

# FMPC

## Grant Awards

2010-2016 • Volume II



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS  
FOUNDATION

The Family Medicine Philanthropic Consortium (FMPC) is a collaborative program of the American Academy of Family Physicians Foundation and the Constituent Chapters and Chapter Foundations of the American Academy of Family Physicians. The Consortium is organized to improve the health care of all people.



# A Word about the FMPC and its Grant Awards

The Family Medicine Philanthropic Consortium (FMPC) was established in 2006 as a collaborative program of the American Academy of Family Physicians Foundation and the Constituent Chapters and Chapter Foundations of the American Academy of Family Physicians. There are no costs for membership in the FMPC.

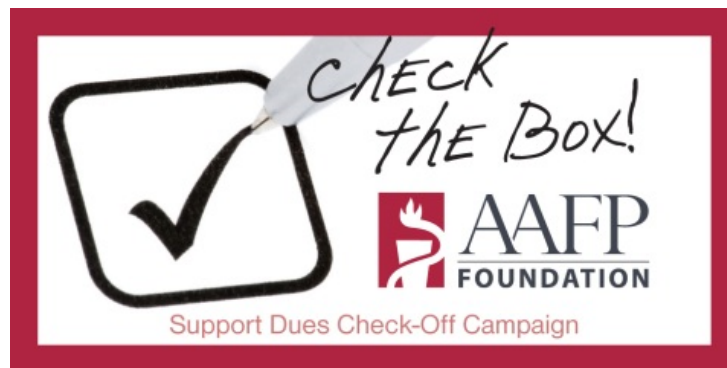
The FMPC is organized to improve the health of all people and accomplishes its mission by:

- Collaborating in the use of national Dues Check-Off revenues provided by the AAFP Foundation.
- Sharing expertise, replicating programs, and sharing best practices.
- Providing FMPC Grant Awards.

The mission of the FMPC Grant Awards program is to support Constituent Chapters and Chapter Foundation programs, and assist them in fulfilling their mission of improving the health of all people.

Annual FMPC Grant Awards are determined through a competitive grant funding process, with funding available only to AFP Constituent Chapters and Chapter Foundations. Since establishing the FMPC Grant Awards in 2006, grants totaling \$1,015,170 have been awarded to fund 260 projects in 39 states. Please see the “List of Funded FMPC Grant Award Projects: 2006-2016” in this booklet.

For more information about the FMPC or FMPC Grant Awards please visit the AAFP Foundation website at [www.aafpfoundation.org/fmpc](http://www.aafpfoundation.org/fmpc) or call any member of the Development team at 1-800-274-2237.



Funding for FMPC Grant Awards comes from the national Dues Check-Off Campaign.

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# MEMBER OUTREACH PROJECTS

## ADVOCACY

### **ADVOCACY & LEADERSHIP DEVELOPMENT – MICHIGAN (2016)**

Less than one percent of MAFP members contribute to the state's Political Action Committee and just over one percent of members are involved in committees or task forces or hold Board positions. The MAFP Advocacy and Leadership Development Program recruits and trains new members in grassroots advocacy, media, legislative affairs and political campaigns. On December 2, 2016 participants completed a one-day immersion program featuring expert speakers from a diversity of fields related to advocacy and leadership. At the conclusion of the program, participants completed an Advocacy Action Plan that identified one key priority issue area and an accompanying strategy, as well as pitching an idea for a grassroots event to be implemented in 2017.

**Results, 2016 Grant.** Will be reported in March 2018.

### **ADVOCACY & LEGISLATIVE INSTITUTE – LOUISIANA (2012-2014)**

LAFP's Advocacy and Legislative Institute (formerly known as the Advocacy & Legislative Series) is continuing to expand its scope and now includes a Key Contacts program (contacts are matched with a member in the LA Senate and House to communicate on legislation and regulations important to the practice of Family Medicine); a one-day Legislative and Advocacy Training Seminar for key contacts; a health fair at White Coat Day at the Capitol; and membership socials in districts across the state intended to increase sustainable political relationships.

**Results, 2012 Grant.** Five legislative breakfasts were attended by 29 active LAFP members, eight residents, five medical students, 26 legislators and five LAFP staff. The LAFP Committee on Legislation and the Board assisted with organizing Legislative Breakfasts in LAFP districts throughout the state. In addition, 24 residents and 18 active LAFP members attended the Advocacy Training Seminar and White Coat Day. Health screenings were provided to 123 legislators and others. Health screening included: blood pressure, BMI, glucose screening, depression, sleep apnea and dermatology. The average pre-test score for the Advocacy Training Seminar was 2.3 out of 5.0; the average post-test score was 4.1 out of 5.0. In addition, LAFP applied for and received a Chapter Advocacy Day Assistance Grant from the AAFP for this series, which allowed LAFP to present the series to other Chapters who attended the AAFP State Legislative Conference, and to encourage a similar type of program to be conducted by other Constituent Chapters.

**Results, 2013 Grant.** Eighteen residents, five students, eight active LAFP members, six LAFP staff and one AAFP staff member attended the Louisiana Legislative and Advocacy Series in 2014. Closing out this series, and new to the program, was the legislative appreciation dinner. Health screenings provided by members from five FMRPs were delivered to 118 legislators and others. During the training seminar, a pre- and post-test was delivered on the content presented: the average score on the pre-test was 2.5 out of 5.0; and the average score on the post test was 4.5 out of 5.0.

**Results, 2014 Grant.** Key Contacts were newly implemented into the program. Forty-seven LAFP members, including 11 students and 19 residents, served as Key Contacts and were matched with a member in the state Senate and House to communicate on legislation and regulations important to the practice of Family Medicine. Four membership socials across the state were attended by 63 members, including 23 residents and six students. Seven students and 21 residents from five of the Louisiana residency programs attended the leadership and advocacy training. These students and residents also attended the White Coat Day/Health Fair and provided health screenings to 133 legislators and others. Pre- and post-tests administered at the training seminars indicated increased knowledge was achieved: the average pre-test score 2.7 out of 5.0; the average post-test score was 4.8 out of 5.0.

### **ADVOCACY DAY (2011, 2015-2016)**

- MICHIGAN (2011) - Advocacy Day was designed to fulfill a need identified in a 2010 MAFP Member Survey, which revealed that training and/or accompanying members on visits with state legislators would be extraordinarily beneficial in increasing members' comfort level when serving as advocates with lawmakers.

**Results, 2011 Grant.** Thirty-four active MAFP and MAOFP (Michigan Association of Osteopathic Family Physicians) members, residents and students participated in the half-day 2012 MAFP Advocacy Day, which included legislative speeches from key lawmakers prior to the 36 legislative office visits. Information on advocacy priorities was distributed at each office visit. These 34 members also networked with 25 legislators about Family Medicine at the evening reception.

- MASSACHUSETTS (2015, 2016) - **Family Medicine Advocacy Day** is a one-day event with morning leadership training sessions that provide members with tools, education, resources and direction to successfully influence Massachusetts' political representatives to vote with the best interests of Family Medicine. At the conclusion of in-person meetings at the State House, participants in Advocacy Day reconvene for a wrap-up session to define take-away points and follow up plans for the members, as well as the chapter as a whole.

**Results, 2015 Grant.** A legislative aid requested more information about Family Medicine and residency programs, which led to follow-up and ultimately to a sponsor for a bill introduced by MassAFP, *An Act to Improve Access to Family Physicians*. One-hundred (100) attendees took part in the event and all five residency programs were represented. The FMRPs received advocacy education that aligned with their curriculum, and members received tools and information to effectively influence their own future and take part in future organized efforts.

**Results, 2016 Grant.** Will be reported in March 2018.

## **BUILDING THE FAMILY MEDICINE PIPELINE**

### **ENCOURAGING WORDS - KENTUCKY (2014)**

This project planned to identify 10 Family Physicians who were influenced by their personal family physician to apply to medical school and then gather this information to develop a webinar on "How to be an Influencer."

**Results, 2014 Grant.** Eight physician members submitted nominations for their "Influencer." Despite best efforts, nominations were not made in time to produce a webinar to be presented at the 2015 KAFP annual meeting. Instead, resulting articles were used to produce a three-issue series published in the *KAFP Journal* (Fall 2017, Winter 2016/2017, Spring 2017).

### **PRIMARY CARE WORKFORCE SUMMIT – WISCONSIN (2012)**

The Primary Care Workforce Summit convened Wisconsin's primary care leaders where they established and prioritized issues relevant to growing and sustaining a primary care workforce in Wisconsin. The key deliverable was a consensus Action Plan to articulate advocacy, public policy and collaboration pertaining to growing and sustaining a team-based, patient-centered primary care workforce.

**Results, 2012 Grant.** Thirty-eight organizations and 108 attendees from across the state participated. Following the Primary Care Workforce Summit, WAFP was invited to be on a workgroup addressing the need for additional primary care residency training in Wisconsin. A White Paper that outlined Action Plan recommendations from the Summit was widely distributed and placed on the WAFP website. In 2013, the Primary Care Workforce Summit Action Plan Development Meeting (Summit 2.0) hosted 48 attendees. Action plans regarding Team-Based Care and Education and Training were created with related materials posted on the WAFP website.

### **PROVIDER TOOLS TO MANAGE FAMILY PHYSICIAN SHORTAGE - NEBRASKA (2012)**

The Nebraska Academy of Family Physicians Manpower Committee projected that Nebraska could lose up to 53% of their family physicians to retirement in the next 10-15 years. In response the Nebraska AFP planned a proactive approach to help physicians plan accordingly.

**Results, 2012 Grant.** A collective partnership was established between the Nebraska AFP, South East Rural Physicians Alliance and the Rural Comprehensive Care Network of Nebraska. Through this project the Manpower Ad Hoc Committee identified three ways to foster the relationship between providers and residents: 1) Establish a mentoring program that pairs residents with providers; 2) Provide a listing on the website of practices that are looking for physician partners in the next one to three years; and 3) Create a tracking system to help identify medical students through their residency training.

## DIRECT PRIMARY CARE

### DIRECT CARE PARTNERSHIP: PHYSICIAN OUTREACH - MAINE (2013)

The purpose of the Maine Direct Care Partnership (DCP) network was to provide primary care access to uninsured, non-indigent consumers by inviting existing practices to offer some of these consumers a special, financially transparent and sustainable direct care arrangement within their current practice structure.

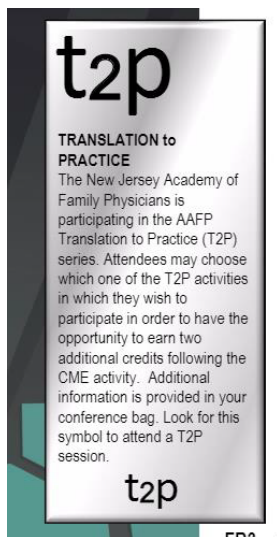
**Results, 2013 Grant.** Legal contract templates for Maine Physician-Patient contracts were developed to enable Maine AFP physicians to start piloting Direct Care arrangements to their uninsured. The Maine AFP Foundation was able to leverage FMPC funding by collaborating with several other, larger healthcare organizations in the state to host a Direct Primary Care Workshop, *Direct Primary Care in Theory and Practice: A Primer*. A roundtable discussion was hosted at Maine AFP's annual CME meeting. Evaluations from this DPC Workshop overwhelmingly rated the workshop as "excellent" and many said this was new information and they would be exploring the possibility of doing DPC. Prospective research identified eight potential funding sources. Two concept papers were produced and on review of the concept papers it became apparent that neither the Maine AFP Foundation nor Maine AFP had the infrastructure and/or administrative capacity to apply for or administer grants of the size needed to effectively fulfill the objectives of these grant proposals. Although the Maine Academy will not be pursuing any of the prospects for funding, the Maine AFP Foundation Board overwhelmingly endorsed making the concept papers and all of the research undertaken available to other medical associations in Maine.

## GERIATRICS

### ADVANCED CARE/END OF LIFE PLANNING - NEW JERSEY (2015)

The New Jersey AFP Advanced Care/End of Life Planning CME workshop was designed to enhance knowledge, communications, confidence and office-based workflow/systems related to the subject matter.

**Results, 2015 Grant.** The live CME education session, titled *Understanding and Implementing POLST (Physicians Orders for Life Sustaining Treatment)*, was held on June 11, 2016 in conjunction with AAFP's Translation to Practice (t2p) Parts 1 and 2. Twenty (20) physicians attended the live presentation and three (3) completed the t2p requirements. The one-hour session presented by Dr. Huda Sayed, Hospice and Palliative Medicine Fellow offered participants the opportunity to apply what they learned and report back on how learning translated into practice. NJAFP coaches provided virtual technical assistance and educational materials. Participants were surveyed at 30-, 60-, and 90-day post session intervals. Survey results showed that physicians who completed the t2p requirements increased the number of patients with an advanced directive by at least 10%; and the number of patients with a POLST form scanned into the EMR also saw an increase of at least 10%. The key challenge was engaging the participant after the live session in order to complete the t2p survey and provide feedback. Coupling education with process improvement is impactful but needs to include incentives to assure participants stay engaged.



## ESSENTIAL CARE FOR OLDER ADULTS CME SERIES - PENNSYLVANIA (2014)

The “Essential Care for Older Adults CME Series” was designed by Pennsylvania AFP to improve care for Pennsylvania’s large geriatric population. This five-part CME series was presented during two popular PAFP CME events: the Regional Meeting Series and the Live CME Conference Series. In October 2014 three CME sessions were presented: Mood Disorders in Seniors; Palliative Approach to Pain Management; and Evidence-Based Fall Prevention. In November the final two CME sessions were presented live on-site at the PAFP Pittsburgh CME: Geriatric Sensory Changes and Safe Prescribing Practices for the Elderly. Live CME events were archived as CME webcasts that were available to any physician or provider.

**Results, 2014 Grant.** A total of 1,857 individuals participated in the Essential Care for Older Adults CME Series: 340 in the live online CME events; 1,571 in the CME webcasts. PAFP experienced the largest number of participants in the online streaming of a live CME lecture during this series when a total of 124 participated during the 2014 Pittsburgh CME Conference. Many of the participating physicians stated that they plan to make a change in their practice based upon the knowledge gained from the session. A recurring comment among those who plan to make a change was the need to seek additional knowledge on monitoring the medication of elderly patients. Thanks in part to FMPC’s investment, the PAFP Foundation was able to secure additional funding from Forest Laboratories, Inc. and Purdue Pharma L.P.



## GRAND ROUNDS

### FAMILY MEDICINE GRAND ROUNDS – SOUTH DAKOTA (2016)

SDAFP, in partnership with the USD Sanford School of Medicine, began a quarterly series of Family Medicine Grand Rounds lectures in September 2016. The series were presented at the University of South Dakota Sanford School of Medicine (SSOM), at 12:15 PM, on the first Thursday in September, December, March and June. This CME opportunity was provided to family physicians throughout the state of South Dakota and physicians in surrounding states that work for the health systems that are teaming up with SDAFP. Specifically SDAFP teamed up with Avera Health, Sanford Health, and Rapid City Regional Health. These health systems committed to contribute not only their time but also financial resources to ensure the success of this project.

**Results, 2016 Grant.** Will be reported in March 2018.

## LANGUAGE BARRIERS

### WORKING EFFECTIVELY WITH PROFESSIONAL INTERPRETERS – MINNESOTA (2010-2011)

This 60-minute education program was designed for Family Medicine residents and medical students, practicing physicians, and faculty members to enhance their communication with patients with limited English proficiency. The curriculum used slides, handouts, video clips and a post-test developed by the Upper Midwest Translators and Interpreters Association specifically for healthcare personnel. The program was co-facilitated by a volunteer physician and professional interpreter. The curriculum covered: 1) State and federal requirements for language services; 2) Research that shows improved health outcomes and patient safety when providers use professional interpreters; 3) Financial advantages to the health care system when language services are used; 4) Guidelines for physicians to follow before, during and after an appointment with a patient; and 5) Specific communication skills and techniques that can help physicians enhance communication with non-English speaking patients through the use of professional interpreters.

**Results, 2010 Grant.** Six training sessions were presented at medical schools and Family Medicine residency programs. In addition, three practices/clinics in the Twin Cities received training sessions through MAFP's partnership with the Minnesota Medical Association. Approximately 190 medical students, residents and family physicians were trained in these nine sessions: 92% of post assessment survey respondents said that they "agree" or "strongly agree" that they learned at least two new techniques and skills that they can use when seeing a patient with limited English proficiency and 85% of post assessment survey respondents said that they "agree" or "strongly agree" that they felt comfortable and confident sharing what they learned with others not at the training. The MAFP Board approved funding for one more year as long as it is needed and funding can be raised.

**Results, 2011 Grant.** One hundred-thirty-six medical students and 26 residents attended training in 2012. An unexpected benefit of this project is that it meets the Minnesota Department of Health (MDH) certification standards for clinics "to demonstrate how staff is going to contact and use interpreter services for communication, care planning and education." In June 2013, after more than three years of implementation, the project was discontinued. However, MAFP will still have the ability to refer medical students and residents to the Minnesota Medical Association (MMA) for this training, since MMA has become fully engaged in providing this service.

## LEADERSHIP

### CME LEADERS INSTITUTE PROGRAM – CALIFORNIA (2015)



The CME Leaders Institute is a 12-month experience for family physicians who wish to become members of CAFP's Continuing Medical Education and Continuing Professional Development faculty. Two cohorts have completed training since the program was initiated. Participation includes an application

and selection process, pre-work assignments, face-to-face meetings and workshops, webinars, mentor matching, at least two presentations in the year-long timeframe and ongoing evaluation. Topics addressed include: clinical research vs. public health emergencies; ethics; conflict of interest; gifts to physicians; point-of-care learning; performance and quality improvement education; team care; and data collection and management.

**Results, 2015 Grant.** The third cohort completed training in April 2017. The seven leaders of this year's cohort met at the 2016 Forum, were assigned mentors, participated in webinars and one-on-one sessions with CAFP staff and their mentors, and completed and presented their work at the CAFP's 2017 Family Medicine Clinical Forum. CAFP launched the CME Leaders GoogleGroup and GoogleSite in early April 2017, as well as a new Resource Center on our website.

### FAMILY MEDICINE LEADERSHIP EXPERIENCE – TEXAS (2016)

TAFP's Leadership Development Committee developed the Family Medicine Leadership Experience, a longitudinal curriculum launched in 2016 when 30 TAFP members were accepted into the program from a variety of practice settings across the state. The initial group was very diverse with over 40% having attended medical school outside the United States. TAFP will repeat the curriculum with a new group of 30 participants in 2017. The four sessions focus on Team Leadership. The Interpersonal Skills session includes a Myers-Briggs personality assessment and sessions on providing feedback, negotiation, and motivating people; Advocacy and Influence provides tools to be an effective voice in the legislative process; Communications and Organizational Leadership includes public speaking skills, engaging the media, chairing a meeting, understanding association governance and organized medicine practices, and honing presentation skills; and a final session promotes sharing of knowledge and building on the topics covered throughout the year.

**Results, 2016 Grant.** Will be reported in March 2018.

# MEDICAL HOME

## CONNECTING FAMILY PHYSICIANS WITH PATIENT/CONSUMER ADVOCACY

### ORGANIZATIONS – MINNESOTA (2016)

Community-based resources are a vital component of the Patient-Centered Medical Home model and our members have requested more patient/consumer advocacy organizations in the Resource Center. "Connecting Family Physicians and Patient/Consumer Advocacy Organizations" is a strategy to build relationships between two groups of healthcare professionals to share ideas, exchange information, and highlight tools and resources for both physicians and patients. In the past, when MAFP invited patient/consumer advocacy organizations to participate, they responded "We don't have the \$950 booth fee." Two patient/consumer advocacy organizations will be invited to attend Minnesota AFP's two-day CME conference, at no cost, and will have a booth in the Resource Center with four hours of dedicated time over two days to interact with 300+ family physician attendees.

**Results, 2016 Grant.** Will be reported in March 2018.

## FAMILY MEDICINE LEADERS TRANSFORMING HEALTHCARE; PRACTICE IMPROVEMENT NETWORK; & PIN HYBRID MODEL – ILLINOIS (2010, 2011, 2012)

The primary goal of the Family Medicine Leaders Transforming Healthcare program was training family physician leaders to share information on the Patient-Centered Medical Home (PCMH) with their peers. The second goal was to develop more family physicians to be leaders and bring the values of PCMH and Family Medicine to the discussions and plans around health care reform.

**Results, 2010 Grant. PCMH: Leaders Transforming Healthcare.** A needs assessment of the Illinois AFP general membership helped develop the education curricula for the "Family Physician Leaders Transforming Healthcare" audio presentation used to train physicians who gave live presentations to other physicians and healthcare providers. At the first leadership workshop 30 participants were invited. The second workshop was opened to more leaders and 45 participants attended. Pre-registrants attended TransforMED's MHIQ in advance of the live education programs. Post meeting evaluations were completed by all attendees and speakers, and six months after completion of CME activity the attendees were invited to take TransforMED MHIQ. De-identified results were used for evaluation and reporting and attendees' medical home designation or accreditation was tracked on NCQA, URAC, etc. **PCMH: Leaders Transforming Healthcare expanded to become the Practice Improvement Network (PIN).** PIN's four-part initiative educated IAFP members about principles in the health care reform bill and helped them transform their practices. PIN offered 1) a communications strategy; 2) an ambassador mentoring program; 3) an enhanced CME program; and 4) a small-practice pilot program geared toward helping solo and small family practices with eight or fewer physicians successfully transform their practices.

**Results, 2011 Grant.** Seven physician group practices utilized Illinois' PIN since its inception and five remained active in the PIN pilot project. Beginning in 2011, CME at sites around the state were initiated with monthly Lunch and Learn webinars on various topics. The focus of physicians making presentations changed to webinars by physician leaders as well as Practice Improvement Network (PIN) coaches. The Practice Transformation (PT) Committee oversaw the program and met bimonthly to make sure the program was on track. A sampling of questions taken from the pilot-project physician group practice participants confirmed that the outcome of the educational activity was a success

**Results, 2012 Grant. The PIN Hybrid Coaching Model** was added in 2012. The selection of the TransforMED PCMH online coaching option *plus* access to an IAFP-approved practice management coach was recommended for small and mid-sized practices. The IAFP-approved practice management coach provided 20 hours of support per year to help a practice to identify a special project to participate in (e.g., the HFS Care Coordination Innovation grant), pilot a new technology or collaboration with a hospital or healthcare system, or other projects to be determined. The practice was responsible for leading the project and the coach provided for light support during the maintenance phase of the project. Crusader Community Clinic (30 providers at five sites); Silver Cross Health System (10 practices in ambulatory group with approximately 25 providers); and Rockford Health Physicians participated in the PIN Hybrid program. The IAFP will not actively seek out practices for the PIN and PIN hybrid project but will honor commitments made through the initiative.

## **FAMILY MEDICINE RESIDENCY PROGRAM & COMMUNITY HEALTH CENTER COLLABORATIVE - PENNSYLVANIA (2013)**

The PAFP Foundation's Residency Program & Community Health Center Collaborative improves patient outcomes in diabetes and cardiovascular care by combining traditional CME with systems change education and extensive outcomes measurement in a learning collaborative model. The Collaborative focuses on systems change using the Chronic Care Model and PCMH, and includes a full range of services such as data support/data integrity, support from staff and physician faculty, and education. The target audience was the 24 FMRPs and 21 community health centers participating in the Collaborative that renew their participation each year (July-June).

**Results, 2013 Grant.** With a focus on improving patient outcomes through health care delivery redesign, the PAFP collected quality data on more than 31,000 patients from 37 practices. A1C documentation was less than 5 points from goal among residency program practices. Nephropathy screening was less than 14 points from goal in both groups. Tobacco-use documentation surpassed goal in both groups. BP <140/90 for patients with DM went above the national average and closed in on HEDIS (Health Plan Employer Data & Information Set). Improvement in A1C>9 made during the 2013 A1C Challenge was not only sustained but the percentage dropped almost 5 points. A significant challenge to improvement was growth in denominators without improvement in the numerators, which is possibly a consequence of the ACA and the increase in insured patients coming in for care. Thanks in part to FMPC's investment the PAFP Foundation was ideally aligned for a partnership with Joslin Diabetes Center, which brought a unique set of resources to the Collaborative's participating practices.

## **LEARNING COLLABORATIVE QUALITY DATA INTEGRITY INITIATIVE – PENNSYLVANIA (2014)**

The Pennsylvania AFP Foundation's Residency Program and Community Health Center Learning Collaborative is an American Board of Family Medicine Maintenance of Certification Part IV alternative activity. All activities are accredited. The Collaborative uses quality data submitted by practices to help close performance gaps in diabetes, CVD and depression care. Monthly data submission is a requirement of the Collaborative and performance is plotted on run charts to detect patterns. The Quality Data Integrity Initiative was introduced to address inconsistent data submission and stagnant performance.

**Results, 2014 Grant.** To ensure valid data collection this program offered free EMR/data technical assistance by the PAFP's EMR expert to 20 Family Medicine residency program practices and 15 community health centers that are part of the Collaborative. The AAFP Foundation FMPC funds were used to support the data audits, which were added to the program at the physicians' request. Technical assistance was heavily focused on the BMI and CRC screening measures. Eleven teams, including four new Collaborative teams, received coaching throughout the program year. Activities began in summer 2014 with education, followed by practice visits in fall 2014. Data audits, conducted onsite while providing EMR support determined whether practices were entering data correctly into the data management system and if the data was accurate. For EMR coaching the PAFP/F expert staff visited practices, assessed workflow, then provided guidance to correct errors and improve efficiencies. Post-visit, the PAFP director met with teams primarily through web conference where they were able to share their screens with the EMR director while reviewing the available data reports, documentation requirements for accurate data reports and workflow changes for the staff for proper documentation. Some teams, their IT staff and EMR vendors created customized data reports for Collaborative measures if their EMR technology had that option available. Practices spent a good bit of time trying to run a few measures that should be built into their EMR. EMR problems are a challenge but they are not stopping improvement work. Nearly all teams reported a PDSA and, when needed, are measuring impact using manual chart abstraction and various internal reports to measure change so they can keep moving forward. All of the practices are definitely working to improve counseling for patients who are obese.

## **MEDICAL HOME COLLABORATIVE - IDAHO (2011)**

The Idaho Medical Home Collaborative (IMHC) was created by executive order of Governor Otter on September 3, 2010 to make recommendations on the development, promotion and implementation of a Patient-Centered Medical Home model of care statewide. IMHC is a collaboration of public payers, private health insurers, primary care physicians, and many other interested stakeholders. This two-year pilot project took place in approximately 30 clinics of all sizes and in all areas across Idaho. The project incorporated public and private practices ranging from solo providers to large hospital-owned clinic systems, residency programs and community health centers. Beginning September 2011, primary care clinics were invited to apply and were notified of their participation in December. The

pilot was expected to assist primary care and community health center clinics transform to an NCQA Certified Medical Home by January 2014.

**Results, 2011 Grant.** Following two years of effort by workgroups and the dedication of the full collaborative the IMHC Pilot Project began January 1, 2012. The kick-off conference on November 30, 2012 hosted 25 practice sites (including eight safety net clinics) participating from across Idaho and all seven Health Districts were represented in the project. In order to manage the pilot project and coach participating practices, a project team of three was hired by Medicaid to provide technical and administrative assistance. IAFFP was able to use the funds from the FMPC to match Federal funds to achieve this goal. In addition, the collaborative applied for and will be receiving \$2.7 million in grant-funded support from a CMS Health Care Innovation Planning Grant. Next steps include providing coaches to the practices through the project team. The Health Care Innovation Planning Grant will allow a firm to be hired to manage the project, which will accelerate the pilot project.

## **PATIENT-CENTERED MEDICAL HOME, ACCOUNTABLE CARE ORGANIZATION AND PRACTICE-BASED RESEARCH IMPLEMENTATION - NEBRASKA (2013)**

The three-pronged goal of this CME program was to improve member knowledge in successful implementation of the: Patient-Centered Medical Home (PCMH); Accountable Care Organization (ACO); and Practice-Based Research (PBR). This day of CME sessions took place on the day prior to the NAFFP Fall Conference to encourage participation.

**Results, 2013 Grant.** The conference, "Juggling the Exciting Changes in Primary Care," provided three CME sessions. The final session created a network for Nebraska family physicians to partner with the Vice Chancellor of Research at UNMC for clinical research opportunities. Forty (40) participants attended: 31 family physicians, and nine nurses and administrative personnel. Pre- and post-survey results showed an increased understanding of the: 1) core concepts of PCMH, ACO and PBR; 2) benefits to individual practices; and 3) type of data to collect and tools to be used when evaluating the implementation of PCMH, ACOs and PBR. Although this type of conference was not the usual medical-topic meeting, it made our members aware that our Academy can provide them guidance and training in these areas.

## **PRIMARY CARE COLLABORATIVE – COLORADO (2014)**

The Colorado Primary Care Collaborative (CPCC) is an initiative driven by Colorado stakeholders who share a commitment to creating a more efficient and effective health system through a strong foundation of primary care and the Patient-Centered Medical Home (PCMH). The overall objective of the CPCC is to build public will by increasing the public's knowledge of and demand for PCMH through disseminating results and outcomes, advocating for public policy and convening health care experts.

**Results, 2014 Grant.** Over 400 members and organizations signed up to be supporters of CPCC. After a year of planning, CPCC held three events in 2014 and one meeting in June 2015. CPCC has taken on the role of convener for all medical home initiatives in Colorado and asked for the governor's support to achieve greater alignment. CPCC also has a seat at the table for the new BC3 initiative, funded by the Colorado Health Foundation, which is studying how to achieve the triple aim in Colorado. CPCC will continue to meet regularly, provide several newsletters, hold an annual convening event and continue to work with the new State Innovation Model (SIM) \$65 million grant to integrate behavioral and physical health, which is ultimately related to payment reform and aligns well with the CPCC mission.

# **OBSTETRICS**

## **ADVANCED LIFE SUPPORT OBSTETRICS (ALSO) INSTRUCTOR COURSE (2011, 2014)**

- ARIZONA (2011) – The ALSO course is an integral part of the state's Family Medicine residency curriculum and a valuable program for practicing physicians in Arizona. To increase the number of certified instructors, faculty from the Arizona Family Medicine residency programs were targeted to attend the course, thereby ensuring continuity of instructors from year to year.

**Results, 2011 Grant.** In July 2012, 58 people attended the ALSO Instructors course sponsored by AzAFP at the University of Arizona downtown campus. All Arizona Family Medicine residency programs had residents who attended the training and all but one participant passed the test to become an ALSO Instructor.



- NORTH DAKOTA (2014) – The ALSO course is a graduation requirement of the three North Dakota Family Medicine Residency programs and many of the Residency Program Directors and Residency Faculty committed to teaching ALSO are nearing retirement. Residency Faculty members and recent graduates who are interested in becoming certified instructors will be recruited to ensure that ALSO can continue to be offered locally.

**Results, 2014 Grant.** Three participants completed the ALSO Instructor Course, which allows the ALSO course to be held in ND, twice a year, in multiple locations. This is very beneficial because ALSO is required for graduation and since North Dakota’s residency class sizes have increased there is not a facility that can hold all three residency program participants at one time.

## PAYMENT REFORM

### EDUCATING ABOUT THE BCBS BLUE QUALITY PHYSICIAN PROGRAM – N. CAROLINA (2011)

In 2009 Blue Cross Blue Shield of North Carolina rolled out a new initiative to pay member physicians up to 30% more for Evaluation & Management (E&M) Codes. These increased payments were based on acceptance and implementation of PCMH principles. The goal was to increase awareness of and eligibility for the BCBS of NC Blue Quality Physician Program (BQPP).

**Results, 2010 Grant.** At the start of 2011, 29 practices representing 140 physicians had qualified for BQPP. As of January 1, 2012 the number increased to 53 practices representing 206 physicians. Awareness was raised by alerting members through the publication of articles in NC AFP’s magazine and electronic newsletter. A panel presentation was hosted at the 2011 winter meeting, which attracted nearly 750 attendees. Unanticipated benefits of this grant project included working with Community Care of North Carolina, through the multi-payer pilot, which formed a stronger relationship with North Carolina’s Medicaid management system. BCBS also invited NCAFP physician leaders to be involved in revamping the BQPP program for a second iteration.

### MACRA UPDATE - NEBRASKA (2016)

The Nebraska AFP will be continuing to take the lead in their state to guide family physicians with CME to prepare them for the rollout of MACRA rules. In 2016, at a full-day workshop, the NAFP provided a broad overview of the MACRA framework and concepts prior to the release of the new rules. This well-received event, attended by 270 participants, was open to all professionals in the health care industry, including legislative representations. With funds from the 2016 FMPC Grant, NAFP will provide a half-day event to update our members and prepare them for the anticipated 2017 performance year.

**Results, 2016 Grant.** Will be reported in March 2018.

### PATIENT-CENTERED PRIMARY CARE HOME TOOLKIT - OREGON (2013)

Oregon has more than 400 primary care clinics certified as Patient-Centered Primary Care Homes (Oregon's version of PCMH) and it was clear that these physicians needed dynamic, useful tools and instruction to negotiate with their payers and educate legislators and patients.

**Results, 2013 Grant.** A broad coalition of primary care advocates was established to debate the best ways to require insurance companies and other payers to participate. The result was a unified effort to get all payers to adopt adequate and sustainable alternate payment methods for PCPCH clinics. A tool was developed for clinics to calculate exactly how much it cost them to maintain their PCPCH status and that powerful data was used to show legislators, payers and the public what it costs to provide this enhanced primary care. Legislation was introduced to the Oregon Legislature, and subsequently passed, to mandate all payers to work together to devise a method to pay primary care clinics with PCPCH certification adequately to sustain the changes they have made.

### PAYMENT REFORM ONE STOP SHOP – WISCONSIN (2015)

This collaborative project with WAFP, the University of Wisconsin Center for Population Health, the WI State Healthcare Improvement Plan, and the Center for Healthcare Values was undertaken to provide up-to-date, accurate payment reform information.

**Results, 2015 Grant.** Health care payment reform and the rollout of MACRA options became a major priority for WAFP, which produced three podcasts and a MACRA-specific newsletter for six consecutive months. After the first six months payment reform and MACRA information were incorporated as a regular feature in the WAFP

electronic newsletter and included in WAFP's E3 (Engage, Enrich And Energize) program. This timely information increased member engagement: website hits were up by 20% and open rates on the MACRA newsletter was over 35%. End of project survey results (n=258) showed that 15% of WAFP members had increased knowledge of and/or involvement with payment reform. Future effort based on member feedback will include more social media on this topic, incorporation of MACRA into "road shows" across the state, and investigating legislation to help move payment reform forward in Wisconsin.

## PHYSICIAN WELLNESS

### **JOY IN PRACTICE VS. PHYSICIAN BURNOUT - WISCONSIN (2016)**

A 2016 Medscape survey reports that only 68% of physicians would choose to be a physician and 29% of family physicians said they would choose Family Medicine as their specialty. The Wisconsin AFP wants to do something about this situation by focusing on the joy in practice rather than on the dissatisfaction with the job and the profession. This project will target three groups: family physicians in practice for five years or more; family physicians in practice for less than five years; and medical students and residents. Podcasts on joy in practice and an online community for the three targeted groups will be created to promote sharing of what works. We will collaborate with the Wisconsin Medical Society, Wisconsin Hospital Association and both medical schools. Individual healthcare systems will also be engaged since 85% of WAFP members are employed by groups of 50 or more.

**Results, 2016 Grant.** Will be reported in March 2018.

### **MINDFUL MEDICINE FOR PAIN AND CHRONIC DISEASE - MINNESOTA (2014)**

Easy tools and techniques to integrate optimal breathing and mindfulness concepts were introduced to healthcare providers and staff. The techniques were intended to help avoid burnout and reduce stress in the high stress healthcare environment.

**Results, 2014 Grant.** BreathLogic, a nonprofit organization, developed three unique audio podcasts for participants. Yoga ON and OFF the Wall, a photography exhibit of yoga poses, was placed on walls of the clinic to remind all providers and staff of the importance of living a balanced life. Two clinics participated in the 21-day or four-week training pilot which introduced mindfulness and yoga training during Lunch & Learn workshops. Up to 40 staff attended and participated at various levels; 25 participants completed a post-session survey. Post-session survey results indicated that 40-50% of the participating providers and staff reported improvements in sleep, stress, energy and mental clarity with Optimal Breathing & Mindfulness practices; 20-25% noticed improvements in craving control and physical pain. Post-survey 92% of respondents reported the confidence and ability to implement mindfulness practices in their own life. In the pre-survey 5% of the health care staff used mindfulness practices with patients compared to 54% post-survey. On-going funding and services will likely be needed to keep clinic providers and staff engaged.

### **PHYSICIAN WELLNESS – EMBRACING AND AVOIDING BURNOUT - NEBRASKA (2016)**

There is a parallel process effect between physicians' health and wellness and their ability to provide quality patient care. The Nebraska Academy, through this half-day event, will provide family physicians with information to help increase knowledge of wellness and burnout in their role as a physician. Specifically, this event will address: 1) Wellness as a family physician; 2) Prioritizing and boundary setting; 3) Barriers and stigma of asking for help; 4) Awareness of burnout signs; and 5) Awareness of available tools to assist physicians with wellness and avoiding burnout.

**Results, 2016 Grant.** Will be reported in March 2018.

### **PHYSICIAN WELLNESS INITIATIVE - NEW YORK (2014)**

The Physician Wellness Initiative began in response to the "habits of health" member survey. Over 70% of the respondents were interested in attending personal wellness programs.

**Results, 2014 Grant.** Five articles on physician health concerns were distributed to over 5,500 members via newsletter. In addition, 100 physicians attended three live wellness presentations: *Physician Wellness* by Dr. Winsbert and Bess Herbert; *Creating Health & Wellbeing for your Patients, Practice and Yourself* by Dr. Mark Nelson; and *The 3 B's: Bullying, Burnt Out & the Broken Health Care System* by Dr. Jun David. The initiative will be included in future meetings and conferences, as appropriate.

## PREVENTIVE SERVICES

### **OPTIMIZING PATIENT CARE BY CHOOSING WISELY INITIATIVE - ILLINOIS (2015, 2016)**

Under the expanded scope of IAFP's Safe Prescriber program, IAFP will develop a series of physician education and training activities on the Choosing Wisely® concepts endorsed by the American Academy of Family Physicians. The elements of this project include accredited live CME webinars, online enduring CME, and marketed materials that encompass the concept of having the best possible patient visit and empowering physicians to be skillful communicators with their patients. With support from the 2016 grant, primary care and subspecialty medical associations will be convened to outline how clinical policy and best practices can better align with the endorsed Choosing Wisely Recommendations.

**Results, 2015 Grant.** An accredited physician education activity that overviewed the Choosing Wisely recommendations was produced and distributed via live CME Webinar on May 26, 2016. One hundred twenty six (126) physician groups, individual physicians and residency programs registered for the CME and 111 completed the CME and received credit. The CME will remain online as an enduring material until summer of 2017. Education components of this initiative will continue to be marketed and promoted to family medicine physicians across the state of Illinois. In addition, a second CME-deliverable slide set was produced from the content developed. This CME could provide a deeper dive into Antibiotic Use, also a recommendation topic of Choosing Wisely. Should further funding become available, IAFP will fully deploy and distribute additional topic CME activities pursuant to the Optimizing Patient Care by Choosing Wisely initiative.

**Results, 2016 Grant.** Will be reported March 2018.

## SOCIAL MEDIA

### **ENGAGE & PARTICIPATE IN COMMUNITY - KANSAS (2014)**

Kansas AFP's Engage & Participate in Community (EPIC) is a social-media based program that engaged new physicians, resident physicians and fourth-year medical students in the Family Medicine community. The message to the EPIC participants is: "You are not alone as you go into practice; there are people willing to help and you can find us at the EPIC site." Thoughts and questions submitted through the EPIC forum received a guaranteed response from an advisor within 48 hours.

**Results, 2014 Grant.** 2015 was EPIC's inaugural year. Participants included 21 new physicians; 23 resident physicians; one medical student; 12 advisors; and one "super advisor" (the go-to person if others aren't able to respond as quickly as needed). Twenty-six on-line discussions took place and several participants asked additional questions within a discussion once the initial conversation began. Basecamp was the selected web-based tool, which has been a helpful platform for EPIC and for communication with the Board and other internal projects.

### **SOCIAL MEDIA FOR FAMILY MEDICINE WORKSHOP - NEBRASKA (2012)**

The Social Media for Family Medicine Workshop was held during the Nebraska AFP annual spring meeting when active physicians, residents, and medical students came together to launch a social media learning community for family physicians in Nebraska.

**Results, 2012 Grant.** Thirty (30) physicians attended the CME and 342 physicians opened the blast email with the embedded social media link. The two-hour training event, including a hands-on workshop, provided family physicians with education on utilizing social media to design a culture of "learning" or "learning communities." The presenter helped participants understand how social media can be used to educate colleagues, the public, office personnel and their patients. He also stressed the importance of recognizing patient ratings on the internet and social media and understanding that these can affect physicians' professional reputations. NAFFP used the Social Media lecture to generate ideas about new modes of communicating with members. NAFFP then created a PowerPoint about fundamental goals and objectives for PCMH; used an AAFP webinar to learn about POWTOONS.com as a mode to create a video; created the video, exported it to YouTube and sent the link to NAFFP membership where it was well-received.

## **USING SOCIAL MEDIA TO BUILD MEMBERSHIP VALUE - KENTUCKY (2012)**

Using Social Media to Build Membership Value was implemented as part of the Kentucky Academy of Family Physician's revised strategic plan that called for increased membership engagement in meaningful dialogue using the KAFP website, Facebook and Twitter.

**Results, 2012 Grant.** The KAFP website was revamped and the updated website, Facebook and Twitter were used to promote KAFP services, programs and a new series of online CME webinars focused on clinical and practice management. The goal was to have 70% of KAFP membership engaging with KAFP using the website and social media; KAFP achieved 71%. Social media training was held for physicians, residents and medical students at KAFP's Annual Meeting in Lexington on April 26-27, 2012. Since KAFP began using social media, members have reported that these updates have improved their ability to attend live events or attend them after the fact, which is now possible through the use of a recording system.

## **WEIGHT LOSS**

### **MANAGEABLE CHALLENGES: A PHYSICIAN-DEVELOPED PROTOCOL FOR WEIGHT LOSS COUNSELING - NEW YORK (2011)**

Manageable Challenges assessed the effectiveness of a physician-developed protocol for weight-loss counseling via office visits/phone calls, which involved assessing readiness, identifying a weight-loss goal, a plan of action, a weight-loss start date, medications, triggers and coping mechanisms, conducting check-ins, adjusting the plan of action, and weight-loss maintenance.

**Results, 2011 Grant.** A powerful part of Manageable Challenges was providing physicians with a feasible, simple program for helping patients lose weight, which is especially timely because provisions of the Federal Affordable Care Act require that many insurance plans offer weight-loss counseling. All products were produced including the website, flyer, protocol for office visits, and the patient packet. To assess the protocol's utility, participating physicians and patients provided an assessment. Assessments were analyzed, a report issued and the protocol was revised through five regional meetings with doctors who reviewed findings and identified improvements. Doctors who participated in using the protocol, as well as doctors who did not, were included in the regional meetings to ensure creative thinking beyond the confines of the existing protocol. The NYSAFP Public Health Commission revised the protocol as appropriate and then forwarded it to the Board for final adoption. Manageable Challenges was placed on the NYSAFP website and the Patient Office Visit Protocol and Patient Packet were sent to: 1) Board and Commission Members (~100 physicians); 2) all 26 residency programs in NY; and 3) all 58 county health departments in the state in conjunction with New York State Association of County Health Officials. An exhibit booth was hosted at three NYSAFP conferences and approximately 65 physicians were been recruited to the program. The grant enabled NYSAFP to form an additional partnership with residency program directors who will be working with residents to provide the weight-loss program to their patients and evaluate Manageable Challenges as a scholarly evaluation project for the Accreditation Council for GME and for the NYSAFP annual Research Forum. In addition, NYSAFP is partnering with a not-for-profit health advocacy organization, Greene County Rural Health Network, that is recruiting practitioners to implement and assess Manageable Challenges and promoting the program among the public. NYSAFP's partnership with the Rural Health Network also includes sharing costs.

# PUBLIC HEALTH PROJECTS

## CANCER

### **CANCER SCREENING IN UNDERSERVED POPULATIONS – NEW JERSEY (2011)**

The New Jersey Academy of Family Physicians partnered with the American Cancer Society Eastern Division to increase cancer screenings among underserved and disparate populations in four health centers (three FQHCs & one Volunteers in Medicine Clinic).

**Results, 2011 Grant.** Forty-six (46) participants attended the one-day program at the Cancer Institute of New Jersey on September 24, 2011. This live event addressed increasing cancer screening for colorectal, breast, and cervical cancers in medically underserved areas. Health literacy and linguistic barriers were addressed, as they related to the Office of Minority Health's (OMH) National Standards for Culturally and Linguistically Appropriate Services (CLAS) Standards, with a focus on cancer screening and providing culturally competent care. Office policies and ways to utilize the entire office team to provide patient-centered care was also addressed. The existing program will be updated to maintain accreditation. NJAFP will explore options to reach a wider audience, including an on-line module for CME, and implement similar programs in New York and Pennsylvania.

### **CANCER SCREENING USING TEAM-BASED CARE – PENNSYLVANIA (2014)**

PAFP/F's Residency Program and Community Health Center Collaborative is an ongoing quality improvement initiative with 44 teams from practices that serve approximately 199,420 patients statewide. PAFP and the American Cancer Society identified the need to improve cancer screening in primary care and developed a curriculum with the goal of utilizing clinical assistance to overcome the barriers of cancer screening. Partners for this project included the American Cancer Society, AAFP Foundation, Pittsburgh Regional Health Initiative, National Society of Health Coaches, and the Pennsylvania Health-Colorectal Cancer Screening Project.

**Results, 2014 Grant.** Two enduring CME webcasts were completed: *Improving Outcomes in Colorectal Cancer: The Science of Screening*; and *Improving Colorectal Cancer Screening: Tips, Tools and Resources*. This intervention supported team-based cancer screening by providing advanced patient-centered medical home and health coach training for clinical assistants alongside provider and team education. Team training, led by American Cancer Society, taught the Collaborative practice teams about tailoring an office protocol, workflow and process mapping and follow-up tracking. One of the most notable impacts was a large increase in the teams' abilities to run reports on cancer screening measures. Each cancer screening measure showed an increase in the number of teams reporting.

## DIABETES

### **IMPROVING DIABETES CARE BY THE FAMILY PHYSICIAN TEAM - FLORIDA (2011)**

The goals of this project were to: 1) Increase diabetes knowledge for clinicians, nurses and medical assistants; 2) Determine effectiveness of on-line educational programs for FAFP members and their nurses and medical assistants; and 3) Enhance capacity of the FAFP Diabetes University.

**Results, 2011 Grant.** There were 134 graduates of Diabetes University. A website specifically for the Diabetes University, [www.diabetesuniversitydmcp.com](http://www.diabetesuniversitydmcp.com), was created in response to evaluations requesting more information about diabetes care and the website averaged 600 hits a month. Five webinars were conducted and attended by 100 people, while several others listened to the replays available at the website. This project provided five, 10- to 15-minute webinars and on-line access to aid office staff and the family physician. Adding webinars provided links to articles on diabetes and a link to SurveyMonkey for tests of knowledge obtained from the webinars. A certificate of completion from Diabetes University was sent when a passing grade was attained by clinicians and staff. The internet-based Diabetes Registry of the diabetes program was used in each of the target practices, which enabled FAFP to follow changes in level of achievement of goals for diabetes standards of care. Evaluations indicate that over 80% of the individuals who participated in Diabetes University felt that the test helped them better understand diabetes; they were better able to explain diabetes to patients; and they had a better understanding of patients' difficulties.

## **IMPROVING DIABETES OUTCOMES – NEW YORK (2011)**

This project sought to enhance collaboration between family physicians in small practices and specialists in diabetes care, including endocrinologists and certified diabetes educators, to provide centralized group patient education classes and additional resources for improvement of diabetes care.

**Results, 2011 Grant.** Despite concerted attempts, NYSAFP was not able to recruit either health plans or endocrinologists, and members were not eager to take on a project with little incentive to do so. NYSAFP attempted to overcome the lack of collaboration by providing a knowledgeable and enthusiastic Certified Diabetes Educator (CDE) to assist one member with his large percentage of diabetes patients in a small practice. This, however, was also a challenge since the physician had to figure out a contractual, legal relationship with the CDE before she could begin working with his patients. The best outcome was that the CDE was hired to work in the physician practice twice a month for one-on-one diabetes educational sessions and to assist with referrals to educational classes conducted at a local hospital. The participating family physician has achieved a plan for the financial aspects of using a CDE consultant in his practice and is willing to share that expertise with other family physicians.

## **HEALTHY LIVING**

### **FACTORS AFFECTING CONSUMER FOOD CHOICES – FLORIDA (2010)**

Food choices significantly impact the incidence of chronic diseases like diabetes, hypertension, hyperlipidemia, obesity and cancer. This research project looked at factors that drive food choices.

**Results, 2010 Grant.** Research results from this study were made available to family physicians and other health care professionals to aid in diabetes self-management education. Information was also shared with the food industry to help them encourage consumers to make more informed food choices. The project rolled out as planned and was successful due to excellent cooperation from the Nutrition Department at University of North Florida (UNF), Publix supermarkets, Baptist Health cafeteria and the FAFP Diabetes Master Clinician. All parties worked together through a large oversight committee and a smaller group with representatives from each group. Survey results revealed that 70% of consumers stated that their doctor's office is where they were informed about making healthy food choices. **Phase 1:** Three focus groups were conducted (senior center patients, poorly controlled diabetic patients attending a diabetes education/support group activity, and one in a middle class area of the city) to determine how people select/decide what to eat. **Phase 2:** Participants were surveyed at a local grocery store/supermarket immediately after making their food decisions but before they go through the check-out line (so they can use their \$10 gift certificate). **Phase 3:** Participants were surveyed at a hospital cafeteria with nutritional labels and offered a \$10 gift card. For more information visit [www.diabetesuniversitydmcp.com](http://www.diabetesuniversitydmcp.com) and [www.diabetesmasterclinician.org](http://www.diabetesmasterclinician.org).

### **FIT FAMILY CHALLENGE: PEDIATRIC OBESITY INTERVENTION PILOT PROJECT – COLORADO (2013-2014)**

The Fit Family Challenge (FFC) pilot was a primary care office-based pediatric intervention that taught families how to live healthier through nutritious eating and physical activity. FFC provided training and support for practice providers on screening for childhood obesity, implementation of the FFC program, and ongoing technical support. Participation in the FFC involved 1) weekly contact and goal-setting; 2) attendance at a monthly group visit with parent(s) and other family members; 3) collection of weekly goals; 4) monthly weight, height, and blood pressure recording; and 5) a lifestyle habits survey. The interactive nature enabled providers to reconnect with patients and families in their care.

**Results, 2013 & 2014 Grants.** By the pilot's completion in 2015, the FFC was the first primary care-based pediatric obesity program to demonstrate a significant improvement in BMI percentile and BMI Z-scores. This project has also been able to secure insurance coverage for FFC by the Colorado HealthOp, which will allow sustainability of FFC for years to come. Twenty-one primary care practices were trained and implemented the Fit Family Challenge program. Utilizing the HeartSmartKids screening and prevention tool FFC practices screened a total number of 29,571 children for obesity risk from September 2010-May 2014. Three-hundred sixty-five (365) children, mean age 9 years old, and their family members were enrolled in the FFC. FFC practices completed 243 group visits. Summary of the data included a statistically significant decrease in Body Mass Index (BMI) and BMI-Z Scores; maintenance of blood pressure; and statistically significant improvements in lifestyle factors associated with pediatric obesity, including: increased servings of daily fruit and vegetables; decreased number

of sugar sweetened beverages; decreased number of times eating out each week; increased number of days of physical activity of at least 60 minutes; and increased number of days of family activity each week. FFC materials and resources, including shelf-ready curriculum and a web-based tool for training on motivational interviewing and patient-centered counseling, are accessible at the FFC website [www.ourfitfamily.org](http://www.ourfitfamily.org).

## HARD HATS FOR LITTLE HEADS (2011-2016)

- **MICHIGAN (2010-2011)** - This bicycle helmet giveaway is a public health initiative targeting youth. The program was created by the Texas Medical Association (TMA) in 1994. Michigan AFP learned about and replicated the Hard Hats for Little Heads program from the Texas AFP. MAFP's Hard Hats for Little Heads targeted underprivileged Michigan youth and the respectful, compassionate persona of family physicians was fostered through direct communication between physicians and child caregivers, as well as through media coverage and publicity.

**Results, 2010 Grant.** MAFP and physician members provided 500 properly fitted, free helmets to underprivileged children in the Lansing area, which included a day of free, fun activities for the families. The messages: "Get Moving. Stay Safe. Wear a Helmet" and "Family Physicians care about your child's health and safety" were incorporated in conversations and educational materials. A Safe Kids USA, Inc. representative taught physicians how to properly fit the helmets and stayed to help fit helmets when the event became very busy. An unexpected outcome was additional interest from family physician members who wanted to acquire helmets that could be given to patients in their offices.

**Results, 2011 Grant.** One hundred fifty helmets were distributed and another 150 helmets were donated to the Kids Repair Program in Lansing that teaches children about bike safety while building/repairing a bike. On the day of the event three practicing family physicians and two residents provided volunteer assistance in educating children and parents on bicycle safety, and properly fitted each bike helmet to each child. Six additional sponsors showed their support and at the conclusion of the event a raffle was held for a new child's bicycle. The remaining 200 helmets were stored for use at the 2013 Hard Hats for Little Heads event that will take place in June in Southfield, Michigan.

- **TEXAS (2010-2016)** Hard Hats for Little Heads has the ability to reach many more members than any other involvement campaign and receives great praise from the TAFP Commission on Public Health and in member surveys. This bicycle helmet giveaway program is a public health initiative targeting youth that was created by the Texas Medical Association (TMA) in 1994, and funded by the TMA Foundation through a grant from Blue Cross and Blue Shield of Texas and contributions from physicians and their families. Texas AFP has participated since 2005. At each TAFP-member sponsored event the physician distributes 100 or more helmets to attending children. The cost of the first 50 helmets is covered by TMA and the cost of the second 50 is covered by TAFP. TMA handles the administration of the project by placing helmet orders, providing media support, and coordinating events. TMA also provides educational materials in English and Spanish such as a step-by-step outreach kit, posters, flyers, banners, and an educational video. TAFP solicits physician member participation, provides additional media services for TAFP members, and provides a sparkle sticker for onsite promotion of Family Medicine.



**Results, 2010 Grant.** Thirty-three (33) TAFP family physicians held 42 events, reached 4,680 children and garnered nine media mentions and 13 physicians participated for the first time.

**Results, 2011 Grant.** Forty-one (41) TAFP family physicians held 55 events and distributed 7,570 helmets with 14 events held at new locations. Total cost was \$19,268.15, with an average cost of \$350/event. A new requirement was set for student participants to have an active TAFP member sponsor for their events, which had the added benefit of creating a positive relationship with an active family physician.



**Results, 2012 Grant.** Hard Hats for Little Heads reached 11 new locations and a “one event per doc” rule had to be implemented. Thirty-two (32) TAFP physicians held 30 events across the state and five physicians found other funding to hold second and third events. Physician members distributed 3,753 helmets and garnered four media mentions. The cost for each event averaged \$366.

**Results, 2013 Grant.** During TAFP’s tenth year of involvement, members held a record 72 Hard Hats events, distributed 11,394 helmets to children across Texas, and garnered 10 media mentions. That’s 67 Texas family physicians holding Hard Hats events in their communities, four of whom held multiple events, and 33 of whom had not held events previously. TAFP spent \$26,064.33, averaging \$362 per event.

**Results, 2014 Grant.** TAFP held 24 events this year and gave 3,749 helmets to Texas children. Four events were held by members who had not previously participated. TAFP spent \$8,719, averaging \$363 per event or \$2.33 per helmet.

**Results, 2015 Grant.** TAFP sponsored 44 events, garnering four media mentions, and distributed 2,700 helmets to children across Texas. Partnerships with 30 new practices that had not previously held Hard Hat events were established. TAFP spent \$10,590, averaging \$331 per event.

**Results, 2016 Grant.** Will be reported in March 2018.

## **HELPING HANDS ACROSS GEORGIA - GEORGIA (2013-2016)**

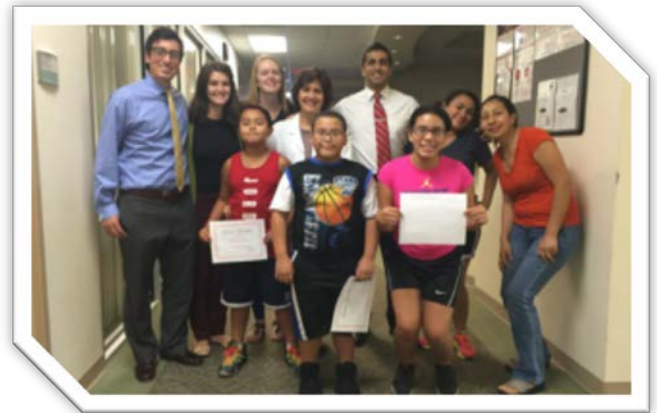
Since 2012, Georgia Healthy Family Alliance has been awarding seed grants to GAFP members, through the “Helping Hands across Georgia Project.” In 2016, the name of the project, as submitted to the FMPC changed to “Family Physicians Care for Georgia. Partnering with indigent care clinics where GAFP members, residents and medical students are already volunteering makes it possible to offer resources and program materials to educate patients on prevention and health issues that are prevalent among this population. In 2016, with the assistance of the 2015 FMPC Grant Award, the “Helping Hands-Changing Lives” project will expand the reach and success of the community health projects by allowing Family Medicine residents and medical students to launch projects.

**Results, 2013 Grant.** Over 3,000 uninsured, low income patients of these clinics benefitted when resources were made available to them to improve their overall health. Specifically, 514 uninsured patients received a direct benefit (i.e., a no-cost mammogram, health screening, nutrition counseling or diabetic management).

**Results, 2014 Grant.** Partners included Georgia family physicians, medical students and two charitable care clinics: the Lindbergh Women and Children’s Clinic for Familias Saludables (Healthy Living Project) and the Physicians Care Clinic (Diabetes and Chronic Disease Management Project). Twenty-four (24) families with 34 overweight children ages 4-12 participated in the Healthy Living Project’s five, 90-minute sessions. Obesity risk factors were decreased: specifically decreased consumption of sugar-sweetened beverages and increased levels of physical activities. GAFP now has Obesity Prevention/Healthy Living materials in both Spanish and English for use by others who wish to start their own projects. The Diabetes and Chronic Disease Management Project at the Physicians Care Clinic was the only organized clinic program in DeKalb County offering on-going prevention and education classes and monitoring supplies at no cost to participants. There were 1,916 patient visits during the project and 565 patients participated in the program with 394 charts surveyed. Funding from this grant supported the following outcomes: Improved A1C levels compared to baseline; compliance with chronic disease and diabetes-related medical care (eye/vision, foot care, etc.); improved cholesterol and B/P levels; and attendance at diabetes education classes. During the course of the project 2,348 lab tests, 523 imaging tests, 514 referrals to specialists and 2,884 prescriptions were filled at no cost to clinic patients who cannot have medical insurance or qualify for Medicaid to enroll.



**Results, 2015 Grant.** With the FMPC grant, the Georgia Healthy Family Alliance Helping Hands Changing Lives Project focused on three family physician sponsored community health projects, which were led by eight Georgia family physicians, 11 residents and two medical students. Gwinnett Medical Center Family Medicine Residency Program Strickland Weight Loss Initiative Project: Provided fitness activity trackers to 188 patients 18-65 years old with a BMI of greater than 30. Participants attended monthly one-on-one visits with residents covering healthy beverage choices, food and nutrition topics as well as physical activity options. Obesity risk factors were decreased among participating patients specifically as it relates to healthy food choices and increased physical activity. Physicians Care Diabetes/Chronic Disease Project: Fifty-seven (57) diabetic patients fully participated in the 2016 Chronic Disease Management project, which included an eye and foot exam and one-on-one instruction from an educator and education classes. Results of the project included: decreased A1c and lower cholesterol levels, and good control of blood pressure. Adult Disability Medical Home “Get Fit and Be Healthy” Project: Thirty-six (36) patients participated in this pilot project for adolescent and adult patients with Down Syndrome and other developmental disabilities who are over a 30 BMI and who have other health conditions that can be improved by a healthier life style. Three workshops were provided to learn skills regarding personal nutritional training, healthy food and beverage choices, exercise activities and enhanced use of communication devices that promote independence. All Get Fit and Be Healthy Workshop Participants received tote bags for partitioned food plates, pedometers, measuring cups, measuring spoons and memory sticks with resource programs. Over the course of the project obesity risk factors were decreased among participating patients by encouraging daily physical activity and healthy food and beverage choices.



**Results, 2016 Grant.** Will be reported in March 2018.

### **SCHOOL-BASED WELLNESS INITIATIVE – COLORADO (2010)**

The School-Based Wellness Initiative included the launch of Ready, Set, FIT! (RSF), a curriculum-based program that teaches third and fourth grade students about the importance of fitness, educating them through in-class lessons and take-home activities about how to be active, eat smart, and feel good. Like the AAFP Tar Wars program, health professional presenters participate entirely on a volunteer basis within the comfort of the children’s school classroom. Due to the link between poverty and obesity, recruitment efforts focused on schools within Colorado’s rural communities that did not have physical activity requirements, which is also where the CAFP launched a large-scale childhood obesity project funded by the Colorado Health Foundation.

**Results, 2010 Grant.** The School-Based Wellness Initiative was implemented in Mesa County in Grand Junction, Colorado. To encourage participation and compliance, this pilot project offered a \$100 incentive to the schools that would meet the outlined objectives. Nisley Elementary, Pomona Elementary, and Rick Rock Elementary brought RSF! to 10 classrooms and reached 300 students and eight teachers. A partnership was established with the St. Mary’s Family Medicine Residency Program based in Grand Junction, CO. Three residents did 10 site visits to all of the schools. Nicole Stephens, PhD, at Pomona Elementary offered feedback of the program’s far-reaching impact when she wrote, “It was wonderful to have an actual doctor come in and talk with students about healthy choices. One student decided to join an after school activity called Girls on the Run. I asked her why she chose to start running, and she let me know in all of her third grade knowledge, ‘Because that doctor lady told me I need to exercise my heart!’ It was a great program to integrate into the classroom.”

## **TAR WARS – NEVADA (2010)**

Nevada's Tar Wars program is one of the largest in the nation. Between the years 2000 and 2009 the program was fully funded through Master Settlement Agreement (MSA) dollars. In 2010 MSA funds were shifted to the state's general fund and 100% of Tar Wars funding was lost. Funding from FMPC was used to assist Nevada's Tar Wars program to build sustainable implementation tools.

**Results, 2010 Grant.** A Tar Wars website was created and all program materials were digitized. A Work Study student from the university helped create the online calendar and implemented the Tar Wars program. Google Calendar was used to provide a centralized, statewide schedule capable of being viewed and edited by multiple presenters and staff. It also provided a way to send group emails to presenters rather than having to contact each presenter individually. Two hundred seven presentations were provided to 6,210 fourth and fifth grade students across Nevada. In addition, financial disparities among the schools were addressed by providing paper and drawing supplies to at least 65 classrooms in low income schools interested in participating in the Tar Wars Poster contest. More schools participated as a result of this outreach to the high-risk/low-income. One of the challenges with Tar Wars is getting AFP members to provide classroom presentations. This year a board member assisted at a presentation at a low-income school. When she asked the kids how many of them had a parent or grandparent who smokes EVERY SINGLE CHILD raised their hand. The board member was shocked and at the next membership meeting she spoke with Nevada AFP members about the need and the fact that Tar Wars presentations may provide one of the only opportunities that some of these kids have to be exposed to a positive message to not smoke.

## **TAR WARS IMPACT CAMPAIGN- LOUISIANA (2013)**

LAFP Foundation has been administering the Tar Wars® Program throughout the state since 1998 and recruiting active members and residents to present information on the negative effects of tobacco to fourth and fifth graders. While Tar Wars® receives attention and the presenters lecture annually, the program exists without any dedicated funding. In order to maintain and expand the outreach of the anti-tobacco program, the LAFP administered an Impact Campaign to recruit new schools to embrace the curriculum and provide improved support for volunteers and collaborating partners during the 2013-2014 school year.

**Results, 2013 Grant.** Tar Wars reached 4,953, far exceeding LAFP's goal to reach 3,374 students. LAFP also exceeded the goal to recruit 122 Tar Wars presenters and instead recruited 174 presenters from six residency programs and three medical schools. Project goals were met by utilizing the LAFP chapter staff, the Tar Wars Program State Coordinator, the AHECs, the Family Medicine residency programs and the LAFP Foundation Board of Directors in the planning process to determine the outreach strategy for presentations and recruiting volunteers. An unanticipated benefit from this project included a partnership with Pennington Biomedical Research Center that allowed for the gaps in funding to be achieved so that the program could offer supplies and prizes to participants and winners of the state poster content. Abby Stogner, a fifth-grade student at Bowling Green School in Franklinton, Louisiana went to Washington, DC to show her poster. "My slogan read *Tar the Roads, Not Your Lungs*. I told the audience that the reason I did my poster was because I didn't want anyone ending up like my Paw Paw who smoked for 42 years, and now he has to take breathing treatments four times a day. I always knew that smoking was bad for you, but I didn't know so that many people die from it. The Tar Wars contest truly changed my life! I'm smoke free for life!"

## **TAR WARS: RURAL AND SUSTAINING – GEORGIA (2010, 2012)**

The Foundation of the Georgia AFP successfully presented the Tar Wars program to more than 4,000 students in Georgia elementary schools during the 2009-2010 school year and this project capitalized on the momentum to reach an additional 5,000 underserved fourth and fifth-grade students in rural Georgia counties.

**Results, 2010 Grant.** The **Tar Wars: Rural Project** distributed 250 classroom kits and reached 3,000 fourth- and fifth-grade children in classrooms in 20 rural and/or underserved counties of Georgia. A ready "pool" of presenters was created by training a large cadre of new presenters in rural underserved areas. GAFF staff conducted training sessions at residency and medical schools including the MCG Residency



Program, Eisenhower Army Medical Center, Emory University's FMIG Club as well as Mercer's Macon and Savannah campuses. In addition, staff trained more than 30 pre-medical students from Georgia Southern College in rural Statesboro, Georgia where they presented to classrooms in surrounding South Georgia counties. Staff also recruited and trained, via teleconference, nearly 50 nurses from rural Georgia counties where there had previously been no Tar Wars presence.

**Results, 2012 Grant.** The 2013 **Sustaining Tar Wars project** was initiated to include presentations in traditional and non-traditional classroom settings. It reached the goal of providing the Tar Wars message to 1,000 youth during the grant period. Two-hundred and fifty (250) Tar Wars Toolkits were provided to partner organizations: 108 Toolkits to 27 Boys and Girls Club locations that serve 3,400 youth; 24 Toolkits to individual YMCA locations in Metro Atlanta; and 48 Toolkits to school nurses throughout the state. More than 25 family physicians, residents and medical students presented Tar Wars in 12 communities during this grant period. The Boys and Girls Club pilot project with the Morehouse medical students attracted an unanticipated partner--the Student National Medical Association chapter at Morehouse, which will be providing additional presentations that are being scheduled for the upcoming school year. The Morehouse FMIG group originally recruited for the Boys and Girls Club Pilot Project were nominated for the AAFP FMIG awards as a result of their dedication and community service associated with this project

## MEDICAL HOME

### **COLLABORATIVE COMMUNITY HEALTH SUMMIT – KANSAS (2016)**

KAFP, in partnership with Health ICT (a Kansas Department of Health and Environment funded-initiative to reduce obesity, diabetes, heart attack and stroke in Sedgwick County), will plan and produce the 2017 Collaborative Community Health Summit for Kansas. The Health Summit will be a structured approach to making collaboration between government, business, non-profit organizations, and citizens possible. The goal is for participants to execute Clinical Town Halls that: 1) bring together local community partners to do a collective inventory of public health resources; 2) identify resources available within the community and barriers to access; and 3) work through barriers in the community to foster provider/community-based coalition relationships to address public health needs.

**Results, 2016 Grant.** Results will be reported in March 2018.

### **ROTARY CLUB PRESENTATION: SAVING LIVES, SAVING MONEY – OREGON (2013)**

The Oregon AFP took a very well-received program, "Saving Lives/Saving Money," and changed it to educate Rotary Club audiences about Patient-Centered Primary Care. Since this demographic group in Oregon has not traditionally supported health reform it made Rotary Clubs the perfect audience to learn about Patient-Centered Primary Care and to demand this enhanced level of care from insurers. This program is on the Rotary Club's coveted "Preferred Presenter List," which means more presentation requests and the ability to influence more audiences.

**Results, 2013 Grant.** OAFP produced a video to explain Patient-Centered Primary Care Homes to the public and why they should be considered the gold standard of care for patients. Parts of the video have been incorporated into the learning materials for the Patient-Centered Primary Care Institute – a clearinghouse for materials related to health reform in Oregon. Presentations have been provided to Rotary Clubs, medical students, private gatherings and OAFP events. Evaluations have been excellent and feedback from volunteers was positive. The unexpected aspect of this project was that members wanted to make sure the audience knew that the video was describing the *ideal* PCPCH, and something that doctors in their communities were working towards, not necessarily that the practices had all aspects of the PCPCH currently in place.

# STUDENT &/OR RESIDENT PROJECTS

## ADVOCACY

### **ADVOCACY AMBASSADORS - CALIFORNIA (2012)**

Traditionally, medical school and residency curricula haven't addressed advocacy leaving many physicians not actively engaged in advocacy for their specialty simply because they don't know where or how to start. The Advocacy Ambassadors program trained Family Medicine residents throughout the state to engage their fellow residents and communities in advocacy.

**Results, 2012 Grant.** Ten Family Medicine residents returned to their programs as Advocacy Ambassadors where they helped organize community advocacy efforts and represented California on national advocacy issues. Rather than providing a stand-alone advocacy bootcamp session for residents it was more efficient and effective to bring residents (and students) to CAFP's 2013 AMAM (All Members Advocacy Meeting, formerly Congress of Delegates), where they attended an introduction to policy making, training on messaging, and met with legislators and participated in Lobby Day. Training at the AMAM provided residents the chance to work with practicing family physicians already engaged in the advocacy process for their first foray into the capitol. As part of a needs assessment conducted during the FMPC grant project CAFP determined that California needed: 1) a detailed and consistent advocacy curriculum and 2) engaged leaders to present this curriculum. The ongoing impact of this training has been a doubling of residents participating in the 2014 AMAM and Lobby Day Activities. FMPC funding was used solely for advocacy education components of the project.

### **TELLING FAMILY MEDICINE'S STORY - CALIFORNIA (2011)**

In order to tell Family Medicine's story and to bring Family Medicine's message to California policymakers, key opinion leaders, patients and the public, CAFP needed to "grow our own" and develop a new cadre of storytellers, media spokespeople, and legislative advocates trained to use traditional and new media to bring Family Medicine's message to the forefront.

**Results, 2011 Grant.** Twenty-five (25) students/residents, selected through an application process, and five mentors participated in this new program. Training sessions for students and residents were held on Sunday afternoon after the CAFP Congress of Delegates meeting to avoid asking them to be released from classes and training obligations. Google Group was used because it allowed everyone to ask and answer questions and get engaged. "Telling Family Medicine Stories" prepared medical students and Family Medicine residents using a three-phase process in storytelling. The class completed pre-workshop assignments for story development; attended a day-long workshop with media/spokesperson/advocacy skills training and practice; and completed two post-workshop speaking assignments. The new storytellers had mentors available for assistance, advice and support. As a direct result of this program CAFP has four new Student and Resident Council members. Based on the success of this program CAFP's Congress of Delegates will move towards an All-Member Advocacy meeting to provide similar sessions to ALL members.

## BUILDING THE FAMILY MEDICINE PIPELINE

### **FACES IN FAMILY MEDICINE & FIFM 2.0 - KANSAS (2011-2014, 2016)**

The KAFP Faces in Family Medicine mentorship program evolved since it began in the 2009/10 school year. In 2012, FIFM was expanded to FIFM 2.0 when it added a pre-med component. FIFM 2.0 has five parts: 1) Faces Faculty/Mentor Training; 2) Faces Dinner Meetings on campus brings outstanding family physician faculty from inner city, rural, urban, suburban, and hospitalist settings to FMIGs for a dinner meeting and short program that introduces medical students to the different faces of Family Medicine; 3) a dinner meeting and similar program for pre-med students; 4) Faces Mentors work with up to 25 students through Facebook or other social networking media; and 5) Faces Evaluation. Most popular among the students is the group mentorship dinner, done in a speed-dating fashion where the mentors rotate and engage with each table of students, sharing their "face" of the specialty. Students are then partnered with a mentor for the remainder of the academic year for one-on-one mentoring. Although the program runs through the school year many of the arranged mentoring relationships have continued beyond the

initial year, with some lasting through four years of medical school. In total, 80-100 students and 40-60 mentors participate annually.

**Results, 2011 Grant.** One hundred fifteen students and 55 mentors participated in FIFM: 69 students and 23 mentors participated in the traditional medical school program, and 45 students and 32 mentors participated in the new pre-med program. The pre-med FIFM program focused on three Regent's universities: Fort Hays State University, Kansas State University and Wichita State University; and the medical student program reached all three KU campuses: Kansas City, Salina (new in the program) and Wichita.

**Results, 2012 Grant.** One hundred fifty-nine students (49 pre-med) and 41 mentors participated in FIFM 2.0. Pre-med students participated from three Regent's universities (Fort Hays State University, Kansas State University, and Wichita State University); medical students were from the three campuses of Kansas University (Kansas City, Salina, and Wichita). KAFP developed a two-page "Resources for Pre-Med Students" that was well received by the Pre-Med clubs; and the one-page "Student Membership Benefits" was updated and shared with the FMIGs. Although student participation increased this year, it was difficult to recruit a commensurate number of additional mentors.



**Results, 2013 Grant.** Eight pre-med students and 69 medical students were placed with 45 mentors. The pre-med FIFM program focused on FMIG students from the three KU campuses and one pre-med class at Pittsburg State University. Leaders have now graduated from the FIFM program with the following results: one FIFM medical student serves on the AAFP Commission on Membership and Member Services; one serves as FMIG president at the Kansas City KU campus; and one is an alternate delegate to the AAFP Congress of Delegates and will be a delegate in 2016. In addition, one pre-med student from Pittsburg State University is now enrolled as a medical student at KU in Kansas City.

**Results, 2014 Grant.** 132 students (69 pre-med; 63 med) were placed with 60 volunteer mentors for the school year. FMIG students from the three KU campuses worked with the faculty advisors for the pre-med students on the KU Lawrence campus. Two FIFM graduates are now FMIG presidents on their campus and one student participated in the AAFP Foundation's 2015 Family Medicine Leads Emerging Leadership Institute.

**Results, 2016 Grant.** Will be reported in March 2018.

## **FAMILY MEDICINE EDUCATIONAL OPPORTUNITIES – ALASKA (2010)**

Alaska's medical school has increased enrollment from 10 to 30 students a year and Alaska AFP has received many more requests from students to help investigate their interest in Family Medicine. Family Medicine Educational Opportunities promotes Family Medicine for students and residents by expanding openings for interactions with family physicians and creating a formal mentoring program.

**Results, 2010 Grant.** Twenty (20) students and residents participated in Alaska AFP CME meetings, which was a large increase in student and resident attendance. Student and resident attendees established budding relationships with practicing family physicians and learned about leadership positions and future opportunities that stressed the student's and resident's importance in the future of Family Medicine.

## **FUTURE FACES OF FAMILY MEDICINE - CALIFORNIA (2011, 2013)**

Visit <http://www.cafpfoundation.org/programs/future-faces-of-family-medicine/> for more information. FFFM was designed to bring Family Medicine residents together with high school students interested in medical school. The goal was to develop a way for practicing family physicians and residents to engage with CAFP staff members; give back to the community; and develop the future primary care pipeline. The Future Faces of Family Medicine (FFFM) pilot program began in 2010 as a partnership between the CAFP Foundation, UC-Davis, Sutter, and Sacramento High School. Working with Family Medicine residents from Sutter Sacramento, UC-Davis, and the science coordinator from Sacramento High, a 10-session curriculum was developed that focused on primary care. Sessions explored a wide array of topics including a visit to the cadaver lab at UC-Davis, a health policy discussion at the state capitol, and a day

at the medical simulation center at UC-Davis. Each student was also matched with a practicing family physician in his or her community. These mentors agreed to allow students to shadow them and they provided advice and encouragement over the next year as the students continued developing their career goals. The FFFM programs run approximately 10 weeks during the school year, with sessions held after school and longer field trip sessions held on Saturday. CAFP Foundation coordinates schedules, modifies curricula and organizes sessions along with volunteer medical residents from residency programs in the local area, who present each session to the students during the program. Pre- and post-pilot surveys of participants provide feedback on program improvement and students are tracked as they matriculate into college and medical school to determine if they ultimately choose careers in Family Medicine or primary care.

**Results, 2011 Grant.** This mentoring program for high school students has morphed into CAFP Foundation's best program. Each year 20-25 students have graduated from the FFFM. Students who participated were given instruction not only in Family Medicine, but also regarding college, medical school, and beyond. The course culminated with a graduation ceremony, attended by over 80 family members. The FMPC grant allowed us to form relationships with many additional organizations including local schools, residency programs and national organizations. Most notably, CAFP partnered with Primary Care Progress, a Boston-based non-profit, to share the FFFM story and they featured the Sacramento program in a great video promoting primary care.

**Results, 2013 Grant.** In 2013, FFFM expanded from three to five sites. A huge benefit of the grant was the creation of a toolkit loaded with easily edited templates, guidelines, PowerPoints, and other materials necessary to run FFFM programs. The FFFM toolkit was shared with other residency programs and AFP chapters. The Sacramento-based program is still going strong and the other two active sites are following their lead. In addition, the Sacramento program applied for and received a \$10,000 grant from community sources. In five years in Sacramento, and two years in Santa Rosa, this project has served more than 100 students, 50 Family Medicine residents, and almost 40 community-based mentors.

## **GETTING HIGH SCHOOL STUDENTS EXCITED ABOUT FAMILY MEDICINE – S. DAKOTA (2012)**

Until 2012, South Dakota was one of only three states without a Health Occupation Students of America (HOSA) State Association. In 2012, the SDAFP and the South Dakota Foundation of Family Medicine each contributed start-up costs that provided them with a seat on the council to oversee the HOSA, which exposes students to hands-on experiences in health careers, gives them a higher level of preparedness for health science programs and increases their likelihood of pursuing a career in healthcare. SD HOSA students also have the opportunity to compete in state and national skill competitions, win scholarships, and qualify for unique opportunities such as an internship with the Surgeon General's Office. 2014 UPDATE: SD HOSA student wins first place and receives \$185,000 medical school scholarship. HOSA student, Chris Pollema, from Dakota Valley High School, SD was selected from over 3,100 applicants across the country to receive a \$185,000 Medical School Scholarship when he won first place in the the National Academy of Future Physicians and Medical Scientists Scholarship Challenge!

**Results, 2012 Grant.** In its inaugural year SD HOSA began its journey with seven pilot chapters and 284 members. Chapters implemented HOSA into their schools' curricula as they brought in healthcare professionals and medical students, introduced the competitive events program, and exposed students to a wide range of healthcare career options. SDAFP held two successful Fall Academies attended by 82 students on October 23 and 30, 2013. One student summed up his experiences this way: "The experience, knowledge, comforts, and teamwork built through HOSA has placed me at the top of my classes and in good favor with my professors. I am on the pre-medical track with a goal of pursuing an M.D.-Ph.D. in order to conduct research using regenerative medicine. Without the HOSA experience college would be much more challenging and lab work would not be as easy. I encourage all who are contemplating joining the HOSA club to sign up and not look back!"

## **IT'S ALL ABOUT MEDICAL STUDENTS ALL YEAR LONG – SOUTH DAKOTA (2010)**

This program was a comprehensive plan with the state's only medical school to pull together family physicians and medical students in a variety of activities throughout the academic school year.

**Results, 2010 Grant.** Approximately 100 medical students and 10 physicians came together during procedure nights. FMPC grant funds were used to purchase a mannequin for the FMIG so that they can use it for years to share with students on procedure nights and for the medical school to use, as needed. Other materials such as casting and suturing supplies were provided through donations. The impact of this project's activities is best summarized by Dr. Anderson, who writes, "This grant allowed us to have meaningful contact with medical students. As a faculty member I was able to attract large numbers of students to FMIG activities with the

possibility of being able to practice procedures and then have the opportunity to talk to them one-on-one about the benefits of Family Medicine and why it is a great specialty choice. Students had positive comments about the activities and many shared that it helped to solidify their desire to go into Family Medicine.”

### **MATCH DAY MAGIC – CALIFORNIA (2016)**

California is home to 12 medical schools and 52 Family Medicine residency programs. In 2016, three weeks before Match Day, CAFP and CAFP Foundation successfully piloted a joint effort to increase Academy exposure on medical school campuses, engage our new Family Medicine residents, and spread the magic that is Match Day. A joint letter from CAFP and CAFP Foundation presidents was presented to each of the 368 students who matched in Family Medicine. CAFP staffers were on two campuses to present the letters; the others were distributed by FMIG leaders. The experiences were shared via social media and publications. The 2017 Match Day Magic aims to have a presence on five of the 12 California campuses, with a social media campaign leading up to, during, and after Match Day. In addition the project will complete a “Here’s How” with timelines, sample communications, social media messages, and engagement strategies. The hand-delivery of letters will be the main touch-point of the project; thousands of social media watchers will hear about the project and see the posts from our events.

**Results, 2016 Grant.** Will be reported in March 2018.

### **MEDICAL ENCOUNTERS – MISSISSIPPI (2010)**

*Medical Encounters* is the cornerstone of the undergraduate state Mississippi Rural Physicians Scholarship Program (MRPSP), which is a unique longitudinal physician pipeline program that identifies rural college students who aspire to return to their rural roots to practice primary care. MRPSP offers a sustained and culturally sensitive nurturing process to overcome cultural and educational barriers, and help students maintain their emotional connection to rural life and rural health care needs. Specifically, MRPSP offers extensive online MCAT preparation, rural physician shadowing experiences, academic enrichment, and consideration for Direct Admissions to UMMC School of Medicine.

**Results, 2010 Grant.** MRPSP hosted *Medical Encounters* for the 18 newly-selected college juniors on June 1-2, 2011.

The two-day event went off flawlessly with the support of the medical school faculty who opened their labs and classrooms and volunteered their instructional services.

### **MEDICAL STUDENTS COMBINED SERVICE LEARNING & LEGISLATIVE PROJECTS – SOUTH DAKOTA (2012, 2015, 2016)**

A service learning experience for first-year medical students, in conjunction with the annual medical student trip to the state legislative session, was piloted in 2013 at the Pierre Indian Learning Center (PILC). PILC is an accredited elementary and junior high school (grades 1-8) that serves students from 15 different tribes in North Dakota, South Dakota and Nebraska. This important project educated medical students about the culture and healthcare needs of Native American youth and provided a needed service to the students of PILC. The service project and legislative trip are complementary, as one of the goals of the legislative trip is to observe how the legislative process impacts the delivery of health care, especially in underserved populations.

**Results, 2012 Grant.** The inaugural 2013 Medical Student Combined Legislative and Service Learning Project included 59 first-year medical students who reached 250 students at the Pierre Indian Learning Center. PILC students took part in the multi-station health fair that was developed, set up and staffed by the medical students. Stations/exhibits included: Healthy Food/Snack Choices; Smoking Effects on Lungs; Importance of Exercise; and Diabetes Testing. Both PILC and medical students were very engaged in a highly successful encounter. Medical students then headed to the capitol to see their legislative process in action. While at the capitol students set up a blood pressure screening area and sat in each session until they were recognized from the floor. Later in the day they met with the Governor, Lt. Governor, State Epidemiologist and Cabinet Secretary from the SD Department of Health and Human Services. Dr. Susan Anderson, Chair of the Department of Family Medicine said, “The medical students came back eager to do similar activities; and the feedback from the facilities where the students participated was overwhelmingly positive.”

**Results, 2015 Grant.** Sixty-seven (67) first-year medical students participated in the two events: Service Learning Project and Advocacy Day. One group of the medical students went to Pierre Indian Learning Center to put on the health fair for 250 students; the other group went to the Women’s Prison to learn about challenges in healthcare for inmates. These 67 medical students also participated in Advocacy Day which included a lunch attended by 70 legislators. All medical students (n=67) surveyed answered yes that the time spent on the

Service Learning Project and Advocacy was worthwhile and the activity was ranked as a “very important” part of the first-year student experience.

**Results, 2016 Grant.** Will be reported in March 2018.

### **PATHWAY TO MASSACHUSETTS: RESIDENCY VISITATION PROGRAM – MASSACHUSETTS (2015)**

The intent of the program was to increase the number of Massachusetts Family Medicine residents by reimbursing fourth-year medical students for travel expenses incurred while visiting Massachusetts residency programs. The more programs visited the greater the amount of reimbursement available - up to \$1,000 – with reimbursement available on a first-come, first-served basis.

**Results, 2015 Grant.** Funding for travel reimbursement was not forthcoming but discussions continued. Instead, an eBook was published by MassAFP that encouraged students to visit and consider MA residency programs ([https://issuu.com/massachusettsacademyoffamilyphysici/docs/16explorema\\_proof](https://issuu.com/massachusettsacademyoffamilyphysici/docs/16explorema_proof)). A postcard with a QR code and link to the eBook was mailed in June to all incoming 4<sup>th</sup> year medical students in the 50 states. The eBook is housed on the student and resident page at <http://massafp.org/residents-students/>. Massachusetts residency programs were highly satisfied with the state chapter’s contribution to promote their programs.

### **PATHWAY TO MEDICAL SCHOOL ALUMNI CONNECTIVITY EVENT - GEORGIA (2011)**

The Pathway Alumni Connectivity Initiative served to reconnect Pathway graduates by offering free registration plus a \$200 travel expense stipend to attend the GAFP Annual Meeting and Scientific Assembly in November 2012. Pathway alumni were also invited to participate in the 2012 GAFP Annual Research Poster Competition and asked to complete a questionnaire on the long term impact the Pathway Program had on their career decisions. The Pathway to Medical School Program (Pathway) serves Georgia college students from rural communities who are enrolled in an approved pre-med curriculum and plan to attend medical school to pursue Family Medicine, internal medicine or pediatrics. Pathway students shadow primary care physicians, work on practice-based research projects and attend seminars to enhance the participant’s ability to gain admission to medical school.

**Results, 2011 Grant.** Ten Pathway alumni (6 from 2011; 4 from 2010) attended the GAFP Annual Meeting where they were able to interact with GAFP/AAFP leaders and current GAFP medical student members and residents. Pathway Program alumni were also asked to participate in the 2012 Research Poster competition and the first and third place 2012 Research Poster winners were Pathway alumni.

## **CURRICULA FOR FMRPs**

### **DEVELOPING AN ULTRASOUND CURRICULUM FOR A FAMILY MEDICINE PROGRAM–**

*VIRGINIA (2016)*

The Virginia AFP is sponsoring the Fairfax Family Medicine Residency’s project to develop a comprehensive ultrasound curriculum including hands-on and didactic lectures on how to scan for lower extremity DVT; peripheral vascular access; needle guidance; kidney, bladder, lung, abdominal aorta, subcutaneous abscess/mass; and how to perform basic OB, abdominal, basic musculoskeletal and FAST exams. Funds for this project allow for an ultrasound machine to be rented for four months. Seven faculty members and four residents will be dedicated to learning and teaching each other ultrasound, and will be responsible for providing didactic lectures to the entire residency and medical student involved in the Fairfax FMR.

**Results, 2016 Grant.** Will be reported in March 2018.

### **EMPOWERING SENIORS IN A MEDICAL HOME, DEATH CAFÉ – ILLINOIS (2014)**

The Illinois AFP offered “Death Café - Getting the Most Outta Life,” an end-of-life care educational/motivational workshop to help resident physicians in Illinois better understand, manage and embrace palliative care and end-of-life issues. Evidence-based and other strategies, in both clinical and non-clinical aspects of medicine, were used to facilitate discussion and planning for end-of-life wishes and treatments to provide better patient experiences.

**Results, 2014 Grant.** The Death Café workshop was offered to all Illinois Family Medicine Residency Programs. Twenty-four FMRPs answered a survey indicating interest in receiving the workshop and received a follow-up email or two offering to set up a date to host the workshop. To date, five workshops reaching over 100 faculty and residents had been delivered. Feedback indicated that this motivational workshop was very valuable



because residents and faculty do not have the opportunity to get this type of holistic perspective and emotional sensitivity training and was an extremely beneficial complement to the medical curriculum and training they receive for end-of-life care.

## **IMPLEMENTING CHILDHOOD DEVELOPMENTAL SCREENING INTO FAMILY MEDICINE EDUCATION – VIRGINIA (2015)**

St. Francis Family Medicine Residency Program implemented this project designed to: (1) Increase awareness of the importance of developmental screening of the pediatric population at the FMRP; (2) Train 23 resident physicians, 9 attending physicians, 2-3 rotating medical students, and nursing staff how to appropriately use developmental screening tools, specifically the Ages & Stages Questionnaire, 3<sup>rd</sup> edition (ASQ-3); (3) Achieve an adherence rate greater than the national PCP standardized developmental screening rate (23%) in all children ages 9, 18 and 24 months using the ASQ-3 within St. Francis FMRP; and (4) Implement ASQ-3 and obtain target adherence goal over the course of one year. Initial preparation was to train 10 residents/attending physician representatives through the Ages and Stages Training for Trainers 2016 Conference. Those trained then trained other residents, attending physicians, medical students and nursing staff.

**Results, 2015 Grant.** A four-month extension approved. Results will be reported in July 2017.

## **INNOVATIONS IN MEDICAL EDUCATION: TEACHING THE PCMH PHILOSOPHY – CALIFORNIA (2010)**

A workforce task force was convened to address incorporating the Patient-Centered Medical Home (PCMH) model in medical education and residency programs.

**Results, 2010 Grant.** California AFP provided a venue for scholars to convene and discuss PCMH in residency education. The most profound thing learned was that most residency programs did not have any formal PCMH curricula in place. It was recommended that formal integration of PCMH into RRC-FM requirements would make it easier for residencies to fund PCMH initiatives inside their program. Thus, CAFP retooled the product to fit the needs of the residencies for quick simple additions that integrated PCMH concepts into daily residency training. Over 175 students, residents, and educators attended CAFP's Fall 2011 Family Medicine Summit where two sessions on the PCMH were presented with materials developed throughout this grant period, received feedback on the initial modules, and made revisions prior to widespread publication. California's 42 Family Medicine residency programs and 10 medical schools have access to the modules and the collective wisdom of the brain trust in PCMH established by this product.

## **PRENATAL GROUP VISITS IN RESIDENCY EDUCATION (2010, 2014)**

- **KANSAS (2010) – Centering Pregnancy: Group Visits in Residency Education** was designed incorporate group visits into practice. Through the Centering Pregnancy model, prenatal care was delivered in an atmosphere that encouraged free exchange, facilitated learning, and developed mutual support among patients with similar due dates. Medical students also participated in group visits during their required Family Medicine rotation, giving them exposure to this innovative concept in Family Medicine.

**Results, 2010 Grant.** The first six group visits combined all stages of pregnancy into one visit; the last three were divided by trimester. All patients received information regarding prenatal care, labor and delivery. Attendance rates varied from 60-95%. Key challenges were unanticipated. Initially, the uptake of group visits in the predominantly Spanish-speaking population was not as rapid as projected. Small numbers resulted in fewer opportunities for resident involvement and a longer time to reach a critical mass of patients at each trimester to make group visits effective. Initially, the program was offered in a safety net clinic; however, the program underestimated the proportion of patients who would deliver at another local hospital, or who obtain prenatal care at another location, or those who left the area prior to their delivery. Because the success of a group visit program is based, in part, on the relationships patients develop as a cohort, this program was negatively impacted by these factors. An unexpected benefit has been the relationship formed with the KUMC Midwifery program. The program will be moved to a community site preferred by patients and staffed by both family physicians and nurse midwives, thereby creating a much more family-centered maternity care program.

- RHODE ISLAND (2014) – Integrating Group Prenatal Visits into Family Medicine Residency, based on the CenteringPregnancy® model, educated residents and medical students about the power of group care. Integrated group prenatal visits (GPVs) were integrated into the clinical practice of the Brown Family Medicine residency program. Over the course of the 2014-15 academic year residents and students were supported in facilitating group visits, as well as integrating training on facilitation into the residency curriculum. Three third-year residents took the lead on facilitating a group and were responsible for conducting a facilitation workshop for other residents and medical students. Two second-year residents and two medical students helped co-facilitate GPVs.

**Results, 2014 Grant.** Twenty-three (23) medical students Family Medicine residents, trained in facilitation techniques based on the CenteringPregnancy® model, and facilitated three groups of 4-10 women each. In order for this program to succeed a group prenatal visit coordinator was essential, and higher-level system support was necessary to allow for dedicated faculty and resident time. Many residents were passionate about providing this model of care to their patients and continued to provide it in their practice after graduation. In addition, group prenatal visits were a major discussion point during recruiting season for the Brown Family medicine residency program because many applicants were interested in training in a program that offered this model of care.

## EXTERNSHIPS, FELLOWSHIPS, INTERNSHIPS, PRECEPTORSHIPS

### A DAY IN THE LIFE OF A PHYSICIAN MEMBER – NEW YORK (2015)

A Day in the Life of a Physician Member was a new program designed to provide insight to five medical students regarding: the scope of Family Medicine, its operations, business decisions and practice. As conceptualized, students would shadow an attending NYSAFP physician member in his/her practice to bridge in-class learning with practical experience. Students would also attend a commission and board meeting, where their attendance would be through the lens of the mentoring family physician to better provide an understanding of the implications of NYSAFP business decisions and their potential influences on the practicing mentor. Finally, students would visit NYSAFP headquarters to observe the operations of the Academy.

**Results, 2015 Grant.** In its inaugural year three students shadowed two attending physicians for four visits of approximately four hours each visit. Two key pieces of A Day in the Life of a Physician Member did not unfold as projected: 1) the commission and board meeting fell outside of the grant period and the students were not asked to return; and 2) geographic constraints made it impractical for students to visit headquarters on Monday for staff meetings. Next year participating students will be asked to return for the commission and board meeting.

### FAMILY CARE TRACT PROGRAM - MARYLAND (2010)

The MD-AFP Foundation requested funding to expand their already successful Family Care Tract (FCT) mentoring program. Last year saw the first class of our Family Care Tract graduates from UMSOM. Of the 17 students who graduated from the Family Care Tract 73% chose primary care and 36% matched into Family Medicine residencies.” Expectations for the students participating in the FCT include: 1) working with their mentor at a minimum of half a day per month in the family health center; 2) attending a monthly brown bag lecture series on common topics that relate to the primary care of the urban patient; 3) participating in an intensive 80-hour clinical immersion experience with their mentor during their first summer; 4) completing a project prior to advancing into their third year; and 5) following an obstetrical patient from time of diagnosis to delivery. As the current Family Care Tract student moves into the second year, he or she will continue working with their mentor in the office, be paired with a family physician instructor for the second year course in Physical Diagnosis, as well as continue to follow their assigned obstetrical patient. In the third year the Family Care Tract student will be paired with Family Medicine faculty members for their required clerkship experience, and finally in their fourth year they will have priority selection for a sub-internship on our inpatient Family Medicine teaching service.

**Results, 2010 Grant.** Sixteen students participated in the 2011 FCT Program. Program Director, Dr. Richard Colgan, Associate Professor of Family Medicine and Director of Undergraduate Education, University of Maryland Department of Family and Community Medicine stated, “Funding from the AAFP Foundation and the FMPC has been critical in allowing us the opportunity to support student interest in primary care.”

## **FAMILY MEDICINE MATTERS - MINNESOTA (2011-2012)**

Family Medicine Matters was designed to recruit and place first- and second-year medical students in Family Medicine clinic settings, match them with practicing family physician mentors/supervisors, and engage students in hands-on projects that matter to Family Medicine. Those selected received a grant to fund their project and a stipend to offset lost wages. Recipients implemented their project in the summer, analyzed results in the fall, and wrote the final paper in the winter. Participant opportunities included: 1) attending the Research Network Dinner where they met family physician leaders engaged in both clinical work and practice-based research; 2) making a scholarly presentation at the annual Research Forum; 3) joining the Research Blog to connect with family physicians about their project; 4) becoming a Student Liaison at their medical school; 5) serving on the Research and Quality Improvement Committee; 6) serving on the Family Medicine Matters Selection Committee to review and score applications; and 7) attending the AAFP National Conference for Family Medicine Residents and Medical Students. Finally, one student was invited to give a 10-minute presentation at the state Chapter's House of Delegates meeting attended by 80+ delegates.

**Results, 2011 Grant.** During 2012, 60 students attended two informational meetings and 10 applications were received and reviewed. Four students were selected as the 2012 class of student externs who received funding support for their project related to Family Medicine. Due to the success of this program, and by networking with two Board members, two new funders have pledged small grants to support the incoming class of 2013 student externs.

**Results, 2012 Grant.** During 2013, 42 young scholars participated in the paid program and were mentored by 29 family physicians and behavioral health professionals who volunteered to participate during 2013. This increase from four to 42 scholars was made possible because this year MAFP Foundation started an Innovation Fund to allow students to work on projects of a shorter duration. Teams and individuals with Innovation Grants receive \$500-\$1,000 to support their project. Through Family Medicine Matters the number of first- and second-year medical students who participate in the Family Medicine placement program increased and first-hand experience was provided on how MAFP represents, engages and advocates for the specialty of Family Medicine.

## **LEARNING TO CARE, ADVOCATE, & LEAD SUMMER EXTERN PROGRAM - WISCONSIN (2014-2016)**

The summer extern program was designed to increase student interest in Family Medicine as a specialty and foster future leaders within Wisconsin AFP (WAFP). Two or more selected students, between their first and second year of medical school, spend eight weeks rotating between a clinical setting with a family physician preceptor and the WAFP/WAFP Foundation (WAFP-F) office. Areas of focus in the WAFP/WAFP-F office are leadership development, workforce development, advocacy education and philanthropic activities. The experience concludes with attendance at the AAFP National Conference, where the students will serve as WAFP Delegate and Alternate Delegate during the congress portion of the conference, and help lead other National Conference and Wisconsin's reception activities.

**Results, 2014 Grant.** The program rolled out as planned. Participation included three students and 12 preceptors. All students engaged in leadership positions on the WAFP Board (2) or the WAFP Foundation Board (1) and also served on the Student Resident Committee (3); Legislative Committee (2) and Medical Home Committee. The WAFP didn't anticipate the high level of engagement and efforts the students brought to the table! Students couldn't seem to get enough of the projects (15 projects were completed) and experiences they participated in at the office and with the work of the WAFP and WAFP Foundation. All students received high marks from their preceptors, as well.

**Results, 2015 Grant.** Two student externs worked with eight preceptors. WAFP-Foundation partnered with preceptors who were both new to WAFP and new to precepting; and developed relationships with clinics that hadn't taken students before. In addition to the clinical externship, the two externs completed multiple in-depth projects for the WAFP and WAFP-Foundation. One extern researched and created materials relating to joy in practice for students, residents, and practicing physicians. She worked closely with AAFP and other leaders and created an array of resources organized and placed on the WAFP [website](#). She also facilitated a number of surveys with students to prioritize issues and areas for WAFP to act on. The other extern created a much-valued resource for referencing previous WAFP decisions and positions. He undertook the organization of meeting records, position papers and coalition documents as actions and listed them under easily searchable topics. In addition he was involved surveying students and residents prior to the National Conference and assisting in National Conference orientation.

**Results, 2016 Grant.** Will be reported in March 2018.

## **LEROY A. RODGERS, MD, PRECEPTORSHIP PROGRAM – OHIO (2010-2016)**

This program has helped medical students understand that choosing a career in Family Medicine is an opportunity to create your own adventure in medicine. From 1990 through 2015, over 910 medical students from Ohio's seven medical schools have participated in the program. Participants receive stipends of \$300/week for a four- to six-week educational rotation with a volunteer, community-based family physician preceptor. In 2016 the program was changed to a four week rotation. Through the preceptorship experience students witness the diverse and rewarding realities of the Family Medicine specialty - all under the guidance of a family physician mentor.



**Results, overall.** Outcomes show one-third of all participants chose a career in Family Medicine, and three-quarters overall entered primary care specialties at the time of their medical school graduation. Analysis of program data collected from 1992 through 2010 show 31.09% (189 of 608 participants) matched into Family Medicine; 75% (455 of 608 participants) overall matched in primary care specialties; and 49.34% (300 of 608) matched into Ohio residency programs.

**Results, 2010 Grant.** Four of the 44 medical students funded were supported by an FMPC grant award.

**Results, 2011 Grant.** Four of the 25 medical student stipends were supported by an FMPC grant award.

**Results, 2012 Grant.** Five out of 38 medical student stipends were funded by the FMPC Grant award.

**Results, 2013 Grant.** Two of the 30 student preceptorships were supported by the FMPC Grant Award.

**Results, 2014 Grant.** Two of the 42 student preceptorships were supported by the FMPC Grant Award. New this year, two videos were created that included interviews of student participants (<https://vimeo.com/140454097> & <https://vimeo.com/140439733>).

**Results, 2015 Grant.** This year the Leroy A. Rodgers, MD Preceptorship Program converted from a 4-6 week rotation to a four-week rotation. Sixty-four (64) students were beneficiaries of stipend funding, which is an increase of twenty students from the previous year. Four (4) of these student preceptorships were supported by the \$5,000 FMPC grant award. As an addition to the regular program, OAFP Foundation partnered with the Ohio Association of Community Health Centers (OACHC) to engage Ohio's Federally Qualified Health Centers (FQHCs).

**Results, 2016 Grant.** Will be reported in March 2018.

## **PLATT SUMMER FELLOWSHIP - DELAWARE (2012)**

Named after Drs. David and Ethel Platt, who pioneered the practice of Family Medicine in the 1940s in their inner city Wilmington practice, this fellowship gives first- and second-year medical students an opportunity to spend four weeks during the summer in the offices (and sometimes homes) of four different family physicians, spending one week with each physician. Physicians are selected from a variety of settings including rural, suburban and inner city practices, and the physicians have a variety of interests, such as sports medicine, obstetrics and gynecology, geriatric medicine, hospice care, hospitalist care, and integrative medicine, among others. DAFP seeks to match interests of students with interests of the physicians. The student may live with the physician and make rounds at hospitals and nursing homes when relevant.

**Results, 2012 Grant.** The fellowship supported one medical student who spent four weeks being mentored and staying with family physicians in private practices in all three counties, which is important because there is a difference regarding services available for patients upstate versus the more rural downstate area. FMPC funds were used to cover travel and provide a stipend. In the words of the participant, "I enjoyed learning from such compassionate family doctors ... this experience has certainly helped me develop my clinical skills and strengthened my desire to become a Family Physician." The career choices of 51 of the 62 students who have participated in the fellowship and chosen a specialty show that 31.3% have chosen Family Medicine vs. the 8.4% match nationally.

## **RURAL FAMILY MEDICINE EXPOSURE FOR MEDICAL STUDENTS – N. CAROLINA (2013-2014)**

This two-week rural health externship in the western and eastern regions of North Carolina is offered to rising second-year medical students in one of North Carolina's five medical schools. This partnership provides hands-on clinical exposure to rural healthcare early in their career with the direct goal of increasing medical student interest in serving

rural North Carolina communities. During the first week students are engaged in group didactics surrounding rural healthcare. In the second week students are paired with a family physician where they will live and work in a rural, community-based setting. Follow-up contact/surveys are planned for one- and two-year intervals as former externs progress through medical school. Participants will also be tracked through the MATCH and NCAFP will follow up with those that complete Family Medicine residency training to obtain information regarding their initial practice setting.

**Results, 2013 Grant.** Twenty rising second-year medical students (10 from each region) participated. In a few situations space constraints prohibited the student from living with the physician during the second week. Instead, Area Health Education Center housing was used. Student perceptions about Family Medicine and rural healthcare continued to confirm the importance of early exposure. One student summed it up this way, "I thought that practicing in a rural health setting may compromise how "good" of a doctor you can be academically. I would now argue that practicing in a rural health setting with limited resources challenges physicians to be as academically strong as possible so that they can provide the best care for the best value."

**Results, 2014 Grant.** Twenty rising second-year medical students (10 from each region) participated. Living with a family physician, resident or faculty is a key component of the rural health program and the evaluations verify that this immersion has a tremendous impact on students. Evaluations showed that the students learned and had fun, and others involved in hosting, leading and teaching were re-energized by the enthusiasm of the student participants.

## **RURAL INTERNSHIP PROGRAM - NEVADA (2012)**

The Nevada AFP Foundation launched its pilot Rural Internship Program for first- and second-year medical students. Two first-year medical students were selected and matched with rural Nevada family physicians. Each student received a \$1,000 stipend and worked four weeks in rural Nevada to experience first-hand what it is like to provide comprehensive full-scope primary care in a rural community. The rural provider donated his/her time and assisted with housing so students can either stay with the preceptor or in housing sponsored by the School of Medicine.

**Results, 2012 Grant.** Despite extensive recruitment efforts only three students were recruited to participate and then two students withdrew due to personal circumstances. The challenge was getting students to commit to a month over their summer break. While this was very disappointing, the student who did participate had a great experience and is very enthusiastic about rural Family Medicine and building student interest in Family Medicine. Once her internship was completed she became the president of the FMIG. In addition she assisted in recruiting students interested in attending National Conference and coordinated these 14 students to submit scholarship applications to AAFP and NAFP. She also helped lead student participation in the Tar Wars program and has turned out to be an amazing Family Medicine advocate and active member of the NAFP. NAFP will be assessing what needs to be done to engage a larger number of participants.

## **FMIG ACTIVITIES**

### **FAMILY MEDICINE INTEREST GROUP ADOLESCENT HEALTH INITIATIVE – GEORGIA (2011)**

This project proposed to provide FMIG members with specialized instruction on pregnancy prevention from GAFP leadership and teen health experts during a series of "Train the Trainer" webinars. Following initial training FMIG students in seven Georgia FMIG clubs were planning to share pregnancy prevention information with adults who would use the information and guidelines utilized by family physicians to educate Georgia middle and high school students at local boys/girls clubs or local activity centers. However, due to concerns regarding the perception that medical students would be promoting birth control or contraceptives, the project developed a more community-specific hands-on education program.

**Results, 2011 Grant.** Georgia AFP offered FMIG "lunch and learn" education on-campus and invited medical students' participation in a local GAFP Call to Action activity where they met physicians, clinical staff, and community leaders leading the charge in reducing the rate of teen pregnancies around the state. Call to Action activities were held in several counties and connected medical students with public health leaders and resources for their specific community. Partnering with the GAFP Director of Outreach, GA Department of Public Health staff, Teen Pregnancy Prevention faculty, and local public health departments allowed medical students to receive the same information that physicians, clinicians, and public health staff receive. Student involvement was well received and they offered valuable input to the local public health officials. The number of student participants for each activity varied from small groups of 5-10 during the Call to Action activities to 25-30 during the face-to-face lunch and learn activities. After training, students were charged with

communicating the information learned, sharing local community resources, and subsequently volunteering and serving as a partner to community groups with an interest in improving adolescent health, in particular reducing the rates of teen pregnancy. Medical students received copies of the Department of Public Health presentation as well as a contact list for community resources (i.e. Boys & Girls Clubs, Junior Achievement) in their area which included addresses, phone numbers and/or links to their websites.

### **FAMILY MEDICINE INTEREST GROUP FUNDING - NORTH DAKOTA (2012)**

Funding was used to support the 2013 FMIG Events Schedule that included four student events throughout the year: 1) a panel of four family physicians and spouses discussed the lifestyle of family physicians; 2) a formal dinner with medical students, spouses, residents, and family physicians from across the state; 3) hands-on workshops presented at a medical school by the Family Medicine residency programs in the state; and 4) activities supporting National Primary Care Week.

**Results, 2012 Grant.** An average of 62 medical students, most first-and second-year, attended each event. Evening social events for third-and fourth-year students averaged 10 students. An unanticipated benefit of this grant was a partnership formed with the UNDSMHS Student OB Interest Group, which provided an outstanding workshop program for medical students to experience OB aspects early in their education.

### **FAMILY MEDICINE INTEREST GROUP PROGRAMMING BUREAU – GEORGIA (2010)**

The FMIG Educational Programming Bureau is a program that provides medical students in seven state medical school FMIG clubs with access to a variety of innovative clinical and student development topics. Topics are presented by a consortium of State AFP leaders and educational programming members through a series of “lunch and learn” and evening lectures at medical schools throughout the state.

**Results, 2010 Grant.** With the help of members of the GAFP Student and Resident Recruitment Committee, presenters were identified and five detailed curriculums were developed: “Family Physician Myth-Buster: Lifestyle & Income Myths Get Busted”; “Surviving Your Clerkship”; “Patient-Centered Medical Home (PCMH): The Future is Now”; “What Healthcare Reform Means for Your Professional Future”; and “A Day in the Life of a Family Physician.” GAFP developed an individualized, detailed curriculum for each educational topic and the presentation topics along with collateral materials were made available and disseminated to all Georgia FMIGs. “Family Physician Myth-Buster” was suggested as an introduction to Family Medicine for the beginning of the fall school year and other presentations were scheduled to take place in April and May 2012. These materials will continue to serve as turn-key FMIG presentations and the “evergreen” nature of the material and resources will help preserve their relevance.

## **MEETING, NATIONAL**

### **NATIONAL CONFERENCE: PRE-NETWORKING/MENTORING EVENT - MARYLAND (2015)**

The Maryland Academy of Family Physicians and their MAFP Foundation co-conducted this event for chapter leaders, faculty, residents from the three Family Medicine residencies, and students from the two medical schools represented Maryland at National Conference. The intent of the event is to achieve increased preparedness for the conference/congresses in Kansas City; learn about issues of importance among students/residents; stimulate Chapter and AAFP interest; and give current chapter leaders a chance to share their experience and knowledge. MAFP Congress of Delegates instructed student/resident delegates on the policy-making process. Those who attended previous conferences informed first-time attendees about what to expect and how to get involved.

**Results, 2015 Grant.** This year marked the first time that the Chapter resident and student leaders drove the event from planning through execution of the evening’s schedule. The feedback was that participants more readily identified with the sequence of the program and got more out of it.



## **NATIONAL CONFERENCE: SCHOLARSHIPS - NEW MEXICO (2011)**

The New Mexico AFP realized that the AAFP National Conference has been extremely influential in helping the Chapter recruit residents who want to stay in New Mexico. Funding was requested to send residents and students to the 2012 National Conference for Family Medicine Residents and Medical Students. Collaborating partners were New Mexico's four Family Medicine residency programs.

**Results, 2011 Grant.** Three students, one student delegate and one resident delegate attended the 2012 National Conference. The resident delegate was so inspired that he offered to come back after graduation and give a presentation to next year's incoming class on the importance of attending the National Conference. He said, "I wish I had gone earlier in his residency because of the experience and the knowledge gained." Based on a three-year average for the period ending October 2011, 16.2% of UNM School of Medicine's graduates have entered into a Family Medicine Residency Program and UNM received the 2012 Family Medicine Top Ten Award from AAFP. In 2012, 100% of the positions in all four New Mexico residency programs were filled.

## **NATIONAL CONFERENCE: SUPPORTING STUDENTS - WISCONSIN (2012, 2014-2015)**

WAFP research indicates that attending the AAFP National Conference of Family Medicine Residents and Medical Students (National Conference) is a significant factor in the student's selection of Family Medicine. In March 2017, WAFP Foundation reported that the past five years of data showed that 87.3% of students sponsored by WAFP to attend the National Conference have selected the specialty of Family Medicine. WAFP and WAFP-Foundation activities to support students at National Conference include: 1) FMIG leaders join WAFP leaders to promote this opportunity at FMIG meetings; 2) WAFP pre-conference orientation via web conference provided in addition to the in-person orientation at each medical school; 3) WAFP social networking presence that connects attendees with resolutions and resources via frequent Twitter updates; 4) Video clips recorded during National Conference that provide testimony on the student experience and the value that National Conference brings to them; 5) Following National Conference, recorded video clips are produced and posted online, used in presentations at future recruitment events, and work well to thank present donors and interest future donors; and 6) Pre- and post-conference evaluations that are collected via electronic survey tool and assessed for ways to improve the project.

**Results, 2012 Grant.** Participation and interest increased in WAFP committees and leadership roles. The goal to send 20 students was surpassed; 32 students participated 100% in the pre-conference webinar, networking reception and post-conference evaluation. All students and most of the residency programs were able to get connected via social networking following the conference. The residency programs valued the exposure to Family Medicine offered to Wisconsin students and were inspired to help with funding and solicited donations for the coming year. In addition, students' stories of their great experiences fostered greater interest for the coming year and motivated private donors to continue their support.

**Results, 2014 Grant.** In 2015, 50 students (25 from each of Wisconsin's two medical schools) attended AAFP's National Conference and participated in the orientation webinar held two weeks prior to the event.

**Results, 2015 Grant.** In 2016, 50 medical students from the two medical schools attended National Conference at a cost of \$600 per student. Students reported an increased awareness of the scope of Family Medicine and their participation in the resolution process was high. Survey comments indicated that many students had meaningful conversations with residents and residency directors.

## **MEETING, REGIONAL**

### **FAMILY MEDICINE MIDWEST CONFERENCE - FAMILY MEDICINE MIDWEST COLLABORATIVE (2011-2012, 2015)**

There's been a 64% (n=78) Match Rate into Family Medicine for graduates who attended a Family Medicine Midwest Conference between 2012-2016. Organized by the Illinois AFP, the Family Medicine Midwest Collaborative consists of 12 states in the North Central region who are working together on recruiting, exposure, education and faculty development. Pooling of resources and expertise between states has maximized efforts in attracting the great medical minds of the North Central region to Family Medicine. The FMM Collaborative -- Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, and Wisconsin -- hosted its inaugural Family Medicine Midwest Conference in 2012. The annual Conference provides opportunities for: 1) students to learn more about Family Medicine through seminars and exhibits by residency programs; 2) residents to participate in a research forum (posters and presentations) and learn about fellowship opportunities; 3) junior faculty

at Family Medicine residency programs and medical school departments of Family Medicine to attend faculty development workshops and begin work on collaborative research projects; and 4) community organizations (such as FQHCs) to recruit family physicians. In 2017 an additional half-day of education for poster and research presentations will be added.

**Results, 2011 Grant.** The inaugural Conference on November 11-12, 2012 was attended by 130 medical students, 150 residents, and 150 faculty and family physicians from the 12-state region. FMPC support provided 12 scholarships to medical students. Each \$250 scholarship covered the costs for complimentary conference registration and a hotel stay. This two-day event hosted more than 70 presentations and included procedure clinics, a residency fair, workshops, seminars, research and paper presentations and posters. Pre-conference workshops supported the formation of collaborative communities around clinical and practice management areas such as oncology, palliative care, low-birth weight/prematurity and managing the super-utilizer (high expense populations). The FMM Collaborative was able to recruit 12 new active funding partners and have plans to continue the program and build on the success of the inaugural event. Two important suggestions from the evaluation were to include more transition time between sessions and more facilitated social time.

**Results, 2012 Grant.** The “Family Medicine: Healthcare for a Change” conference held on October 4-6, 2013 included 100 medical students and 220 community physicians, faculty and residents. FMPC support was used to provide 27 medical student scholarships. Each \$250 scholarship covered the costs for complimentary conference registration and a hotel stay. In addition to offering more than 60 educational sessions, FFM Conference had a Residency Fair, an exhibitor’s hall, and a special program for employers seeking to hire family physicians. Fifty-one (51) residency programs representing 12 states and organizations with an interest in primary care were present at these venues. A post-meeting evaluation was completed by 135 participants (62% response rate). Respondents’ average ranking of overall satisfaction was 4.5, where 5.0 is the highest score. Comments included: “jam-packed with mini learning opportunities”; “inspiring and revitalizing”; “educational, fun and practical way to explore a career in Family Medicine.”

**Results, 2015 Grant.** The October 2016 FFM Conference hosted 355 attendees and included medical students, residents, Family Medicine physicians and faculty and Family Medicine healthcare providers from across a 12-state Midwest Region. FMPC support was used to provide 20 medical student scholarships that covered conference registration and a hotel stay. Students learned about the opportunities and challenges of caring for patients of all types, in all places, in a changing healthcare environment and gained hand-on experience with clinical procedures. Residents were able to gain presentation experience and build their CV, broaden their knowledge base with new topics, and visit with potential employers and find a future practice setting or fellowship opportunity. Practicing physicians were able to showcase their practice setting and share experiences with the next generation. As summed up by third-year medical student by Mollie Laramore, “Family Medicine Midwest is an invaluable experience where students, residents, physicians and faculty come together to share their knowledge and passion for the calling.”

## MEETING, STATE

### ENGAGING FUTURE LEADERS – MINNESOTA (2016)

This Student & Resident Track at the 2017 Annual Meeting aims to increase the number of student and resident attendees from 28 in 2016 to 76 in 2017. Specific activities include building a coalition of partners in January 2017 and including them in the planning process. The coalition includes committees, faculty and staff at the three medical school campuses, FMIGs, and ten Family Medicine residency programs. A call for the following track activities will be initiated: 1) up to eight hands-on procedure stations lead by residency programs; 2) student and resident speakers for “Med Talks” (like Ted Talks but better!); 3) new-to-practice family physician members to pair up with a student and resident to have lunch together; 4) topics and speakers for the Career Fair; and 5) a student and resident leader to give an overview of leadership and grant opportunities offered to members by our chapter and the AAFP.

**Results, 2016 Grant.** Will be reported in March 2018.



## **FALL FESTIVAL & PREPARING FOR RESIDENCY – ILLINOIS (2010)**

The Fall Festival - Preparing for Residency Program links medical students and residency programs. In addition to preparing for the Match, other goals are improving patient care by advancing an understanding of both clinical and non-clinical elements in practicing medicine; advancing strategies for clinical decision making; and supporting medical students with their choice to pursue Family Medicine. Plenary sessions, workshops, hands-on clinical demonstrations, and festival themed exhibit booths from supporters and residency programs are part of the Fall Festival.

**Results, 2010 Grant.** IAFP's 2011 Fellowship Fair (formerly Fall Festival and Preparing for Residency Conference) hosted approximately 75 participants. The IAFP Education Committee and Board of Directors were concerned about whether attendees would come to a stand-alone event so the planning committee decided to hold this educational program in the same hotel with the IAFP Annual Meeting. Marketing efforts were then combined to include recruitment to both the Annual Meeting and Fall Festival, which created more buzz and made promotion pull-through easier and more effective. Post-meeting evaluations reported a high level of satisfaction with 100% of respondents strongly agreeing or agreeing that this fair was beneficial, well-organized, and avoided commercial bias or influence.

## **FAMILY MEDICINE FORUMS FOR RESIDENTS AND STUDENTS - FLORIDA (2012-2013)**

FAFP hosts three annual conferences for residents and medical students in tandem with the Family Medicine Spring, Summer and Winter Forums. Each conference is planned by students and residents for their peers. Benefits of this planning process included residents assisting program faculty in teaching student education workshops and taking a hands-on approach in assisting Program Directors in developing the best programs to educate their colleagues.

**Results, 2012 Grant.** In 2012, the FAFP Family Medicine Spring, Summer and Winter Forums for Students and Residents hosted 182 students and 71 residents. Student/Resident Education sessions included procedure workshops on cosmetic, EKG, and ED&C procedures and educational sessions on employment contracts and wilderness medicine; Leaders-in-the-Round sessions; Battle of the Residents and Students Medical Jeopardy, developed in 2012, allowed Florida's 11 FMRPs to "team up" with students; and Florida SEARCH by AHEC students and residents presented their six-week summer clinical experiences and informed others about the benefits of working with underserved communities. Post meeting surveys requested increased procedural, hands-on workshops and suggested implementing a Residency Fair for students who want to meet with Florida residency programs but were not able to attend AAFP's National Conference.

**Results, 2013 Grant.** In 2013, 124 students and 89 residents attended the three conferences. 2013 topics were: Spring - Resident Education Session on Common Steroid Injections for the Family Practitioner; Student Education Session on Casting and Splinting; and Student v. Resident Jeopardy. Summer - Training; Leaders in the Round; Student/Resident Education Sessions on Colposcopy and IUDs. Winter - Shoulder Dystocia and Assisted Deliveries Workshop; Fetal Heart Monitoring Workshop; and Leaders in the Round. Although FMPC funding was not received for the 2014 Conference FAFP reported that the addition of a Residency Fair was beneficial to students who were interested in meeting with Florida residency programs and unable to attend AAFP's National Conference.



## **FAMILY MEDICINE RESIDENTS & STUDENTS STATE CONFERENCE – TEXAS (2010-2011)**

The Texas Conference of Family Medicine Residents and Students is free to student and resident members with funding available to pay for travel expenses. The conference, planned by students and residents for students and residents, is held in conjunction with Interim Session to allow them to interact with Academy leaders and participate in the governance process. This conference brings medical students and residents together to hear educational lectures on how to excel in Family Medicine and provides a means to network with peers and meet leaders. In addition to lectures, a residency and procedures fair allows residents to teach simple procedures to medical students in an exhibit hall setting, and greatly increases student participation in the conference.

**Results, 2010 Grant.** Seventy-two (72) students and residents attended; 14 residency programs were present; and nine (9) procedures were demonstrated at the procedures fair. The impact of this meeting can best be summarized by the comments of a third-year medical student who became a Board of Directors Alternate for the Student Chapter. "The 2011 Texas Conference of Family Medicine Residents and Students was my first professional conference as a medical student. As a student unsure of which area of medicine I will eventually pursue, this conference was very influential. The presentation on 'Loan Repayment Programs' was very useful to me as I watch helplessly while my debt accrues more and more interest. Perhaps even more influential to me was the 'How to Stay a Leader after Residency' talk. Although I am only a student, I am developing an interest in organizational leadership. This talk taught me that I need to begin my involvement now, as a student, so that I will be in a prime situation to continue that leadership as a practicing physician. Finally, the 'Can I afford to be a Family Physician?' talk gave me encouragement to more seriously consider Family Medicine for residency and boosted my confidence in considering Family Medicine as a career."

**Results, 2011 Grant.** Sixty-six (66) students and residents attended the Conference; 16 residency programs were present; and eight (8) procedures were demonstrated at the procedures fair. Hosting this conference in conjunction with TAFP's Interim Session had pros and cons which were discussed after the conference. The pros are allowing students and residents to interact with Academy leaders and participate in the governance process, as well as a decreased cost of holding a meeting for students and residents. The downside is that TAFP's Interim Session often overlaps with spring break for one or more of the medical schools. Changing the time and location was discussed and the decision was made to keep the timing of the conference as is, and increase marketing towards students so that they can plan accordingly.

## **FAMILY MEDICINE RESIDENTS MEDICAL JEOPARDY COMPETITION (2011, 2016)**

- IOWA (2011) - IAFP issued a challenge to Iowa's nine Family Medicine residency programs to send a team of residents to the Annual Clinical Education Conference to participate in a Medical Jeopardy Competition, and offered support for residents from each of the residency programs to attend. The winning team takes home a trophy and holds the title of Resident Champions until they meet again in battle the following year. Sponsoring Medical Jeopardy is part of a broader plan to increase resident participation and engagement in the IAFP annual meeting and activities.

**Results, 2011 Grant.** The Medical Jeopardy Competition was well received by the residents and eight of nine residencies sent teams to participate. Resident participation at the annual meeting was 16% of the total registrants in 2011 compared to 5% in 2010, 3% in 2009 and 1% in 2008. As a result of increased resident participation at the conference three new residents were recruited to sit on IAFP committees. It's too early to tell if the resident conversion rate to active membership has been impacted and it may be several years before the benefit is fully realized.

- NEBRASKA (2016) - The Nebraska Academy of Family Physicians (NAFP) recognizes that not everyone wants to dive deeply in the value-based policy conversations with individuals they do not know. Therefore, in order to help develop relationships NAFP adopted the Resident Jeopardy Event as an exciting educational and social activity to promote engagement and connect residents with active members. The strategic placement of this event encourages interaction at the beginning of the Annual Scientific Assembly meeting so the members and residents can continue to interact throughout the rest of the three-day event. This four-hour event will be hosted the first evening of the Nebraska Annual Scientific Assembly. The evening will start with a social hour to introduce residents and active members and then will progress into the educational portion featuring Family Medicine Resident teams from four Nebraska residency programs. Each residency program will create a team of resident members to participate in Jeopardy with questions regarding Family Medicine topics. Active family physicians are in the audience for Jeopardy cheering on the resident teams. The winning team receives a traveling trophy and bragging rights for the year. However, the bigger take-away is that members at all stages of their careers are engaging with each other supportively.

**Results, 2016 Grant.** Will be reported in March 2018.

## **FAMILY MEDICINE STUDENTS & RESIDENTS STATE CONFERENCE – LOUISIANA (2010, 2011)**

The overarching goal of the Louisiana Family Medicine Student and Resident Conference is increased matriculation rates of students transitioning from state medical schools to state Family Medicine residency programs and ultimately transitioning residents into Family Medicine practice. In 2009, the state AFP and collaborating partners began hosting the one-day annual Family Medicine Student and Resident Conference. The conference includes educational lectures, skills workshop, governance meetings, and a recruitment fair with the state's ten Family Medicine residency programs, hospitals and clinics to provide networking opportunities with future physician candidates. Training is held in conjunction with the Board and Committee Cluster Meetings, which provides students and residents a chance to: participate in hands-on clinical workshops; interact with distinguished physicians; network with exhibiting hospitals and residency programs; and learn more about practice management and what to expect as a family physician.

**Results, 2010 Grant.** The conference was attended by 47 students, 35 residents and 28 active LAFP members. The Resident and Student Leadership Committee, comprised of two medical students from each medical school and two resident volunteers, worked in conjunction with Family Medicine Interest Groups and LAFP staff to develop the conference agenda. An unanticipated benefit was the newly-formed LAFP Resident and Student Leadership Committee, whose members took pride in working on this conference. Data from 2010 to 2011 showed a significant increase in the Family Medicine first-year residency positions filled on Match Day from 68.8% in 2010 to 95.1% in 2011. While the Louisiana AFP Foundation does not take full credit for such large scale impact, it is recognized that planning events like this conference increased awareness of Family Medicine.

**Results, 2011 Grant.** Nineteen (19) students, 30 residents and eight (8) active LAFP members attended the fourth annual Louisiana Family Medicine Student and Resident Conference, held in October 2012. This year's lower attendance rate was attributed to holding the event in October, which prohibited medical student participation. Future meetings will be scheduled in the spring of the year. The format of the 2012 Conference included practice management lectures, roundtable discussions, skills workshops and information about grassroots advocacy. Based on meeting evaluations students and residents reported that networking opportunities were very beneficial; students reported advocacy and procedural workshops were very helpful; and students and residents requested more practice management education sessions. Results from evaluations will be incorporated into future programming.

## **FAMILY MEDICINE SUMMIT FOR STUDENTS AND RESIDENTS - CALIFORNIA (2012)**

The one-day Family Medicine Summit provides a forum to highlight the important role of Family Medicine and primary care to medical students, Family Medicine residents, and leaders in primary care education and training.

**Results, 2012 Grant.** The 2013 Summit hosted over 175 Family Medicine faculty, students, residents and residency program directors. This year 42 California residency programs participated in the Residency Fair, providing a "one-stop" shop for medical students interested in California programs. The 2013 Summit hosted three tracks: 1) from resident to practice leader; 2) medical home/chronic disease management; and 3) advocacy. Each track had sessions for students, residents, and educators--some combined and some separate and all tracks included at least one session consisting of case studies from California residency programs. Special sessions on the breadth of Family Medicine and on strategic planning for residency education were also available to students/residents and residency program faculty. Changes planned for 2014 include ongoing evaluation for both review of the current meeting and planning of the next; and involving the CME team from day one to work with the organizers on an overall outcomes strategy. Because of significant funding cuts to residency programs and challenges in getting busy practitioners, residents and students to attend the conference, there was only a small nominal registration fee (to discourage no-shows).

## **FUTURE IN FAMILY MEDICINE SPRING FLING - MISSISSIPPI (2014, 2016)**

MAFP Future in Family Medicine Spring Fling, which began in 2013, is held in conjunction with the Mississippi Academy of Family Physicians spring meeting. Through this meeting students and residents gain exposure to speakers, topics and procedural skills that may not be taught during medical school and residency, and share an evening meal and network with Mississippi family physicians. The short-term goal is increased student and resident exposure to Family Medicine opportunities.

**Results, 2014 Grant.** Thirty-five residents/students (35) registered and 25 attended, some of whom received scholarships. Several attendees expressed an interest in and were placed on MAFP committees. Five sessions and a panel discussion provided information to students and residents on a variety of subjects. All survey respondents (n=10) stated that the Spring Fling was helpful and met their expectations and every session and

the panel discussion received survey ratings of either excellent or good. A new addition for the upcoming 2016 Spring Fling will be the Rural Opportunities for Mississippi Physicians Career Fair that will feature exhibits that highlight resources to practice medicine in rural Mississippi.

**Results, 2016 Grant.** The conference will be held in April 2017; results will be reported by March 2018.

### **FUTURE OF FAMILY MEDICINE - LOUISIANA (2014)**

The Future of Family Medicine in Louisiana provided a presentation about Family Medicine at each of Louisiana's medical schools and hosted a Procedure Workshop and Residency Social at Louisiana's Annual Assembly. Events for this project were planned and organized by the LAFP staff and leadership, the Resident and Student Leadership Committee (RSLC), the FMIG programs and the residency programs. The goal was to have 95 students participate.

**Results, 2014 Grant.** A total of 132 medical students attended the presentations at their medical school and the Student Resident Track that included the Procedures Workshop and Ice Cream Social during Annual Assembly. Dr. Robert Wergin, AAFP President, attended the Student Resident Track rather than the CME Track and multiple students commented that this exemplified the support that the AAFP gives to student members. Two Procedures Workshops, Central Line Insertion and IUD Insertion, were presented by third-year residents from Bogalusa and Kenner FMRPs and were well-received. During lunch, residents and students were given the opportunity to present research results to their peers. All Louisiana Family Medicine residency programs (12) hosted a booth or sent representatives to the ice cream social. Students reported on the importance of meeting a chief resident and program director in a social setting, which they found very as beneficial in preparing for their upcoming interviews. An unexpected outcome was the suggestion by active members that the procedure workshops offered to students be a session for the CME track during Annual Assembly.

### **FUTURE OF FAMILY MEDICINE STATE CONFERENCE – MICHIGAN (2013, 2016)**

The Future of Family Medicine Conference (FFMC) fosters a culture of enthusiasm for Family Medicine in Michigan. To ensure that all Michigan Family Medicine residents and medical students had an opportunity to attend, registration fees are nominal and the FFMC awards competitive scholarships to help cover travel expenses. The conference is



promoted to all Michigan medical schools and residency programs. The FFMC, created by and for Family Medicine residents and medical students, is a one-day total immersion learning experience with hands-on clinical procedure workshops, education sessions targeted to the needs of both residents and students, advocacy training, networking opportunities connecting attendees with practicing family physicians, and a motivating atmosphere to inspire residents and students statewide. A new component in 2017 is an informal networking event at the end of the conference to encourage one-on-one dialogue and to build and nurture relationships.

**Results, 2013 Grant.** The FFMC inaugural conference was attended by 84 participants, 23 speakers, and 11 residency programs. Students and residents chose from eight sessions and took part in special programming. All attendees registered online and social media enjoyed record engagement in every area. All major goals were achieved and highly positive feedback resulted in the approval of the MAFP Foundation Board of Trustees to hold this event again in 2015.

**Results, 2016 Grant.** Will be reported in March 2018.

### **LAFP 101 RESIDENT & STUDENT TRACK – LOUISIANA (2015-2016)**

LAFP's 101 aims to bring 50 active, resident and student members together through a consolidated agenda of educational sessions, workshops and networking opportunities. LAFP 101 resident and student track will be held as a concurrent track on Saturday of the LAFP's 70th Annual Assembly. LAFP staff will work closely with Resident & Student Leadership Committee leaders, FMIG leaders, and faculty and staff at our medical schools and residency programs to plan promotion and content development of the conference.

**Results, 2015-2016 Grants.** The inaugural event, originally scheduled to occur in 2016, was postponed due to flooding but rescheduled as a concurrent track on Saturday of the LAFP's 70<sup>th</sup> Annual Assembly, which will be held in 2017. Results will be reported in March 2018.

## **RECRUITMENT AND RETENTION CONFERENCE – VIRGINIA (2013)**

The Choose Virginia recruitment and retention conference, which will celebrate its fifth year on October 12, 2013 promotes the specialty of Family Medicine to local and regional medical students. The conference has grown in attendance from just over 50 students the first year to its maximum capacity of 130 students in 2012. This one-day event offers a keynote address; multiple hands-on procedural workshops facilitated by family physician faculty and residents from the Family Medicine residency programs in Virginia; the opportunity for networking with family physicians; and visitation of exhibits to include the Family Medicine residency programs, local health systems and community health centers. FMPC grant funding was used for lodging and travel expenses for out-of-town student attendees.

**Results, 2013 Grant.** The Recruitment and Retention Conference in October 2013 had a waiting list of those who wanted to attend but were not able to as participation was capped at 130 students. This conference met and exceeded its goal which was increasing the number of applications from medical students in Virginia. Regarding the future of the conference, there are now so many students applying to FMRPs in Virginia that the Recruitment and Retention Conference will not be held in 2014! Instead, beginning in 2014 VAFP funds previously designated for this conference will be repurposed to encourage residents and students to attend chapter CME meetings so they will have the opportunity to interact professionally, academically and socially with active practicing family physicians in Virginia.

## **REGIONAL PROCEDURES WORKSHOP– CALIFORNIA (2016)**

Three years ago, the CAFP Procedure Workshop began in Southern California to increase awareness about the scope of Family Medicine and to bring together medical students, residents, and faculty from residency programs. As a result of this successful model, a Northern California Procedure Workshop was started in 2016 with a great turnout and involvement from seven residency programs and five medical schools. Workshops provided in 2016 -- MSK exams, joint injections, suturing, pap smears, IUD insertion, ultrasound, and dermatology -- reached over 100 attendees and, in addition, more than 30 volunteer residents and faculty members who participated. The 2017 Regional Procedures Workshops will aim to reach MS1s-MS4s, engage residents and involve faculty and residency programs and medical schools. A few premed undergraduates and some high school students from underserved locations whom have expressed an interest in healthcare will also be invited to attend. Overall, the 2017 Regional Procedures Workshop will increase the number of workshops, promote the workshops more heavily, and continue the creation of a handbook for this event to be replicated by any state chapter.

**Results, 2016 Grant.** Will be reported in March 2018.

## **RESIDENT AND MEDICAL STUDENT ANNUAL MEETING- NEBRASKA (2014)**

The inaugural Resident and Medical Student meeting (RAMS) was held in conjunction with NAFP's 67<sup>th</sup> Annual Meeting & Scientific Assembly (ASA).

**Results, 2014 Grant.** Specific activities included 1) afternoon workshops; 2) the Federal Motor Carrier Safety Administration Department of Transportation Medical Examiners Training course, which was offered at no cost to residents; and 3) a mixer for residents and students to talk with meeting attendee physicians and the AAFP President. Our challenge was low registration numbers. The activity was held on the Wednesday prior to our annual spring meeting and when this was planned NAFP did not know the chosen date would coincide with Match day, which had a huge impact on attendance. Ten residents signed up and attended the NRCME DOT Training Course. The ten evaluations received rated the DOT training as adequately preparing them to sit for the FMCSA examination. Out of a possible 5 (strongly agree) the following ratings were received: Met educational objectives, 4.8; Relevant to practice, 4.7; Increased knowledge, 4.9; Organization/Presented clearly, 4.9; Met the FMCSA core curriculum specifications, 4.9. Eight student and residents registered for the afternoon workshop and three attended. Though low attendance was disappointing, those who attended said they really appreciated the information on mutual funds, emergency accounts, non-compete clauses, loan forgiveness, termination clauses, liability issues, risks for family physicians, etc. presented by COPIC, Physician Advisors and Foster Group, while the speakers said they really appreciated the small group because of the great opportunity to meet them individually and address all questions.

## **RESIDENT & STUDENT PROCEDURES WORKSHOP – ARIZONA (2010)**

Arizona AFP's Annual Clinical Education Conference, initiated two years ago, provides a procedures workshop for medical students and residents. The procedures, taught by the residents and faculty from the seven Family Medicine residency programs in the state, provides students with the opportunity to perform procedures prior to starting clinical rotations, and an opportunity to meet with residents and faculty from the local Family Medicine residency programs.

**Results, 2010 Grant.** The procedures workshop took place at the Annual Clinical Education Conference, March 4-6, 2011. Basic procedural exposure and networking opportunities were provided for over 50 medical students, which was an increase from 35 attendees the previous year. Activities included suturing, central line placement, joint injection, ultrasound guided joint injection, endometrial biopsy, wart removal, vaginal delivery, and breach delivery. It went exactly as planned. Medical students were excited to "get their hands dirty" and grateful for the workshops and for the chance to meet residency faculty. Many of the physicians voiced interest in participating in the procedures workshop, along with the students. To include physicians, the program was expanded by making two identical sessions, taught by highly trained physicians, along with residents and faculty and bringing in more equipment and supplies and providing more space.

## **RESIDENT AND STUDENT RESEARCH AT STATE SCIENTIFIC ASSEMBLY – TENNESSEE (2013)**

This program encouraged resident and student Family Medicine research and provided a regional venue for dissemination of scholarly activity to other family physicians. It also exposed residents and students to their TNAFP's leadership/membership/staff at the state Annual Scientific Assembly. New in 2013 with support from an FMPC Grant, research papers that were not selected for one of the three presentations at Scientific Assembly but considered suitable for a poster session were invited to present a poster of their research at the Annual Scientific Assembly.

**Results, 2013 Grant.** Research submissions were received from 11 Tennessee AFP resident and student members. Three CME research presentations and five posters, presented by two residents and six students, were included in the October 2014 Tennessee AFP annual meeting that was attended by 201 members. Expanding the research program to include poster presentations forged a more supportive relationship with the medical schools and Family Medicine residency programs, and allowed additional opportunities for resident and student involvement in the Tennessee AFP annual meeting.

## **RESIDENT AND STUDENT TRACK AT THE ANNUAL SESSION & PRIMARY CARE SUMMIT – TEXAS (2016)**

Initiated in 2015, this program provides complementary registration to TAFP student and resident members to attend the three-day Annual Session and Primary Care Summit. Students and residents are also eligible to receive funding to pay for travel expenses for the conference. On days one and three residents and students attend general session CME lectures; on day two they attend the Student and Resident Track and participate in educational lectures about how to excel in Family Medicine, network with their peers, and meet TAFP leaders. In addition, a procedures workshop allows residents to teach simple procedures to medical students in a classroom setting.

**Results, 2016 Grant.** Will be reported in March 2018.

## **RESIDENT POSTER CONTEST – CALIFORNIA (2015)**

CAFP-F held its first Residents' Poster Contest at the 2014 Annual Scientific Assembly and is now an official part of the Family Medicine Clinical Forum. The contest has been strengthened by including: 1) an online poster session on familydocs.org; 2) Forum main stage presentations; and 3) small monetary awards for winners. Residency directors have been encouraged to include the contest as part of their ACGME milestones for scholarly work, coordinating any criteria/process needs for the activity within the newly-formed California Residency Network.

**Results, 2015 Grant.** Thirty (30) abstracts from 20 programs were received and 18 posters were selected for inclusion at the 2016 Annual Scientific Assembly. The top nine posters/residents were invited to present their work on the main stage to the 325 Forum Attendees. A "Poster Section" was added to the CAFP meeting app which included a comment to give feedback to the residents. All 18 residents received certificates which document scholarly work. With FMPC support, the CAFP Foundation and the Medical Student and Resident Affairs committee were able to expand the breadth, increase participation, add a live presentation component, launch the posters in the CAFP meeting application and provide a small cash award to two winning residents for the CAFP-F 2016 Resident Poster Contest. Based on the overall success of this resident poster contest, the CAFP-F Board voted to fully fund the poster contest for the next three years.

## **RESIDENT RESEARCH GRANT AWARDS – MINNESOTA (2010-2012)**

The Minnesota AFP Foundation awards \$3,500 grants to Family Medicine residents to conduct self-directed research to: 1) train residents to conduct practice-based research; 2) develop leadership skills; 3) foster enthusiasm in Family Medicine research activities; and 4) generate new knowledge of practice change and improvements in patient care. Resident researchers are matched with family physician researchers who served as mentors on the project. Research grants cover direct expenses for the project and recipients have up to two years to complete their study. Upon completion residents must: write and submit a scholarly paper about their project and findings; and share their findings with other family physician researchers during a 15-minute presentation at the Minnesota Academy of Family Physicians' Research Forum.

**Results, 2010 Grant.** Two research projects were selected and awarded a grant in May 2011. One resident, Sabeen Munib, MD, completed her project in one year and prepared her final presentation for the March 2012 Minnesota Academy of Family Physicians Research Forum. In addition, her application was accepted to present a poster on her research at the STFM conference in April 2011. The second resident, Melissa Choi, MD, continued working on her project with a final deadline of March 2013. Successes from the 2010 program (which received an FMPC grant award in 2009) include Katherine Vickery, MD, whose research project was selected as one of the "2011 Research Forum Papers of Greatest Interest." As a result of her research project she was accepted to the fellowship program of Robert Wood Johnson Foundation.

**Results, 2011 Grant.** Five applications were received; three grants were awarded. The FMPC grant provided seed money to fund three resident researchers and also helped secure a restricted grant from North Memorial Medical Staff to fund a resident researcher from their program. The check ceremony was incorporated into the Chapter's House of Delegates meeting with each resident coming on stage to accept the check, thank members for their support, and talk about their research project and its impact on patient care. This was a nice way to showcase the program and "up and coming" physician leaders, and keep fundraising needs in front of members.

**Results, 2012 Grant.** In 2013, six resident researchers were funded by the MAFP and FMPC Grant Award funds. Research findings were presented on three occasions to 960 family physicians in Minnesota. The new web site, WeCare4MN.org had a total of 5,000 physician views of resident projects in the first 100 days of web site operation. One resident, Dr. Keri Bergeson, had a strong interest in understanding the needs of African American men who are considered "super-utilizers" of medical care. She created a project where she is now studying 50 super-utilizers within a radius of her FQHC. Dr. Bergeson's 2013 project saved her partnering hospital \$450,000 on 12 super-users that they were able to serve through increased self-efficacy training.

## **RESIDENT TRACK: ANNUAL CLINICAL EDUCATION CONFERENCE – IOWA (2012)**

This conference was intended to support IAFF's goal of reaching out to residents to enhance Iowa AFP's image as their "go to" source for organized Family Medicine. Each residency program was offered the opportunity to choose between two clinical topics to be presented by practicing family physicians in Iowa. The objective was for residents to develop an awareness and appreciation for the academic pursuits of physicians in practice, as well as increase their knowledge in the topic areas provided.

**Results, 2012 Grant.** Nineteen (19) residents pre-registered for the Resident Track but only five (5) attended. Two others came in for the last few presentations. Due to the low turnout this program is not sustainable for the future in the present format. Therefore, IAFF will be reaching out to residents and residency program directors to determine what formats would work best in the future. It is very important for us to keep strengthening our relationship with the Iowa residency programs.

## **STUDENT & RESIDENT EDUCATION AT ANNUAL MEETING – MASSACHUSETTS (2015-2016)**

MassAFP hosts a student and resident track for education and workshops at the Annual Meeting & Spring Refresher. In addition to educational workshops, a networking breakfast led by family physicians encourages conversations on different topics relative to Family Medicine. There is also a reception/poster presentation that allows student, resident and faculty poster presentations to showcase their research projects and provides a networking opportunity with peers, leaders, and practicing physicians. Costs are waived for students and residents to attend and residents receive a significant discount if they choose to attend the SAM session held in conjunction with this meeting.

**Results, 2015 Grant.** Sixty-five (65) students and residents attended the Spring Refresher's student/resident track and 25 showcased 14 poster presentations. At the Spring Refresher MassAFP leaders encouraged students and residents to become more involved in other chapter events and activities, which resulted in an increased

number of student/resident committee members and nominations for student and resident director positions on the Board of Directors.

**Results, 2016 Grant.** Will be reported in March 2018.

## **STUDENT TRACK AT ANNUAL MEETING: LATEX TO LARYNGOSCOPY – KANSAS (2010, 2012-2016)**

KAFP developed a successful elective summer program cooperatively with the medical school over 22 years ago in which rising M-1 students spend six weeks in a rural setting shadowing a primary care physician. The Rural Family Medicine & Research Program attracts around 30 participants each year. Students are required to attend KAFP's Annual Meeting, which provides a kick-off for their externship time in the rural parts of the state and many students meet their cooperating physician for the first time at the meeting. To build upon this strong educational program, the chapter started to provide student programming at the Annual Meeting for a hands-on workshop student track called Latex to Laryngoscopy. In addition to four procedures and skills training sessions, there is always designated time for students to interact with national and state chapter leaders. New in 2017, KAFP will add a video intubation tool to assist in laryngoscopy instruction.

**Results, 2010 Grant.** Thirty-two (32) first-year students participated and four (4) fourth-year medical students assisted as teachers/demonstrators at the four stations. Dr. Jen Brull oversaw all the activities. FMPC funds purchased two mannequins (Laryngoscopy Larry & OB Susie) and supplies for each station. The post-event survey indicated that students enjoyed the hands-on skill opportunities and found them highly beneficial.

**Results, 2012 Grant.** Thirty-three (33) students attended the Student Track and four (4) upper-class medical students supervised and helped teach at the station, while Jen Brull, MD, oversaw all the activities. Students also met family physicians from across the state; visited the exhibits; and attended the lunch meeting on Friday and the President's Dinner on Friday evening. Post-event results (n=15, 45% response rate) indicated that this was a valuable event for students who gave an average rating of 1.5 (where 1 is very satisfied and 5 is very dissatisfied) regarding the relevance of the student track; quality of presenters; and quality of the hands-on experience.

**Results, 2013 Grant.** Thirty-one (31) medical students attended and seven (7) third- and fourth-year medical students assisted as teachers or demonstrators at each station. Jen Brull, MD, oversaw all activities at the four stations. Post-event surveys (n=9, 29% response rate) reported that 89% of the respondents were very satisfied with the relevance of the student track and the quality of presenters; and 90% were very satisfied or satisfied with the quality of the hands-on experience.

**Results, 2014 Grant.** Fifty (50) medical students attended, the highest number ever, and five new student members joined KAFP as a result. Five (5) student assistants helped Dr. Brull and two other family physicians who were lead teachers. In the 2.25 hour hands-on workshop students learned suturing techniques, delivery techniques, gown and glove techniques, intubation and airway techniques, and – new this year - EKG and chest x-ray interpretation. Students also had a chance to network with the KAFP and AAFP presidents.

**Results, 2015 Grant.** Forty-four (44) medical students attended and ten (10) senior medical students helped at the workshops. Dr. Brull and four Family Medicine faculty members led the workshops and shared cases and experiences from rural communities. Each of the five workshops (same topics as in 2014) were extended by 15 minutes, for a total of 2 hours and 45 minutes, plus an additional 15 minutes on an as-needed basis for any student. Post event surveys (n=16) showed over 81% were very satisfied and 19% were satisfied with both the relevance and quality of the presenters. Students also had an hour of informal discussion and interaction with the KAFP President and an AAFP Board of Trustees member.

**Results, 2016 Grant.** Will be reported in March 2018.

## **SURVIVAL BOOT CAMP – NEW JERSEY (2010)**

Survival Boot Camp assisted family physicians and residents learn and share best practices regarding operating a profitable practice. Best practices, innovative models and hands-on guidance were provided. After attending participants were able to: 1) describe functions of business management; 2) effectively apply resources to improve practice viability; 3) apply strategies to improve cash flow, minimize expenses, and improve practice performance; and 4) lead change within his/her practice.

**Results, 2010 Grant.** Twenty-eight (28) attendees took part in the June 2011 NJAFP Survival Boot Camp Workshop offered as a pre-conference event to the Annual Meeting. Attendee evaluations indicated that knowledge was gained and all topics presented during were valuable to the respondent's practice of Family Medicine. Specifically, the evaluation scores ranged from 4.27 to 4.75 (ranked on a scale of 1-5, where 5 is excellent).



## **WINTER WEEKEND AND SCIENTIFIC ASSEMBLY – NEW YORK (2010)**

The Winter Weekend Conference is the most comprehensive education program sponsored by the NYSAFP. Sixty percent (60%) of medical students who attended Winter Weekend selected Family Medicine, which is a much higher proportion than student members in general. The goal is to update physicians, medical residents and students, and other allied health professionals on the recent research and provide opportunities for continued learning, education and professional development. There are 32 lectures focusing on Family Medicine, Sports Medicine, and Policy and Health Medicine; two practice improvement sessions; a research forum; a two-day hands-on procedure workshop; and four SAM's workshops for physicians who have entered the ABFM Maintenance of Certification cycle.

**Results, 2010 Grant.** Winter Weekend had 198 attendees including 74 medical students. Students were required to attend the "Student Information Panel," held Saturday late morning. A focus group determined that students wanted more time to network with the doctors and more information on non-educational issues such as career choices, opportunities, residency questions, etc. Next year, an informal gathering will be added to the schedule to allow more networking opportunities between students and physicians, and the Student Information Panel will be increased to a 2-hour session.

## **PREPARING FOR PRACTICE**

### **DEBT MANAGEMENT FOR FUTURE FAMILY PHYSICIANS - GEORGIA (2012)**

Student feedback and frank discussions regarding the impact of medical debt on Family Medicine as a specialty choice led the GAFP to develop a student Debt Curriculum and Toolkit in consultation with a certified financial planner. Topics included budgeting; insurance and income planning; student loans; employment agreements; practice management; and trusted advisors.

**Results, 2012 Grant.** Over 400 students and residents participated in "Financial Successes: Getting Your House in Order," an interactive presentation focusing on achieving long term financial security while creating short term financial goals to minimize debt accrual from student loans and personal debt during medical school and residency. The program was presented to Family Medicine Interest Groups at four medical schools and at 10 Georgia Family Medicine residencies. Tracee Sapp, CFP, Principal Financial Group received rave reviews. The response to the program was extremely positive and puts GAFP in a better position to partner with local banks and financial groups who would like to meet future family physicians.

### **EDUCATING RESIDENTS ABOUT EMPLOYMENT CONTRACTS – NORTH CAROLINA (2012)**

Over the past few years most graduating Family Medicine residents have entered into employment agreements with large health systems. In 2012, the NCAFP implemented a new project to ensure that residents entering the workforce would get adequate legal advice to maximize their legal rights in the contract negotiation process.

**Results, 2012 Grant.** NCAFP partnered with a law firm, Raleigh's Smith Anderson, to develop the Employment Contracting Guide for Residents. The guide was distributed in hard copy to all residents attending the annual meeting and distributed electronically to all residency program directors. The residency directors, who are often asked by residents what they should do with a contract, greatly appreciated this new resource as a reference tool. The Employment Contracting Guide for Residents, a solid resource for residents entering the workforce, is aimed at educating resident physicians on the key terms of any proposed employment contract they'll consider as an employee of a hospital or health system. Hard copies of the guide were distributed to state AFP Chapters that attended the May 2014 FMPC annual meeting.

### **EMPLOYMENT DIRECTORY OF 3<sup>RD</sup> YEAR RESIDENTS - NEW YORK (2014)**

The purpose of this project was to improve New York's retention of Family Medicine residents after graduation by promoting NY residents to NY employers through a directory which would include detailed information on third-year residents in Family Medicine.

**Results, 2014 Grant.** Only 23 of over 600 residents contacted responded to the invitation to be included in an employment directory. Based on the poor showing NYSAFP determined that it was not feasible to distribute a directory. An informal assessment determined that residents are inundated with solicitations from prospective employers and do not feel the need to initiate further exposure at this time.

## **RESIDENTS' PRACTICE CONFERENCE XL – ARIZONA (2016)**

Starting in 2004, AzAFP began organizing and presenting the "Residents' Practice Conference" for second- and third-year residents to learn about the different practice opportunities of a family physician, risk management and contracting. Family Medicine residency directors select outstanding, 2nd or 3rd year "emerging leaders" to participate. During this leadership day residents get to know AzAFP active members in different practice settings, and meet business leaders who educate them on what to expect once they leave residency. Arizona AFP partners with the MICA (Medical Insurance Company of AZ) to ensure residents are aware of the difficult malpractice environment in AZ. Attorneys who have served on both the defense and prosecution in malpractice cases educate residents about how to protect themselves from lawsuits and "never events." Residents relay information learned to the other residents in their program.

**Results, 2016 Grant.** Results will be reported in March 2018.

## **SPEED DATING FOR AN EMPLOYER – WEST VIRGINIA (2010)**

Roadshow presentations at Family Medicine residencies addressed employment contracting and the value of the state AFP/AAFP. A recruitment fair of West Virginia employers offered job opportunities and featured a state expert on loan repayment opportunities. Partnering with the WV Bureau of Primary Care Recruitment, WVAFP was able to uncover some conflicting issues with the federal and state loan repayment program. The recruitment fair offered opportunities for private physician offices, hospitals, and Community Health Centers to meet with resident physicians in a "speed dating" format. There was no registration fee for residents/program directors but a recruitment fee was assessed to the Community Health Centers/Physician Groups/Hospitals.

**Results, 2010 Grant.** Four roadshow presentations were provided and the recruitment fair, held on October 15, 2010, included 94 potential employees from the West Virginia University Family Medicine Charleston Division; WVU Residency Program Morgantown; Wheeling Residency Program; Clarksburg Residency Program; and eight medical students from the FMIGs of West Virginia University and Marshall University. Potential employers included the WV Federal Qualified Community Health Centers/Community Health Centers (34 with 62 sites); 12 WV Rural Hospitals; and three WV Medical Groups.

# **RESIDENT LEADERSHIP**

## **CHIEF RESIDENT WORKSHOP (LA:2012; OH:2013-2016)**

- LOUISIANA (2012) The Chief Resident Leadership Development Workshop was initiated to prepare Chief Residents for the year ahead through enhanced awareness of the critical skills needed to be successful as a leader and physician. Events included educational lectures, interactive discussions and peer-to-peer networking among the residency programs.

**Results, 2012 Grant.** In August 2013 the LAFP Foundation and collaborating partners hosted the inaugural Louisiana Family Medicine Chief Resident Leadership Development Workshop, which was attended by six of the ten Louisiana Family Medicine residency programs. Four programs were not able to attend because of a conflict with attendance at the AAFP National Conference. Chief Residents found the Myers-Briggs Type Indicator Test & Lecture a very informative and valuable part of the conference. Based on workshop evaluations speakers received an average 4.3 out of 5.0 on all questions; the average score on the pre-test was 3.1 out of 5.0; and the average score on the post-test was 4.6 out of 5.0 which showed the Education Committee that the workshop was effective. The FMPC grant allowed us to offer the conference at a \$300 registration fee and support from the Bureau of Primary Care and Rural Health provided attendee scholarships that helped residency programs attend and become more involved.

- OHIO (2013-2016) The OAFP Foundation's Chief Resident Workshop brings new chief residents from across the state together to learn, network and share best practices; arming them with the leadership tools needed to have a successful academic year. Discussion topics include ACGME work hour regulations, reduction of personal stress, conflict resolution techniques, and innovative methods to motivate others. To add another level of leadership training for the chief residents, the 2016 Workshop will take place in conjunction with the OAFP Strategic Planning session of the OAFP Board of Directors. Chief residents and OAFP board members will come

together for a combined session on leadership training including a team building exercise allowing new physicians and veterans of the specialty to come together and work as a team.

**Results, 2013 grant.** The 2014 Chief Residents Workshop, held in conjunction with the OAFP biennial C. David Paragas Leadership and Advocacy Training Seminar, hosted 23 attendees from 14 of the 22 residency programs in Ohio. Participation increased by five participants and four residency programs over the 2013 Chief Resident Workshop. In addition, one of the participants is now serving as the resident representative to the OAFP Board of Directors. On a scale of 1-5, with 5 being the highest, participants indicated that the 2014 Chief Resident Workshop was worth attending (4.4) and provided an opportunity for resident input (4.7).

**Results, 2014 grant.** The number of Family Medicine residencies in Ohio has decreased from 22 to 19 programs. The 2015 Chief Residents Workshop hosted 18 residents representing 12 of the 19 residency programs. Post-workshop surveys were completed by all attendees. On a scale of 1-5, with 5 being the highest, participants indicated that the 2014 Chief Resident Workshop was worth attending (4.7) and provided an opportunity for resident input (4.9).

**Results, 2015 grant.** The 2016 Chief Residents Workshop hosted 17 residents representing 14 of the 19 residency programs. Post-workshop surveys were completed by all attendees (n=17): 100% said they would recommend that next year's incoming chief resident attend the workshop; and on a scale of 1-5 with 5 being the highest, participants indicated that the 2016 Chief Resident Workshop was worth attending (4.8) and provided an opportunity for resident input (5.0). All residents that attended continue to be active members of the OAFP.

**Results, 2016 grant.** Will be reported in March 2018.

## **RESIDENCY LEADERSHIP CONSORTIUM - CALIFORNIA (2011, 2013)**

During phase one, the Residency Leadership Consortium (RLC) brought together program directors in California to develop a plan for economic sustainability and growth for their programs in coming years. The main goal was to develop an active RLC with participation from *all* FMRPs in California (50 programs). During phase two, students, residents and Chapter leaders were brought into the existing network of program directors where there were established opportunities for collaboration between each level of leadership, and vertically integrated projects and initiatives.

**Results, 2011 Grant.** The first full-day workshop was held in spring 2012, with an additional workshop in fall 2012 and webinars and conference calls in between, as needed. Every program director in California and many associate directors attended at least one meeting throughout the year, and a cadre of motivated program directors was established to help CAFP staff move priorities ahead and strategize about the future of Family Medicine in California. An average of 40 participants attended each meeting; conference calls were also well-attended. In an unexpected twist, \$4,600 was raised from the program directors who reached into their own pockets to fund a series of dinner meetings in late 2012 to keep the momentum going. New relationships with multiple programs were developed and CAFP gained a few active members along the way by showing the potential value of CAFP to them through the Leadership Consortium.

**Results, 2013 Grant.** During phase two, titled RLC-Building Bridges, CAFP held an in-person planning meeting and developed a plan that established formal lines of vertical communication, marketing plans and website updates and identified additional collaborators. Members of CAFP's Student and Resident Council, Family Medicine residency directors and local Chapter leaders attended the meeting. One outcome has been the development of a formal California Residency Network (CRN), with California's 50 programs divided into seven regions, each with an elected representative and two overall co-chairs. The CRN has voted to pay CAFP \$35/resident to support a 12-hour/week staffer to provide coordination/administration and communication services. Creating CRN has created a good deal of excitement. The grant helped us in the outreach efforts to the residency directors and residency programs and provided seed money for the program.

## **RESIDENTS EMERGE AS LEADERS - KANSAS (2012)**

The Residents Emerge as Leaders (REAL) program was created to provide resident leaders with additional opportunities for greater Academy involvement and enhanced education and advocacy training, while training them for future leadership in the Academy. The idea to have unofficial Alternate Representatives for enhanced opportunities was put forward by the three current resident leaders, who promoted it with their fellow residents.

**Results, 2012 Grant.** Three of the four Kansas Family Medicine residency programs selected an unofficial second-tier person to potentially serve as future leader, much like an Alternate Representative who will attend the board meetings and be introduced to officers, directors and other leaders. The goals to familiarize the alternates with the Board culture and opportunities and teach them how the Kansas Academy addresses issues important to the state's family physicians seem to be working VERY well. Selected alternates will become the representatives for 2014-15, so the "ladder" of leadership is filling in. Perhaps the biggest success was the 2014 Annual Meeting where 12 residents presented 15-minute scholarly presentations at the meeting! Rather than isolating them into a separate educational track specifically for residents, six residents were on the main stage in plenary sessions and six in concurrent sessions. There was also dedicated time for residents and students to meet with an AAFP leader and Chapter leaders. KAFP will be continuing all aspects of the REAL program.

# TABLES

**TABLE 1: FMPC GRANT AWARDS BY GRANT CYCLE, 2006-2016**

Grant Cycle	\$ Requested	\$ Awarded	# Grants Submitted	# Grants Awarded
2006	\$ 221,369	\$ 51,600	29	10
2007	\$ 284,579	\$ 102,995	35	21
2008	\$ 260,382	\$ 91,200	40	22
2009	\$ 239,640	\$ 117,000	37	25
2010	\$ 280,279	\$ 122,325	44	27
2011	\$ 248,938	\$ 102,000	36	28
2012	\$ 263,734	\$ 104,250	47	29
2013	\$ 234,669	\$ 75,000	39	21
2014	\$ 185,600	\$ 79,000	45	26
2015	\$ 175,600	\$ 84,300	29	21
2016	\$ 240,821	\$ 85,500	37	30
<b>TOTAL</b>	<b>\$ 2,635,611</b>	<b>\$ 1,015,170</b>	<b>418</b>	<b>260</b>

**TABLE 2: FMPC GRANT AWARDS BY FMPC PRIORITY AREA & TYPE, 2006-2016**

<i>Total Number Awarded by FMPC Priority Area</i>	
Member Outreach	52
Public Health	57
Resident &/or Students	151
<i>Total Number Awarded by Type</i>	
New/Pilot	116
Existing	144

**TABLE 3: FMPC GRANT AWARDS APPLICATIONS SUBMITTED AND FUNDED BY STATE, 2006-2016**

State	Number of Applications SUBMITTED												Total FUNDED 2006-2016
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total 2006-2016	
AK	1		1	1	1							4	4
AZ	1	2	3		3	3				1	1	14	7
CA	1	1	1	1	1	3	3	2		2	2	17	15
CO	1	1			1			1	2			6	6
CT			1		1							2	0
DE							1	1		2		4	1
FL		3		1	1	1	3	1	1			11	8
GA	2	2	2	4	3	3	3	3	2	2	2	28	14
HI	1											1	0
IA	1	1				1	3		1			7	2
ID						2						2	1
IL	1	3	2	3	3	2	3		2	1	1	21	13
IN	1	2				1						4	3
KS	4	3	4	3	3	3	3	2	3	3	3	34	20
KY			1	1			1	1	2			6	3
LA	1				1	2	3	2	2	1	1	13	11
MA										3	2	5	5
MD	1		1		1				1	1		5	4
ME			2					2				4	2
MI					2	2		2			2	8	6
MO				2	2							4	1
MN	1	2	2	2	2	3	2		3		3	20	16
MS				1	3		1		3		1	9	4
NC		1			1		1	1	1			5	5
ND	2		1	1			1		1			6	3
NE	2	2	4	3	3		2	1	2	1	3	23	11
NJ			2	1	1	1				1		6	5
NM					1	2						3	1
NV					1		1					2	2
NY	2		1	1	2	3	2	3	3	1	3	21	7
OH	1	1	1		2	1	1	3	3	3	2	18	14
OK		1	1									2	2
OR		1		2			2	3				8	4
PA	1	3	2	3				1	3			13	13
PR							1					1	0
RI									2			2	1
SD	1	1	1	1	1	1	2	2	1	1	3	15	8
TN								1				1	1
TX	1	4	4	2	3	2	2	2	2	1	3	26	16
UT									1			1	0
VA				1				2		1	1	5	4
WI	3	1	2	1			2	2	3	3	3	20	12
WV			1	2	1		1					5	2
FMPC*							2	1	1	1	1	6	3
<b>TOTAL STATES**</b>	<b>21</b>	<b>19</b>	<b>22</b>	<b>21</b>	<b>25</b>	<b>18</b>	<b>23</b>	<b>21</b>	<b>22</b>	<b>17</b>	<b>17</b>	<b>43</b>	<b>39</b>
<b>TOTAL # GRANTS</b>	<b>30</b>	<b>35</b>	<b>40</b>	<b>37</b>	<b>44</b>	<b>36</b>	<b>46</b>	<b>39</b>	<b>45</b>	<b>29</b>	<b>37</b>	<b>381</b>	<b>260</b>

\* Family Medicine Midwest Collaborative (IL, IN, IA, KS, KY, MI, MN, MO, NE, ND, SD, & WI)

\*\* Family Medicine Midwest Collaborative is not counted as a state.

**TABLE 4: FMPC GRANT AWARDS APPLICATIONS FUNDED BY STATE, 2006-2016**

State	Number of Applications FUNDED											TOTAL
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2006-2016
AK	1		1	1	1							4
AZ	1	1	2		1	1					1	7
CA		1	1	1	1	3	2	2		2	2	15
CO	1	1			1			1	2			6
CT												0
DE							1					1
FL		3		1	1	1	1	1				8
GA	1		1	2	2	2	2	1	1	1	1	14
HI												0
IA						1	1					2
ID						1						1
IL		2	1	2	2	2	1		1	1	1	13
IN		2				1						3
KS	1	1	2		2	2	3	2	3	1	3	20
KY				1			1		1			3
LA					1	2	2	2	2	1	1	11
MA										3	2	5
MD	1		1		1					1		4
ME			1					1				2
MI					1	2		1			2	6
MO				1								1
MN	1	1	2	2	2	3	2		1		2	16
MS				1	1				1		1	4
NC		1			1		1	1	1			5
ND				1			1		1			3
NE		1	2		1		2	1	1		3	11
NJ			1	1	1	1				1		5
NM						1						1
NV					1		1					2
NY				1	1	2			2	1		7
OH	1	1	1		1	1	1	2	2	2	2	14
OK		1	1									2
OR				2				2				4
PA	1	3	2	3				1	3			13
PR												0
RI									1			1
SD		1	1		1		2			1	2	8
TN								1				1
TX		1	2	2	2	2	1	1	1	1	3	16
UT												0
VA				1				1		1	1	4
WI	1			1			2		2	3	3	12
WV				1	1							2
FMFC*							2			1		3
<b># STATES**</b>	<b>10</b>	<b>15</b>	<b>16</b>	<b>18</b>	<b>22</b>	<b>17</b>	<b>18</b>	<b>16</b>	<b>17</b>	<b>14</b>	<b>16</b>	<b>39</b>
<b># GRANTS</b>	<b>10</b>	<b>21</b>	<b>22</b>	<b>25</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>21</b>	<b>26</b>	<b>21</b>	<b>30</b>	<b>260</b>

\* Family Medicine Midwest Collaborative (IL, IN, IA, KS, KY, MI, MN, MO, NE, ND, SD, & WI)

\*\* Family Medicine Midwest Collaborative is not counted as a state.

# LIST OF FUNDED FMPC GRANT AWARD PROJECTS: 2006-2016

Available for downloading:

<http://www.aafpfoundation.org/foundation/our-work/grants-awards/all/fmpc/recipients>

FMPC Grant Awards, Volume I (2006-2010)

FMPC Grant Awards, Volume II (2010-2016)

**Projects are listed alphabetically by FMPC Priority Areas and include name of state Chapter and year of grant award.**

## **MEMBER OUTREACH PROJECTS**

- Advanced Care/End of Life Planning ~ *New Jersey (2015)*
- Advanced Life Support Obstetrics ~ *New York (2009)*
- Advanced Life Support Obstetrics Instructor Course ~ *Arizona (2011); North Dakota (2014)*
- Advocacy & Action ~ *California (2006); Oklahoma (2008)*
- Advocacy & Leadership Development ~ *Michigan (2016)*
- Advocacy & Legislative Institute *formerly the Advocacy & Legislative Series* ~ *Louisiana (2012-2014)*
- Advocacy Day ~ *Michigan (2011); Massachusetts (2015, 2016)*
- Connecting Family Physicians with Patient/Consumer Advocacy Organizations ~ *Minnesota (2016)*
- CME Leaders Institute Program ~ *California (2015)*
- Direct Care Partnership: Physician Outreach ~ *Maine (2013)*
- Educating About the BCBS Blue Quality Physician Program ~ *North Carolina (2010)*
- Encouraging Words ~ *Kentucky (2014)*
- Engage and Participate in Community ~ *Kansas (2014)*
- Enumeration of Oregon Family Medicine Practices ~ *Oregon (2009)*
- Essential Care for Older Adults CME Series ~ *Pennsylvania (2014)*
- Family Medicine Awareness ~ *Nebraska (2007-2008)*
- Family Medicine Grand Rounds ~ *South Dakota (2016)*
- Family Medicine Leaders Transforming Health Care; Practice Improvement Network; PIN Hybrid Model ~ *Illinois (2010-2012)*
- Family Medicine Leadership Experience ~ *Texas (2016)*
- Family Medicine Residency Program & Community Health Center Collaborative ~ *Pennsylvania (2013)*
- Family Practice Stories Book ~ *Indiana (2007)*
- Host Committee for the New Deal in Healthcare ~ *Maryland (2008)*
- Joy in Practice vs. Physician Burnout ~ *Wisconsin (2016)*
- Learning Collaborative Quality Data Integrity Initiative ~ *Pennsylvania (2014)*
- MACRA Update ~ *Nebraska (2016)*
- Manageable Challenges: A Physician-Developed Protocol for Weight Loss Counseling ~ *New York (2011)*
- Medical Home Collaborative ~ *Idaho (2011)*
- Mindful Medicine for Pain and Chronic Disease ~ *Minnesota (2014)*
- Optimizing Patient Care by Choosing Wisely Initiative ~ *Illinois (2015, 2016)*
- Patient-Centered Medical Home, Accountable Care Organization and Practice-Based Research Implementation ~ *Nebraska (2013)*
- Patient-Centered Primary Care Home Toolkit ~ *Oregon (2013)*
- Patient Registry to Improve Patient Care ~ *New Jersey (2008)*
- Payment Reform One Stop Shop ~ *Wisconsin (2015)*
- Physician Wellness – Embracing & Avoiding Burnout ~ *Nebraska (2016)*
- Physician Wellness Initiative ~ *New York (2014)*
- Primary Care Collaborative ~ *Colorado (2014)*
- Primary Care Workforce Summit ~ *Wisconsin (2012)*
- Provider Tools to Manage Family Physicians Shortage ~ *Nebraska (2012)*
- Retired Physicians Network ~ *Arizona (2008)*



- Social Media for Family Medicine Workshop ~ *Nebraska (2012)*
- Using Social Media to Build Membership Value ~ *Kentucky (2012)*
- Working Effectively with Professional Interpreters ~ *Minnesota (2009-2011)*

#### **PUBLIC HEALTH PROJECTS**

- Bust Big Tobacco Pilot Project ~ *Colorado (2006)*
- Cancer Screening in Underserved Populations ~ *New Jersey (2011)*
- Cancer Screening Using Team-based Care ~ *Pennsylvania (2014)*
- Collaborative Community Health Summit ~ *Kansas (2016)*
- Diabetes Master Clinical Program Assessment ~ *Florida (2007)*
- Diabetes Master Clinician Program: Pre-Diabetes Recognition/Prevention ~ *Florida (2009)*
- Enhancing Quality of Care for COPD & Obesity ~ *Florida (2007)*
- Factors Affecting Consumer Food Choices ~ *Florida (2010)*
- Fit Family Challenge: Pediatric Obesity Intervention Pilot Project ~ *Colorado (2013-2014)*
- Hard Hats for Little Heads ~ *Texas (2007-2016); Michigan (2010-2011)*
- Helping Hands Across Georgia ~ *Georgia (2013-2016)*
- Improving Diabetes Care by the Family Physician Team ~ *Florida (2011)*
- Improving Diabetes Outcomes ~ *New York State (2011)*
- Improving Management of Chronic Pain ~ *New Jersey (2009)*
- Incentives for Immunizations ~ *West Virginia (2009)*
- Medical Home Project ~ *Pennsylvania (2006)*
- Mentored-PCMH Education and Support ~ *Oregon (2009)*
- PCMH: Setting a Firm Financial Foundation ~ *Mississippi (2009)*
- PDA Project: CME in Physicians' Hands ~ *Pennsylvania (2009)*
- Rotary Club Presentation: *Saving Lives, Saving Money* ~ *Oregon (2013)*
- School-based Wellness Initiative ~ *Colorado (2010)*
- Tar Wars ~ *Arizona (2006)*
- Tar Wars ~ *Maryland (2006)*
- Tar Wars ~ *Missouri (2009)*
- Tar Wars ~ *Nebraska (2007-2008)*
- Tar Wars ~ *Nevada (2010)*
- Tar Wars: Impact Campaign ~ *Louisiana (2013)*
- Tar Wars: Rural and Sustaining ~ *Georgia (2010, 2012)*
- Teen Link ~ *Minnesota (2008)*
- YWCA Youth Achievers Healthy Bodies Initiative ~ *Minnesota (2006)*

#### **STUDENT &/OR RESIDENT PROJECTS**

- Adopt an FMIG ~ *Illinois (2007)*
- Advocacy Ambassadors ~ *California (2012)*
- Chief Resident Leadership Development Workshop ~ *Louisiana (2012)*
- Chief Resident Workshop ~ *Ohio (2013-2016)*
- Clinical Camp Connection ~ *Pennsylvania (2007-2008)*
- Creating Relationships ~ *South Dakota (2008)*
- A Day in the Life of a Physician Member ~ *New York (2015)*
- Debt Management for Future Family Physicians ~ *Georgia (2012)*
- Developing an Ultrasound Curriculum for a Family Medicine Program ~ *Virginia (2016)*
- Educating Residents about Employment Contracts ~ *North Carolina (2012)*
- Employment Directory of 3rd-Year Residents ~ *New York (2014)*
- Empowering Seniors in a Medical Home, Death Café ~ *Illinois (2014)*
- Engaging Future Leaders ~ *Minnesota (2016)*
- Faces in Family Medicine & FIFM 2.0 ~ *Kansas (2008, 2011-2014, 2016)*
- Fall Festival & Preparing for Residency ~ *Illinois (2008-2010)*
- Family Care Tract Program ~ *Maryland (2010)*
- Family Medicine Educational Opportunities ~ *Alaska (2010)*

- Family Medicine Externships ~ *North Carolina (2007)*
- Family Medicine Forums for Residents and Students ~ *Florida (2012, 2013)*
- Family Medicine Interest Group Adolescent Health Initiative ~ *Georgia (2011)*
- Family Medicine Interest Group Convening ~ *California (2007, 2009)*
- Family Medicine Interest Group Funding ~ *North Dakota (2009, 2012)*
- Family Medicine Interest Group PCMH Lectures ~ *Georgia (2009)*
- Family Medicine Interest Group Programming Bureau ~ *Georgia (2010)*
- Family Medicine Matters ~ *Minnesota (2011-2012)*
- Family Medicine Midwest Conference ~ *Family Medicine Midwest Collaborative (2011, 2012, 2015)*
- Family Medicine Residents & Students State Conference ~ *Texas (2008- 2011)*
- Family Medicine Residents Medical Jeopardy Competition ~ *Iowa (2011); Nebraska (2016)*
- Family Medicine Students & Residents State Conference ~ *Louisiana (2010-2011)*
- Family Medicine Summit for Students and Residents ~ *California (2012)*
- Future Faces of Family Medicine ~ *California (2011, 2013)*
- Future in Family Medicine Spring Fling ~ *Mississippi (2014, 2016)*
- Future of Family Medicine ~ *Louisiana (2014)*
- Future of Family Medicine State Conference ~ *Michigan (2013, 2016)*
- Getting High School Students Excited About Family Medicine ~ *South Dakota (2012)*
- Healer's Art: Nurturing Service in Medical Education ~ *Wisconsin (2006)*
- Implementing Childhood Developmental Screening into Family Medicine Education ~ *Virginia (2015)*
- Innovations in Medical Education: Teaching the PCMH Philosophy ~ *California (2010)*
- Integrating Group Prenatal Visits into Family Medicine Curriculum ~ *Rhode Island (2014)*
- It's All About Medical Students All Year Long ~ *South Dakota (2010)*
- LAFP 101 Resident & Student Track ~ *Louisiana (2015, 2016)*
- Learning to Care, Advocate & Lead Summer Extern Program ~ *Wisconsin (2014- 2016)*
- Leroy A Rodgers, MD Preceptorship Program ~ *Ohio (2006-2016)*
- Match Day Magic ~ *California (2016)*
- Medical Encounters ~ *Mississippi (2010)*
- Medical School Initiative ~ *Florida (2007)*
- Medical School Interest Fund ~ *Minnesota (2007)*
- Medical Student Support ~ *Arizona (2007)*
- Medical Students Combined Service Learning & Legislative Projects ~ *South Dakota (2012, 2015, 2016)*
- National Conference: Pre-Networking/Mentoring Event ~ *Maryland (2015)*
- National Conference: Scholarships ~ *Kansas (2007)*
- National Conference: Scholarships ~ *New Mexico (2011)*
- National Conference: Scholarships ~ *Pennsylvania (2007-2009)*
- National Conference: Supporting Students ~ *Wisconsin (2012, 2014-2016)*
- Pathway to Massachusetts: Residency Visitation Program ~ *Massachusetts (2015)*
- Pathway to Medical School ~ *Georgia (2008)*
- Pathway to Medical School Alumni Connectivity Event ~ *Georgia (2011)*
- Platt Summer Fellowship ~ *Delaware (2012)*
- Practice Management for Family Practice Residents ~ *California (2008)*
- Prenatal Group Visits in Residency Education ~ *Kansas (2010); Rhode Island (2014)*
- Quiz Bowl and Poster Contest ~ *Kentucky AFP (2009)*
- Recruitment & Retention Conference ~ *Virginia (2013)*
- Regional Procedures Workshop ~ *California (2016)*
- Residency Leadership Consortium ~ *California (2011, 2013)*
- Resident and Medical Student Annual Meeting ~ *Nebraska (2014)*
- Resident & Student Poster Contest ~ *Georgia (2009)*
- Resident & Student Poster Contest ~ *Kansas (2006, 2008)*
- Resident & Student Procedures Workshop ~ *Arizona (2010)*
- Resident & Student Research at State Scientific Assembly ~ *Tennessee (2013)*
- Resident & Student Track at the Annual Session & Primary Care Summit ~ *Texas (2016)*

- Resident Day ~ *Maine (2008)*
- Resident Poster Contest ~ *California (2015)*
- Resident Research Grant Awards ~ *Minnesota (2010-2012)*
- Resident Roundup ~ *Illinois Foundation (2008)*
- Resident Track: Annual Clinical Education Conference ~ *Iowa (2012)*
- Residents Emerge As Leaders ~ *Kansas (2012)*
- Residents' Practice Conference XL ~ *Arizona (2008, 2016)*
- Rural Family Medicine Exposure for Medical Students ~ *North Carolina (2013-2014)*
- Rural Internship Program ~ *Nevada (2012)*
- Speed Dating for an Employer ~ *West Virginia (2010)*
- Student & Resident Clinical Educational Series Mini-Track ~ *Pennsylvania (2009)*
- Student & Resident Education at Annual Meeting ~ *Massachusetts (2015, 2016)*
- Student & Resident Leaders ~ *Wisconsin (2009)*
- Student & Resident Quest ~ *South Dakota (2007)*
- Student Interest Initiative: Procedure Day ~ *Indiana (2007)*
- Student Track at Annual Meeting: Latex to Laryngoscopy ~ *Kansas (2010, 2012-2016)*
- Survival Boot Camp ~ *New Jersey (2010)*
- Telling Family Medicine's Story ~ *California (2011)*
- Winter Weekend and Scientific Assembly ~ *New York (2010)*

**FMPC** Grant Awards

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