

STFM Conference on Medical Student Education



FamTrack: A longitudinal clinical experience in Family Medicine for first and second year medical students

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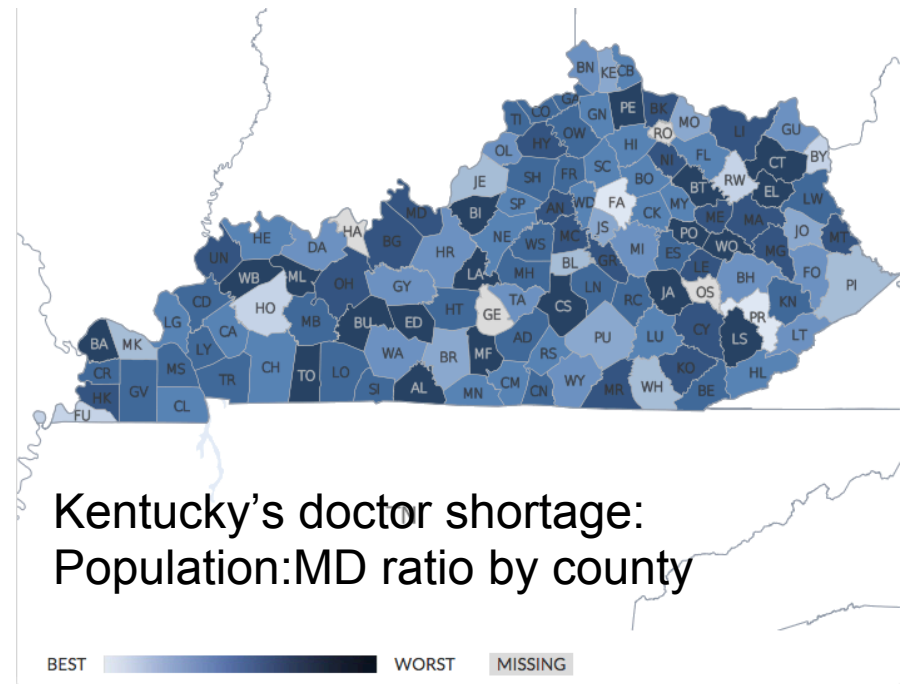
Disclosures

Nothing to disclose

Our Dilemma

In contrast with national trends, UKCOM FM match rate has remained low - and is possibly declining.

Our needs for doctors is not!



<http://www.countyhealthrankings.org/app/kentucky/2016/measure/factors/4/map>

Our Strategy

Attempt to reverse the negative trend of decreasing match rates by:

- **Identifying** modifiable factors that may influence selection of Family Medicine to increase our match rates
- **Adapting** an existing intervention to address modifiable factors specific to our program
- **Examining** and **sharing** our process for rapid cycle improvement and adaptation to other institutions

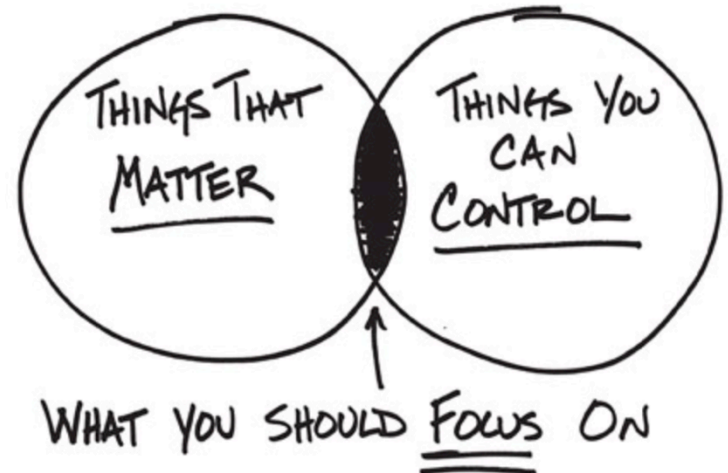


Programmatic factors that (may) affect selection of FM

- Presence or absence of student contact with FM (Goldsmith 1982)
- Institutional factors (Wimsatt 2016):
 - Informal mentoring
 - Ambulatory primary care learning experiences
 - Institutional research focus (-)
- Some FM extracurricular programs (Kost 2015)

Factors within our control

- Presence of student contact with FM
- Ambulatory primary care learning experiences
- Extracurricular programs
- Informal mentorship





Path to selecting an intervention

- Identified top FM producers, benchmark schools
- Consultations, review of methods
- Departmental retreat focused on Education
- Collated target factors, known interventions
- Identified MUSC's FamTrack
 - Already incorporated our target factors

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FamTrack Health Coach

Exposure of Medical students to
essence of Family Medicine through
being a Health Coach



Dipin Kaur, MD



Major activities

- Becoming a Health Coach
- Ambulatory patient care experience
- Primary care summer experience
- Monthly evening seminars

Changing What's Possible



Family and Community Medicine

ABOUT US

EDUCATION

RESEARCH

CLINICAL SERVICES

COMMUNITY MEDICINE

FAMTRACK



FamTrack Program Overview

This 18-month program provides early clinical experiences for a cohort of students who are interested in pursuing Family Medicine. Students are partnered with a Family Medicine faculty physician from January of the M1 year through the end of the M2 year. They will be in clinic one half day per month and will meet once a month for facilitated discussions around their patient experiences. Students will have the opportunity to develop interviewing and patient advocacy skills through an ongoing relationship with one patient or family. During the M1-M2 summer break, students will have the opportunity to engage in an intensive experience in clinical medicine, research, practice management or a combination thereof.

FamTrack

Program goal:

Reverse trend of declining match rates by addressing modifiable program-specific factors through an extracurricular experience in Family Medicine

Intended outcomes:

- Increase early contact with FM faculty
- Implement ambulatory primary care learning experience
- Foster informal faculty / student mentorship
- Develop peer network of pro-FM students

FamTrack

Monthly Mentored
Clinical Sessions
Discussion

Summer Immersion
Experience

Dinner &



Increase early contact with FM faculty



Implement ambulatory primary care learning experience



Foster informal faculty / student mentorship



Develop peer network of pro-FM students

Overview of Program Activities

Orientation

- Ambulatory clinic
- Electronic Health Record

Clinical experiences

- 1/2 day per month
- Vital signs
- Motivational interviewing
- Physical Exam
- Mentorship

Seminars

- Monthly evening sessions
- Reflections on patient care
- Family Medicine careers

Summer Immersion

- Clinical care
- Research
- Practice Management

Evaluation

- FM Attitudes survey

Implementation Challenges

- New program, no new \$ or DOE
- Rotating / shared leadership
- Rapid cycle improvement
- Logistical support
- Preceptor availability with cohort overlap
- Competition with clerkship
- Faculty development for preceptors
- Evaluation tool

Preliminary Results

Cohort 1

Applications:	10/10 accepted
Attrition:	2/10 (during spring, after summer)
In program:	8/10 to date

Small but significant attitudinal shifts after summer immersion (N=9):

- Home visits are an outdated form of physician's work (4.33, Δ 0.13)
- Physicians don't have enough time to deal with all the health problems patients have (3.11, Δ 0.55)
- The medical record is a good indicator of quality work (3.56, Δ 0.16)
- Long appointment time is unacceptable (1.44, Δ 0.23)

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Question	Strongly agree		Somewhat agree		Neither agree nor disagree		Somewhat disagree		Strongly disagree		Total
Always working with the same person is boring	11.11%	1	0.00%	0	11.11%	1	44.44%	4	33.33%	3	9
The public healthcare system does not provide quality care	0.00%	0	44.44%	4	11.11%	1	33.33%	3	11.11%	1	9
Physicians educate by being role models	55.56%	5	44.44%	4	0.00%	0	0.00%	0	0.00%	0	9
Small health problems often bring patients in to deal with serious health problems	66.67%	6	11.11%	1	0.00%	0	22.22%	2	0.00%	0	9
One cannot work well in a practice without good communication	100.00%	9	0.00%	0	0.00%	0	0.00%	0	0.00%	0	9
It is important to know insurance policies while working in a practice	66.67%	6	33.33%	3	0.00%	0	0.00%	0	0.00%	0	9
Home visits are an outdated form of physicians' work	0.00%	0	0.00%	0	0.00%	0	66.67%	6	33.33%	3	9
Referrals are a method of achieving equitable access to the secondary level	11.11%	1	33.33%	3	33.33%	3	22.22%	2	0.00%	0	9
A physician must be familiar with the principles of the health care system	77.78%	7	22.22%	2	0.00%	0	0.00%	0	0.00%	0	9
Preventive work is the key to health	66.67%	6	33.33%	3	0.00%	0	0.00%	0	0.00%	0	9
Physicians should lead the patients through the health care system	55.56%	5	44.44%	4	0.00%	0	0.00%	0	0.00%	0	9
Primary care can be of high quality	100.00%	9	0.00%	0	0.00%	0	0.00%	0	0.00%	0	9
Physicians don't have enough time for dealing with all the health problems the patients have	22.22%	2	55.56%	5	22.22%	2	0.00%	0	0.00%	0	9

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High quality care is not possible without good organization	77.78%	7	11.11%	1	11.11%	1	0.00%	0	0.00%	0	9
The medical record is a good indicator of a quality of work	11.11%	1	0.00%	0	66.67%	6	11.11%	1	11.11%	1	9
Long appointment time is unacceptable	0.00%	0	22.22%	2	33.33%	3	11.11%	1	33.33%	3	9
High quality of primary care can save a lot of money	77.78%	7	22.22%	2	0.00%	0	0.00%	0	0.00%	0	9
Physicians should always balance evidence and experience	33.33%	3	66.67%	6	0.00%	0	0.00%	0	0.00%	0	9
The psychological dimension of the disease is as important as the physical part of the disease	77.78%	7	22.22%	2	0.00%	0	0.00%	0	0.00%	0	9
Physicians should coordinate their activities with the other services in community	55.56%	5	33.33%	3	11.11%	1	0.00%	0	0.00%	0	9
Physicians should cooperate with the local community	66.67%	6	33.33%	3	0.00%	0	0.00%	0	0.00%	0	9
It is important for a doctor to know the legal limitations of their work	100.00%	9	0.00%	0	0.00%	0	0.00%	0	0.00%	0	9
Physicians should be aware of patients ethnicity and religion in order to successfully manage the disease	66.67%	6	33.33%	3	0.00%	0	0.00%	0	0.00%	0	9

Results (preliminary)

Qualitative feedback (N=9):

Core themes from student reflection post-summer immersion for the prompt
“How did this experience expand your interest in Family Medicine?”

- Wide scope of practice
- Varied patient population
- Variety in practice
- Explored the role of FM education in healthcare workforce
- Knowing what FM physicians do
- Versatility
- Knowing more about FM
- Pros and cons of FM
- FM in practice

Results (preliminary)

Cohort 2 (started Jan 2017)

- 12 applied
- 12 accepted
- Baseline attitudes survey (pending)

Next steps

- Review and revise survey instrument
- Add reflection to supplement attitudinal survey with qualitative data
- Follow up with cohort 1 after M3 to look for preservation of attitudes, relationships (peer and mentorship), career decisions

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