



The College of
Family Physicians
of Canada

Le Collège des
médecins de famille
du Canada

**FAMILY MEDICINE INTEREST GROUP
(FMIG)**

EVENT TOOLKIT

DRAFT 9

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TABLE OF CONTENTS

Page #

FAMILY MEDICINE INTEREST GROUP (FMIG)	1
PURPOSE OF TOOLKIT & HISTORY	3
SOMS MISSION STATEMENT	3
CFPC GOALS	4
FMIG EVENTS	
EVENT 1: Speaker Series.....	5
EVENT 2: Clinical Skills Sessions.....	8
EVENT 3: Starting and Maintaining a Mentorship Program	12
FMIG COMMON PROBLEMS	
PROBLEM 1: Dealing with Distributed Sites	14
PROBLEM 2: The Hidden Curriculum	15
PROBLEM 3: Maintaining Momentum	16
PROBLEM 4: Time Management & Delegation.....	17
PROBLEM 5: Recruit Physicians & Residents to Volunteer for Events	18
PROBLEM 6: Networking Within your School & Community.....	20
PROBLEM 7: How to Obtain Funding for Activities	23
PROBLEM 8: Finalizing Your Ideal FMIG Executive Structure	25
APPENDICIES	
APPENDIX A: Effective Use of Email Communication	26
APPENDIX B: The College of Family Physicians location map.....	27



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PURPOSE OF TOOLKIT & HISTORY

The purpose of this toolkit is to provide assistance to each Family Medicine Interest Group (FMIG) across Canada in planning their yearly events and how to address common problems. The tips and templates contained herein have been successfully implemented and are provided for your assistance. The information provided here is merely a guide of things that have worked for FMIGs across Canada, and the success of these suggestions may have been particular to that particular area of Canada. Therefore, you should weigh your requirements and details of your events according to your university's needs and that of your community.

The production of this toolkit began in October 2007 at the first National SOMS/FMIG Forum that took place at the Family Medicine Forum in Winnipeg, Manitoba. It is being continually developed. If you have any suggestions, additions, or corrections that you would like to make to this document please bring your concerns to the next National SOMS/FMIG meeting. Changes and adjustments must be reviewed and approved by the Chairs of the SOMS as well as the Toolkit Subcommittee.

SOMS MISSION STATEMENT

The Section of Medical Students was formed in November 2006 by the College of Family Physicians of Canada (CFPC). This committee was established in an effort to obtain input from medical students across Canada.

The Mission Statement of the Section is supported by its members:

- a) The Section supports the mission statement of the CFPC, and,
- b) The Section is a national, elected committee of Medical Students who represent their respective medical school's Family Medicine Interest Group (FMIG). This committee provides a forum of enhanced initiation and implementation of policies and programs relating to issues of Family Medicine education and promotion amongst students. The intended goals are to improve the quality of the Family Medicine undergraduate experience, promote Family Medicine as a specialty among undergraduate Medical Students, and to have a positive impact on the delivery of health care to Canadians.

CFPC GOALS

“As the voice of family medicine in Canada, The College of Family Physicians of Canada (CFPC) will:

- Goal #1 champion quality health care for all people in Canada
- Goal #2 support its members in providing quality patient care through education, research and the promotion of best practices
- Goal #3 ensure that the role of the family physician is well understood and widely valued”

Representing 18,000 family doctors across the country, the CFPC is the collective voice of family medicine in Canada. Its members are committed to the Four Principles of Family Medicine

- Principle #1 the patient-doctor relationship is central to all we do
- Principle #2 family physicians must be skilled clinicians
- Principle #3 family physicians should be a resource to a patient population
- Principle #4 family medicine is a community-based discipline

EVENT 1: SPEAKER SERIES

A: EVENT DESCRIPTION

The Speaker Series provides the opportunity for students to listen to motivating and dynamic speakers discussing topics of interest in family medicine. Sessions often occur at lunchtime or in the events to accommodate student schedules. Student participants are asked for input regarding upcoming presenters and topics. Some example topics include: “Finding a Balance in Family Medicine”, “Global Health and Medicine”, “Cross Cultural Caring: Being a Family Doctor in a Multicultural Society”, “Setting up a Paperless Practice”, “Rural Medicine Through the Eyes of a Rural Doctor”, “Residency Programs” and panel discussions featuring several family physicians debating a specific topic.

B: LOGISTICS

1. CHOOSING A TOPIC

Choose a topic that applies to your specific audience. These should be general topics so they can appeal to a wide audience (ie. The Joys of family medicine vs. specific educational topics etc.)

- i. Brainstorm at FMIG meetings with your executive
- ii. Poll the students before classes or at FMIG events (ie. Pass out pieces of paper for suggestions or have a suggestion sheet at a booth at the event)
- iii. Ask senior students what they would have liked to learn about as they look back
- iv. Approach other interest groups regarding topics that might be of joint interest. This way you can share the workload and the funding!

Topic ideas to get you started

- Why choose family medicine?
- Practice management
- Physical exam skills (including a talk and demonstration)
- Diversity of family medicine and different types of practice
- Practice evolution
- The path the family doc followed
- Asthma medications
- The menstrual cycle
- Deliveries
- International medicine
- Family medicine in the Canadian Forces
- House calls
- “Jailhouse doc”
- Balancing life & medicine
- Getting involved in the community
- Sharing touching stories about patients and experiences

2. FINDING A SPEAKER

- v. Approach the speaker with a specific topic idea to focus them
- vi. Some speakers are just good speakers and can come up with brilliant topics on their own
- vii. Decide on the speaker before you book the date because speaker's schedules might dictate the day of the talk
- viii. If the topic lends itself to various viewpoints, you might think about inviting a student, resident, and practicing physician to share the presentation
- ix. Finding a specific speaker
 - Network at conferences (ie. FMF!!) so that the speaker knows your face
 - Your local college chapter might have a list of canned presentations and speakers to give them
 - Your department of family medicine administrative staff often have a list (in their head or in the computer) of great speakers.
 - Clerkship/unit coordinators for various courses might have great ideas of good speakers
 - Look for people who are "touring" (ie. The DI Rice lecturer or others who have awards intended to fund lectures)
 - Sign-up sheets for physicians at FMIG events
 - Recruit through clinical skills/small groups series
 - Keep an eye open for other interest groups or conferences/special events where speakers are already coming into your city
 - Approach other interest groups for speaker ideas they have

3. ARRANGING THE SESSION

- i. Book the room
 - Consider having a longitudinal booking that you coordinate at the beginning of the year if you always have your events on the same day of the week.
 - Make sure you book the room as soon as you know the date and well in advance.
 - Think about how many people will be coming and then book the room.
- ii. AV equipment
 - Is your room big enough to require a microphone?
 - Ask your speaker if they require powerpoint
 - Make sure you ask if you have to pay for your media equipment
 - Make sure you ask if you have to book AV personnel
 - Distributed sites: consider video/web conferencing logistics and make sure you know how to work the equipment.
- iii. Food/Refreshments
 - You can book food to be delivered
 - You can cut costs by cutting up fruit/vegetables on your own
 - Eventually pizza gets old

- If you are going to serve food, make sure you ask for RSVPs or have sign-up sheets from attendees.
 - Don't forget the plates/napkins
- iv. Consider whether or not you will give your speaker an honorarium/gift
- Don't forget the thank you card!
- v. Attendees
- Options for inviting are emails (many schools have an FMIG account), posters, word of mouth or sign-up sheets in class or at other events.
 - Invitations could go out up to two weeks prior to the event to ensure that attendees can book it into their schedule.
 - Send a reminder email or make an announcement a couple of days prior to the event.
- vi. Templates
- Event coordination/evaluation – includes contact information for speaker, how the coordinator found them, how many people attended, overall satisfaction. (The UBC FMIG has one of these on their website).
 - Evaluation – This might be available at the end of the talk, but the consensus was that these events are usually smaller and that evaluation forms would create more work than necessary. Likely word of mouth would be sufficient.

EVENT 2: CLINICAL SKILLS SESSIONS

A: EVENT DESCRIPTION

The purpose of a clinical skills event is not only to teach pre-clerkship medical students clinical skills, but also to introduce them the diverse skill set required to be a family physician. Clinical Skills events can include procedural skills or physical examination techniques, but explanation of when and why these are performed is also essential.

B: LOGISTICS

Across Canada, FMIGs vary with their approach to clinical skills events. Each FMIG will certainly find a method that works best for them based on size of school, student interest, ability to work with other interest groups, preceptors available, current skills already held by the students, funding, and human resources.

Depending on the size of the event, planning well in advance is essential. Schools that hold a full “Skills Day” typically start planning 3-4 months in advance, while school that hold “Skills Nights” or teach a single skill at an event may only need to plan a few weeks in advance. Rooms for these events may also need to be reserved very early.

The overwhelming challenge faced by our FMIGs is the high student demand for skills days. Each school may be limited by preceptors, funds, space, or time, making the demand one of the most difficult, (yet exciting!), obstacles in planning a skills day. Suggestions to address the high demand include:

- Limiting attendance to members of the FMIG
- Offering spots to each class based on percentage of that class that would like to attend
- First-come, first-serve registration
- Requiring registrants to pay a small fee, which will be refunded after attendance at the Skills event
- For schools with multiple skills days, allowing everyone who is interested attend one, before others can go twice
- Applying for extra funding for your FMIG! These are great events that are always well enjoyed by the students and are well worth our extra time to ensure that all can enjoy them.

C: TOPIC SUGGESTIONS AND MATERIALS REQUIRED

It is evident that topics will vary from school to school depending on local interest and what has been covered already in the curriculum. Some schools find it beneficial to include physical examination skills, while other schools have this included heavily in their curriculum. The same is true with certain procedural skills. When planning a skills event, it is a good idea to inquire with your faculty to ascertain what is covered, and when, to focus on the best skills for the students that will participate.

Physical Examination skills suggested and materials needed:

- i. Ear and eye exam
 - Ophthalmoscopes, otoscopes
 - Snellen cards
- ii. Cranial Nerve exam
 - Ophthalmoscopes
 - Snellen cards
 - Cotton or Q-tips for soft touch
 - Paper clips for pain
 - Tuning Forks
 - Tongue depressors
- iii. Breast exam
 - Normal and Pathologic breast models

Procedural skills suggested and materials needed:

- i. Suturing
 - Pigs feet, oranges, or cut pin cushions
 - Suturing kits and sutures
 - Scalpels
 - ii. Intubation
 - Mannequins
 - Various airway devices (whatever you can get your hands on)
 - Laryngoscope
 - iii. IV starts and venipuncture
 - Fake arms with fluids (or real arms if you have volunteers!)
 - Alcohol swabs
 - Tourniquets
 - Butterfly needles
 - IV needles
 - Dressings
 - iv. Childbirth +/- Dilation assessment
 - Childbirth mannequins
 - Cervical dilation models
 - Vacuum delivery equipment if desired
 - v. Subcutaneous or intramuscular injections
 - Alcohol swabs
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- Syringes
- Oranges or kiwis
- vi. Casting
 - Casting materials (differs by province)
 - Buckets of water
 - Cast cutters and spreaders
- vii. IUD Insertion
 - IUDs
 - Models for insertion (can be provided by drug companies)
- viii. Cyst drainage
 - Rubber glove filled with flour, with bathbeads scattered throughout
 - Needles and Syringes

Hand washing facilities and proper lighting should be available for any physical examination skill that you choose. For all procedural skills, hand washing facilities, gloves, proper biohazardous waste disposal and sharps bins are necessary when applicable. Gowns or aprons may also be necessary. Ideally, handouts would be provided to all students prior to or at the beginning of the session. Handouts can be prepared by your preceptors or by your organizing committee. There are a number of great resources on the net for the ideas mentioned above. These handouts should include the following:

- Indications and contraindications for the procedure/exam
- Theory behind procedures or techniques used
- Preparation
- Risks and Complications
- Figures demonstrating performance of the skill and material used

Material above can be sought from a variety of sources. Of course, to limit costs, we should pursue the cheapest or free mediums first! Try your undergraduate department or family medicine residency programs for the stuff that they might have around. Most will have all of the physical examination equipment and should have access to some of the procedural skills equipment, especially the reusable items. Next, you may be able to borrow items such as scalpels or ask for small amounts of cheap items like sutures and casting equipment from the emergency department. If you explain it is for teaching purposes, they are often more than willing to help with whatever they can. Some things you will need to buy. You can ask your undergraduate office where they purchase their pig's feet for suturing education. Other material may be provided by other organizations. For example, the Canadian Forces are eager to bring their simulator man if they can speak to your students in return. Drug companies can often provide relevant models and supplies. Some doctors will be able to provide supplies from their practice as well.

C: HUMAN RESOURCES

You don't need to organize this alone! Recruit other members of your FMIG to aid in the acquisition of preceptors, equipment and food. Make sure you have help for promotion and registration, as well as clean-up.

Preceptors can come from a variety of sources. It is important for medical students to bear witness to the unique skills that different healthcare professionals have. Respiratory therapists can aid in airway management sessions, nurses are the best to teach IV starts and venipuncture, and orthopedic technicians are great for casting sessions. Midwives may provide unique perspective to L and D sessions and residents or senior clerks are fit to teach almost any session. Don't forget about the docs though!

By working with other medical interest groups, you can decrease your time commitment, improve and diversify turn-out and make use of a combination of family medicine practitioners and specialists to teach your skill.

Whenever possible, try to use family doctors and family medicine residents, as a large focus of the FMIG is to promote the diversity of family medicine and to allow students to network with family doctors while practicing their skills.

D. FEEDBACK

Feedback is essential. In your evaluation, make sure to include evaluation of the particular sessions, as well as feedback on organization, timing, availability of spots, teaching and resources supplied. Reviewing the feedback soon after the event and recording findings will enable your group to be reactive to shortcomings and improve for future events.

E: FOOD

No medical student event is complete without food. This is particularly true for the Skills Days, which may end up more like marathons! You can decrease costs by seeking sponsors. You may also want to save our environment and encourage students to bring their own mugs for coffee!

F: CONCLUSION

Skills Events are an integral event for FMIGs across the country and prompt great interest from students. While they can be difficult to organize, they are rewarding and provide great insight about the breadth of family practice.

G: CONTRIBUTORS

Report prepared by Melissa Paquette (University of Calgary) through discussion with Kelly Tackaberry (University of Alberta), Salma Rawof (McMaster University), Eugenie Waters (University of Western Ontario), Justine Galarneau-Girard (Sherbrooke), Claudie Lapierre-Gauthier (Laval) and Dori Shiff (McGill).

EVENT 3: STARTING AND MAINTAINING A MENTORSHIP PROGRAM

A: EVENT DESCRIPTION

The purpose of a mentorship program is to provide physicians and residents to medical students to facilitate career counseling and guide students through the process of pursuing family medicine as well as counseling them on various issues related to the practice.

B: LOGISTICS

- Refer to McMaster's existing document at the following link:
<http://www.macmeds.ca/fmig/fmmp/Family%20Medicine%20Mentorship.doc>
 - Assign an FMIG executive member or small committee the responsibility for the program. Ensure that those responsible create a document of what was done so that those who take over can transition easily.
 - Develop a document that outlines the program and the role of the mentor and of the student.
 - Request participation from a wide array of physicians and residents (can include specialists). Including residents allows for a more open relationship.
 - Provide a form to physicians and residents that creates a profile (eg. interests, type of practice, location, etc).
 - Recruiting methods include the following:
 - using the provincial college database;
 - using the health region database;
 - using the faculty database;
 - sending a stamped, addressed envelope and invitation that indicates that a physician has been "selected to be a mentor;"
 - sending FMIG speakers to various types of meetings (eg. provincial college);
 - requesting support from chief residents.
 - Distribute information to all students and provide a form to be completed that allows them to indicate the specialty (or family medicine area of interest) in which they are interested. Launch the program early in the academic year.
 - Focus on getting first year students involved, but allow those in later years to jump in too.
 - Match students to physicians and residents.
 - Announce matches and invite all participants to a social event (eg. wine and cheese) to facilitate meeting.
 - Allow the mentor and student to pursue the relationship as they see fit. This may include shadowing, coffee, or any other means of mentorship.
 - Allow for reassignment if necessary (i.e. the relationship does not function well).
 - Assigning additional students to a given physician year after year allows a group to develop in layers.
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- Solicit feedback from students and from mentors at periodic intervals, and monitor whether or not matches are continuing.

PROBLEM 1: DEALING WITH DISTRIBUTED SITES

A: PROBLEM DESCRIPTION

Some medical schools across Canada are faced with the problem of having to communicate with FMIG chapters located at different university sites or conducting events that need to reach students at all sites.

B: HELPFUL TIPS

- Have events available online (as webcast, videoconference)
 - Gather all students at distributed sites to one event with their preceptors for a social event (ie. wine and cheese) to keep interest in FMIG while away
 - CME events where people can get credits for participating in certain events
 - Lots of communication with distributed sites is necessary to keep interest and maintain a good relationship with FMIG members
 - Having a FMIG representative at different sites to facilitate communication
 - Knowing contacts at each site and what their roles are
 - Follow-up to make sure all members at distributed sites have been receiving important information regarding FMIG info/events
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PROBLEM 2: THE HIDDEN CURRICULUM

A: PROBLEM DESCRIPTION

It is important for FMIGs to promote Family Medicine as a positive career choice to their fellow students, a goal that can be accomplished in a wide variety of ways. We brainstormed and came up with a few suggestions for FMIGs, and individual students, to improve the status of family medicine through interactions with their peers, their educators, and their family and friends. Below are some of our suggestions.

B: HELPFUL TIPS

- If asked why you “just” want to be a family physician, it may be helpful to point out that family medicine is now considered a specialty just like any other medical career, and be sure not to reply with degrading words like “just” or “only”. Show pride in your decision.
- FMIGs should try when at all possible to find passionate doctors for their activities. Young doctors and residents are often good targets.
- Encourage your school to continuously evaluate preceptors for family medicine rotations and ensure if possible that students are having positive experiences.
- It is helpful for networking and recruiting family physicians if there is a doctor on the FMIG executive or as a mentor to the group.
- Have an FMIG member on curriculum committees.
- In problem based learning cases, encourage curriculum committees to include cases that reflect family physicians positively, and be sure that not all cases include a referral to a specialist, as this is not representative of the majority of patient encounters with the health care system.
- Record specific examples of the “hidden curriculum” as they come up at your school. Specific examples are needed to make change at a curriculum level.
- Fill out evaluations and reflect your concerns for any aspect of the curriculum that shows family medicine in a negative light.
- FMIGs should include some small group activities in their yearly schedule (examples are a wine and cheese, or rotating dinner tables) so that students have an opportunity to ask more intimate questions to family doctors and residents.
- Collaborate with other interest groups to engage students that are less likely to come out to a purely family medicine event.
- Set up a booth or poster with facts on family medicine during Family Medicine Awareness Week.
- During clinical experiences if a specialist makes a negative comment about a family physician or a referral ask what they would have liked to see done to improve the quality of the referral.
- During clinical experiences if a preceptor asks about your goals for the rotation it may be helpful to tell them you want to do family medicine in the future and you would like to know how you can do a full and appropriate work up on a patient and how to make an effective referral to their service.

PROBLEM 3: MAINTAINING MOMENTUM

A: PROBLEM DESCRIPTION

Groups have noted that a common problem within their FMIG is maintaining momentum and excitement within their group and the student community over events. Below are some suggestions that can help your group continue to be motivated throughout the year, and beyond:

B: HELPFUL TIPS

- Have free food and stuff available
- Have events during lunch time to attract people since they are already at school
- Have less events/meetings – put more energy into the ones that are created
- Create a lot of hype or false advertising – “first come first serve”
- Start events very early in the year to attract the first year students
- Put info on FMIG in orientation packages
- Ask classmates what they are interested in – what aspects of family medicine, if not FD, what else are they interested in and why?
- Clinical skills is a big draw to get students signed up because everyone wants to work on their skills
- Having various speakers come in from various backgrounds and communities to allow for very different lectures and stories
- Having rural docs come in to promote interest in rural family medicine
- Having talks about things that students are apprehensive about (i.e. matching in residency)
- Sending out post cards to invite speakers and students to events, with FMIG logo and school name
- Send out thank you cards to speakers that have helped with FMIG event
- Have very UNIQUE events
 - At Memorial, an NHL player came in to talk about abuse and what role family doctors have in spotting it and reporting it
 - One school had a doctor come in who also played the guitar for everyone, they turned a FMIG event into a small concert

PROBLEM 4: TIME MANAGEMENT & DELEGATION

A: PROBLEM DESCRIPTION

The key to a successful group is to manage time wisely, and the effectiveness of this is largely due to group leaders delegating tasks wisely. The following is a list of hints and tricks to overcoming the obstacles of time management and delegation

B: HELPFUL TIPS

...stress & fatigue are rarely caused by what you have done...but the thought of what you haven't done!

- Don't take on too much
- It all seems exciting at the time – but then the regret begins to creep in
- Learn to say “let me think on it”, or “let's see how this fits with what else we're doing”
- Learn to say “no” and get used to asking yourself “Am I the right person for this job?”

TIME MANAGEMENT:

- Set aside time for tasks
 - For most people, multitasking takes more time than sequential tasks
- Prioritize your tasks
 - Make a “to-do” list – work through these items in priority order
- Don't postpone matters that are unpleasant
 - Jobs rarely get more pleasant by being postponed
- Monitor how you use your time
 - Make conscious changes to your behavior

DELEGATION: It means getting the job done by someone else

- This includes not only simple tasks, but also decision making and changes that depend on new information
 - It should allow you to focus on what matters most
 - This does not mean micromanaging others, or “fixing” their mistakes
 - Learn to “let go” of some of the control
 - There is more than one way to do things...
 - “Good” delegation means your delegates have authority to react to situations without referring back to you
 - Learning to delegate can be difficult in a horizontal organization
 - This arises from having no clear lines of authority
 - Clarity is Kindness – Discuss expectations and have a clear understanding of the parameters of that person's roles
 - View delegation as sharing...and allowing others to grow
- Credit others for their good work!

PROBLEM 5: HOW TO RECRUIT PHYSICIANS & RESIDENTS TO VOLUNTEER FOR EVENTS

A: Benefits of having family physicians and/or residents participate in events

Having both physicians and residents is beneficial in FMIG events as they each contribute to the event in different respects.

- Older practicing physicians may be able to demonstrate how a career in Family Medicine can be flexible and how theirs may have changed
- Having physicians involved with Skills night, meet and greet, Speaker series can show students skills/personality traits important for a family physician as well as allow students to ask questions and get a good picture of a career in Family Medicine
- Practicing physicians are able to comment on life as a Family Physician after residency, indicating the day to day lifestyle
- Residents on the other hand, can give a more realistic insight into where we are as medical students and what the future as a Family Medicine resident is like
- Residents may provide a networking environment as they know of good family physicians to shadow, and may allow students to feel more comfortable in learning environments
- Residents may also be more up to date on a wider range of different skills given they are in training right now
- Residents can give a good insight as to where family medicine may be heading in the near future

B: Recruitment of family physicians and/or residents for events

- It can be a good idea to maintain a database of students involved in the FMIG or SOMS members that go on to do a Family Medicine Residency
 - Graduated FMIG members in Family Medicine Residency can continue to be involved in their school's FMIG and help recruitment of residents or physicians for events
 - It's important to identify physicians who are interested in working with your FMIG, perhaps obtaining names of physicians via the College, Faculty, a region representative. Having a connection between your FMIG and the local family physicians can be a very beneficial asset for recruitment.
 - Once you have utilized certain physicians for events, be sure to maintain a contact list available to all members of your FMIG executive to assure you can contact these involved physicians in the future
 - Need to avoid burnout so generating a large list with the names and contact information of physicians involved with your FMIG as well as how much time they are willing to commit and what they have been involved in so far is a good thing to track so you do not overwhelm them
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- Generate a list of physicians/residents and ask them what they have done in the past and what they might be willing to do in the future – perhaps via a comment sheet after an event to find out how the physician felt about the event and whether they would be willing to help in the future.
- Support at the College level to assist in teaching practicing physicians how to teach clerks and residents better (assisting physicians who may feel they would not be good teachers)
- A review of a physician speaker/skills preceptor can be helpful to determine who you may want to invite back to events.
- If you have a keen physician who may not be the most exciting speaker, utilize the wonderful attributes that they do possess in another area
- May be able to send an invitation via fax to more private clinics to involve those physicians with your FMIG as they may not be as involved in education and thus may have more time to give to your FMIG
- Host an appreciation night for local family physicians – perhaps a wine and cheese event where you are presenting a topic that is of interest to both physicians and students – students can make great contacts with physicians at this event

C: Personality traits for preceptors

- Enthusiastic – you want someone who is interesting
- Good communication
- A variety of different types of career experiences
- Physicians doing evidence based medicine
- Physicians who are Pro-Family medicine – these are usually great teachers

D: Appreciation for volunteering physicians

- Thank you cards/gift cards
- Sending them a specific email/card in the mail after an event to show your sincere appreciation
- Having students thank them personally at the end of the event
- Sending them a letter form your FMIG expressing how their volunteered time is helping to promote family medicine within the medical school
- Perhaps initiate an Influential Award – recognizing involved family physicians who have made a significant contribution of their time to your FMIG events

Last updated: SOMS Meeting Feb 2008

PROBLEM 6: HOW TO REACH OUT – NETWORKING WITHIN YOUR SCHOOL & COMMUNITY

A: PROBLEM DESCRIPTION

FMIG networking can be an invaluable method of promoting family medicine and being an active member of your university and community. The benefits of networking can (but aren't limited to) the following list:

- Discovering new and potential funding sources
- Finding venue sites for events
- Recruiting physicians and other allied health professionals
- Becoming aware of issues in your community- family medicine is about being socially aware of issues in your community- opportunities
- Feedback on how general feedback perceives family medicine
- Resource- family health centres, day trips, presentations
- Non-university associated hospital, expanding teaching base, a great resource (ex. Shadowing, mentorship, pre-clerkship, etc. opportunities)

Being successful at networking, also means being aware of the challenges that you may face. These challenges can include the following:

- Making the contacts
- Receiving answers back
- Maintaining contacts, relationships- keeps time to build and keep a contact

B: HELPFUL TIPS

Where to I start?

- Start small, pick certain initiatives
 - Two sided relationships, discussion what both sides can offer
 - Building on people's contacts that they already have
 - Using school and people at school as a point of contact
 - Banner that is displayed at each activity to represent the group
 - Standardized "pitch-book" that describes what the group is about
 - Business cards, contact information, reminds people of who they spoke with
 - Organizing around needs of community groups- ex. Vision testing if school needs that, a way to build a partnership
-

A) Networking within your school:

1) Why is it important for each FMIG to have an influential contact within your school's faculty?

- They know other people
- Can get answers a little quicker, red-tape
- Support
- Communication
- Provide an already formed network

2) What benefits are involved?

- Students
 - Lets students know about different career paths, options of family medicine
 - Collaboration with different projects
- Residents
 - Information nights
 - Skill sets
 - Mentors
 - CaRMS, Interviews
 - Organizing events
- Faculty/Directors/Department
 - Lecture series
 - Presentations
 - Networks through their contacts
 - Research Opportunities
- Med School Council
 - Funding
 - Advertisement
 - Reaching out to larger student body
- University Council
 - Funding
 - Advertisement
- Pre-clerkship director and clerkship director
 - Scheduling
 - Protected time

3) When/how should you contact them?

- Students- having a board on which to post notices
 - Over the summer period to start talking about things
 - Recruitment at academic half days, department meetings
 - Presenting at CME/Conferences
 - Meeting in person
 - Invitations of department to events
 - CFPC Chapter events
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Making people feel valued-

- Gift certificates
- Thanks you cards
- Attendance

Extra notes:

- Involving FMIG members
- Recruiting

Maintaining Relationships:

- Quebec City- sends about news and what they are doing, letting them know your group exists, looking for participation, including contact information
- Getting information/photos in local college newsletter, website.

PROBLEM 7: HOW TO OBTAIN FUNDING FOR ACTIVITIES

A: PROBLEM DESCRIPTION

The following is a list of tips and tricks to assist FMIGs to obtaining funding to support their promotional activities.

B: WHO TO ASK

- Departments of Family Medicine/ Family Practice (academic groups)
 - They may also provide supplies/ resources/support as well as \$\$
 - As the Dept's of Family Medicine/ Postgraduate Divisions of Family Medicine are hoping to recruit from you, the FP-oriented medical students, they are likely to be receptive
- Local Colleges of Family Practice/ Chapters of the CFPC
 - Link with your local Chapter of the College – they have links with the companies, as they also exhibit at the ASA/ annual health forums sponsored/ run by the Chapter
- Alumni Associations
- Recruitment agencies – these may be Provincial, rural or local
- Regional Health Authorities or Districts (LHIN's in Ontario)
- Student Associations or organizations – funding amount may be related to the size of the group
- Funded Speaker series – an example being a memorial/legacy to a local physician
- Pharmaceutical or other commercial agencies
 - Look for an 'unrestricted educational grant' – consistent with CMA ethical guidelines for the association with Pharmaceuticals. They have lots of money; their grant can and likely should be acknowledged, but they should not be involved in setting the topic or the content.
- 'Fund Raising' – sale of items, such as mugs. Consider the audience and their receptiveness to the proposed product. Students may just as soon pay than use sale of items as an intermediary way of supporting activities.

C: HOW TO ASK:

- Create Letters and/or emails – a generic 'letter' to distribute to potential funding sources
 - Could be to physicians – but unless you have a charitable agency number, you won't be able to offer them a tax break for their donation
 - Direct these letters to the agencies noted above
- Follow-up Calls – contact the recipient within a couple of weeks after sending. This makes this a "personal" approach
- Presentation materials – generic 'letter'
- You can also use your annual FMIG report to use as a communication tool between groups

D: WHAT TO PRESENT:

- Your Annual report is an excellent resource. It is recommended that one member of the FMIG be responsible for doing or leading the production of this report. The annual report can consist of the following:
 - Role – of the FMIG's
 - Activities
 - Focus on relevance to your audience and to the interests of the potential supporter
 - Participation – indicate how many/ what proportion of the potential audience you are reaching. Also summary evaluations may be helpful.
 - Cost/ Budget – this outlines your fiscal need and responsibility
 - Website as a reference – also a location to acknowledge who has funded your activities (as well as at events, etc)

E: REACH OUT TO SPEAKERS as VOLUNTEERS:

- Get the Postgraduate program lecturers list; these people are already identified, and interested in teaching.
- Contact them early – if you get them to commit 3 months in advance, they won't likely be
- 'booked up', and are more likely to say 'yes'
- Contact local Chapters – they will likely know potential speakers, and can contact their members, and can assist in setting up speakers

F: HOW MUCH ARE FMIGs SPENDING?

- Annual budgets (for those reasonably funded already) are about \$3000 - \$5000
- Typical honoraria are about \$25 in value for speakers/presenters, though one school paid \$100 last year and now are trying to 'reset' the expectation in that community.
- Use family practice residents as presenters ("will present for food")
- Suggest order for about 70% of those who say 'I will come'; it is OK to have food for a reasonable number and 'first come – first served'
- If you order your food a day in advance, you can ask for a 10% discount (since you are ordering in bulk as well)
- Typical allowance for food is \$5 - \$6 per person

PROBLEM 8: FINALIZING YOUR IDEAL FMIG EXECUTIVE STRUCTURE

A: PROBLEM DESCRIPTION

An integral way to encourage corporation and optimal productivity within your FMIG is to establish an ideal FMIG executive structure. An executive structure clearly identifies the different roles and positions that are available within your FMIG executive. However, deciding upon an appropriate organization that best suits the needs of your school and community can often be tricky.

B: HELPFUL HINTS

The following tables are a few samples of structures that you may find useful for the organization and maintenance of your group. They have been submitted by FMIGs as executive structures that have been successful.

<p>SAMPLE 1</p> <ul style="list-style-type: none"> Co-Chair (2nd year) Co-Chair (2nd year) Co-Chair (2nd year) Co-Chair (1st year) Co-Chair (1st year) Co-Chair (1st year) 3rd year Advisor 4th year Advisor Faculty rep Discipline of FM Rep CFPC Chapter 	<p>SAMPLE 2</p> <ul style="list-style-type: none"> Chair Chair Co-Chair Newsletter Editor Mentorship Program Coordinator Mentorship Program Coordinator Speaker Series Coordinator Speaker Series Coordinator Clinical Skills Workshops Webmaster 	<p>SAMPLE 3</p> <ul style="list-style-type: none"> Acting Director Advising Director Speaker VP Skills VP Treasurer Secretary Catering
<p>SAMPLE 4</p> <ul style="list-style-type: none"> Co-Chair and Rural Rep (2nd year) Co-Chair and Urban Skills Day (1st year) Co-Chair (3rd year) Speaker Series Coordinator Conferences and Special Events Advocacy Mentorship Treasurer Wine & Cheese Advocacy and Rural Rep R3 Night and Rural Rep Rural Skills Day and Rural Rep Urban Skills Day 	<p>SAMPLE 5</p> <ul style="list-style-type: none"> Co-President Co-President President Advisor Treasurer VP Communications VP Communications VP Special Projects VP Special Projects VP Information Technology Treasurer Advisor Med-4 Rep R1 Rep R1 Rep External Staff Advisor Faculty Advisor 	<p>SAMPLE 6</p> <ul style="list-style-type: none"> President Past-President Treasurer/Med II Rep Communications/Med I Rep Med II Rep Med II Rep Med III Rep Med III Rep Med VI Rep Med VI Rep Med 1 Rep Faculty Advisor

APPENDIX A: Effective Use of Email Communication

- Don't send too many emails and know when a phone call will work better
- A subject line that pertains clearly to the email body will help people mentally shift to the proper context before your recipients read your message
- Try URGENT and FYI but often all emails are "urgent" and FYI may mean "delete before reading"
- When angry, wait 24 hours to respond, if you have made a big mistake—make a call
- Email is more conversational than traditional paper-based media and sloppier—this is not always bad— "let's do lunch"
- But you can't show normal status cues such as :
 - Dress
 - Diction, or dialect
 - Emotions
 - Vocal inflection
 - Gestures
 - Shared environment
- Your correspondent may have difficulty telling if you are serious or kidding, happy or sad, frustrated or euphoric
- Sarcasm is particularly dangerous to use in email

APPENDIX B: The College of Family Physicians location map**Address:**

College of Family Physicians of Canada
National Headquarters
2630 Skymark Ave.
Mississauga, Ont. L4W 5A4

Key staff contact:

Pamela Cirino
1-800-387-6197 Ex. 214
pcirino@cfpc.ca

