

FMPC

Grant Awards 2006-2010



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.

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FMPC BACKGROUND

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 constituent AAFP chapters and chapter foundations. Funding for the FMPC Grant Awards comes from 40% of the revenues received from the national Dues Check-Off appeal.

For more information about the FMPC or FMPC Grant Awards please visit our website at www.aafpfoundation.org/fmpc or call any member of Individual Development at 1-800-274-2237.

OUTREACH PROGRAMS

ADVOCACY AND ACTION – *California AFP (2006)*

This 2-day leadership and advocacy training meeting in Sacramento, California provides up to 30 Family Medicine residents with the opportunity to learn the legislative process and speak for Family Medicine and the needs of their patients. There is an intense focus on communicating effectively with the media and legislators, as well as advocacy outside the legislative process. FMPC grant funds will cover 18% of this project; CA AFP will partner with CA AFP Foundation to provide the additional funding.

Results from '06 Grant Award: The November 9-10, 2007 Residents in Action: Leadership Skills for the Future of Family Medicine was attended by 37 resident and student leaders from training programs throughout California. Learning objectives include improving public speaking skills and effective interaction with the media, learning to develop effective messages targeted to a variety of audiences, and creating a personal action plan. All participants work on effectively crafting and presenting a message using media skills training (i.e., distilling a message to a 10-second sound-bite or practicing body language for television). Each participant does an on-camera interview to share their message. Before departing each attendee completes a personal action plan. As reported in a write-up of the event, "One of the most illuminating parts of the conference was a meeting with legislative staff members and political experts in the capitol building during our tour." One staffer told us, "I want your stories, so call me up anytime!" Another staffer when asked if he was aware of a shortage of primary care doctors in California said, "Actually I heard it is hard to get subspecialists!" Results from a Zoomerang survey show that the meetings, materials, and overall experiences were highly rated by the participants.

ADVOCACY AND ACTION – *Oklahoma AFP (2008)*

This program is a replication of the Advocacy & Action program that was successfully initiated and implemented by California AFP. The goal of this one-day leadership and advocacy training meeting is to provide the opportunity for residents and new physicians to learn the legislative process while becoming better equipped to speak for Family Medicine and the needs of their patients. Goals of this project are: 1) Increasing member understanding of, and participation in, the public policy-making process; and 2) Working hand-in-hand with family physicians to assist them in communicating the value of their work to others.

Results from '08 Grant Award: Advocacy and Action was promoted by invitation letter and email, asking each program director to nominate at least two residents who exhibited strong leadership skills and an interest in grass-roots advocacy. This program provided education on current health care issues and leadership training with an emphasis on spokesperson skills to 22 residents and new physicians. Participants learned about the importance and effectiveness of state and national advocacy related to issues affecting the physician, their practice and the patients they treat, and developed action plans that included volunteering to advocate on behalf of Family Medicine and their patients; speaking at chapter meetings to educate colleagues about current policies and legislation; actively participating in AAFP and/or OAFP committees and/or commissions; writing letters to local editors regarding current healthcare issues; serving as a resource to legislators and staff; contacting and/or meeting with civic leaders; representing Family Medicine in the media; and becoming a key contact on Family Medicine issues. Holding this program at the State Capitol gave the attendees an excellent opportunity not only to witness the legislators in action, but to familiarize them with the facility. A post-program questionnaire immediately following the training indicated that all attendees felt highly confident directly following the training with 50% (11 of the 22) expressing the highest level of confidence in advocating for Family Medicine. Six months

later in a follow-up questionnaire 17 of the 22 attendees expressed the highest level of confidence in advocating for Family Medicine. A 12-month questionnaire will also be sent to attendees.

EDUCATING ABOUT THE BCBS BLUE QUALITY PHYSICIAN PROGRAM – *N. Carolina AFP (2010*)*

In 2009 Blue Cross Blue Shield of North Carolina rolled out a new initiative that seeks to pay its member physicians up to 30% more for E&M Codes. These increased payments are based on acceptance and implementation of PCMH principles. According to an online article published by the AMA in March 2010, letters were sent by BCBS of NC to over 4,000 family physicians, internists, pediatricians and ob-gyns in December, 2009 – and as of March, 2010 only 32 physicians at six practices were participating. This project seeks to successfully reach over 1,500 family physicians who may qualify for these increased payments. An initial survey will be sent to members to determine knowledge about the program, with subsequent surveys sent as the grant's educational activities occur. Based on survey results, staff will determine whether current strategies are effective, and if not, consider alternate methods that might be more successful. Ideally, survey results will show a direct correlation between our efforts to educate members and the number of members that successfully enroll in the BQPP program. Ultimately this will not only lead to increased participation in the BCBS of NC Initiative (Blue Quality Physician Program, or BQPP) and in PCMH, but will increase payment to physicians and improve patient care.

ENUMERATION OF OREGON FAMILY MEDICINE PRACTICES – *Oregon AFP (2009)*

In this changing health care environment it is vital to know how our Family Medicine practices are defined, to allow us to advocate for our family physicians and assist them in providing for the health of their patients and community. Project goals are to enumerate the family physician practices in Oregon and create a system giving access to categorization of family physician practices and the ability to analyze and synthesize this information. The long term goal will be to utilize the data set to fulfill the OAFP's mission of family physician advocacy and assistance. The survey would include, but not be limited to, gathering information related to: practice demographics (size of patient population, space, number and type of providers); patient access to care; continuity (patient assignment process, continuity rates), comprehensiveness (procedures performed, most common diagnoses, scope of practice) and coordination of care (chronic illness registries, specialty networks used, use of and composition of community resources); contextual care (integration of mental health/community resources), record keeping (electrical medical records), and quality assurance (data measures, evidence based practices). Oregon Health and Science University (OHSU) Department of Family Medicine is collaborating with OAFP on this project to assist in the development of a rigorous and relevant data set. The information collected will serve as a resource to and between our community of members. If a practice needed help, support, a network of like providers, this data set could provide them with that information. The data will be categorized for use by the OAFP and between provider members. Lastly, this project can serve as a replicable model. To our knowledge, no other AAFP state constituent has defined their membership in such a detailed and potentially pragmatic way. Once developed, the database can easily be individualized and replicated for use by the AAFP and its state constituents.

Results: Grant extension requested; report will be available in September 2011.

*** Results from 2010 Grant Awards will not be available until April 2012.**

FAMILY MEDICINE AWARENESS – *Nebraska AFP (2007, 2008)*

This public relations campaign seeks to increase awareness of Family Medicine, and provide the general public with medical information and tips to promote a healthy lifestyle. Funding for the Family Medicine Awareness Program will be used to produce four radio spots per week, on a six-week schedule, which will run on 29 stations across Nebraska. A follow-up survey of membership will measure responses that family physicians receive from their patients and the public. Funding will be matched dollar for dollar by the Nebraska AFP. In 2008 the newspaper and radio campaign were combined for increased emphasis.

Results from 2007 Grant Award: To reach the general population we worked with a radio network company that furnished educational and promotional radio ads to approximately 30 radio affiliates throughout Nebraska. The program consisted of a 6-week air-time schedule, running two 60-second spots each on 2 days/week. We increased the length of time of this program to slightly over two months by extending a longer break between the first three weeks and the last three weeks of this air-time schedule. This allowed us time to again emphasize to our membership what we were doing and allowed time for feedback. The radio announcements depicted the adventures of Norman and Alice Fay Peterson and used their dialogue to get a message out to the listeners. It was challenging to find out the public's response to this program. We will add information in future surveys to assess from our members whether they received comments from their patients who heard these ads.

Results from 2008 Grant Award: We collaborated with 2 media outlets in 2008: the Omaha World Herald (OWH) and Nebraska Educational Radio (NER) to implement this project. 1) The Omaha World Herald, circulation 242,000, placed a 7-page insert in the October 25, 2009 Sunday edition. We obtained the articles and OWH worked to secure advertising and put together a 7-page insert. 2) The Nebraska Educational Foundation for Radio broadcasts to 110,000 Nebraskans throughout the state. NER read a statement about the Nebraska Academy of Family Physicians, which we provided, several times during the promotion period. Member feedback indicates that radio ads were more costly and did not appear to be as effective as the newspaper inserts. Over the past two years we have been surveying our member attendees at conferences to get feedback on the project and find that our members are appreciative of our efforts to promote Family Medicine and the majority indicated support for a dues increase to be able to continue this type of project. Member feedback also included many suggestions on alternative methods to share our activities and ways our Academy can be more effective in achieving its mission. This information will give our board and committees valuable information on future program ideas.



FAMILY PRACTICE STORIES BOOK – *Indiana AFP Foundation (2007)*

The Family Practice Stories Book will be a collection of stories from family doctors, in Indiana, throughout the 20th Century. It will preserve the past and serve as a tool to explain how general practice became Family Medicine. This project is requesting funds to complete Phase I activities which include securing interviews with at least 10 family physicians; identifying key stories from each; and identifying a publisher who publish it. Indiana AFP and their Foundation will provide a dollar-for-dollar match; other collaborators include Indiana University School of Medicine and journalist/author Gus Percy.

Results from '07 Grant Award: Twenty-five life members participated in usable interviews, and 2300+ members received information about the project. The target population for the story collection is our Life Members and/or those entering practice prior to approximately 1965. We found it helpful to promote the project in our quarterly

magazine and send out preliminary letters to life members who may be contacted about an interview. Some of the potential interviewees were hesitant to get involved until they found out that it was a project affiliated with IAFP, and then they quickly got on board and scheduled interviews. We found that the best interviews were conducted by a medical student/intern.

HOST COMMITTEE FOR THE NEW DEAL IN HEALTHCARE – *Maryland AFP Foundation (2008)*

The 27th Annual STFM: North East Regional Conference will be meeting in Baltimore, Maryland on October 31 – November 2, 2008 and will attract over 1000 participants including 250+ medical students from 40 medical schools in the region. There are over 120 Family Medicine residency programs and 38 Departments of Family Medicine in this service area. Other attendees will be Family Medicine faculty, office-based family physicians and residents, student leaders, Community Health Centers, AHECs, insurance companies, major employers, and civic and government organizations. Two types of programming will be offered: 1) Preconference workshops on Thursday and Friday prior to the full meeting, and 2) Approximately 200 presentations addressing an array of issues of interest to conference participants. The meeting will be co-hosted by the Mid-Atlantic academic Family Medicine organizations and the Family Medicine Education Consortium (FMEC).

Results from '08 Grant Award: The 27th Annual STFM: North East Region was attended by 380 faculty and residents, 301 medical students from the northeast region, and 83 Family Medicine Residency programs that participated in the residency fair. The Meeting touched approximately 35 medical school based departments of Family Medicine, 100 Family Medicine Residency programs and 13 state chapters of the AAFP. Three plenary presentations explored issues related to the conference theme and a number of pre-conference offerings added an additional round of energy to the meeting. All aspects of the program worked well with the exception of the Convention Center's rules regarding how exhibitors could be placed, which limited the effectiveness of the meeting.

RETIRED PHYSICIANS NETWORK – *Arizona AFP (2008)*

We are responding to requests by retired and semi-retired family physicians, to assist with various public health outreach and educational activities by developing a new program to foster networks among retired and semi-retired physicians, connect retired and semi-retired physicians with community based/public health service projects, and engage them in a variety of educational activities. The objectives of this program are to: 1) Create a network of retired and semi-retired family physicians; 2) Encourage older physicians to participate in a variety of community-based public health programs (e.g., Tar Wars) by contributing 100 hours during the pilot phase; and 3) Develop patient education materials for members that help them in providing high-quality patient care.

Results from 2008 Grant Award: This program took an unexpected turn and became a tool for Life member networking rather than developing public health outreach and/or patient health education materials. We contacted Life members, many of whom had not been involved with the Arizona AFP or the annual conference for years. The majority of the Life members were not interested in developing patient education materials, so this aspect of the program did not develop; however, Life members were interested in networking and began attending meetings to plan their role as 'historians' during the 50th Anniversary conference. Redefining our Life members as Life members/historians brought many of our Life members back to Academy functions/activities. Conference attendees enjoyed meeting the Life members/historians and Active members were encouraged to become/remain involved in the Academy. We worked with the Family Medicine Residency programs to identify historical information and better understand the role of our Life members in developing Family Medicine and

Medical Education in Arizona. We also introduced the “Lifetime Achievement” Award which recognizes a Life member for their accomplishments in Family Medicine and/or Medical Education in Arizona. This year our oldest living Past President was recognized with the Lifetime Achievement Award. We will continue to present the Lifetime Achievement Award and recognize our Life members at our annual conference and focus social networking opportunities to these members to continue to encourage their involvement.

STEP UP TO YOUR GAME CONFERENCE – *Nebraska AFP (2010*)*

Step Up To Your Game Conference will bring together family physicians, residents, and students to meet a need, expressed by our membership, for important educational topics not usually covered in medical conferences. Topics will address three areas: 1) effective advocacy for our specialty on a state and national level; 2) leadership, communication, and media training; and 3) building practice support skills in areas of risk management, contract negotiations, and interviewing techniques. There will be approximately 8 hours of informative topics and information over a two-day period and include a social activity for maximum interaction. This conference provides physician members with needed education and information in a venue where physicians can interact with students and residents. It simultaneously provides a free conference for residents and medical students with training available on a variety of topics helpful in a Family Medicine career and affords opportunities for students and residents to become familiar with the NAFP and AAFP as a valuable resource; connect with a Family Physician role model or mentor for questions; and develop long-term relationships. To encourage student and resident attendance we will also provide some lodging and help with expenses.

* Results from 2010 Grant Awards will not be available until April 2012.

PUBLIC HEALTH PROGRAMS

ADVANCED LIFE SUPPORT OBSTETRICS (ALSO) – *New York State AFP (2009)*

Collaborative funding will be used to provide an ALSO Provider Course and an Instructor Course to train more Family Physicians who can serve as faculty for the state program and for any ALSO courses produced by the AAFP. Many areas in our state do not have obstetricians, and ALSO has enabled us to significantly improve the delivery skills and capacity of family physicians in these areas, and helps address the public health objective of increasing patient access to competent OB services in rural and medically underserved areas of the state.

Results from '09 Grant Award: NYSAFP hosted an ALSO Provider Course in New York, which was attended by 31 participants from throughout New York; and an ALSO Instructor Course in Hershey, PA, which was taught by 8 faculty/1 course advisor and was attended by 32 participants from New York, Pennsylvania and 14 other states. A total of 78 physicians, including instructors, participated in both ASLO courses. The small group setting worked best and participants like the “relaxed yet structured atmosphere, role playing, emphasis on teaching tips, and feedback.” Lessons learned: Include a teacher to student ratio of 1:2; allow more time for questions and answers; find current statistics to supplement slide show; and place material online prior to the course.

BUST BIG TOBACCO PILOT PROJECT – *Colorado AFP Foundation (2006)*

Bust Big Tobacco, developed in 2006, is a tobacco prevention curriculum introducing activism and advocacy skills to sixth graders. This curriculum includes a series of volunteer presenter-led activities. Presenters include family physicians, health educators, and others involved with the students. Bust Big Tobacco is a two-phase pilot project. Phase I tested the curriculum and integrated evaluation results into a revised curriculum (this was completed with a grant from the State of Colorado and was completed in 2005-2006.) Phase II (to be accomplished with the funds from this FMPC grant award) will test program delivery using multiple types of volunteer presenters in 3 settings. This grant will provide 82% of project costs; the remainder will be matched by the CO AFP Foundation.

Results from '06 Grant Award: Volunteer presenters were included: 1 Health Education Specialist from the Centennial Area Health Education Center; 2 Physicians (CAFP Board Member and Kaiser OB/GYN); and 1 RN (the Nursing School Professor's students made presentations to fulfill their community relations project requirement). Approximately 160 students participated in the program and 4 presenters were trained. 140 student evaluations and six troop leaders/classroom teachers' evaluations were returned. Although we believed that since the program lasts for one and a half hours, it would be best to present it in a non-school setting, we were very surprised to discover that presenting the program in a classroom was the best venue for several reasons: 1) The teacher usually has good control over the students' behavior and is there to keep them on track; 2) We are dealing with one age group, not multi-ages; and 3) Students were more focused on learning in a school setting. In a summer camp they are geared to play - even though the program is very entertaining and fast paced. One of the most exciting things that we learned in this pilot is that we can bring tobacco education to the 4th through 8th grades of an entire school.

CENTERING PREGNANCY: GROUP VISITS IN RESIDENCY EDUCATION – *Kansas AFP Foundation (2010*)*

The incorporation of group visits into practice is an important component of the Patient Centered Medical Home model, although it can be difficult to introduce into a residency education program. Through the Centering Pregnancy model, prenatal care is delivered in an atmosphere that encourages free exchange, facilitates learning, and develops mutual support among patients with similar due dates. This model of prenatal care delivery places all three components of prenatal care--risk assessment, education, and support--into the group setting. Funding from the Family Medicine Philanthropic Consortium will enable us to incorporate the Centering Pregnancy program into our 10-10-10 Family Medicine residency training. We will focus on a predominantly Spanish-speaking patient population in a safety-net clinic, conducting three groups of 6-10 patients at similar stages in their pregnancy. Groups will meet for ten 90-minute prenatal and postpartum visits at regular intervals. During these visits, standard prenatal risk assessment will be completed by the resident, an educational program will be offered to the group by a variety of health care providers and a resident- and faculty-facilitated discussion will follow. Our expectation is that medical students will participate in these visits during their required Family Medicine rotation, giving them exposure to this innovative concept in Family Medicine. Ultimately, we anticipate the adoption of group visits by graduating residents in their practices as a result of their experience during residency.

DIABETES MASTERS CLINICAL PROGRAM ASSESSMENT – *Florida AFP (2007)*

FAFP's Diabetes Master Clinician Program (DMCP) is currently operational in 45 primary care practices in predominantly minority areas in North Florida. Since 2003, DMCP has received funding and partnered with Pfizer, Astra-Zeneca, and the Florida Blue Cross/Blue Shields Foundation to train primary care physician /medical assistant teams on diabetes care excellence in the outpatient setting. The team receives about 18 hours of formal training, over a 6-month period, which includes using an internet based diabetes registry and conducting group visits that serve to inform and motivate patients, staff, and physicians to achieve excellence in diabetes care. The registry provides *Patient Report Cards* that empower patient self-management and *Practice Report Cards* that define level of patient risk, percent of population achieving quality indicator goals and comparative clinic averages. These reports provide a dynamic tool for evaluating the impact of the project for each of the primary care teams and the total project. Although data from the 45 practices have demonstrated the benefits to clinicians and patients (both in clinical standards and patient outcomes) only some of the practices have successfully institutionalized the DMCP.

This grant will assess barriers/approaches to successful implementation of the DMCP in North Florida. The evaluation will be conducted in two phases and questions will include: What are the conditions for successful implementation? What incentives are needed to increase program participation? What is the role of clinicians and staff? What can we learn about "best practices" for effective program implementation? The first phase will survey all current DMCP practices for patient and staff perceptions about the DMCP and their practice standards. Data will be analyzed using t-tests. The second phase will include site visits of select practices. Prior to conducting the visits, evaluators will interview project staff at FAFP for their perceptions on what constitutes a successful project, to frame the design of the site visit survey. Site visit data will be collected by taking written notes, tape recording interviews (where permissible and appropriate), exchanging e-mails, and conducting follow-up

* Results from 2010 Grant Awards will not be available until April 2012.

telephone interviews if necessary with clinicians and staff. To analyze the results, qualitative analysis will be used. Interviews will be transcribed and searched for common/contrasting themes to converge on a “best practices” model for design and implementation. Success of the DMCP also depends on the effectiveness of support from the FAFP. The evaluation will also assess the tools, provided by FAFP, for ongoing refinement of the DMCP approach with all of its intended targets.

Results from '07 Grant Award: Data was collected in two phases. In Phase I the Patient survey was completed by 26 patients in various practices throughout the State of Florida and the Staff Satisfaction survey was completed by 7 Family Practice staff in various practices. Although there were several reminders to encourage participation the response rate was low for both surveys. In Phase II site visits were planned and field testing of the instrument was completed in September 2007. However this phase was modified due to difficulty with securing practices to participate in site visits. Instead, FAFP opted to conduct a Survey of Physicians and Master Clinician Associates to collect suggestions about the diabetes registry and the Patient Report Card. This survey was completed by 18 staff from Family Medicine practices. Data collected and analyzed from both phases indicate that 1) FAFP should consider expanding the Diabetes Master Clinician Program. There is considerable evidence from the three satisfaction surveys included in this study that medical professionals, medical office staff, and patients believe in the usefulness of the overall program and most of its components. 2) FAFP should explore the concerns raised by medical and office staff regarding the effectiveness of the group visits. Staff cited low patient turnout and long preparation time as serious concerns. 3) There were many detailed and technical recommendations for expanding the Registry including adding the following fields: Smoker/non-smoker; BMI (Body Mass Index); Individual patient goals; Patient refusal of flu, pneumonia, and anticoagulant shots; Insulin use/complications. An article describing this program is available at www.fafp.org/shahady_article.htm.

DIABETES MASTER CLINICIAN PROGRAM: PRE-DIABETES RECOGNITION & PREVENTION – *Florida AFP (2009)*

This project facilitates discovering the level of recognition and treatment of pre-diabetes through chart audits. Participating physicians will be informed of the results and an educational program will be instituted to encourage treatment of these patients. Physician knowledge about pre-diabetes recognition and treatment will be accessed initially and at the end of the project.

Results from '09 Grant Award: Thirty-four Family Physicians participated and we collaborated with the Heartland Rural Health Network who assisted with data collection and education of clinicians and staff in practice areas located in Central/South Florida. We were able to 1) quantify the level of knowledge and attitudes of Family Physicians about pre-diabetes before and after training; quantify level of recognition and treatment for pre-diabetes in Family Physicians before and after training; and inform Family Physicians of the information gained. There were several areas that indicated knowledge and attitude changed. One of the most dramatic changes was being aware of the new diagnostic ADA standard for pre-diabetes. Awareness, that an A1C value of 5.7 to 6.4 be used to diagnose pre-diabetes, increased from 25% to 62%. Of course, there may have been other reasons for the change, but our educational intervention helped reinforce as well as inform. Some of the knowledge based items showed no improvement. One of the most surprising was the belief that it is cost effective to screen for pre-diabetes. The initial response was 48% and the follow up response was 50%, who believed it was cost effective to screen for pre-diabetes. Although 90% said they obtain additional lab values to define levels of risk and 70% said they use medication to treat pre-diabetes.

The project enhanced the Diabetes Master Clinician Program by creating an online test, working with practicing physicians to learn how to best teach them new concepts, and discovering that some attitudes do not change even with a demonstration of evidence that suggests change is effective. No single barrier was identified blocking

change. We plan to publish information in the FAFP Journal, *Florida Family Physician*, and create a section on the FAFP website for members to learn more about pre-diabetes, as well as test their knowledge. In addition, this project opened the eyes of our researchers and Diabetes Master Clinician trainers to the need for more efficient and accessible tools for clinical practice team members to utilize, since so much of their focus is on helping the patient to self-manage their disease. We now have a mini-CME program that we can publish on the web and members can quickly download and learn about pre-diabetes and take a self-assessment test if desired. We also have an online survey (survey monkey) that we learned to use to collect and analyze data, and our members are also becoming more comfortable with using this survey so we can continue to evaluate changes in knowledge and attitude at a minimal cost. As a result of this project, the Diabetes Master Clinician Program is designing a cyber-*Diabetes University*. This virtual University will provide learning tools, facts, and documents that will assist the clinical practice team with understanding and treating diabetes.

ENHANCING QUALITY OF CARE FOR COPD AND OBESITY – *Florida AFP Foundation (2007)*

Enhancing the Quality of Care for COPD and Obesity will create tools for office staff and patients to treat COPD and Obesity. In this phase the following will be accomplished: members of each task force will be recruited; each task force will conduct a full day meeting; evidence-based quality criteria will be developed for each chronic disease; flow sheets and a registry will be created based on quality criteria; an IT person will create the internet registry; tools and resources will be developed and a CD containing these tools will be created and duplicated; trainers will be named for each chronic disease; a one-day CME for members will be planned; and a larger grant to implement and continue the project will be written. FMPC funding will assist in providing Chronic Disease Task Force support (\$2,500 per Task Force). Florida AFP Foundation and their partners will provide 82% of the program funding for this phase.

Results from '07 Grant Award: This is a long-term project under development which will require multiple years of planning and implementation. This activity, focusing solely on the obesity health issue, is approved for 4 hours of AMA category 1 credit by the Florida AFP, and has the potential to reach all of our members if they access the information on the web site or obtain a thumb drive. The project was able to recruit several individuals from various fields to create an educational obesity web site and a thumb drive with several articles about obesity and links to information. We applied what we learned from the Obesity activity to our Diabetes project and created a thumb drive with diabetes materials. FAFP shared this enduring material with the Duval County (Jacksonville) Childhood Obesity Initiative and they are using this information for national grant funding supporting the work of the coalition. We were not able to replicate many of the features of our Diabetes Master Clinician program like one-day CME meetings and an Internet Registry, as it was difficult to find leadership to push these projects. The COPD Task Force met by phone and has started some of its work.

FACTORS AFFECTING CONSUMER FOOD CHOICES – *Florida AFP (2010*)*

Food choices significantly impact the incidence of chronic diseases like diabetes, hypertension, hyperlipidemia, obesity and cancer. A survey will be created based on what we learn from the initial focus groups as well as some of the literature that discusses factors like quality/freshness, price, taste, healthy choice, family preferences, habit/familiarity, convenience, content of additives, availability, weight control, presentation, mood, sensory appeal, natural content and ethical concern. Phase 1: Three focus groups will be conducted (senior center patients, poorly controlled diabetic patients attending a diabetes education/support group activity, and in a

* Results from 2010 Grant Awards will not be available until April 2012.

middle class area of the city). Phase 2: Participants will be surveyed at a local grocery store/supermarket immediately after making their food decisions before the go thru check-out line (so they can use their \$10 gift certificate). Phase 3. Participants will be surveyed at a hospital cafeteria that has nutritional labels and will receive a \$10 gift certificate to the cafeteria for participating. Results from this research project will help clinicians and other health care providers better understand how choices are made. This knowledge will be then be used by family physicians and other health care professionals to aid diabetes self-management education. The information will also be shared with the food industry and hopefully encourage them to help patients/consumers make more informed food choices. We anticipate that this research project will form the basis for a larger future project.

HARD HATS FOR LITTLE HEADS – *Michigan AFP (2010*)*

Hard Hats for Little Heads, a bicycle helmet giveaway program, is a public health initiative targeting underprivileged Michigan youth, and replicates a program offered by the Texas AFP (TAFP). We have been in contact with TAFP and the Texas Medical Association, who have hosted this program for years. We plan to use their ideas and advice to help us effectively implement our program. This first-year program will consist of an event in one of our three largest cities with the greatest prevalence of low-income households. Physicians will be volunteering to distribute helmets to children in attendance and up to 200 children will receive a free bicycle helmet as well as individual instructions for riding safely, fitting the helmet properly, and being active. The goals for this program are: 1) to promote healthy, active lifestyles among children while enhancing patient safety and reducing head injury; and 2) foster the education of parents and the community regarding the scope of family practice to include the care of children. The messages: “Get Moving. Stay Safe. Wear a Helmet” and “Family Physicians care about your child’s health and safety” will be incorporated into conversation and educational materials distributed at the event. The respectful, compassionate persona of family physicians will be fostered on an individual level through direct communication between physicians and child caregivers, as well as on a community level through media coverage and publicizing of the events.

HARD HATS FOR LITTLE HEADS – *Texas AFP (2007-2010*)*

Hard Hats for Little Heads was created by the Texas Medical Association in 1994, and is funded by the TMA Foundation through a grant from Blue Cross and Blue Shield of Texas and contributions from physicians and their families. Hard Hats for Little Heads -- a bicycle helmet giveaway program -- is a public health initiative targeting youth. Our state AFP has participated since 2005 with the strong and increasing support of our AFP members. At each AFP-member-sponsored event, the physician distributes 100 helmets or more 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 from '07 Grant Award: The goal was to distribute 2500 bicycle helmets at 25 events and 18 physicians were able to distribute 2014 bicycle helmets to children during 22 programs sponsored by TAFP. Another goal

* **Results from 2010 Grant Awards will not be available until April 2012.**

was to increase media mentions in an effort to gain more recognition for family physicians in their communities. TAFP members received recognition in six publications: 2 newspapers, 1 radio, 2 websites, and the Texas Medicine magazine.

Results from 2008 Grant Award: The goal was to distribute 2500 bicycle helmets at 25 events. This goal was greatly exceeded by distributing 5396 helmets through 36 TAFP-sponsored Hard Hats for Little Heads helmet giveaway events around Texas. Due to a burst of interest from physicians wishing to sponsor multiple events we greatly exceeded our allotted grant fund! The events were covered in 20 media outlets (newspaper, television or radio) providing positive press for the specialty and the Academy. Three TAFP members most notably hosted eight bike rodeos that provided new bike helmets to every child in kindergarten through eighth grade in a 14,000 square-mile area of Brewster, Presidio, and Jeff Davis Counties. In the future physicians may have to be turned away or a line will need to be added to the TAFP budget to handle overflow. Currently TAFP staff knows of no connection between event coordinators to allow sharing of best practices, though this idea will be explored

Results from '09 Grant Award: Through 36 events, 30 TAFP members gave out 4722 helmets to children in their communities and received 11 media mentions that provided positive publicity to local family doctors. This project is still gaining strength as veteran volunteers continue to hold events, and we recruit new volunteers. Fourteen of the 30 TAFP members were first-time event coordinators. Members who are not typically involved with the business side of our Academy love this program and are able to realize a great member benefit. Events ranged from health fairs to in-school programs, bike rodeos, clinic open houses and holiday bike celebrations.

WORKING EFFECTIVELY WITH PROFESSIONAL INTERPRETERS – Minnesota AFP Foundation (2009, 2010*)

The goal of this program is to reduce health care disparities, and improve patient safety and the quality of health care for patients with limited English proficiency. This 60-minute education program is for Family Medicine residents and medical students, practicing physicians, and faculty members who want to enhance their communication with patients with limited English proficiency. The curriculum uses slides, handouts, video clips and a post-test developed by the Upper Midwest Translators and Interpreters Association specifically for healthcare personnel. The program is co-facilitated by a volunteer physician and professional interpreter. The curriculum covers state and federal requirements for language services, research that shows improved health outcomes and patient safety when providers use professional interpreters, financial advantages to the health care system when language services are used, guidelines for physicians to follow before, during and after an appointment with a patient, and specific communication skills and techniques that can help physicians enhance communication with non-English speaking patients through the use of professionally interpreters.

Results from '09 Grant Award: Seven workshop trainings were attended by 192 participants, which nearly doubled the expected outreach. Collaboration with the Minnesota Medical Association (MMA) made this possible. MAFP Foundation organized five trainings that reached 117 medical students, Family Medicine residents, and faculty who deliver primary care to patients; MMA organized two training workshops that reached another 70+ physicians and allied health professionals who deliver primary care to patients. Alejandro Maldonado, a professional interpreter, along with a volunteer family physician (or MMA physician) co-presented the curriculum. The post survey tool was valuable in suggesting different ideas for delivering the program to students and residents (e.g., small group interactions and having a patient presenter). Scheduling and weather provided some challenges. We also found that a 75-minute presentation, rather than 60-minutes, was ideal because it left time for quality questions and answers at the end.

* Results from 2010 Grant Awards will not be available until April 2012.

IMPROVING MANAGEMENT OF CHRONIC PAIN – *New Jersey AFP (2009)*

Collaborative funding will be used to support this project, conducted in partnership with the American Cancer Society, which focuses on increasing physician and other health care providers' awareness and management skills in the assessment and treatment of chronic pain. The project includes three components: 1. Developing a comprehensive, evidence-based CME initiative for state physicians focused on improving pain management knowledge, attitudes and practices. Information and resources covered will include communicating with patients about pain, and disseminating the book endorsed by Federation of State Medical Board, Responsible Opioid Prescribing: A Physician's Guide along with state-specific information about pain management policies; 2. Delivering the CME program through a train-the-trainer approach using physician leaders to educate their peers on the implementation of the recommendations set forth the book mentioned above; and 3. Evaluating how physicians have implemented the recommendations within their practice settings.

Results from '09 Grant Award: Ten regional sessions were scheduled during 2009-2010, and a total of 376 healthcare providers were educated in responsible opioid prescribing procedures. An additional 170 physicians received Responsible Opioid Prescribing by Scott M. Fishman, MD. The program was initiated through a train-the-trainer (TTT) session, whereby recognized physician leaders and nurse practitioners became facilitators to conduct peer-to-peer learning sessions on the topic. Following the TTT program, presentations were scheduled throughout regional venues in New Jersey which were conducive to learning, i.e., hospitals and residency programs. Family physicians, internists, nurse practitioners, physician assistants and other healthcare providers learned about the differences between addiction, pseudo addiction and dependence through this series of live programs and the importance of function over complete elimination of pain, and proper management procedures when prescribing opioids. Presentations integrated a power point program with live discussion and encouraged small group learning using case studies. Program evaluations indicated that the most effective learning tools were the small group discussions and the use of case studies which followed the lives of two patients with chronic pain. The case studies provided a forum for physicians to work through problems, discuss their conclusions with their peers and reflect on their learning – all key components of effective adult education. We were constrained by the organization hosting the event (a residency program, or a slot in a regional meeting) which meant that there were instances we did not have enough time to fully explore both case studies. Both quantitative and qualitative measurements indicated this program effectively changed attendees' perceptions and strategies regarding opioid prescribing. Participant also expressed a need for more education on this topic.

INCENTIVES FOR IMMUNIZATIONS – *West Virginia AFP (2009)*

Working in partnership with the WVAFP, the Wheeling Hospital Family Medicine residency program will implement best practices to improve immunization compliance of children less than 24 months of age, and to share the results of this program with AFP members and others across the state. Two aspects comprise the scope of this project: 1) Nursing staff, physicians (faculty and residents) and medical students involved in the immunization process will be trained using best practices education and information; and parents/caregivers will be educated about the importance of immunizations. 2) Modest incentives including gift cards for parents and books for children will be provided to those who complete their first series of immunizations by the age of three months and those who complete the recommended immunizations by the age of 24 months.

Results from '09 Grant Award: Since beginning our Incentives for Immunizations program we have been steadily able to increase our immunization rates of all childhood vaccines and the parent/caregivers have all responded positively to the incentive program. 90% of all newborns, by the age of 24 months, received their first series of immunizations (4 doses of DTaP, 3 doses of Polio, 3 doses of H. influenza type b; 3 doses of PCV, 1 dose of MMR, and 1 dose of varicella). The West Virginia Department of Health & Human Resources identified an increase in our influenza immunization rate from 21% to 71%. Staff provided immunization information to the

parents/caregivers of children during each office visit and we feel that our increase in immunization rates is a direct result of the education parents received about the importance of immunization. We also instituted a three-part lecture series for training our staff, physicians, and medical students using a newly developed resource titled, "Comprehensive Immunizations Curriculum for Family Medicine Residencies." The use of our internal tracking system in combination with the immunization recall system available through the state immunization registry was very helpful in monitoring immunizations. Due to the overwhelming positive responses regarding the children's books that we received from parents/caregivers, we decided to decrease the amount of money given in gift cards and used that money instead to purchase more books. During the next year WVAFP and the Wheeling Hospital FMRP will be sharing these results with state AFP members through publications and presentations.

MEDICAL HOME PROJECT – *Pennsylvania AFP (2006)*

Through the Medical Home Project (MHP), physician practices and other medical facilities coordinate the health care and other services needed by patients with disabilities as they transition from pediatric to adult care. MHP, now in its second year with grant support from the Pennsylvania Developmental Disabilities Council, will be developing a train-the-trainer program and manual to educate other AAFP state chapters on the value of the Medical Home in their states. The focus will be on spreading the program to AAFP in the 5 states closest to Pennsylvania, as well as other states that make this request for training. This grant provides less than 5% of the funding for the Pennsylvania MHP, but provides 87% of the cost for the proposed train-the-trainer program. Additional support for MHP comes from the PA AFP Foundation, PA Development Disabilities Council, FISA Foundation, PA Elks Home Service Organization, and the PA Department of Health.

Results from '06 Grant Award: More than 40 Family Medicine residents from New York, Florida, and North Carolina participated in Pennsylvania AFP's Medical Home Project for Young Adults with Special Needs Train-the-Trainer workshop and mini-summit. PAFP/F Medical Home Coordinator and PAFP member and physician leader of the Medical Home Project at Lehigh Valley Hospital's Family Medicine Residency Program spent 2 days in January, sharing their experience and expertise with residents, at a mini-summit meeting in North Carolina. Participation in the full-day program included "Growing the Medical Home in Practice" and the "Interstate Dialog on Medical Home and Transition of Youth with Special Health Care Needs." Future communications and collaborations are planned for the participants of this mini-summit and staff is now in communication with Massachusetts regarding the potential of providing this training. Financial support for MHP came from the PA AFP Foundation, PA Development Disabilities Council, and the FISA Foundation, along with collaborative support from PA Elks Home Service Organization, and the PA Department of Health, and a myriad of other local county and state organizations. Staff stressed that without the collaborative local county and state support the MHP would not have as major of an impact.

MENTORED PCMH EDUCATION AND SUPPORT – *Oregon AFP (2009)*

In 2009, our state surveyed its members and found that two-thirds of the respondents were willing to redesign their current practices to become a certified Patient Centered Medical Home (PCMH), however they would need concrete assistance including information, training, networking and ongoing relevant support. Funding will be used to actively reach constituents in their transition from a traditional Family Medicine model to a qualified PCMH. This innovative program provides interactive practice enhancement opportunities with like-providers and practice experiences, guided by a trained colleague mentor who continues the relationship by providing site visits in which the mentor can work one-on-one with the practice and its needs. The mentor continues ongoing support through a moderated online community -- a secure site that allows members to interact and communicate with other practices experiencing like issues around the transition to a PCMH model.

Results from '09 Grant Award: Grant extension requested; report will be available September 2011.

PATIENT REGISTRY TO IMPROVE PATIENT CARE – *New Jersey AFP (2008)*

This program will implement a training program for family physician members which will provide education in using a patient registry developed by a family physician for patients with diabetes. Once a physician gains knowledge and hands-on experience and sees the value in implementing a diabetes patient registry, the physician can develop and implement additional patient registries to improve patient care and outcomes.

This project will focus on introducing and then educating physicians on how to use a registry for patients with diabetes. The goal is to assist physicians in improving quality of care provided to this patient population by ensuring tests to reduce the complications of diabetes are administered, are provided at the recommended frequency and that physicians can easily produce a list of patients with test results that are above the recommended therapeutic values for necessary care follow-up. MDClick a web-based patient registry tool developed by a Family Physician, will be used for this project provided to the participating physicians at no cost. All physicians will be trained on the same registry to foster peer-to-peer education and user-group communications beyond the initial launch of the project. The project objectives include: 1) Providing physicians with hands-on training and guidance for implementing MDClick in their practice; 2) Improving quality of care and health outcomes for patients with diabetes through ongoing use of a diabetes patient registry to track and monitor patients; and 3) Improving physician readiness and capacity for participation in pay-for-performance programs by using patient registries.

Results from '08 Grant Award: Eight primary care practices throughout New Jersey participated in a patient-centered medical home project and were provided with an introduction on implementing a diabetes patient registry in their practice. NJAFP was able to leverage a large-scale patient-centered medical home project to assist with this grant's/project implementation. NJAFP developed and implemented hands-on training and collaborated with Horizon Blue Cross Blue Shield of New Jersey (Horizon), MDClick, the data registry vendor and Merck pharmaceuticals. Horizon provided funding to assist with the overall project's implementation, MDClick provided the disease registry program at no charge to participating practices, and Merck field representatives were able to provide information about the project to the practices.

Practices were trained throughout the past year and data is currently in the process of being collected as part of the larger project. Weekly communications were conducted via conference calls and WebExes. This worked very well in keeping all participants informed and providing updates or revisions to overall project plans to all those involved. Conference calls and WebExes were recorded and stored for a time frame to provide access to those that were not able to make the regularly scheduled sessions. Participation and attendance were monitored based on logs received from the conference call and WebEx vendors. This information assisted the project director in

ensuring that practices and partners were actively participating in project activities, and if practices and others were not actively participating, the project director was able to reach out to those entities to mitigate and problems that could occur due to inactivity. We learned that it is critical to outline the timeframes and expectations to all partners, collaborators and project participants before beginning the project; a comprehensive project plan shared with all participants during a kick-off meeting would have been extremely beneficial. The first quality report utilizing data entered into the registry is due May 1, 2010. Training and support of the practices will continue. In addition, quarterly reporting will be collected through September 30, 2010. Now that the practices are utilizing the disease registry and various health plans and insurers are considering pay-for-performance payments, incentive payments and other performance payments, practices have incentives to continue utilizing the disease registry program.

PCMH: FAMILY MEDICINE LEADERS TRANSFORMING HEALTHCARE – *Family Health Foundation of Illinois and Illinois AFP (2010*)*

The primary goal of this initiative is to transform healthcare by training family physician leaders to share information on the Patient Centered Medical Home (PCMH) with their peers. The second order goal is to develop more family physicians to be leaders at the local, regional and state level to bring the values of PCMH and Family Medicine to the discussions and plans around health care reform. A needs assessment of the State AFP general membership will be done to develop the education curricula for the "Family Physician Leaders Transforming Healthcare" audio presentation, which will be used to train physicians who will do live presentations to other physicians and healthcare providers. Pre-registrants will take TransforMED's MHIQ in advance of the live education programs. Post meeting evaluations will be completed by all attendees, as well as speakers, and six months after completion of CME activity (either live or self-study), the attendees will be invited to take TransforMED MHIQ, and de-identified summaries will be used for evaluation and reporting. All attendee's medical home designation or accreditation will be tracked on NCQA and others that are developed during the project (such as Joint Commission or URAC).

PCMH: SETTING A FIRM FINANCIAL FOUNDATION – *Mississippi AFP (2009)*

This project focuses on the Practice Management spoke of the TransforMED wheel and offers formal meeting opportunities which will support family physicians, practice administrators, and residents in making the transformation to a Patient Centered Medical Home (PCMH). The goals of these formal meetings include: 1) providing training in professional practice management; 2) demonstrating the alignment of AAFP, MAFP, and TransforMED; 3) providing high quality practice management training to residents so they will be encouraged to attend and see the value of AAFP/MAFP membership; and 4) providing a forum for MAFP members to recruit potential partners from residents training in the state. Medical students will have the opportunity to assist with registration and set-up, and will be given ample time to interact with family physicians from around the state.

Results from '09 Grant Award: We were able to accomplish many things in the year. The MAFP Fall Conference, attended by 54 physicians, featured PCMH speaker Dr. Paul Grundy, IBM's Director of Healthcare, who also had a session with MAFP Board members to discuss steps to introduce PCMH. In November MAFP hosted their Patient Centered Medical Home Summit in Jackson, MS for business, legislators and health care leaders. The Summit was attended by over 60 businesses and health care leaders from across the state. In April MAFP provided a three-day

* Results from 2010 Grant Awards will not be available until April 2012.

learning collaborative that demonstrated how clinics could make the transformation to a patient-centered medical home, which was attended by 19 physicians, 13 residents, 11 office managers, 5 nurses, and 10 medical students. In May 2010 MAFP introduced medical home legislation that passed and we are now working with the Department of Health to create the pilot project. Several things worked well: 1) working with TransforMED; 2) including office staff in training (we will continue to offer seminars and include topics for entire clinic team); 3) including residents who learned how to efficiently set up a clinic; 4) giving incentives to take IQH which resulted in over 10 clinics taking the IQH test prior to the conference; and 5) working with the Medical Group Management Associate to promote and plan meetings. We also have a wonderful database of business leaders that was developed for summit invitations that will be utilized for advocacy and legislative issues. Lessons learned: 1) use a financial management speaker who focuses less on the level of accountant and more on the level of physician; 2) work with FMIG officers to effectively market the meeting; 3) offer more ways for residencies to work together; and 4) include a panel of clinics who use the PCMH for the conferences and summit so they can tell their story.

PDA PROJECT: CME IN PHYSICIANS' HANDS – *Pennsylvania AFP Foundation (2009)*

This initiative facilitates the translation of learned knowledge into functional knowledge in the exam room, based on feedback from members about wanting access to information via handhelds.. Funding for this project will be used to adapt lecture notes from sessions presented during the 2010 Clinical Education Series Conference to PDA handheld platforms. These PDA lecture notes will provide physicians with strategic access to desired information, while treating patients, by allowing them to find the pertinent information within 15-20 seconds.

Results from '09 Grant Award: Eight Continuing Medical Education (CME) lectures presented live at the March 5-7, 2010 Valley Forge, PA CME conference were converted into downloadable format for physicians' easy access on palm/pocket PDAs and continued use. Approximately 220 physicians, students and residents attended the 8 CME sessions. The availability of the CME data was appreciated by those physicians who accessed. However, the palm/pocket PDA downloadable data had a more difficult download process and was not as highly utilized as the simple iPhone download. Since the Valley Forge Conference, we have created iPhone links for our website and digital magazine based on requests from members.

SCHOOL-BASED WELLNESS INITIATIVE – *Colorado AFP (2010*)*

The grant will support the launch of the Ready, Set, FIT! and assist the continued expansion of the Tar Wars program. The Ready, Set, FIT! program (RSF) is 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 Tar Wars program, health professional presenters participate entirely on a volunteer basis within the comfort of the children's school classroom. The program is in its initial stages in Colorado, and it will be offered in 5-10 schools during the program's pilot year. Due to the link between poverty and obesity, we will focus our recruitment efforts on schools within Colorado's rural communities that do not have physical activity requirements, where the CAFP is also launching a large-scale childhood obesity project funded by the Colorado Health Foundation. The primary goal of the Tar Wars Program is to decrease the number of youth in Colorado who choose to use tobacco. The mission of Tar Wars is to educate students about being tobacco-free, provide them with the tools to make positive decisions regarding their health, and promote personal responsibility for their well-being.

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Together, the two programs will enable family physicians and health professionals to make a meaningful impact on their communities outside of the offices of their medical practice. In our state the Tar Wars program has 21 years of successfully bringing volunteer family physicians and other health professionals into elementary school classrooms to educate students about the dangers of using tobacco. We currently have more than 175 volunteer presenters made up of family physicians and other members of the medical community. We anticipate that the launch of the Ready, Set, FIT! will grow our volunteer base over time, specifically in rural areas where volunteer opportunities have not been available before.

TAR WARS – Arizona AFP Foundation (2006)

The AZ AFP houses (and is the fiscal agent for) the Coalition for a Tobacco Free Arizona. The AAFP Tar Wars Program is one of the tools used by the Coalition for a Tobacco Free Arizona. Due to a high rate of poverty within the State, neither schools nor families have enough resources to pay for supplies that allow students to fully participate in the Tar Wars poster contest. This grant will be used to provide art supplies to allow greater participation in the annual poster contest; modernize tools and visual aids for Tar Wars kits; and enlarge mailings to school faculties and health care professionals so that Tar Wars can reach at least 50 underserved schools (or 1,500 students) within Maricopa County. This grant will fund approximately 85% of the project; the remainder will be matched by the Arizona AFP.

Results of '06 Grant Award: The Tar Wars program was presented to 1,770 students, in more than 16 schools throughout Maricopa County. Arizona residency programs and the University of Arizona helped recruit medical student and resident volunteers that were crucial in program implementation. Four Tar Wars kits were built with visual aids (e.g. Mr. Gross Mouth, Jar of Tar, etc), making the program more effective. In addition, poster contest supplies were dispersed to schools which allowed them to participate in the Tar Wars Poster Contest. Tar Wars presentations will continue beyond the grant period and contacts and materials developed under this grant will continue to be utilized in the future.

TAR WARS – Maryland AFP Foundation (2006)

The mission of Tar Wars, a tobacco-free education program of AAFP, is to educate fourth and fifth grade students. Tar Wars provides students with the tools to make positive decisions regarding their health, and promotes personal responsibility for well-being. Although AAFP Tar Wars provides in-kind support materials, it does not financially assist Chapter/Chapter Foundation Tar Wars programs. The purpose of this project will be to implement the Tar Wars program in as many schools as possible during the academic year. This grant will cover approximately 20% of the project costs; the remainder will be matched by the Maryland AFP Foundation.

Results of '06 Grant Award: In the 2006-07 school year, mailings were sent to more than 600 fourth- and fifth-grade team leaders in MD, articles were written in the Maryland Family Doctor, and program elements were shared with all presenters. Tar Wars was presented by 21 first- and second-year medical students in 28 classrooms and reached 840 students. The challenge was to find enough presenters to meet the demands of the schools. A relationship was developed with the family practice residency programs and Family Medicine interest groups, and we were able to affect that students at the University of Maryland receive scholastic credit for their participation in the Tar Wars program. We have also suggested that the program to be implemented to groups outside of schools such as scouts, church, and after-school programs.

TAR WARS – Missouri AFP (2009)

Currently almost 24% of high school seniors in Missouri report tobacco use and many schools have not had the opportunity to participate in the Tar Wars program. The goal of this project is to provide access to Tar Wars education for all fourth- and fifth-grade students in our state. Collaborative funding will be used to provide basic art supplies for students to participate in the poster contest; access to printers/computers for downloading and printing the program materials; “Tar Wars Presenter Kit for Classrooms;” and prizes for poster winners in each school that participates.

Results of '09 Grant Award: 2500+ children received Tar Wars education through 65 presentations made by 2 county health nurses, 7 medical students, 10 Family Medicine residents and 25 family physicians. We believe that providing a \$25 gift card to classrooms is an incentive to encourage participation of the schools. We learned that there are a lot of physicians willing to take the lead on presenting, if they are asked. Physician contact with schools seeking classrooms in which to present worked best. Emailing schools without a personal contact did not work well. Next year we will reach out to local home school associations earlier in the school year to help plan presentations.

TAR WARS – Nebraska AFP Foundation (2007, 2008)

Tar Wars, a tobacco-free education program that has curriculum targeted to fourth-grade and fifth-grade students, uses volunteer efforts of family physicians, nurses, educators, and other professionals to present the Tar Wars program. Collaborators include the University of Nebraska Medical Center, Creighton University medical students and the Association of School Nurses. Grant funds will be used to continue Tar Wars in Nebraska (\$0 allocated to administrative or overhead costs); in-kind support will be provided by presenters.

Results of '07 Grant Award: Presentations were given at 50 area schools with more than 1,500 children attending. Tar Wars is part of the curriculum for the junior medical rotation at the University of Nebraska Medical Center and their presentations began in January with a school mailing that included metro Omaha area. Students from Creighton University also served as presenters, and we recruited at the 2008 Nebraska School Nurses Association annual meeting. Interest in the Tar Wars program was high among school professionals, with the more rural areas being well represented. NAFP also partnered with MOTAC (Metro Omaha Tobacco Action Coalition). Our strategy for 2009 includes recruiting new presenters as well as continued interest from the Creighton University FMIG. Additionally, if a Tar Wars calendar is a project we do next year, we will begin work earlier in the year to ensure delivery before Christmas.

Results of '08 Grant Award: Over 34 classrooms in urban and rural areas in Nebraska received Tar Wars presentations. Tar Wars continues to part of the University of Nebraska Medical Center curriculum for the junior medical rotation, and Creighton University medical students also participated in giving Tar Wars presentations to students in the Omaha metropolitan area. In addition, school nurses who were recruited in 2008 provided 18 classroom presentations in rural areas. Each student was given the opportunity to design a poster with a positive message of non-tobacco use. Posters were judged and the top 12 were included in our calendar. The winning student attended the AAFP National Tar Wars Conference in Washington, DC, where he had the opportunity to visit his legislators and present them with a copy of his poster. Tar Wars calendars were distributed to all Nebraska hospitals, Nebraska legislators, sponsors, presenters, students and NAFP members. The NAFP Foundation will continue to partially fund the Nebraska Tar Wars program, while continuing to seek support from additional funders.

TAR WARS – Nevada AFP (2010*)

Our state's Tar Wars program is one of the largest in the nation. Between 2000 and 2009 the program was fully funded through Master Settlement Agreement (MSA) dollars, but in 2010 MSA funds were shifted to the state's general fund and we lost 100% of our Tar Wars funding. Funding from FMPC will be used to assist our Tar Wars program with building sustainable implementation tools to allow us to offer the program in years to come. Last year, we created a Tar Wars web site and digitized all of our program materials. This year we will add an on-line scheduling calendar so physicians can visit the site and see what dates and times the schools are available for presentations. In addition, we will address financial disparities among the schools by providing paper and drawing supplies to at least 65 classrooms in low income schools that are interested in participating in the Tar Wars Poster contest. Recently many schools have responded that they did not have art supplies for their students to participate in the contest, and their need became clear when posters were submitted on the back side of previously used copy paper, or posters were created entirely in pencil.

TAR WARS: RURAL – Foundation of the Georgia AFP (2010*)

The goal of the Rural Tar Wars Project is to introduce Tar Wars to 4th and 5th graders in more than 180 classrooms in 50 counties designated as rural, low income, which is intended to further reduce the rate of tobacco use among the state's youth. The Foundation of the GAFP 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 seeks to capitalize on the momentum to reach an additional 5,000 underserved fourth and fifth-grade students in rural Georgia counties. The Foundation of the GAFP will work with the Georgia Association of School Nurses and assemble Tar Wars classroom kits, which will provide 300 presenters a "one stop" box of the items they will need to present Tar Wars throughout Georgia. Each kit contains a presenter lesson plan, copies of parent information sheets to be sent home with students to foster family discussions on tobacco use, tobacco advertising examples, pre and post-presentation surveys, poster contest guidelines, program brochures and drinking straws to demonstrate the decreased lung capacity long-term smokers experience. The kit will also contain free art supplies for students to participate in state and national poster contests including poster board and washable markers for each classroom. Funding will allow the Foundation of the GAFP to conduct Tar Wars presenter training sessions and webinars for school nurses, residency programs, FMIG Clubs at Georgia medical schools and other healthcare professionals in underserved areas of Georgia. Georgia elementary school nurses and public health nurses would also be eligible for stipends to encourage maximum recruitment and attendance for Tar Wars training sessions.

TAR WARS: TOOL KIT – Foundation of the Georgia AFP (2006)

The geographic focus of this grant is the five counties of Metropolitan Atlanta. The mission of the GAFP Tar Wars program is to educate fourth and fifth grade students about being tobacco-free and provide them with tools to make positive decisions regarding their health. During 2007-08 academic year, in five Metro Atlanta counties, the Foundation of the Georgia AFP will hold Tar Wars training sessions for presenters and make presentations intended to motivate 1,000 students not to use tobacco. This grant will be used to provide training sessions for presenters and to assemble instructor kits providing 150 presenters with a "one stop" box of items needed for their presentations. This grant will be matched by staff time of GAFP and volunteer presenters.

Results of '06 Grant Award: 250 Tar Wars kits were customized for Georgia Tar Wars presentations that reached more than 1,200 students in 150 public and private schools in urban and suburban areas throughout Metro

* Results from 2010 Grant Awards will not be available until April 2012.

Atlanta. In mid-May a Tar Wars Program Coordinator was hired and new presenters were actively recruited including residents, family physicians and their staff, school nurses, public health nurses and other health care professionals. Multiple Tar Wars training sessions were provided including training the Center for Disease Control staffers to build a foundation for future collaboration. Local media coverage was secured by sending media advisories to education and health reporters as well as sending photos and cut-lines to papers unable to send photographers. This year our concentrated effort to recruit new presenters produced a large number of interested medical students, residents, and physicians.

TEEN LINK – *Minnesota AFP Foundation (2008)*

Teen Link is a collaborative program with the YWCA, Minnesota Academy of Family Physicians Foundation, United Family Medicine Residency Program, Midwest Dairy Council, and other health organizations. Its targeted population is high-risk youth, ages 11 to 18. Teen Link is comprised of inter-related modules delivered by Peer Educators who are trained by health care professionals in three program areas: Nutrition, Fitness, and Community Outreach/Education. FMPC funds will be dedicated to supporting the Healthy Eating & Nutrition, and Fitness core program areas. At-risk youths will participate for one year and Teen Link will measure participants' success and outcomes using blood pressure readings, heart rates, progression to a healthy Body Mass Index, and the reporting, by participants in their journals, of physical activity at least two times a week. Teen Link's goals are to: 1) Reduce childhood obesity; and 2) Promote skills and motivate youth to build and maintain healthy lifestyles through nutritious diet and exercise.

Results of '08 Grant Award: Nearly 90 youth participated in two full sessions and an amended session completed during the summer of Youth in Motion (formerly known as Teen Link) classes. Youth in Motion delivered age and gender appropriate activities for preventing and combating childhood obesity, which took into consideration social and environmental factors that can undermine economically disadvantaged youth. By delivering nutrition and exercise activities to the youth via Youth in Motion we saw lowered blood pressure and/or lowered heart rate, and progress toward a healthy BMI (53%); increased moderate- to high-level physical activities two times a week for 30 minutes (90%); and increased intake of water, fruits, vegetables, and lower fat foods (90%). The Family Night Dinner activity; Nutrition Journaling; and Fitness Class activities adapted by the youth, (e.g., obstacle courses, cardio kick boxing) were among the many favorite parts of this effective program.

YWCA YOUTH ACHIEVERS HEALTHY BODIES INITIATIVE – *Minnesota AFP Foundation (2006)*

The Youth Achievers Program (YAP) provides constructive alternatives to delinquent and high-risk behaviors by providing a healthy, structured environment augmented by fun, skill- and confidence – building activities and services developed specifically for this population. Serving ages 7-14, YAP uses a service-based, intergenerational learning model. YAP provides age appropriate programming in three main categories: 1)academics and technology, 2)social skills and leadership development, and 3)healthy minds and bodies. While the program operates from the presumption that all children are “at-risk” and is committed to building the core assets and competencies of all youth, it emphasizes service to young people in the higher risk categories. This Initiative involves the development, implementation, and evaluation of nutrition, active life style and 3-A-Day of Dairy education. Family medicine residents will work with youth and YWCA staff to develop healthy life-style plans; the youth will implement these plans and will also educate their peers and families. This grant will cover 60% of the costs; the remainder of program costs will be matched by the Minnesota AFP Foundation, and its collaborating partners: YWCA St. Paul MN; Minnesota Academy of Family Physicians Foundation (MAFP/F); Midwest-Dairy Council, St. Paul, MN; and United Family Medicine Residency Program, St. Paul, MN.

Results of 2006 Grant Award: Approximately 50 children and their families participated in YAP Healthy Bodies Initiative. Of these eight students were selected, based on their interest, to serve on the Youth Advisory Council (YAC), and were provided with a leadership opportunity and a chance to be true partners in programming. Of the 30 youth who completed the survey at the end of the year: 75% stated it increased their knowledge of nutrition, diet and healthy exercise; 89% stated increased knowledge of nutrition, diet and healthy exercise; and 90% stated that they have increased their physical exercise. Of the 20 parents responding to the survey 70 % said that the YAP Healthy Bodies Initiative increased their knowledge of the importance of physical activity and 100% reported increased knowledge of the importance of balanced meals. Due to the mobility of the students and parents that participate in this program there was a high turnover rate which proved challenging to maintaining a core group over an entire year of activities. YAC meet bi-weekly to discuss programming ideas and worked with a medical resident from the Minnesota Family Physicians group to learn more about nutrition and exercise and their effects on the human body. Students then took the information and designed presentations and projects for their peers. All program activities are summarized below.

STUDENT & RESIDENT PROGRAMS

ADOPT AN FMIG – *Illinois AFP Foundation (2007)*

An “Adopt an FMIG” system will be established between 12 medical school Family Medicine Interest Groups (FMIGs) and (potentially) 16 affiliated or nearby Family Medicine residency programs (FMRs). Adopt an FMIG’s goal is to provide every FMIG with a dedicated support system from a Family Medicine residency; input and oversight from the Illinois AFP; and possibly provide some combined community service or education events. Grant funds will be used to support events that will help establish FMIG-FMR pairings. Grant funds will be matched by Family Medicine residency programs that donate time and educational resources.

Results from ‘07 Grant Award: This project received a no-cost extension through January 2009 to allow for a more effective outreach. Overall, 307 medical students interacted with 36 residents and fourteen events were held involving 8 different FMIG-FMR pairings. Food was *essential* to get student participation and email was the primary form of communication among medical students. All events were in-house events – none involved opportunities in the community, service events or interaction with others outside their immediate community and students and residents kept events very simple. What worked best was when the FMIG and FMR were closely related and had faculty members wearing both hats, such as SIU Carbondale and SIU Springfield. What did not work was trying to keep FMIGs and FMRs connected over the full year when some schools change leadership in the FMIGs at different times.

CLINICAL CAMP CONNECTION – *Pennsylvania AFP Foundation (2007, 2008)*

Family Medicine Clinical Camp, initiated in 2003, allows Family Medicine students from eight medical schools to experience up to 30 hands-on clinical procedures mini-workshops, and provides extensive network opportunities with residency program representatives and fellow medical students. The total project cost is estimated at \$13,000. Grant funds will provide round-trip bus transportation to 47 medical students from Western Pennsylvania to Philadelphia, and a single night’s lodging. Additional funding will be sought from foundations and component chapters.

Results from ‘07 Grant Award: Through this grant PAFP/F provided overnight lodging for 38 students and residents from Western and South Central PA, and complementary round-trip chartered bus transportation for 16 students from Western PA medical schools to attend Clinical Camp in Philadelphia. Attendance of Western PA students increased from 6 students in 2007 to 19 students in 2008. Unfortunately PAFP/F discovered a schedule conflict with a University of Pittsburgh (located in Western PA) Medical School event, Second Look Weekend, which many students had already registered to attend. PAFP/F learned that it must initiate a more thorough calendar search of all medical school functions prior to establishing the Clinical Camp date; that early and widespread promotion secures the best student participation; and that most participating students from Western PA appreciated and relied on the chartered-bus transportation and the easy accessibility to the conference.

Results from ‘08 Grant Award: Through its 2009 Clinical Camp Connection initiative, PAFP/F was able to reach 80 first-and second-year medical students, and increase interest in Family Medicine by introducing them to hands-on clinical workshops, a Follow Your Passion breakfast panel presentation, You Too Can Afford to be a Family Physician plenary luncheon, and more. PAFP/F was able to provide complimentary round-trip chartered-bus transportation for 27 western PA medical students thereby allowing them to attend PAFP/F’s Clinical Camp in

Valley Forge, PA and increasing the attendance of western PA students nearly 169 percent (from 16 students in 2008 to 27 students in 2009). PAFP/F hoped to transport many more eastern PA medical students with a second bus, but complications (all due to the unreliability of the bus company) hindered the success. PAFP/F has reevaluated and formulated new plans for the future Clinical Camp initiative. Through open discussions with the participating residency programs and the Resident Student Affairs Commission (RSAC), PAFP/F has chosen to suspend the 2010 Clinical Camp as the one-day statewide event and instead implement a new regional program format, working with UPMC residency programs and Pitt Med FMIG to put on a one-day program in Pittsburgh in the spring of 2010, and with the Northeast STFM Conference to include a Clinical Camp session in their event in Hershey in the fall 2010.

CREATING RELATIONSHIPS – *South Dakota AFP (2008)*

We offer free registration to all South Dakota AFP students and residents in an ongoing effort to get students interested not only in our conference, but our specialty as well. We feel our conference offers the type of family-friendly learning environment that a lot of students and residents are searching for and believe that Family Medicine residents benefit from our conference by making contact with colleagues and physicians from around the state. We also want them to get in the habit of attending our meeting. In addition to the mentoring and socializing that occurs throughout the conference we feel it increases the value of their membership in both the South Dakota AFP and the AAFP. Additional funds will be provided by the State AFP.

Results from '08 Grant Award: Eighty-seven registered attendees and 13 speakers took part in South Dakota AFP's Annual Meeting. Many residents who have benefited from this program now attend the conference as physicians. This grant was used to offset travel costs and lodging expenses for eleven students/residents and their families (\$325/reimbursement). Surveys taken following the Conference indicated that the Annual Meeting is a great experience for the students and residents; worth their time; networking opportunities were valuable; and they would recommend the Conference to colleagues.

FACES OF FAMILY MEDICINE – *Kansas AFP Foundation (2008)*

The Faces of Family Medicine is a 4-part program that reaches out to our FMIG groups to build and maintain students' interest in becoming family physicians.

- 1) "Faces" Faculty / Mentor Training: An initiatory training session for selected family physicians who will be in the "Faces of Family Medicine" program. Training provides instruction on fostering positive relationships with medical students and on the use of Facebook or other social networking media. Through these media the Faces Faculty can be 21st century mentors with an ongoing relationship with the students who apply.
- 2) "Faces" Program on Campus: Outstanding family physicians from inner city, rural, urban, suburban, and hospitalist settings will be brought to the FMIG to provide the different faces of Family Medicine.
- 3) "Faces" Mentors: A limited number of students will have an opportunity to have an ongoing relationship with one of these family physicians through Facebook or other social networking media.
- 4) "Faces" Evaluation: KAFP Foundation will use online survey evaluations to measure the success of the program with students and with the Faces Faculty members.

Results from '08 Grant Award: Fifty medical students at two KU School of Medicine campuses and 28 practicing family physicians, serving as mentors, participated in this project. The Faces of Family Medicine web page on the KAFP website was developed for mentorship resources, mentors were trained at the Annual Meeting, mentors and students were matched, and two dinner meetings were held – in Kansas City and Wichita – with panels of five

Kansas family physicians from each location showcasing the many different faces of Family Medicine, as experienced through different types of practices. AFP staff followed up with students and mentors to check on their match and progress. The Faces of Family Medicine program worked very well, especially for the medical students in years 1 and 2, who were very receptive to having a mentor. The third and fourth year students spend so much time off campus that it was more difficult to get their participation. The faculty was very approachable and eager to share and Family Physicians volunteered their time and many formed friendships beyond mentorship with the students. The dinners were well attended and fun. Despite applying for grants from several organizations and foundations there is no funding available to continue the project.

FALL FESTIVAL & PREPARING FOR RESIDENCY – *Illinois AFP/Family Health Foundation of Illinois (2008, 2009, 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. This event includes plenary sessions and workshops; hands-on clinical demonstrations; and festival themed exhibit booths from supporters and residency programs.

Results from 2008 Grant Award (funded only for the Preparing for Residency program): 100 medical students, residents, and faculty took part in the *Preparing for Residency Program* on Saturday, April 25, 2009 at Loyola Stritch School of Medicine. Students from nine Illinois campuses, as well as students from three medical schools outside of Illinois, participated. Third year medical students getting ready for the Match were targeted and over 80% of the attendees were M3s. Illinois Family Medicine Residency programs sponsored the program by exhibiting, providing workshops on topics important to the Match process, and providing program information to student attendees; and they were vital to the success of this event. Interaction between students and residents was mentioned as the most beneficial aspect, and faculty appreciated the opportunity to meet with students interested in Family Medicine. Students welcomed the chance to meet with multiple programs in one place and to receive instruction on topics of importance. Student suggestions for improvement included more free time with residency programs, including a session comparing Internal Medicine and Family Medicine, and adding a workshop on ranking the Match process. Input from both residency sponsors and students allowed us to re-evaluate the program schedules to provide longer, uninterrupted time to meet and network. We learned that running workshops back-to-back is preferable as this allows longer periods of time for networking and recruiting, rather than short breaks.

Results from '09 Grant Award: Family Medicine Fall Forum & Preparing for Residency was attended by 146 medical students, residents, and residency program faculty. This combined event, held Saturday, October 16, 2010 at the Marriott Hotel from 9 a.m.-3 p.m., was marketed as a fair and had a fun atmosphere of games and learning. The combined event allowed for more time for interaction between residents, students, and residency programs; drew a larger audience than either program alone; and saved duplicative costs involved in hosting holding two events. A former IAFP student president, now on faculty at a nearby residency program, presented our "Strolling Thru the Match" seminar. We also had a panel discussion appropriate for students and residents addressing debt management and loan repayment options. Medical Risk Jeopardy was one of the favorite topics/presentations and residents especially liked breaking off into teams and competing against each other (name-tags were handed out with names of medical docs from MASH, ER, Scrubs and other medical television shows). For the first time, we

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included a Fellowship “speed dating” two-hour session allowing residents to check out 15 different fellowship program offerings and then get more one-on-one information about programs that piqued their interest. Next year we are looking toward collaborating with other North Central region states to have a larger event that can pool the resources of several organizations.

FAMILY CARE TRACT PROGRAM – *Maryland AFP Foundation (2010*)*

Many areas within our state are Medically Underserved Areas and care is delivered by family physicians with a willingness to host students in their offices. The Family Care Tract Program matches medical students with family physicians who are willing to host students in their office in the summer months. It is anticipated that we will match over 20 medical students and provide them with a \$500 stipend. Funding is necessary to offset the cost of living and lost wages that students face when choosing to participate in this program in their summer months. The goals are to: 1) increase the number of medical students able to work alongside family physicians; and 2) increase the numbers practicing in underserved parts of our state. Preliminary analysis of our current third-year students who matriculated in this Family Care Tract Program has shown an increasing percentage of these students choosing to enter Family Medicine residency programs.

FAMILY MEDICINE EXTERNSHIPS – *North Carolina AFP Foundation (2007)*

The North Carolina AFP Foundation has been funding two externships per year, since 2004. The requested funding will allow four additional students to participate in an intensive four-week summer externship that provides a hands-on introduction to Family Medicine by working with an actively practicing family physician. Grant funds will pay for four externships, a web-based development tool, and some administrative costs. Funding will be matched by North Carolina AFP Foundation and contributing partners including family physician preceptors.

Results from '07 Grant Award: This program targeted second-year medical students at NC's four medical schools and experienced a marked increase in interest. Total externships grew from 3 in 2007 to 11 in 2008. Students were encouraged to connect with their existing Family Medicine contacts to arrange mutually beneficial experiences, while the NCAFP/F collaborated closely with each medical school to leverage existing contacts at each Family Medicine department. A simple longitudinal cohort study was developed and will be used to monitor and track their interest in the specialty throughout the remainder of their medical school training. Lessons learned include: 1) student engagement was fostered at the outset and students were encouraged to locate family physician preceptors on their own, which helped to streamline the matching process and align their individual expectations with program delivery; 2) the program benefitted greatly from using multiple channels including web, print, and person-to-person communications; and 3) the externs who participated were willing to provide qualitative data about their experience that may prove useful in driving future programming and promotional efforts and help uncover key drivers in choosing a specialty.

* Results from 2010 Grant Awards will not be available until April 2012.

FAMILY MEDICINE INTEREST GROUPS CONVENING – *California AFP Foundation (2007, 2009)*

California has 8 allopathic medical schools (all have an FMIG) and 2 osteopathic medical schools. The objectives for this one-day Summit are to: 1)educate predoctoral coordinators to become active advisors to support FMIGs; 2)create enduring materials to facilitate FMIG activities; and 3)increase the promotion of Family Medicine on campus. In 2007 the program held meetings that reached Southern California; in 2009, the program will hold a follow-up event in Northern California.

Results from '07 Grant Award: Sixteen people, including Family Medicine Interest Group (FMIG) leaders, predoctoral coordinators, and other medical student joined AAFP and CAFP at this year's FMIG Convening. The information from the event and developed materials reached all California medical schools through email, mail, and our Web site. Over the course of six months, we developed a guide to assist FMIGs with group administration, event planning, leader recruitment and retention, and resources. This guide will serve as a supplement to the AAFP FMIG Manual and as a set of enduring materials for the FMIGs to use throughout the year and pass on to the next group of leaders. The location of the event made it difficult for Northern California FMIGs to attend, but we kept them updated on the progress and shared the materials we used at the Summit. We plan to update developed materials on a yearly basis and continue to encourage active discussion among FMIGs and with AAFP. We will also follow up with each FMIG in March 2010 to evaluate the activities, utilization of materials, success in event planning, and the overall growth in the FMIG. Also, in order to support continuity, the established CAFP liaison committee will work together to share ideas, brainstorm activities, and promote interest in Family Medicine in California.

Results from '09 Grant Award: Extension requested; report will be available September 2011.

FAMILY MEDICINE INTEREST GROUP FUNDING – *North Dakota AFP (2009)*

Funding for this program will be used to support the 2009-2010 FMIG Events Schedule that includes four student events throughout the academic year. The first event is a panel of 4 family physicians and spouses to discuss the lifestyle of family physicians; the second event is a formal dinner with medical students, spouses, residents, and family physicians from across the state; the third event is a hands-on workshop presented at a medical school by the Family Medicine residency programs in the state; and the fourth event is a spring picnic. Time and funding permitting, the students would also like to look at doing 2-3 public health events.

Results from '09 Grant Award: One hundred twenty-five students participated in three events, and we were able to get confirmation from the students that they greatly appreciated all of the activities that we plan each year. The third event, a workshop focused on OB was canceled due to a storm. The first event had a last minute scheduling change that resulted in a physician only-panel (no spouses), and the feedback illustrated that the event resulted in increased interest in Family Medicine. Once students realized that there was more than one path in Family Medicine there were numerous questions and good conversation. Despite these modifications to the original schedule, all events were very well attended with outstanding feedback. Events have already been requested for the year to come.

FAMILY MEDICINE INTEREST GROUP PROGRAMMING BUREAU – *Georgia AFP (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 will be presented during the 2011-12 school year by a consortium of State AFP leaders prepared to speak on a broad range of issues. Educational programming members will voluntarily present the program through a series of "lunch and learn" and evening lectures at medical schools

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throughout the state. Speakers will receive mileage reimbursement and overnight lodging (where applicable) for travel to each school. Available programming topics for the 2011-12 school year include: 1) Advocacy for You, Your Practice and Your Patients; 2) What Healthcare Reform Means for Your Professional Future; 3) Patient Centered Medical Home (PCMH); 4) Family Medicine Revealed-Not Just Private Practice; 5) Country Doctor/City Doctor-The Challenges of Rural/Urban Family Medicine Practice; 6) Skills Workshops (EKG, stress testing and colposcopy); 7) Student Professional Development-Research Poster Presentation Workshop; 8) AAFP Strolling Through the Match; and 9) Tar Wars Training.

FMIG'S PATIENT CENTERED MEDICAL HOMES LECTURES – *Foundation of the GA AFP (2009)*

Funding will be used to support the state's FMIG Patient Centered Medical Home (PCMH) Lecture Series, which provides medical students in Family Medicine Interest Group (FMIG) clubs with an introduction to the innovative PCMH model of healthcare. It highlights the vital role family physicians play in "patient centric" success models, technology best practices, tools used to modernize medical record keeping and exchange of medical information. This series of "lunch and learn" lectures, presented by state AFP Foundation board members, also develops mentoring opportunities for leadership.

Results from '09 Grant Award: The difficulty in scheduling individual lectures at each medical school campus precluded executing the lecture series as originally planned. Initially, FMIG leaders and school administrators responded positively to the idea of individual lectures at each campus, but FGAFP staff encountered difficulty scheduling lectures at each campus because some administrators not did not respond to scheduling requests and others cited staff changes at the schools. Although the series of lectures in medical schools were not implemented as planned, the PCMH lecture model was developed and recruitment from GAFP Board and membership identified leaders willing to conduct the lectures for FMIG Students. Instead of attending individual lectures, 27 FMIG students from Georgia's 6 medical school campuses participated in the GAFP Scientific Assembly and attended the keynote, "Family Medicine and the PCMH" on November 13, 2010. This keynote address, presented by GAFP leader Dr. Harry J. Heiman MD, MPH (Health Policy Director, The Satcher Health Leadership Institute at Morehouse School of Medicine), introduced the PCMH model and explained the vital role Family Physicians play in its overall success. Holding the lecture during the GAFP Scientific Assembly also provided the students with an opportunity to interact with hundreds of practicing Family Physicians, to participate in educational workshops and to view research poster presentations on several timely topics, including diabetes, asthma and obesity.

HEALERS' ART: NURTURING SERVICE IN MEDICAL EDUCATION – *Wisconsin AFP Foundation (2006)*

Healer's Art is an elective medical school course that teaches the Hippocratic values of service and compassion and nurtures these values in medical students. This elective has been taught at the University of Wisconsin School of Medicine and Public Health since 2002 (UW has a policy of not financially supporting medical school electives). Start-up funding for this program from AHEC and ISHI is now exhausted. This grant will pay for 82% of the cost of providing this course; the remainder will be covered by the WI AFP Foundation.

Results from '06 Grant Award: Twenty-five students (maximum class size) enrolled in this class which was taught primarily by family physicians in the UW School of Medicine. A thorough course evaluation was conducted and, on a scale of 1-5 in the areas of quality of the course, quality of the faculty, and overall impact of the course, the average rating was 4.87. A majority of students stated that the course had a dramatic impact on them and they felt it should be a required course for all medical students. Overall, the majority of students felt that they would be better prepared to treat patients with a more compassionate and humanistic approach after taking this class.

INNOVATIONS IN MEDICAL EDUCATION: TEACHING THE PCMH

PHILOSOPHY – *California AFP (2010*)*

A workforce task force will be convened to address incorporating the Patient Centered Medical Home (PCMH) model in medical education and residency programs. This project will focus on three main goals: 1) determine the current situation and shortcomings regarding PCMH-based training in medical schools and residency programs; 2) convene a group of 10 family physicians with expertise in PCMH and medical education for a one-day workgroup and multiple conference calls to discuss Best Practices in PCMH education; and 3) produce a package of best practices in PCMH education that will be distributed to our state's eight allopathic and two osteopathic medical schools, all Family Medicine residency programs, as well as identified leaders in the development of our state's two newest medical schools. The best practices information will also be available to download on CAFP's website. Our State AFP and AFP Foundation have a long history of innovation in teaching and curricula development and maintain strong relationships with the directors at each medical school and residency program in the state.

IT'S ALL ABOUT MEDICAL STUDENTS ALL YEAR LONG – *South Dakota AFP (2010*)*

This program is a comprehensive plan with the only medical school in our state to pull together family physicians and medical students in a variety of activities throughout the academic school year. The goals of this program are: 1) to have our members travel to the medical school and share their expertise and knowledge at procedure nights so the medical students will gain an understanding of the scope of practice of Family Medicine; 2) supply a manikin 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; 3) improve medical students knowledge of Family Medicine physician lifestyle; and 4) show medical students the possibilities and leadership positions available through the SDAFP and the AAFP and get them involved with both.

LATEX TO LARYNGOSCOPES, STUDENT TRACK – *Kansas AFP Foundation (2010*)*

Medical students will be offered a track during the 2011 Annual Meeting & Scientific Session that will parallel existing CME on the final morning of the conference. It is estimated that 30 medical students will attend these activities. Academy staff, Foundation Trustees, Academy leadership and trusted 4th year students will staff and teach the sessions. The goals of the Student Track are to: 1) teach medical students up to four hands-on procedures and allow them individual time to practice with appropriate educational equipment, such as suturing kits, intubation manikins, delivery models, etc.; 2) prepare students for and excite students about rural Family Medicine by sharing case presentations pertinent to their upcoming experiences; 3) provide students with information on current innovative Family Medicine projects, including the PCMH, in their own programming track; and 4) provide students with information on state-level programs for students in their own programming track.

* Results from 2010 Grant Awards will not be available until April 2012.

MEDICAL ENCOUNTERS – *Mississippi AFP Foundation (2010*)*

Medical Encounters is the cornerstone of the undergraduate state 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. The goal of the bi-annual Medical Encounter is to expose students to medical school curriculum, the broad scope of Family Medicine training and open their eyes to rural health care disparities. Medical Encounters combines listening and learning sessions with hands-on opportunities to learn basic medical skills.

MEDICAL SCHOOL INITIATIVE – *Florida AFP (2007)*

Under this initiative medical students are able to: 1) discover Family Medicine away from the academic/clinical setting, 2) meet and talk one-on-one with family physicians from around the Florida, 3) participate in CME activities, 4) witness organized medicine, and 5) experience the lifestyle possible to them as a family physician. Grant funds will be used to provide accommodations for approximately 48 students at two Family Medicine Weekends & Summer Break Away events. Grant funds will be matched 1:1 by the Florida AFP.

Results from '07 Grant Award: 94 medical students attended the two Summer Break Away events and two Family Medicine Weekends that were held between July 1, 2007 - June 30, 2008 (2007 and 2008 Summer Break Away and the 99th and 100th Family Medicine Weekends) Of those attending 10 students were projected to graduate in 2008; 17 in 2009; 42 in 2010; and 23 in 2011; and 2 unknown. The FAFP spent \$6,331 for student accommodations at the four FAFP meetings, and when we were stretched beyond the funds we had available, one of the medical schools stepped up to fund housing for some of their students.

MEDICAL SCHOOL INTEREST FUND – *Minnesota AFP (2007)*

The Medical School Interest Fund (MSIF) encompasses two programs: 1) Minnesota's Family Medicine Interest Groups (FMIG's) and 2) Ward Survival, a customized education program to help students transition from an academic/lecture style of learning to clinical rotations. The objectives include: 1) increasing medical student awareness of FM as a specialty; 2) providing hands-on clinical skills workshops; 3) improving transition between academic and clinical rotation training; and 4) creating an atmosphere of community among medical students. Grant funds will be used at three medical school campuses to support FMIG activities and Ward Survival; Minnesota AFP will provide for project salaries and all other associated costs.

Results from '07 Grant Award: 840 attendees came to meetings hosted by the FMIGs: Mayo FMIG held 5 meetings (160 attendees); UM-Duluth held 9 meetings (540 attendees) and UM-Twin Cities held 4 meetings (140 attendees). Hands-on clinical workshops (FMIG program) had the best attendance. In addition, 140 medical students attended the three Minnesota AFP sponsored events on Ward Survival and the Medical Home. We learned that the topic of Ward Survival did not grab the students, but when we switched from Ward Survival to the Medical Home students became excited about the event. MAFP launched a message board for medical and pre-

* Results from 2010 Grant Awards will not be available until April 2012.

medical students to connect with each other, but due to low rates of participation the decision was made to discontinue the message board as of July 2008. MSIF funds matched the grant provided by AAFP for each FMIG.

MEDICAL STUDENT SUPPORT – *Arizona AFP Foundation (2007)*

The number of medical schools in Arizona has doubled along with its growing population. Medical Student Support will host student dinners/luncheons at a minimum of two medical school campuses. These dinners/luncheons will properly introduce and inform students about the Family Medicine specialty, spark FMIG groups within the student community, and introduce medical students to AAFP and Arizona AFP membership benefits. Grant funds will be used to provide meal/banquet services; AzAFP Foundation staff and speakers will provide an in-kind match for time and travel.

Results from '07 Grant Award: 300 Arizona medical students were reached at the events held at three medical school campuses: University of Arizona-Tucson, University of Arizona-Phoenix, and Midwestern University. The AzAFP/F and staff learned that to meet the projected goals of the Medical Student Support program, they had to work closely with the medical schools to make this type of event possible. An important feature was the volunteer presenters who collaborated by sharing their inspirational Family Medicine stories with medical students. The AzAFP physician members that volunteered their time to speak with these medical students helped make the message clear. The students loved having the opportunity to have their questions about Family Medicine answered directly.

NATIONAL CONFERENCE FOR MEDICAL STUDENTS – *Kansas AFP (2007)*

This project is intended to increase medical students attendance at the 2007 AAFP National Conference of Family Medicine Residents and Medical Students. In addition to the benefits for the students, the Kansas AFP will gain a better understanding of students' level of understanding of issues in Family Medicine and their interest by conducting pre-attendance and post-attendance on-line surveys. In addition, Kansas AFP will follow students through their medical school career to gauge the importance of involvement in the Conference with selection of FM as their specialty. Grant funds will be used to cover some administrative costs and registration and/or travel costs for students from two medical school campuses to attend the National Conference. No matching funds will be provided by Kansas AFP.

Results from '07 Grant Award: Twenty students attended the 2008 National Conference. We worked with the FMIG's on both campuses to build student interest and get the students to complete the pre-conference and post-conference surveys. Zoomerang surveys were used and I worried that we would have trouble getting the students to fill out surveys. However I involved the KU staff in charge of registering the students and their help was invaluable in making sure the surveys were completed and returned. Unfortunately the question asking participants to indicate their interest level in specializing in Family Medicine was left off of the pre-conference survey but in the post-conference survey, the students rated their interest level in specializing in Family Medicine in this manner: Very high – 9 attendees; Somewhat high – 2; Somewhat low – 1; Very low – 0. Another interesting question was "What effect did the conference have upon your interest in Family Medicine?" Here are the responses: Negative – less interested than before – 1; No impact – interest has not changed – 1; Substantial impact – Family Medicine looks better than it did – 3; Big impact – Family Medicine IS right for you – 1; Greatly reinforced interest – fully committed to Family Medicine – 4.

NATIONAL CONFERENCE SCHOLARSHIPS – *Pennsylvania AFP Foundation (2007, 2008, 2009)*

Pennsylvania AFP Foundation proposes to send a large contingent of student and student leaders to the National Conference of Family Medicine Residents and Medical Students (cost is \$599/scholarship), which it sees as one of the premier opportunities for medical students and residents in Family Medicine to gain leadership training, learn clinical techniques, network with residency programs, and advocate for Family Medicine.

Results from '07 Grant Award: PAFP/F proposed sending 40 students and sent a contingent of 41 medical students and student leaders to the 2008 National Conference. Of these 11 medical students received travel scholarships funded by this grant. PAFP/F was very successful in matching applicants to the scholarships using the following priorities: 1)FMIG leaders (limit 2 per school); 2)4th year medical students who are first-time National Conference attendees; 3)3rd year medical students who are first-time Conference attendees; and 4)all other interested students. Finally, PAFP/F was very successful in receiving post-conference thank you letters from participating students. These letters expressing gratitude and contain information on how attending the National Conference made a difference to the recipient.

Results from '08 Grant Award: PAFP/F proposed to send 50 medical students to the 2009 National Conference and sent a contingent of 58 medical students and student leaders; of these 4 medical students received travel scholarships funded by this grant. PAFP/F targeted medical students and key student leaders from Pennsylvania's 8 medical schools giving preference to FMIG leaders, first-time 4th year medical students, first-time 3rd year medical students, and then all other interested students, respectively, and received 61 applications. PAFP/F was also very successful in receiving post-conference thank-you letters from participating students, which is seen as key to continued funding.

Results of '09 Grant Award: Forty attendees received conference scholarships, with eight of these coming from 2009 FMPC grant support. In all, 50 Pennsylvania students attended the conference, making this a robust showing and the largest student delegation from across the nation. Awarding the PAFP Foundation scholarships as "named scholarships" to better acknowledge the benefactors, the FMPC, and others works well. Students are made aware of their scholarship source and are asked to thank the sponsor in writing. This gives sponsors the opportunity to hear (directly from students) how their donations have impacted the recipients' lives and future careers.

PATHWAY TO MEDICAL SCHOOL – *Georgia AFP (2008)*

The Pathway to Medical School is a program designed to assist rural college students in applying for medical school and exposing them to Family Medicine as a career choice. Since 2004, 95% of the Pathway participants who completed the medical school application process were accepted to medical school. Participants will develop a research project and compete in the annual research poster competition. Past and current participants will be invited to attend the GAFP's student meeting during the annual program. All past participants, accepted into a Georgia medical school, will join the AAFP and GAFP and be encouraged to be active in the school's FMIG club. The goals of this project are to: 1) Provide early exposure to Family Medicine; 2) Increase participant's chances of being accepted into Medical School; 3) Reinforce an interest in Primary Care Medicine; 4) Encourage students to return to practice locally upon completion of medical education; 5) Provide exposure to community medicine; 6) Establish meaningful role models through mentor-student relationships; and 7) Provide community and patient-centered primary care research experience.

Results from '08 Grant Award: Eight outstanding students (1 already accepted to medical school) participated in the 4-week program that began in July 2009. Students participated in 90 hours of structured shadowing with 32 primary care physicians in private practice, community health centers and residency teaching clinics. Each

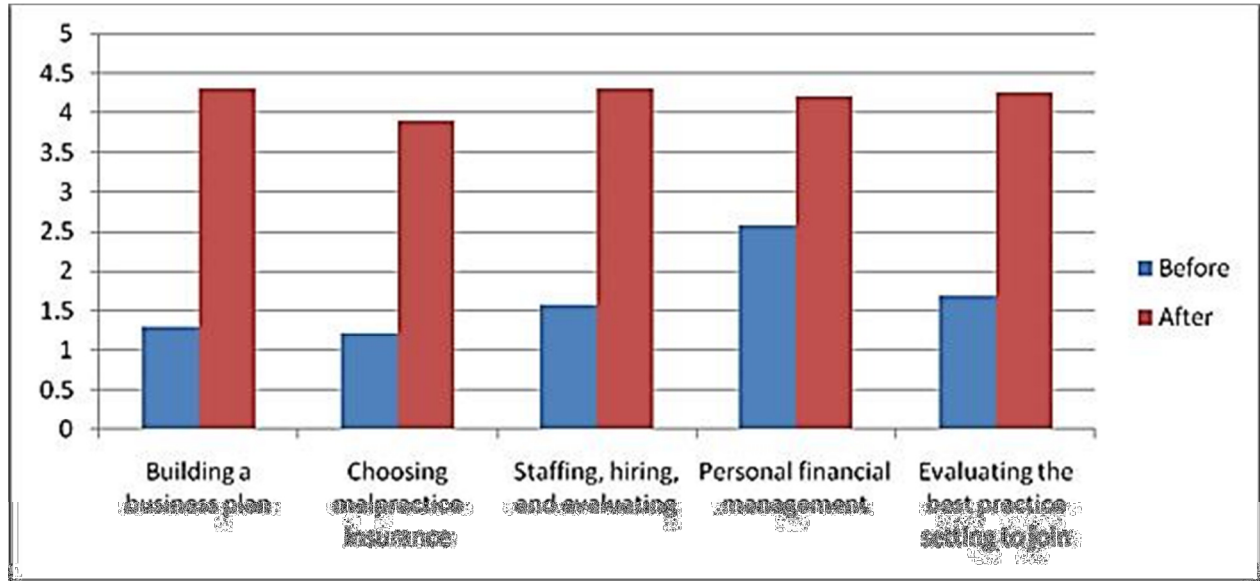
student also shadowed for a full day at the GA Farmworker Health Service Clinic in Ellenton, GA. Students devoted approximately 42 hours of their time working together on three research projects that culminated in posters that were presented and judged at the GAFP Scientific Assembly in Atlanta on November 13th, 2009. The Pathway students also participated in a number of Forums that included: 1)research techniques using the OVID search engine; 2)MCAT test-taking strategies; 3)personal statement prep tips; 4)interview skills; 5)options about paying for medical school; and 6)mock interviews. The 2009 Pathway Program ended with a graduation luncheon hosted by the program sponsors. The highlight of the graduation was the Pathway student's presentation of their research findings to the audience. The program has continued to build and improve each year and based on feedback from Foundation of the GAFP Board members and poster judges, the Pathway Program will place greater emphasis on the research component of the program in the coming years. The Pathway Program's future focus on clinical research will assist the Pathway students in understanding the "bigger picture" facing family physicians today.

Results Update as of February 2011 - As you know the cycle from pre-med student to residency is long. Some of the Pathway students from our first years are now completing their fourth year of medical school. Two of those students have applied to the Southwest Georgia Family Medicine Residency program. We are very encouraged about this and should have more information on additional Pathway students once the "match day" takes place in mid-March.

PRACTICE MANAGEMENT FOR FAMILY PRACTICE RESIDENTS – *California AFP (2008)*

This project will develop and pilot a curriculum that provides basic practice management skills. Topics addressed in the pilot curriculum include: 1) What it takes to start a practice; 2) Financial and staffing issues to consider when joining another practice; 3) The role of human resources in a medical practice; 4) Credentialing, hospital privileging, and Medicare and Medicaid participation; 5) Loan repayment and financial management; 6) Contracting basics (e.g., tail coverage); and 7) Coding and payment basics. To ensure the new curriculum meets the needs of the majority of graduating residents we will invite residents from various programs -- Academic, Managed Care, and Community-Based -- to be part of the pilot. The pilot will help us refine the curriculum and ensure its utility with a broad range of residents. Success will be demonstrated by: 1)development of a curriculum that addresses practice management issues; 2)a pilot of this curriculum with at least 10 residents in attendance; 3)evaluation results of the pilot that assist in refinement; and 4)production of a prototype for use by other chapters.

Results from '08 Grant Award: The project targeted the following five residency program structures among Family Medicine residency programs: municipal (county-based systems), military, community-based non-profit, managed care, and those with direct academic affiliations. Several residents from each type were invited to attend CAFP's one-day pilot event "From Residency to Practice": 16 residents and two faculty members from 13 programs attended the conference. The goal of the event, which was not open to general public, was to provide residents with basic skills and knowledge in practice management in the following areas: 1)developing a business plan, 2)choosing malpractice insurance and liability coverage, 3)hiring and staffing, 4)personal financial management, 5)evaluating the best practice to join, and 6)contract reviews. We evaluated projected vs. obtained results by administering pre-evaluations several weeks prior to the event and post-evaluations immediately following the meeting. The results are shown in the Table that follows.



We learned that while residency education and training cover a wide range of clinical, policy, and other topics a gap exists in the current curriculum. This pilot event helped us explicitly identify areas Family Medicine residents have least knowledge in and start addressing these areas. We received tremendous support from the CAFP Student and Resident Affairs Committee members as well as from faculty of several residency programs. One of the goals of this project was to develop and pilot a curriculum that would provide basic practice management skills. We will continue to evaluate the obtained results and develop a curriculum that can be integrated in California residency programs and piloted with a diverse group of residents. Due to the nature and goal of this pilot project, our target population is small, but we hope to increase the number by further disseminating the information, planning a follow-up event in the future, and working with residency programs to add practice management to their curricula. The current estimated target population is between 50 and 100 California Family Medicine residents.

PROCEDURES WORKSHOP – *Arizona AFP (2010*)*

For the past two years, during our Annual Clinical Education Conference, we've held 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. Many of the physicians attending the conference voiced interest in participating in the procedures workshop, along with the students. To include physicians we are expanding the program 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. Our goals for this project are to: 1) give more physicians the opportunity to learn new procedures or refine their skills; 2) give more students procedure training and the opportunity to forge relationships with the residency programs, making them more likely to train and practice in our state; and 3) provide networking for current members and for recruiting new members and/or retaining student and resident members.

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RESIDENT DAY – *Maine AFP (2008)*

The Maine Academy of Family Physicians holds its annual CME event, the MAFP Family Medicine Update, each spring. This past April, the MAFP had its first ever Resident exclusive programming (running concurrently with CME sessions). Chief Residents from all four allopathic Family Medicine Residency programs attended a half-day leadership training session on the 1st day. The next afternoon, residents from Maine's five FM residency programs (one is an osteopathic program) attended sessions such as practice style, contract negotiation, and transitioning to practice "in the real world". We also held our first-ever recruitment fair with a modest 10 practice sites participating. With the overwhelmingly positive feedback from this year's programming, we have decided to expand our resident programming for 2009 with an entire day resident track which will meet some of the residents practice management requirements as well as expose residents to the variety of practice situations/styles that are available to them. Grant monies will be used to off-set honoraria for speakers, supplement resident registration fees, and assist residents who are traveling. MAFP will provide in-kind and monetary support through staff time, meeting supplies, cost of hotel/meeting rooms and refreshments.

Results from '08 Grant Award: 109 residents attended the 18th Annual Maine AFP Family Medicine Update, held May 6-7, 2010, which included programming for Residents. Residents from all four allopathic Family Medicine Residencies attended and two of the four programs submitted a poster that was presented at the Poster Session. A total of three posters from Residents were submitted. We learned that we need to begin earlier in the year to recruit champions within the residencies and to advertise earlier and with more frequency.

RESIDENT POSTER CONTEST – *Kansas AFP Foundation (2006, 2008)*

In 2006, residents from four Kansas Family Medicine residency programs will be targeted for original research and asked to submit posters on various research projects. These research posters will be displayed at the Kansas AFP Annual Meeting, and judged by the attendees who will select the winners. Cash awards will be given to the winners and their residency programs. The FMPC grant funded 100% of the project in 2006. In 2008 the program was expanded to also target students from the KU School of Medicine. In 2008 the FMPC grant covered 22% of the project's costs.

Results from '06 Grant Award: Seven posters were submitted for the contest; six exhibited at the Annual Meeting; and three were selected as winners. Over 70 members participated in judging the contest. Posters included: 1)Visual Prompts for Promoting Patient-Physician Weight Loss Conversations; 2)Community-Acquired Methicillin-Resistant Staphylococcus Aureus: A Pediatric Case Report of Perinephric Abscess and Severe Sepsis; 3)Double Trouble: 45 year old male - Hip/Groin Pain; 4)Art for Alzheimer's: A Qualitative Study of Art Tours for Participants with Alzheimer's Disease; and 5)Ethical Decision Making by Family Physicians in the Care of Obstetrics Patients. The first three posters listed above were awarded 1st, 2nd, and 3rd place, respectively.

Results from '08 Grant Award: One hundred people attended and voted on the seven posters exhibited at the Annual Meeting. Four posters were selected as winners: two each from the research and the clinical categories. Residency programs and faculty helped encourage residents and students to submit their research projects for consideration. Expanding the program to include students provided a nice variety to choose from. This project will continue to be an annual event.

RESIDENT RESEARCH GRANT AWARDS – *Minnesota AFP Foundation (2008- 2010*)*

The Resident Research Award Program, and its hands-on introduction to clinical research skills, is designed to provide Family Medicine residents with a stimulating opportunity that: allows: 1) residents to gain research skills in a clinic setting; 2) teaches how to gather and interpret data results; 3) fosters residents' interaction with a positive family physician role model; and 4) creates an environment that reinforces the choice made by residents to select the specialty of Family Medicine. Family medicine residents design a practice-based research project on a topic of importance not only to Family Medicine but to their clinic or hospital as well. Applications are reviewed and scored by a Review Team to determine which applications will be awarded a \$3,000 research grant. Grant recipients have up to two years to complete their research project, and upon completion must submit a final paper and present their findings at the annual Research Forum for other family physicians to hear. In 2009 modifications will target increasing the number of applications received.

Results from '08 Grant Award: Seven applications were received and four research projects were chosen by the Review Team to receive a \$3,000 research grant to support their project. Project titles receiving awards were: 1) Epidemiological evaluation of injuries associated with outdoor hunting, 2) A community based health needs assessment, 3) Does rapid antigen testing increase *Trichomonas vaginalis* detection in high-risk asymptomatic population, and 4) A shorthand dictionary for physicians to improve delivery of standard care. Residents have through April 2011 to complete their projects and present their findings at the Research Forum.

Eight on-site presentations promoting the Resident Research Grant Program were conducted at Family Medicine residency programs with an estimated outreach of over 120 Family Medicine residents, faculty, and staff. Additional outreach included newsletter articles, broadcast emails and a website announcement to the members of MAFP. Things that worked well for this first-year project were the application process, the variety of topics submitted, feedback from the Selection Committee, interest and excitement from the Board of Directors, and connections made with the residency program staff and faculty. This new program is half-way through the first year of a two-year program.

Results from '09 Grant Award: Six applications were received and the Review Team awarded 3 research grants in support of these projects: 1) The utility of a long-term care rounding tool kit, 2) Parents' attitude towards complementary and alternative medical therapies for children with autism, and 3) A retrospective evaluation of the effectiveness of group visits for Somali adults with Type II diabetes. Things continued to work well in the second year of this project including the application process, excitement/interest from the MAFP's Board of Directors, and the connections made with residency program staff and faculty. Suggestions from our Review Team that will be implemented in 2011 include: design an online application that can be downloaded; limit applications to no more than 5 pages; and encourage questions from applicants before the deadline. Award recipients have through April 2012 to complete their projects and present their findings at the Research Forum.

RESIDENT ROUNDUP – *Illinois AFP Foundation (2007)*

Resident Roundup provides an opportunity for residents attending Illinois' 28 residency programs to gather, interact, and gain some vital knowledge to prepare for life after residency. During the 2-hour event, held at 3 locations across Illinois, attendees will learn about financial planning and opportunities available through the Illinois AFP and AAFP. Grant funds will pay for marketing/promotion, food/beverages, and some staff travel. Illinois AFP will provide staff and supplies; HealthCare Associates Credit Union will provide a speaker and

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handouts/resources; and Southern Illinois University, which allows the event to be held in conjunction with their annual Practice Management Forum, will promote the Resident Roundup to their 4 residency programs.

Results from '07 Grant Award: The goal was to give each residency program an opportunity to attend one Roundup. Four Roundups were held in the following locations: Springfield; Oak Park; Chicago (directly after IAFP Student Residency Fair); and North Shore Family Medicine. The Roundups were widely advertised using e-mail and E-vites. Overall attendance was much lower than anticipated: 63 residents pre-registered and 45 attended. Those that did attend ranked the program and the live presentations “high” and all indicated they were “likely” or “very likely” to attend a future Roundup. Staff learned that working with and gaining the support of the FMR directors is vitally important to attendance. The final event at North Shore family medicine residency program was entirely devoted to job search/career opportunities and led by IAFP leader Matthew Johnson, MD (by request of the residents at the program who attended the Chicago event). We had great support from North Shore, who hosted the final event at their program, and their residents made it a point to attend. After a very successful program on Jan. 14 at North Shore Family Medicine residency, I believe the best way to ensure resident attendance is to bring it directly to their conference room. However, we have 28 programs in Illinois so providing a live program at all of them is logistically and financially impossible.

RESIDENTS PRACTICE CONFERENCE – *Arizona AFP (2008)*

The Residents Practice Conference began over a decade ago to prepare residents for practice. It provides an opportunity for 3rd year residents to gather critical knowledge on current healthcare issues important to a new physician. Grant funds will be used for marketing/promotion, food/beverages, speaker stipends or travel, and conference collateral. Program objectives are to: 1) Expand the event to a full day; 2) Ensure quality speakers based on evaluation ratings and offer a small speaker stipend and/or travel reimbursement; and 3) Improve the overall experience by incorporating suggestions from 2007, such as having longer panel discussions, starting day with inspiring topic, taking out psychotherapy presenter, and providing more time to “nuts and bolts” topics such as coding, contract negotiations, electronic medical records, loan repayment, medical home model, and how to get hired.

Results from '08 Grant Award: We reached approximately 80 second-year and third-year Family Medicine Residents who are preparing for a career in Family Medicine and provided speakers and panel discussion on: 1)EMR and Basic Technology Start-Up; 2)Loan Repayment & Forgiveness; 3)After Residency, What Are My Options (2 ½-hour Panel Discussion); 4)Enhancing Your CV & Personal Statement; 5)Interviewing & How to Discover What’s Important to You; 6)Contract Negotiations; and 7)Medical Professional Liability Insurance. We also had an exhibit hall with several vendors offering services conducive to the program.

The program was an overall success, with much positive feedback from the resident physicians, and the panel discussions were very well received (received the most enthusiastic comments). Lessons learned include: 1)moving the program to mid-week, rather than a Friday – when more people would be more inclined to leave early; 2)having the panel discussion mid-day; and 3)re-vamping the program by using the feedback received from the residents. We have found that we need to keep up with the ever-changing culture to meet their needs. Our plans for the future include a Business Workshop for all Academy members, because we found that many of the residents are interested in the workshops provided to our Active members, so we are combining the two programs.

SEARCH-ENHANCED L.A. RODGERS, MD PRECEPTORSHIP – *Ohio AFP Fdn (2006-2008, 2010*)*

The Leroy A. Rodgers, M.D., Preceptorship Program began in 1990 funding three students at one of the state's seven medical schools. Since the program's inception, over 700 first- and second-year medical students from these seven medical schools have been placed in preceptorship experiences with community-based physician preceptors, who are volunteers. This collaborative provides first- and second-year medical students from the state's seven medical schools with an opportunity to participate 5-week summer preceptorships, under the guidance of community-based family physician mentors. Student externs will receive a stipend of \$300 a week. Students will gain intensive exposure to Family Medicine's whole person orientation, witnessing first-hand the continuous, comprehensive, and collaborative patient care provided by family physicians; and also, the difference family physicians make in the lives of the people in their communities, particularly those underserved in urban, rural and special needs communities. Analysis of OAFP/F preceptorship program data collected from Ohio's medical schools for student participants in the preceptorship program from 1992 through 2006 shows 32.19% (159 of 494 participants) matched into Family Medicine and 75.11% of participants overall matched in primary care specialties.

Results from '06 and '07 Grant Awards: Each year, 42 preceptorships were funded: 30 HPSA qualified preceptorships were funded under the SEARCH contract with OHA, and 12 additional experiences were funded by OAFP/F stipends. Best practices included: 1) coordinating program activities closely with key contacts in the Department of Family Medicine at the medical schools; 2) providing clear, concise communications and consistent follow-up with these key contacts, 3) using e-mail and telephone, regarding specific program requirements and deadlines; and 4) providing resources/information links to help program coordinators locate HPSA designated sites, Federally Qualified Health Centers and Community Health Centers for placement of preceptors. The SEARCH program was discontinued by the federal government and officially ended in June 2008, though Ohio secured its funding prior to program suspension.

Results from -08 Grant Award: The 2009 Leroy A. Rodgers, M.D. Preceptorship Program provided Ohio's seven medical schools grant stipends in the amount of \$27,000, which supported preceptorships for 22 medical students. Student stipends were \$250/week with rotations varying between 4 weeks and 8 weeks. The SEARCH program, whose funding was cut in 2008, has been restored through the ARRA stimulus package. As part of the ODH/SEARCH contract, OAFP/F anticipates being able to provide 2010 preceptorships that will include up to an additional 35 medical students.

SPEED DATING FOR AN EMPLOYER – *West Virginia AFP (2010*)*

The goal of this project is to demonstrate to resident physicians the value of state AFP/AAFP membership through the actions taken by their chapter in helping with employment and being an advocate by preparing residents for their employment contract meeting and assisting them with loan repayment opportunities. Our historical approach to engaging residents through our annual meeting is not working because the residents are not attending. Residents and the program directors suggested that we should do more to promote the value of membership through a presentation at each of the program's grand rounds. We will conduct roadshow presentations at Family Medicine residency programs to address employment contracting and the value of the AFP/AAFP. We will also host a recruitment fair with a minimum 10 WV employers offering job opportunities and a state expert on loan repayment opportunities. The recruitment fair will offer opportunities to private physician

*** Results from 2010 Grant Awards will not be available until April 2012.**

offices, hospitals, and Community Health Centers to meet with resident physicians interested in placement opportunities in WV in a 'speed dating' format. Potential employers will be given 10 minutes with each resident to promote their opportunity, and residents will be armed with questions resulting from the "road show" presentation on contracting. Also, at the recruitment fair a group presentation on loan repayment requirements will feature the state's NHSC Loan Repayment Officer. We are not planning to charge registration for residents/program directors but will charge a recruitment fee to the Community Health Centers/Physician Groups/Hospitals. The FMPC grant will be used to help offset first year start-up cost.

STATE FAMILY MEDICINE STUDENT AND RESIDENT CONFERENCE – *Louisiana AFP (2010*)*

In 2009, our state AFP and collaborating partners began hosting the annual State Family Medicine Student and Resident Conference. This one-day conference for medical students and residents in training is held in conjunction with the Board and Committee Cluster Meetings to allow students and residents who have an interest in Family Medicine a chance to interact with distinguished physicians, network with exhibiting hospitals and residency programs, learn more about practice management and what to expect as a family physician and participating in hands-on clinical workshops. The format of the conference includes educational lectures, a skills workshop, governance meetings, and a recruitment fair that includes the ten-state Family Medicine Residency Programs. Hospitals and clinics are also invited to provide networking opportunities with future physician candidates. The Resident and Student Leadership Committee, comprised of two medical students from each medical school and two resident volunteers, works in conjunction with Family Medicine Interest Groups and AFP staff to develop the conference agenda. The over-arching goal of the state Family Medicine Student and Resident Conference is to increase the matriculation rate of students transitioning from state medical schools to state Family Medicine Residency Programs and ultimately transitioning residents into Family Medicine practice.

STATE FAMILY MEDICINE RESIDENTS AND STUDENTS CONFERENCE – *Texas AFP (2008, 2010*)*

The State Conference of Family Medicine Residents and Students brings medical students and Family Medicine residents together to hear educational lectures about how to excel in Family Medicine and to network with their peers and meet leaders. The conference is free to all student and resident members, and they can also receive funding to pay for their 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. In addition to lectures, there is a residency and procedures fair. Many of the invited guest speakers are members and do not require an honorarium to speak, but we do offer travel reimbursement.

Results from the '08 Grant Award: Over 60 Family Medicine residents and medical students attended the Texas Conference of Family Medicine Residents and Students. Of the 15 student attendees, four matched into Family Medicine residencies in Texas, 10 remained TAFP student members and one was unknown. The lectures strive to demonstrate the importance of becoming a family physician to the medical students, and a procedures workshop for the students held by Texas Residency programs draws in the most students. Presenters are selected by a planning committee and chosen for their strong leadership within the Academy. Our involvement with the residents at this conference helps shape their future decisions regarding Family Medicine and their decision to

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continue their membership and leadership in TAFP and AAFP. Future topics requested include: 1)International Medicine and providing quality care with limited resources; 2)Things to know about signing a contract; 3)Procedural skills; 4)Malpractice insurance and tail coverage 101; 5)Medical Spanish; 6)Resolution writing; 7)Overview of the application process for residency; and 8)How to prepare a real world timeline in the 3rd year of residency. While holding this conference in conjunction with TAFP's Interim Session allowed the students and residents to interact with Academy leaders and participate in the governance process, the dates for the Interim Session often overlap with spring break for one or more of the medical schools. Changing the time and location was discussed, and we have decided to keep it how it is and increase marketing towards students so they can plan accordingly.

STUDENT INTEREST INITIATIVE: PROCEDURE DAY – *Indiana AFP Foundation (2007)*

Procedure Day offers 3rd year medical students introductory-level procedural workshops (scrubbing in, pocket reference books, SOAP notes, etc.) and a speaker panel during lunch. The goal is to increase the number of medical students selecting Family Medicine by introducing them to the specialty at a key time -- just before beginning their clinical experiences. Participants will be tracked to determine the number of students that participate in the FMIG and who match to Family Medicine. It is estimated that 110 students will attend. Grant funds will pay for mailings, handouts, Family Medicine promotions, and facility/food/beverages costs. The residency program will provide other workshop supplies.

Results from '07 Grant Award: 300 students were invited, 111 students RSVP'd, and 100 students attended the "Student Survival Skills Day" that was hosted the weekend before 3rd year medical students began their clinical experiences. In addition, Indiana AFP also gained 18 new student members. Fifteen residents, 1 faculty member and 2 board members assisted with workshops and program details. Each program presented a 20-30 minute workshop ranging from "must have pocket reference manuals" to "how to take SOAP notes" to "delivering a baby," and Dr. Tom Kintanar, past AAFP Board member and IAFP Past President, spoke to the students during lunch. A follow-up Survey Monkey evaluation is planned in May 2009, when students have completed almost a year of clinical rotations and will be able to look back at the event and determine how it prepared them for classes.

STUDENT & RESIDENT CLINICAL EDUCATIONAL SERIES MINI-TRACK – *Pennsylvania AFP Foundation (2009)*

The Clinical Education Series Conference is hosted annually for Family Medicine professionals to gain quality continuing medical education, participate in patient safety courses, and network with colleagues. Funding will be used to develop and sponsor a unique mini-track program for residents and students, which will be offered in conjunction with the 2010 CES and Research Day Conference. Adding this track will maximize resident and medical student' exposure to Family Medicine opportunities including education, research, leadership, professional advocacy, future career paths, and networking. Research Day -- a one-day event providing residents, medical students, and physicians the opportunity to present their original research to an audience of their peers -- is also hosted in conjunction with the CES conference.

Results from '09 Grant Award: Three residents developed and presented the Grassroots Advocacy Panel to their peers or students, 5 mini-track participants gave Research Day presentations/posters, and 25 students and residents attended the Student and Resident Assembly meetings and dinner in the evening, where several ran for leadership positions. Indicators on the success of the mini-track included participant evaluations, as well as on-site and follow-up observations made by PAFP staff and four Path to Practice Panel physicians. In addition five

individuals contacted PAFP with positive post-conference feedback. These results indicate that presenters and participants became more connected to each other, PAFP and Family Medicine as a consequence of their participation in this event. In addition, many participants stated that they were greatly inspired by the presenters and that they received new, personally relevant career information. They also reported being more likely to participate in future PAFP activities and to pursue careers in the field of Family Medicine. The following groups provided collaborative support to various aspects of the project: 1)Resident Student Affairs Commission, 2)FMIG Advisors, 3)Research Day Committee, 4)Residents Assembly & Liaison Network, 5)Student Assembly, 6)FMIG Student Leader Network, 7)Program Directors & Department Chair Assembly, and 8)the Program Coordinator Network. Challenges included helping students and residents become more willing to briefly take a break from their medical school environments to attend live meetings & events. Because components of the mini track were so well received but attendance numbers were lower than anticipated, PAFP has decided to continue to offer several elements of the project, but to do so within different and more cost effective settings (e.g., within another regional conference and as a medical school-based FMIG event).

STUDENT & RESIDENT FAMILY MEDICINE ED OPPORTUNITIES – *Alaska* AFP (2008-2010*)

This program promotes Family Medicine for students and residents by expanding opportunities for interaction with family physicians and creating a formal mentoring program. Funding will be used to support one or more of the following activities: 1)quarterly Family Medicine Interest meetings where students are introduced to state CME meetings and are able to meet and sign up for mentors; 2)two students and two residents attend National Conference; 3)free registration to attend the Winter Update, and 4)free registration to attend the state's 25th Annual Scientific Conference. Our state medical school has increased enrollment from 10 to 30 students a year and we are receiving many more requests from students to help them investigate their interest in Family Medicine.

Results from '08 Grant Award: Our residents were already well-funded for the July Resident and Student Conference, and all interested students had funding or conflicts for this year, so we decided to do a large push to include residents and students in our two major CME conferences. These CME conferences generally have no or very little student and/or resident attendance. Registration was free for students and residents and we had seven student and seven resident attendees who were able to join the AKAFP meetings and develop relationships with practicing physicians. We were impressed with the interest in Family Medicine and the desire for mentoring and continued attendance in our activities.

Results from '09 Grant Award: We focused our efforts on including residents and students in our two major educational meetings (March 12-14, 2010 in Girdwood and June 17-20, 2010 in Homer), and attendance and lodging costs were covered for 10 residents and 7 medical students who participated in these conferences and AKAFP Academy's member meetings that place during these conferences. The University of Alaska WWAMI Medical School promoted our conferences and gave us time to inform their students of Family Medicine opportunities. The Alaska Family Medicine Residency also promoted our programs and helped with scheduling so residents could attend our meetings. Conference evaluations from students and residents were very high: all speakers received at least a 4.0 with 5 being the highest possible. Comments included: "Very much enjoyed the meeting, please continue to have group activities," "Excellent-I loved it," and "very knowledgeable speakers." Residents and students especially enjoyed the mentoring, discussions regarding the Alaskan Physician experiences and opportunities, and inclusion with physicians from around the country during our June meeting.

*** Results from 2010 Grant Awards will not be available until April 2012.**

Suggestions for future topics were how to obtain procedures with residency, ophthalmology for primary care, and pediatric pearls. The meetings emphasized the importance of students and residents to the future of Family Medicine and they learned about leadership positions and future opportunities. As a result, resident involvement and interest on our board of directors improved greatly.

STUDENT AND RESIDENT LEADERS – *Wisconsin AFP Foundation (2009)*

The purpose of this project is to recruit and identify student and resident leaders. Family Medicine awareness and networking opportunities will be provided through local and national activities, which include participating in AAFP's National Conference for Family Medicine Residents and Medical Students and filling positions on the state AFP Board of Directors, which will provide young leaders with leadership skills and experiences that they will be able to take with them throughout their careers as physicians. Grant funding will be used to support phone/web conferences, electronic publications and National Conference registration and travel expenses.

Results from '09 Grant Award: Ten medical students were selected to attend the 2010 National Conference (NC). In addition, two students and two residents served as delegates and alternates at NC; and two students and residents were also nominated to be student and resident directors on the WAFP Board of Directors. Emerging from this process was an unexpected resident declaring interest in an AAFP Commission. Twitter and YouTube accounts were set up by WAFP to keep residents and students connected. After NC a debriefing was held where representatives from each school served as coordinator and answered questions, and an electronic summary of conference experiences was published and sent electronically to students/residents.

STUDENT & RESIDENT POSTER CONTEST – *Kansas AFP Foundation (2008)*

This is an expansion of a current program. Students and residents will be invited to submit an abstract in one of two categories: a research project, or a case study /literature review. KAFP-Foundation Trustees will select the abstracts to be included in the Resident and Student Poster Contest. There will be a category for Research projects and a separate category for non-research projects, to include case studies and literature review. Those whose abstracts are selected will be invited to present posters at the KAFP Annual Meeting in June 2009. Meeting attendees will vote to select winners in both categories. There will be cash awards to the winners and to their residency programs and/or medical school campus. Poster Contest objectives are to: 1) Promote scholarly activity among Family Medicine residents and medical students; 2) Provide a venue for recognition of original work of students and residents; 3) Provide quality educational activities at the KAFP Annual Meeting and Scientific Session; and 4) Provide limited funding for residency programs' / med school campuses' scholarly activities.

Results from '08 Grant Award: Residency programs and faculty helped encourage residents and students to submit their research projects for consideration, and expanding the program to include students gave us a nice variety of projects to choose from. Eight posters were submitted for the poster contest and seven exhibited at the Annual Meeting. Over 100 members participated in judging the contest and selected four posters as winners: 2 each in the research and clinical categories. Program Coordinators / Secretaries/Faculty have been identified as key people in coordinating future projects and we will continue to benefit from more frequent communication about the opportunity and the cash prize awards. This project will continue to be an annual event that will be held at our Annual Meeting & Scientific Session.

STUDENT & RESIDENT QUEST – *South Dakota AFP (2007)*

The Student/Resident Quest for a Family Medicine Environment is intended to increase the number of medical students and residents who are able to attend the South Dakota AFP Members Annual Winter Conference. Students and residents must travel approximately 400 miles across state to attend the conference. Grant funds will be used to reimburse student and resident expenses for gas and lodging. Funding will be matched dollar-for-dollar by the South Dakota AFP.

Results from '07 Grant Award: Nine students and 11 residents (most of whom brought their spouse and family) received funding to attend the SDAFP winter conference, and two student leaders were identified who became SDAFP Board Members at the conference. Students and residents were able to interact with physicians from across the state, network with our Board members and Dr. Jim King who attended our meeting as the AAFP Board representative. In a post-event survey, students and residents ranked the event high as an educational weekend and comments indicated key benefits were the social time spent with the physicians and other students and residents. Several residents stated they would be returning to the meeting next year as physician members so would not need further funding as they would be paying members! This is exactly the type of interest we were hoping to foster by continuing this program.

STUDENT AND RESIDENT QUIZ BOWL AND POSTER CONTEST – *Kentucky AFP (2009)*

The Quiz Bowl and Poster Contest were designed to give the resident pride in their specialty and give visibility to KAFP and AAFP. Resident physicians are charged no fee for this program and their hotel, meal and travel expenses are covered to attend. Funding will be used to support resident and student activities at the state's Annual Conference, which includes a practice management education program, resident poster contest, and Quiz Bowl. The Quiz Bowl is a fun event aimed at building relationships with the chapter and its resident members. Practice management education is a full-day program covering topics including EHR, office management, personnel management, and contract negotiation. Resident posters are on display during the conference and at the award banquet and each participant in the poster contest is acknowledged with a free banquet ticket and a cash educational stipend to attend an AAFP CME program.

Results from '09 Grant Award: The 5th Annual Quiz Bowl was attended by 64 residents and 55 active practicing Family Physicians and the six poster submissions from residents were displayed and judged at the event. This year the Quiz Bowl recruited VIP guest moderator, Cabinet Secretary Jaime Miller, Kentucky Health and Family Services. Both the Quiz Bowl and Poster Contest met their objectives by providing an outlet for “resident pride in the specialty” and providing a venue to learn more about the Kentucky AFP and AAFP. Post-event evaluations indicate this program is highly valued among residents and gives positive visibility to KAFP members who are faculty at the residencies and active physicians that attended the program. Also, having Secretary Miller in attendance increased our presence in the health policy arena in the Commonwealth, as indicated by correspondence from Family Physicians and as experienced by KAFP Staff in the year following the event.

Student and Resident Research Poster Contest – *Foundation of the Georgia AFP (2009)*

Funding for this program supports the State and National Research Project, fosters participation in clinical research projects at the state and national level. A statewide poster contest is judged at the state's Annual Meeting. State winners whose posters are accepted at a national venue are offered stipends to compete in these national research competitions. Specifically, Practicing Physician winners are given stipends to present at the AAFP Scientific Assembly; Resident and Medical Student winners are given travel stipends to present at the AAFP National Conference. Other prizes are available to 1st, 2nd and 3rd place winners in each category and the winning research poster abstracts are published in an all-member publication.

Results from '09 Grant Award: The Foundation of the GAFP State and National Annual Research Poster competition was held in conjunction with the GAFP Annual Meeting and Scientific Assembly in Atlanta on November 12, 2010. Eleven research posters from 17 physicians, residents and medical students (up from two in 2008 and nearly doubling from 2009) were received for the 11th Annual Foundation of the GAFP Research Poster Competition. Ten winning posters -- in the categories of Pre-Med; Medical Student; Resident; and Physician/Fellow in the following -- were viewed by more than 500 participants during the GAFP Annual Meeting and Scientific Assembly. First, second and third place ribbons were awarded by judges recruited from GAFP leadership. First place winners in Medical Student, Resident, and Physician/Fellow categories with travel stipends of up to \$1,166 to attend and compete in a national poster competition to which they are accepted. First place winners received application information and submission deadlines for 2011 AAFP national meetings including: the AAFP Scientific Assembly, AAFP National Conference for Residents and Medical Students, the Society for Teachers of Family Medicine, Conference for Practice Improvement, etc. To date, all poster winners have indicated they are pursuing acceptance to an appropriate national meeting and plan to submit requests for the travel stipends. By awarding travel stipends to attend a national poster competition as opposed to the cash prizes awarded in years past, the State and National Research Poster Presentation Project has provided a vital bridge elevating research from the state level to the national stage.

STUDENT AND RESIDENT STATE CONFERENCE – *Texas AFP (2009)*

The State Conference of Family Medicine Residents and Students brings medical students and Family Medicine residents together to hear educational lectures about how to excel in Family Medicine, network with their peers and meet AFP leaders. The Procedures Fair is a part of the Conference that allows residents to teach simple procedures to medical students in an exhibit hall setting, and has greatly increased student participation in the Conference. Registration is complimentary with support available for travel expenses. The Conference is held in conjunction with the state AFP's Interim Session, which allows interaction with Academy leaders and participation in the governance process.

Results of '09 Grant Award: This was a great year: 44 Family Medicine residents and 33 medical students attended the state conference. Of the 44 resident attendees, eight have taken on leadership roles within TAFP. The procedures workshop, held by Texas Residency programs, drew the most students who seemed intrigued by the scope of practice that Family Physicians can have. In order to increase attendance and decrease costs this conference is held in conjunction with TAFP's Interim Session, which also allows students and residents to interact with Academy leaders and to participate in the governance process. Since the Interim Session often overlaps with spring break for one or more of the medical schools, changing the time and location has been discussed. We have decided to keep it how it is and increase marketing toward students so they can plan accordingly.

SURVIVAL BOOT CAMP – *New Jersey AFP Foundation (2010*)*

Survival Boot Camp is a one-day conference and 12-month web-based discussion forum to assist family physicians and residents learn and share best practices regarding operating a profitable, prosperous practice. Best practices, innovative models and hands-on guidance will be provided that will help in ensuring the future survival of Family Medicine practices. Survival Boot Camp will be offered as a pre-conference session at the state AFP annual meeting, in order to enhance attendance while minimizing costs, resources and staff time. After attending Survival Boot Camp participants should be able to: 1) describe the functions of business management; 2) effectively apply resources to improve practice viability; 3) apply the strategies learned to improve cash flow, minimize expenses, and improve practice performance; and 4) effectively lead change within his/her practice. Attendees will leave the conference with a list of ideas, suggestions and best practices that can be immediately employed within the practice to assist with operating an efficient and cost-effective practice. We will also develop and implement a web-based discussion forum that will provide an opportunity for attendees to continue sharing information and best practices and allow for posting questions and lessons learned so that the collaborative learning experiences can be provided beyond the one-day conference. Based on physician evaluations, membership educational need surveys and other needs assessments conducted, this is an area that was most indicated for physician education and this model is also easily replicable.

WINTER WEEKEND AND SCIENTIFIC ASSEMBLY – *New York State AFP (2010*)*

The Winter Weekend Conference is the most encompassing and comprehensive education program sponsored by our Academy. The goal of the conference 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. In addition to the lectures, two practice improvement sessions, a research forum, and a 2-day hands-on procedure workshop are scheduled. In addition, the conference offers four SAM's workshops for physicians who have entered the ABFM Maintenance of Certification cycle (MC-FP SAM requirement (Part II)). Medical students have the opportunity to explore various topics, interact with peers, and gain hands-on experiences and 60% of medical students who attend our Winter Weekend select Family Medicine, which is a much higher proportion than student members in general. Our 2011 goal is to increase our student attendance to between 10% and 15% of NYSAFP student members, by offering them the opportunity to attend Winter Weekend and its activities as paid guests of our State AFP. We believe that deferring costs of attending will increase the number of students that participate.

* Results from 2010 Grant Awards will not be available until April 2012.

TABLES

TABLE 1: 2006-2010 FMPC GRANT AWARDS, BY GRANT CYCLE

Grant Cycle	Amount Requested	Amount 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
TOTAL	\$1,286,249	\$ 485, 120	185	105

TABLE 2: 2006-2010 FMPC GRANT AWARDS, BY TYPE & PRIORITIES

Total No. Grants Submitted	185
Total No. Grants Awarded	105
Total Amount Awarded	\$ 485,120.00
TOTAL NO. AWARDED BY TYPE	
<i>NEW/PILOT</i>	47
<i>EXISTING</i>	58
TOTAL NO. AWARDED BY FMPC PRIORITIES	
<i>OUTREACH</i>	12
<i>PUBLIC HEALTH</i>	33
<i>RESIDENT & STUDENTS</i>	60

TABLE 3: 2006-2010 FMPC GRANT APPLICATIONS, BY YEAR & STATE

STATE	2006	2007	2008	2009	2010	06-10 TOTAL No. Submitted	06-10 TOTAL No. Funded
AK			1	1	1	3	3
AZ	1	2	3	-	3	9	5
CA	1	1	1	1	1	5	5
CO	1	1	-	-	1	3	3
CT	-	-	1	-	1	2	0
FL	-	3	-	1	1	5	5
GA	2	2	2	4	3	13	6
HI	1	-	-	-	-	1	0
IA	1	1	-	-	-	2	0
IL	1	3	2	3	3	12	7
IN	1	2	-	-	-	3	2
KS	4	3	4	3	3	17	6
KY	-	-	1	1	-	2	1
LA	1	-	-	-	1	2	1
MD	1	-	1	-	1	3	3
ME	-	-	2	-	-	2	1
MI	-	-	-	-	2	2	1
MO	-	-	-	2	2	4	1
MN	1	2	2	2	2	9	8

FMPC Grant Awards 2006 – 2010

MS	-	-	-	1	3	4	2
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Table 3 (con't.) 2006-2010 FMPC Grant Applications, by Year & State

STATE	2006	2007	2008	2009	2010	06-10 TOTAL No. Submitted	06-10 TOTAL No. Funded
NC	-	1	-	-	1	2	2
ND	2	-	1	1	-	4	1
NE	2	2	4	3	3	14	5
NJ	-	-	2	1	1	4	3
NM	-	-	-	-	1	1	0
NV	-	-	-	-	1	1	1
NY	2	-	1	1	2	6	2
OH	1	1	1	-	2	5	4
OK	-	1	1	-	-	2	2
OR	-	1	-	2	-	3	2
PA	1	3	2	3	-	9	9
SD	1	1	1	1	1	5	3
TX	1	4	4	2	3	14	7
VA	-	-	-	1	-	1	1
WI	3	1	2	1	-	7	2
WV	-	-	1	2	1	4	2
# of States	20	19	22	21	25	36	32

FMPC Grant Awards 2006 – 2010

# of Grants	29	35	40	37	44		185	105
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