



Best Practice Guide: Creative Ideas and Evidence for Recruiting Students to Family Medicine

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#BPGatADFM

Best Practice Guide: Creative Ideas and Evidence for Recruiting Students to Family Medicine

- **Learning objectives:**
- **At the end of the sessions, participants will be able to...**
 1. Share the top 10 best practices identified in the Best Practice Guide
 2. Describe efforts across different departments toward increasing student interest in family medicine
 3. Share their own stories of success and challenges with the evidence-based recommendations in the Guide



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Chair, ADFM Education Transformation Committee

Professor and Chair, Department of Family Medicine

Director, DC AHEC

Georgetown University Medical Center

ADFM Education Transformation Committee

- Two specific priorities:
 - Increase the number of US medical school graduates selecting family medicine as a career.
 - Collaborate with AFMRD and other organizations to re-design GME to meet the needs of the healthcare system of the future.

Best Practice Guide Goals

- Provide evidence-based best practice resources for departments of Family Medicine regarding increasing student choice of Family Medicine careers
- Provide a virtual community to share student choice resources for CAFM stakeholders
- Provide a living repository of success stories and evidence-based strategic planning for Family Medicine departments.
- Provide annual goals and objectives to the ADFM Education Transformation committee to support 25x30 activities

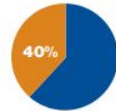


America Needs More Family Doctors: 25x2030

The U.S. is facing a primary care physician shortage. That's why eight family medicine organizations launched the **America Needs More Family Doctors: 25x2030** collaborative.

Why 25x2030?

By **2025**, the estimated shortage of primary care physicians in the U.S. will reach **52,000+**.



Family physicians make up nearly **40%** of the current U.S. primary care physician workforce.

THE GOAL: Ensure **25%** of U.S. medical students pursue family medicine by **2030**. A robust family medicine workforce is critical to providing appropriate and accessible care for all.

Where we are today



1 in 8 U.S. medical students/graduates enter **FAMILY MEDICINE RESIDENCIES** each year

OUR 2030 GOAL



1 in 4 U.S. medical students/graduates enter **FAMILY MEDICINE RESIDENCIES** each year

Get Involved

Be a catalyst that helps achieve the primary care workforce our nation so desperately needs. Here's how:

1. Become a preceptor. U.S. medical schools face a drastic shortage of community preceptors in family medicine. Learn more at aafp.org/family-doctor-expansion.
2. Contact your local AAFP Chapter and find out how you can help engage medical students, advocate for policy change, and develop the workforce. Visit aafp.org/chapterdirectory for contact information.
3. Get involved in your community by:
 - Speaking at a local school or youth club.
 - Encouraging and supporting STEM education.
 - Asking your young patients about their interest in family medicine.

Use AAFP resources at aafp.org/fm-presentations to help you talk about family medicine.



America Needs More Family Doctors: 25x2030 collaborative organizations American Academy of Family Physicians, American Academy of Family Physicians Foundation, American Board of Family Medicine, American College of Osteopathic Family Physicians, Association of Departments of Family Medicine, Association of Family Medicine Residency Directors, North American Primary Care Research Group, Society of Teachers of Family Medicine.

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Share your experience!

- Please use the index cards at your table to share your stories or ask questions
- Join us for our twitter chat at #BPGatADFM Feb 13-15
- Stop by our BPG booth outside to share your stories on any BPG recommendation, or share your thoughts and experiences on moving the needle at your institution
- Email us at aweidner@adfm.org to share your thoughts

ADFM Association of
Departments of
Family Medicine
VISION, VOICE, LEADERSHIP

Best Practice Guide Recommendations



#1

Early and longitudinal community-service, community-based learning experiences with Family Medicine residents and faculty



#2

Longitudinal clinical Family Medicine precepting experiences including continuity of preceptors, continuity of care, and continuity of patient interactions



#3

Longitudinal one-to-one mentorship relationships with Family Medicine physicians

Best Practice Guide Recommendations



#4

Specific recruitment and engagement activities directed toward medical students, pre-medical and pipeline students Under-Represented in Medicine (URM)



#5

Increased exposure to underserved patient populations, including urban, rural, immigrant, refugee, asylee, and international health populations



#6

Leadership and innovation in curricular development on social determinants of health



#7

Engage students in practice-based research on health disparities and social determinants of health with longitudinal Family Medicine mentors



#8

Medical School Admissions Committee membership, policy development to favor primary care interest



#9

Addressing Medical Student Debt with Loan Repayment Programs



#10

Implement a Student Choice Strategic Plan in each Department of Family Medicine with SMART goals aligned with the 25x30 initiative

Engaging Medical Students

What do faculty and Department Chairs think about connecting with students? 2016 Survey Results

1. FM Clerkship
2. FM M1/M2 involvement in curriculum
3. FM Leadership in health system/med school
4. FM Leadership in the Dean's office
5. FMIGs, FMIG Faculty Advisor
6. FM Mentorship

Engaging Medical Students

What do students tell us are the most meaningful interactions? (AAFP student surveys)

1. Early clinical experiences, scope, setting, quality of practice, exposure to FM careers
2. Early FM mentorship opportunities
3. Early community service experiences with FM
4. AAFP Membership, AAFP National Conference, FMIG
5. Pipeline: high school, college, post-bacc, pre-admissions

2018 ADFM Chair Survey

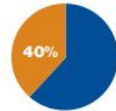
Four Pillars	% No or little engagement	% Moderately engaged	% Highly engaged but not achieving high impact	% Highly engaged and achieving high impact
Pipeline	4.8%	32.7%	30.8%	31.7%
Process of Medical Education	2.9%	22.1%	34.6%	40.4%
Practice Transformation	4.9%	28.2%	38.8%	28.2%
Payment Reform	40.4%	31.7%	20.2%	7.7%

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- **After the conference please use #25x2030**

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Best Practice Guide Panel

- Early clinical preceptorships and community-based learning/community-based service – Misbah Keen, MD, U Washington
- Using health disparities research to engage and recruit students – Jehni Robinson, MD, USC
- Structural changes like 3+3 – Shou Lin Leong, MD, Penn State
- Student debt – feedback and evidence around providing scholarships to students who have chosen FM – Chelley Alexander, MD, ECU





Deborah Clements, MD

President, AFMRD

Chair, Department of Family and Community Medicine

Nancy and Warren Furey Professor of Community Medicine

Professor of Family and Community Medicine and Medical Education

Thinking Outside the Box

- Question:

**What steps would I need to take to create
a 3+3 program at my institution?**

10 minutes

aweidner@adfm.org

Thinking Outside the Box

- Question:

How do I get to “YES” on one of the 4 areas the panelists presented (longitudinal clinical preceptorship/community service, 3+3, health disparities research, addressing student debt)?

10 minutes

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