program was started. The M1/M2's had a 61% response rate, and the M3/M4's had a 52% response rate. All participants said they felt their partner was a good match. 54.5% of the M1/M2 participants said the program changed their perception of Family Medicine in a positive way, with the remaining saying it did not change their perception. 100% of the underclassmen said they felt more confident, supported, and reassured from participating in the program.

Speed Dating:

Our FMIG leadership wanted a way to safely 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 and social chairs. 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, Sports Medicine, Suburban Family Medicine, FQHC, Hospitalist, Geriatrics, Addiction Medicine, Emergency Medicine, DPC, and Academic Medicine.

Students and physicians participated via Zoom. Breakout rooms were assigned, in order to put pairs together in a separate room. The students rotated through breakout rooms every 7-8 minutes and were paired with a different physician each time.

Surveys were sent to the participants following the event. All physicians who responded said they felt the event was well-organized, and they would participate if the event were to be held again in future years. The feedback we got from students was that the 7-8 minutes was a very short time frame. If we do this event in the future, we plan to allow at least 10 minutes with each pairing.

Page: OVERALL PROGRAM/PROJECT/INITIATIVE #6

Title of Program

Community Service

Date and Time

January 20, 2021- February 11, 2021; Fall 2021

Work Hours to Organize

4 students; 25 work hours

Participation

15

Categories

Community Service: This is something your FMIG/SAACOFP does to promote professional and/or leadership development among your members. , Promoting the value of family medicine as primary care: This is something your FMIG/SAACOFP 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/SAACOFP 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/SAACOFP , Significant changes/improvement made on an existing FMIG/SAACOFP program. , Collaboration with another campus group: Please include which group (SNMA, another primary care interest group, etc.)

Collaboration

Rural Medicine Interest Group; Psychiatry Interest Group

Description

Dark Vapor:

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 online presentations via Zoom and Microsoft Teams. The presentations were adapted to be interactive for students online. We gave 14 presentations, reaching over 350 students in our community. 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 used this year were purchased using AAFP Special Grant money.

Each year, our three 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.

Mental Health Initiative:

Another initiative our group is working on is the Mental Health Initiative. This initiative is currently in the planning stages, with the goal of Fall 2021 for its debut. The initiative is a collaboration of the Family Medicine Interest Group, Rural Medicine Interest Group, and the Psychiatry Interest Group. Moved by the high mental health toll COVID-19 had on patients, our group decided to collaborate with the other campus groups to address mental health. With Kansas being a largely rural state, we came up with the idea to target agricultural mental health. Our plan is to do an online training course put together by the MSU Extension and use the information learned from the course and our schooling to give presentations to local FFA groups. Our goal is to reach at least 15 FFA chapters. These high school students will then be able to take the information learned and apply it to their life and future careers. A survey will be sent out to each FFA group after the presentations to assess if the presentation increased their knowledge and confidence in recognizing, preventing, and finding resources for mental health difficulties.

Page: OVERALL PROGRAM/PROJECT/INITIATIVE #7

Title of Program

Doc for a Day

Date and Time

November 7, 2020; 8 am- 12 pm

Work Hours to Organize

3 coordinators; 30 hours

Participation

30 student volunteers, 35 high school students

Categories

Community Service: This is something your FMIG/SAACOFP does to promote professional and/or leadership development among your members. , Promoting the value of family medicine as primary care: This is something your FMIG/SAACOFP 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/SAACOFP does to educate students and increase their understanding of and appreciation for the broad range of opportunities in family medicine. , Significant changes/improvement made on an existing FMIG/SAACOFP program.

Description

Doc for a Day is an annual event our group hosts. The goal of the event is to expose high school students to primary care. This outreach to the community helps students become familiar with current medical students and faculty. In addition, it provides students with resources and encouragement for pursuing a career in medicine. Local high school students are invited to the medical school. The invitations and forms were sent to school counselors by our department administrator. Medical student volunteers are recruited by a school-wide email sign-up. This year, both high school and medical student attendance was limited by social distancing guidelines. Our group had to make changes to our event due to COVID. One change made was presenting the introductory session via zoom at each group's first station. Name tags and sign-in also occurred at the students' first station. Typically, the sign-in and introductory session would occur with all participants in a large room.

For the event, the students were broken up into rotation groups. They rotated through the different stations, each led by medical student volunteers. We had 6 stations this year: childbirth simulation, CPR, code blue simulation, suturing, vitals/clinic visit, and sterile field. Each station was located in a different room, to comply with COVID guidelines. Groups rotated one at a time, to avoid overcrowding public spaces. A holding room was used to assist with the group rotations.

An additional component to this year's sterile field station was the creation of a life size Operation game for the students to play with once they had finished gowning up. It helped utilize the extra time we'd had at the station in previous years, and the students loved it! Another change made this year was creating clinical scenarios for students to go through at the Vitals/Clinic Visit station. They were not able to practice physical exams on each other like in previous years, due to COVID. The case presentations they worked through provided them the opportunity to exercise critical thinking and see a "typical" family medicine patient scenario.

The day concluded with a closing session: "What Can We Do Now?". The presentation consisted of a discussion and Q&A with medical student group leaders at the final station high school students were at. This is a change that differed from our usual all-participant closing session we held in a large theatre. It allowed us to refrain from large gatherings. Each participant and volunteer was given a t-shirt.

Surveys were distributed to participants and volunteers at the conclusion of the event. We broke the station ratings into the categories of amount of hands-on learning, amount of time, ability to understand, and overall. Qualitative response opportunities were also embedded in the survey. Volunteers were given a survey to assess how the event was run. Results and suggestions were compiled into a google doc to be passed on for future Doc for a Day leaders.

Page: OVERALL PROGRAM/PROJECT/INITIATIVE #8

Title of Program

Primary Care Week

Date and Time

10/5/2021 - 10/9/2021

Work Hours to Organize

5 students; 45 hours

Participation

63 (total all week)

Categories

Exposure to family medicine and family physicians: This is something your FMIG/SAACOFP 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/SAACOFP 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/SAACOFP 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 , Significant changes/improvement made on an existing FMIG/SAACOFP program. , Collaboration with another campus group: Please include which group (SNMA, another primary care interest group, etc.)

Collaboration

Rural Medicine Interest Group

Description

Primary Care week is a nationally celebrated week. Our group utilizes the week to promote primary care and familiarize students with topics related to the field. Our goal is to attract students into primary care. Each event was publicized via social media and through an email to the student body. The PR Chairs posted pictures from our various events on social media. The entire student body was invited, and students were able to sign up for each event individually.

Procedure Night - Monday:

Our FMIG hosted a procedure night that consisted of a birthing simulation, a suturing station, a POCUS cyst removal station, and a sterile gowning station. We hosted the stations in different rooms, in order to comply with social distancing guidelines. We had 11 FMIG members serve as volunteers and 19 students participated in the event. The POCUS cyst removal station featured jello molds and a butterfly sono, and pig feet were used for the suturing station. Our group was able to utilize our simulation lab and staff by having a birthing simulation and trauma simulation. The entire event was coordinated with our school's Rural Medicine Interest Group.

A survey was sent out after the event. The most popular station was the Sterile Gowning station. All stations received a 4/5 or 5/5 rating, with the overall event receiving a 9.57/10 rating. 71.4% said the event changed their perspective of primary care in a positive way. Suggestions for next year included having a more organized check-in process and adding an additional 30 minutes at the end for students to revisit stations they wanted more practice with.

Residency Night - Tuesday:

This event was one of the 3 residency nights our FMIG hosted in the fall to allow students to become familiar with the KU-Wichita residency programs. Ten students participated.

JayDoc Clinic:

Our group chose to make Wednesday of Primary Care Week a community service day. The cause our board decided to help was the JayDoc community clinic. The clinic is a student-run free clinic. The Department of Family and Community Medicine is one of the main donors for the clinic. Wednesday nights at the clinic are Diabetes/Women's Health Night. Our FMIG members staffed the clinic that night. We had 14 members participate, with additional students volunteering. Participation was limited by COVID guidelines and need for students.

Public Health and Health Disparities Presentation - Thursday:

This presentation was held via Zoom in the evening. Pamaline King-Burns, MPA was the guest speaker. Pamaline King-Burns is currently the COVID-19 ICS Onboarding Specialist for our county's health department's "New Employee Orientation" for the department's COVID-19 surge staff. In her presentation, Pamaline addressed Public Health Concepts and Health Disparities. Only 6 students attended this event. In the future, our team plans to be able to have the event in-person and motivate participation by offering a free dinner. This incentive has been successful in the past but was not able to be easily executed this year due to COVID.

Pumpkin Patch:

We went to a local pumpkin patch on Friday evening to encourage socialization and celebrate the end of primary care week. FMIG paid for admission of students and 1 additional guest of all who signed up for the event. The other primary care groups in our school also promoted the event to their respective clubs. Fourteen students attended this event. It was a safe and fun way to socialize during the pandemic.

In the future, our group will consider celebrating Primary Care Week on a week in September or October that works well with testing schedules. We are hopeful this may encourage attendance, as a week of daily activities can be time-consuming for medical students. M1 and M2 students are on a biweekly testing schedule, and we think avoiding hosting Primary Care Week on a testing week would boost our attendance numbers.