NATIONAL MARCHPAST SUMMARY

of the

FAMILY MEDICINE INTEREST GROUPS
(FMIGs)

PREPARED FOR THE:

National Section of Medical Students (SOMS)/FMIG Forum
Date: February 28th, 2009
Place: CFPC National Office – Mississauga, Ontario

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**UNIVERSITY OF BRITISH COLUMBIA**

**Goals for the year**
- We have advanced the rural outreach program and are working on improving the electives repository.
- Due to funding we will not be having a second ‘dinner with docs’ this year, but will work to increase this next year.
- The distant sites have held their own skills workshops, however, academic events are still primarily held at the Vancouver site, primarily because there are more students at the Vancouver site and so more people who are able/willing to plan events.
- There were more students able to attend the suturing workshop, but the main limiting factor is often the number of students that instructors can adequately handle.

**Activities & Events**
- Since meeting we have had a suturing skills night.
- Upcoming events include: EMR, rural medicine, international medicine, casting skills, public vs private health care, and CaRMS info night.

**Major Successes**
- Suturing night was a great success, as always, there was far more interest than could be accommodated.
- We have someone new working on the special project of rural outreach which aims to promote medicine as a career to high school students living in rural communities in BC as they are more likely to practice in rural locations.

**Challenges**
- Major challenge has been financing. However, through the generosity of the CFPC as well as the BCCFP, this challenge has become far more manageable. We are continuing to look for other sources of funding as well, including REAP and Scotiabank.

**Unique Initiatives**
- See above regarding rural outreach.
- We are also working to make the online electives repository more successful.

**UNIVERSITY OF ALBERTA**

**Goals for the year**
- Yes, we have successfully initiated the R3 seminar series, and we have maintained, if not increased, seminar attendance.
- We have planned and scheduled our Wine and Cheese night, as well as another clinical skills session.

**Activities & Events**
- Since November we’ve been delivering a series of lectures addressing Family Medicine R3 options. We have had clinicians, program directors and residents speaking. More specifically, we have had talks on Geriatrics, Sports Medicine and Emergency Medicine. We have been careful to keep these talks Family Medicine focused to avoid portraying these career paths as a shortcut to specialized practice.
- February we have a “Practice Management” seminar planned, addressing the business aspect of Family Medicine. This will be presented by a family physician.
- March: Clinical skills evening on suturing and casting
- 3 hour seminar on approaches to eating disorders, delivered by a family physician whose practice is focused in this area
- April: “Meet the Residents Wine and Cheese Night”

**Major Successes**
- We have had excellent turnout at our talks, averaging 60-70 students per event. Feedback is always very positive, both from the attending students, and from the presenters. Students have expressed significant interest in upcoming events.
- We have had excellent feedback from students whose interest in Family Medicine has been substantially increased. We have actually had students say that they previously had little to no interest in Family Medicine as a career, but the efforts of the FMIG have sparked their interest in this field.
- We continue to be very well funded by the Department of Family Medicine.

**CONTINUED ON NEXT PAGE**
### Challenges

- To date we have not encountered any barriers to setting up events or marketing to the students.
- The one problem has been trying to vie for the students’ attention amongst numerous other interest groups who have also set up events. To waylay this problem, we have marketed our events as a way to show the diversity within Family Medicine. For example, we are not promoting an Emergency Medicine talk, rather we are demonstrating what options within Family Medicine are available.

### Unique Initiatives

- Our events have focused on promoting the diversity of Family Medicine, in an attempt to appeal to students with various backgrounds and interests.

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**UNIVERSITY OF CALGARY**

### Goals for the year

- So far I think there has been better involvement and follow through in our shadowing program, and also the possibility of having this program become mandatory.

### Activities & Events

- August: Rural Medicine Information Night, Registration of New Members and Info Booth
- September: Rural Alberta South Residents’ Night, Election of new executive and Welcome Potluck
- October: Welcome Potluck for Executive and all members at large, Lunchtime presentation of FMIG/RMIG, Wine and Cheese, Urban Shadowing Program Start up
- November: Funding for students to attend 2008 FMF
- December: MBA Family Medicine Promotion project presentations
- January: R3 Night, Undergraduate Medical Director of Family Medicine gave a talk on presenting research, Speaker Series: Dr.Myhre (Associate Dean distributed learning and rural initiatives), Urban Skills Day

- Upcoming:
  - Speaker Series – hopefully one per month, Panel Discussion, Rural Skills Day, Conferences (and funding), Wind-up

### Major Successes

We have had much more involvement with the undergraduate medical department to help improve the promotion of Family medicine; tackling the curriculum, admissions, other factors etc. We have also been continuing to take on many new initiatives.

### Challenges

Difficulty scheduling in events due to busy calendars of our classmates. Led to difficulties getting preceptors to teach our skills day.

### Unique Initiatives

Involvement with the MBA students on the promotion of Family Medicine ‘Putting your best foot forward for CARMs’ poster presentation session

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**UNIVERSITY OF SASKATCHEWAN**

### Goals for the year

- we needed more volunteers- this has been in part remedies by recruiting residents as well as Clerks interested in FM

### Activities & Events

- Sexual Health Night (in correlation with the Reproductive Action Group)
- Clinical Skills Night
- Mentorship Kickoff/Social
- R3 options Speaker Session (date tbo)
- R3 options Speaker Series (dates tbo)
- Northern Saskatchewan family medicine experience (date tbo)
- FM carms matches social

### Major Successes

- mentorship kickoff-after a very slow start!
- getting the ball rolling on R3 option talks
- Sexual and Clinical Skills
- Sufficient funding

### Challenges

- organizing mentorship social and getting people to RSVP and show up (much better now that we’ve included residents)

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**Goals for the year**
- Additional CaRMS information sessions – Agreement to host a session on interview skills and tips in January 2009
- Speaker Series - Agreement to have a monthly speaker series to incorporate a wider variety of family docs and practices
- Suture Clinic – Agreement to expand suture clinic to include additional sessions (from 1 to 3) and increase the number of spots per clinic
- Website – Created a U of M FMIG website to increase access to med students and raise awareness of events
- Meet and Greet – Agreement to host a FMIG dinner with med students, family med residents, and family docs in addition to the RIG (Rural Interest Group) dinner
- Movie nights – to promote informal discussion between med students interested in family medicine – not enough manpower/finances to set this one up
- Student representation at the Manitoba College of Family Physicians executive board

**Activities & Events**
- Speaker Series – talk from practicing family physician; talk re: additional training for family physicians, further speakers have been planned to take place before the end of the year
- Meet & Greet – an evening offering opportunity to students to talk to family physicians practicing in the community
- Suture Clinic Part II – continuation of the first suture clinic to other students who didn’t have an opportunity the first time.

**Major Successes**
- Put together a website for FMIG at the University of Manitoba. It provides a great resource for the most up-to-date information on events and contacts.
- More visibility on campus due to increased number of activities.

**Challenges**
- Funding limitations are upon us. We are fast running up the budget and are intending to meet with a Scotia Bank representative to see how the UM FMIG and Scotia Bank can enter a mutually beneficial relationship.
- It is challenging to find sufficient supplies to fully stock our suture clinic.

**Unique Initiatives**
- n/a
**NORTHERN ONTARIO SCHOOL of MEDICINE (NOSM)**

### Goals for the year

1. A collaborative FMIG executive that represents the interests and meets the needs of students in all years and at all learning sites.
2. Striving to consistently promote Family Medicine throughout the year by having one FMIG event at NOSM per month, between the two main campuses.
3. To secure faculty advisors for the FMIG at NOSM, preferably one per main campus.
4. Increased Family Medicine Resident involvement in FMIG and undergrad education as a whole
5. Increasing contact between community family physicians and students, with the hope of creating opportunities for students wanting to explore the discipline of Family Medicine.
6. To host at least one fundraising event per campus in the 2008-2009 academic year for the Walk for the Docs campaign (CFPC).
7. To advocate for undergraduate students, particular in regard to the number of Family Medicine Residency spots open to students at the Northern Ontario School of Medicine.

### Activities & Events

**2008**

**East campus**
- First year “Meet and Greet” September 2008
- Wine and Cheese January 14th 2009
  - 8 docs, 15-20 students
  - Cost: 400$ (not as much as planned, therefore room for another event)
- PGY3 ER Dr Amar Cheema, resident January 29th 2009, 12-1
- East = 30 students
- Videoconferenced to the West = four 1st year students and one 2nd year student

**West campus**
- Working on creating a central list of doctors who would welcome students for clinical electives/shadowing via Dr. Krystal Cannon (community physician who is involved in teaching at the school)
- Videoconferencing in for FMIG events at East campus

**2009**

**Events planned for this year**

**East campus:**
- Educational talks esp with Family Medicine with specialty skills (OBS, Anaes, ER, etc) – video conferenced between sites
- Family Medicine Residency NOSM East Info session
- March 4/09 – local FP, Robert Massey, FP – aim 1st year students – Intro to FM (scope of practice, benefits of the discipline)
- April 1/2009 – will be VCed – Natalie Goodale, FP (Obstetrics)
- Fourth year/residents social evening with funding left over from wine and cheese dinner

**West campus:**
- Social event to increase networking opportunities between junior students and local FPs for electives – possibly wine and cheese party – Rotational Dinner - Dr. Atwood (community physician co-ordinator)
- Pain management seminar – Dr. Jeff Davis
- Common ophthalmology problems in family practice

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| **Major Successes** | - Family FP involvement by event (West) – identifying a community physician to help with a specific event and/or project of the FMIG  
- FMIG Faculty Advisor – Dr. Bryan MacLeod (family physician in Thunder Bay) joined us in our January 2009 teleconference and was already able to help us make connections within the school structure ie with the Director of Clinical Affairs in relation to recruiting FPs not currently academically involved to help with FMIG events. |
| **Challenges** | - FMIG constitutional review – this is our first year as an official “club” of our student society, which includes the first FMIG constitution, with which we are having growing pains. We will be reviewing this in Feb/March 2009.  
- Scheduling of lunchtime events – there are many lunchtime functions from various interest groups as well as school sponsored events. We’ve had to shuffle presentations to get a day without a conflict and when this hasn’t been possible, had to deal with poor attendance at some events. |
| **Unique Initiatives** | Advocacy for FM spots available at NOSM for our students – FMIG is taking on a leadership role to encourage the NOSM admin to create adequate residency spots, especially Family Medicine Residency spots. We are polling the students in all classes before meeting with Joey McCullman (Post Grad promotion and recruitment co-ordinator) |
UNIVERSITY OF WESTERN ONTARIO

**Goals for the year**
- One of our main goals for this year was to promote Family Medicine to our classmates as a diverse and exciting specialty choice. Clinical Skills Day was a great step toward this goal. The theme of the day was “Practices as Diverse as our Patients” and we deliberately chose a wide array of workshops (from Suturing to Medical Hypnotherapy) and lectures (Global Health and the Family Physician) to highlight the opportunities available. In examining our feedback, it seems like students’ attitudes towards Family Medicine were positively affected!
- Another goal was to integrate the Windsor campus into our activities. We hosted our Clinical Skills event during a London-Windsor Integration weekend where students were billeted in London and had a whole weekend full of activities to attend, which really improved participation.

**Activities & Events**
- January 17th, 2009: Clinical Skills Day (workshops and lectures conducted by local family physicians; 120 students attended)
- January 19th, 2009: Dalhousie University CARMS Interviews and Residency Information Session (Dalhousie University’s Family Medicine program representatives visited to hold CARMS interviews for 4th year students as well as an information session on their program for all students)
- February 3rd, 2009: Psych in the Family Doc’s Office Discussion (A family doctor with +1 training in both ER and psychotherapy held an informal talk on family practice and these programs)
- March 6th, 2009: Underserviced Populations Panel with the Rural Medicine in Action Group (RNs and family docs working with rural, aboriginal, migrant worker, and Amish/Mennonite populations)
- March: Family Health Models (FHNs, FHTs) and How to Run a Family Practice
- March: PGY3 Options
- March: Brown Bag Lunch and discussion with a Family Physician (hoping to start weekly or bi-weekly series)
- April: Discussion Panel with 4th year students matched to a Family Medicine Residency Program

**Major Successes**
- Clinical Skills Day (January 17th, 2009): extremely well attended (120 students) with a great keynote speaker (Dr. Ruth Wilson) and diverse workshops conducted by family physicians

**Challenges**
- A major challenge we faced earlier this year was overlap with other groups including Rural Medicine in Action (RMA). We have dealt with this by holding specific meetings with these groups and planning joint events/ ensuring that others do not overlap. Some joint events held since November include:
  - Psych in the Family Doc’s Office (with the Psych Interest Group)
  - Underserviced Populations (with the RMA)

**Unique Initiatives**
Clinical Skills Day (January 17th, 2009): Full day of workshops and lectures conducted by local family physicians with an interactive lunch between students and physicians at our campus restaurant; Dr. Ruth Wilson, outgoing CCFP President, attended and gave a lecture as our keynote speaker, as well as Dr. Katherine Rouleau from St. Mike’s; workshops included Suturing, Casting, Intubation, IV Insertion, Hospitalist Practice, Prenatal Care, Intro and Advanced Childbirth, Medical Accupuncture, Medical Hypnotherapy, Child Health and Immunizations, Mental Health, and Endometrial Biopsy; the event was very well-received by the 120 students in attendance (1st and 2nd year) and our guest speakers were a huge hit!
## QUEEN’S UNIVERSITY

<table>
<thead>
<tr>
<th>Goals for the year</th>
<th>- Not applicable – we have been setting goals of re-establishing ourselves as a FMIG and planning events for next year.</th>
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<tbody>
<tr>
<td>Activities &amp; Events</td>
<td>- We have not held any events since last November (we also did not attend the November meeting)</td>
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<td>- our only Fall event was a meet-and-greet with local Family docs, faculty members at the Undergraduate Department of Family Medicine, and interested medical students.</td>
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<td>- Events that we have planned for the rest of the year:</td>
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<td>- a 4-part speaker series exploring choices and experiences in Family Medicine, including “couples in medicine”, “renumeration in different practice models”, “a day in the life”, and “street health”.</td>
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<td>- a clinical skills workshop for IV, SQ and IM injections.</td>
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<td>Major Successes</td>
<td>- despite some difficulties arranging for succession from the previous to the new executive, we have re-grouped and organized ourselves for the coming few months.</td>
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<td>- Our skills workshop filled up within 3 minutes of registration opening. We are considering running a second.</td>
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<td>Challenges</td>
<td>- the previous executive stayed on through the Fall semester with the intention of getting the ball rolling for us before they began clerkships. Unfortunately, good intentions were not enough. We have been re-organizing, re-establishing connections and sorting out a tricky financial situation.</td>
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<td>- the largest challenges exist in disseminating information to an exec comprised mostly of first-years, particularly with respect to past events and access to funds</td>
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<td>- also, it is difficult to plan events during CaRMs time, as residents are quite busy with applications.</td>
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<tr>
<td>Unique Initiatives</td>
<td>- described above in “FMIG Activities”.</td>
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Goals for the year

Recap:

Overall goal: “Diversity”

- **Clinical Skills**: instead of having 2 similar sessions in each term, sessions could be more ‘themed’. First being “basic” clinical skills, second catering more to the 2+1 specialties.
- **Advocacy**: introduce a “Students’ Summer/Rural Experiences” speaker series where second-year medical students would talk about their summer experiences to give first-year students an idea of what is available.
- **Newsletter**: instead of having one issue at the end, to put out 2-3 issues the entire year, each one with a specific theme that would appeal specifically to first-years and second-year students.

Progress so far:

- **Clinical Skills: Advanced Clinical Skills Workshop**: Tentative April 2009
- **Advocacy**: done
- **Newsletter**: next issue expected spring 2009.
- **“Speed dating with Doctors”**: April 27, 2009

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<thead>
<tr>
<th>Activities &amp; Events</th>
<th>Advocacy</th>
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<tr>
<td></td>
<td>IgFM Fact Sheet (Nov.24, 2008): 1-page fact sheet highlighting Family Medicine Week, sharing information about family medicine including salary, residency options and reasons why students may choose family medicine</td>
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<td><strong>Rural Family Medicine Summer Experience Talk (Oct.6, 2008)</strong>: 100-120 students attended to listen to speakers from ROMP, NOSM, SWOMEN to talk about application process for summer rural observerships. Past students who had spent time in rural communities in the summer also came to share their experiences.</td>
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<td><strong>Speaker Series</strong></td>
<td><strong>Dr. Catherin Rouleau (Dec.8,2008)</strong>: 60+ students attended the talk on the PGY3 program on International Health</td>
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<td><strong>Dr. Julia Alleyne (Jan.12, 2008)</strong>: 70+ students attended the talk on the PGY3 program on Sports Medicine</td>
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<td><strong>Mentorship</strong></td>
<td>74 first and second year students matched with 45 local family doctors. The doctors volunteered to act as mentors providing advice and shadowing opportunities for the students.</td>
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<td>Mentor/Mentee “mixer” (Nov.20, 2008): over 40+ students/staff attended the mixer at a local pub.</td>
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<td><strong>Clinical Skills</strong></td>
<td><strong>Basic Clinical Skills Workshop (Nov.15, 2008)</strong>: provided opportunity to develop basic/intermediate clinical skills, including venipuncture, baby delivery and the female pelvic examination. Also provided chance to networking with physicians in the field of Family &amp; Community Medicine and to ask questions about the field.</td>
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<tr>
<td><strong>Newsletter (“IgFM Insider”)</strong></td>
<td><strong>1st issue: Rural Family Medicine (Dec.10, 2008)</strong>: outlined various student experiences over the past summer in rural programs, included an article written by a rural family medicine physician/emergency doctor, and the different summer rural programs that are available for summer electives.</td>
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<td><strong>First Year Reps</strong></td>
<td><strong>Tea &amp; Coffee (Nov.25, 2008)</strong>: ~ 300 students attended (1st and 2nd years) the event aimed to raise awareness of IgFM among first years during Family Medicine Week.</td>
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<td>Major Successes</td>
<td>Smooth execution and high attendance rates at all of our events and in our various programs</td>
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<td>More well known as an active organization</td>
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<td>T-shirts for our IgFM exec members</td>
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<td>Good executive turn-out at the FMF Walk for docs</td>
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| Challenges      | Difficulty finding dates/times when both first years and second-year students are free, given that students from both years are not always on campus at the same time because of clinical-training or seminars at hospitals |
|                 | Problem exists for scheduling executive-meetings and for events                           |

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<tr>
<th>Unique Initiatives</th>
<th>“Speed dating with the Doctors” (April 27th, 2009)</th>
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<td>80 students will be invited to come out and talk to family doctors and residents about their practices, training, lives, etc in a round table-type format.</td>
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<td>8 groups will rotate every 15 minutes.</td>
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<td>Doctors have already volunteered, representing a variety different lifestyles and scopes of practice (generalist, GP-specialists, residents, rural, urban, hospitalist)</td>
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## Goals for the year
- Exposing medical students to a wide variety of Family Medicine role models (rural site day trip, lunch talks)
- Demonstrating the diversity of Family Medicine (diversified lunch talks)
- Supporting students who are interested in Family Medicine (compensation for students going to FMF)
- Educating medical students about Family Medicine training and careers (talks with CQMF reps & residents)
- Fostering mentorship between Family Physicians, residents and medical students (resident to student talk)
- Fostering mentorship between upper- and lower-year medical students (supervisors for skills session)

## Activities & Events
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>Dec 5, 2008</td>
<td>Lunch Talk - Rural Family Medicine by Dr Pincott</td>
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<td>Feb 9, 2009</td>
<td>Lunch Talk - Addiction Medicine by Dr. Luckow</td>
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<td>Feb 28, 2009</td>
<td>Day Trip - Cowansville Hospital</td>
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<tr>
<td>Mar 28, 2009</td>
<td>Workshop - Simulation Center Skills Session</td>
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## Major successes
One of our major goals was to establish an annual rural day trip to a local site in Quebec or within other provinces. Last year was our first trip to Hawkesbury, Ontario which was well received and we will be going to Cowansville, Quebec this February. The arrangements have been made and there has been a good response as of yet. We are already planning to go to Wakefield, Quebec next spring another McGill rural teaching site.

## Challenges
There was an attempt at organizing an eventual pre-clerkship experience for students as discussed at the last meeting, it was decided, upon discussion with the remaining members, that this would not be the best approach for the McGill FMIG. While there was an understanding for the push to get pre-med students attracted early, there was a concern that such a program will draw on the number of family physicians currently taking on clerkship students resulting in a weakening of the clerkship experience. As a compromise, we are planning on organizing a day trip to a urban primary care center.

## Unique Initiatives
In light of our successes with the rural day trip and our difficulty establishing a pre-clerkship curriculum, we have decided to hold an annual urban site trip in the late spring. This will be geared towards the pre-med class who would be about to enter med school. It will be a general tour of a primary care center, likely a local CSSS. While this will attempt to show students the multidisciplinary approach to family physicians, it will also hopefully get students to think of family medicine as a career option early in their career. It will also allow our group to be more apparent in the class starting of next year.
## Goals for the year
- For FMIG to be placed in high regard among medical students
- Promote different career path within family medicine
- Recruit students to ensure the continuity of FMIG next year

## Activities & Events
### Trois-Rivières
- We hosted a lunch-time conference with a family doctor who works in a women’s clinic.
- We are planning two more lunch time conferences and a skills day.

### Montreal
- We are planning a conference with the Director of the Family Medicine Residency program. This will help students choose clerkships rotations. (Feb 2009)
- We are planning a Mentorship dinner (March 2009)
- We are planning a Skills day (April 2009)
- We are planning two lunch time conferences

## Major Successes
### Trois-Rivières
2008-2009 being our first year of activity, we successfully launched our FMIG
We recruited a student from the preparatory year to insure the continuity of our FMIG
We had a high rate of participants in our lunch-time conference
We were able to find a number of family doctors with different career paths for our conferences
We were able to obtain financial support for our activities (from Montreal)

### Montreal
We were able to obtain partial financial support for our activities so far, however promising new partnerships have been developed with the Ministère de la santé et des services sociaux du Québec, the département de médecine de famille, the Faculté de médecine, Scotia Bank, Association des étudiants en médecine de l’Université de Montréal and the Collège Québécois des médecins de famille. Funding requests have been made and we are still waiting for an official response from each organization.

## Challenges
- We had to find the financial support for our activities (conferences, skills day)
- Finding the ideal date for our activities to have a high participant’s rate
- Lack of experience in the organization of our activities

## Unique Initiatives
### Trois-Rivières
- We applied for a BRIC Pfizer scholarship to get support for more FMIG activities
- Recruit family doctors from our region (Mauricie, Québec) to promote regional practice

### Montreal
- Organizing our first annual mentorship-dinner
- Lunch talk to help students choose their clerkships rotations in relation to family medicine
### Goals for the year
Our goal was to implant a community conference project in local high schools on topics of interest to teenagers. Although still in its rudimentary form, the project is slowly taking shape. For example, we have found several schools that would readily welcome us into their establishment. However, our main task now is to come up with appealing topics that would grasp a teenager’s attention and, naturally, a way to convey the information so that it has an impact on our audience. Therefore, our goal for the rest of this academic year is to come up with the appropriate presentation format and logistics of the project rather than putting it into action right away.

### Activities & Events
- Lunch talks concerning medical practice in northern Quebec, sports medicine, military medicine as well as community medicine amongst marginalized individuals (ex. homeless people, prostitutes, drug addicts).
- Observation internships: 2 to 4 half-days individually accompanying a family physician during office hours.
- “Souper-Causerie”: Dinner chat for students to discover and discuss family medicine with several physicians.
- **Upcoming activities:**
  - Skills night including delivery techniques & neonatal evaluation, sutures, injury taping, and cancer detection with models.
  - Wine & Tapas: Conference evening followed by a casual ‘wine and tapas’ reception with residents.

### Major Successes
- Our sports medicine lunch talk was widely acclaimed by an array of students: very practical and interesting topic.
- The ‘Souper-Causerie’ welcomed over 120 guests, including 23 physicians and residents from a wide variety of branches within family medicine: an outstanding turn-out for a pleasant and enriching experience.
- We have successfully found several key contacts in our faculty, the FMOQ and the ministry of health of Quebec to help us with our activities.

### Challenges
- Coping with the renovation process of the Faculty of Medicine building when trying to find decent classrooms for, namely, our lunch talks.
- It is difficult to accommodate all interested students to certain activities due to location and material limitations.
- Finding dates for events can be challenging when dealing with various discordant timetables at the pre-clinical level.

### Unique Initiatives
- Wine & Tapas event
- Community involvement in local high schools
**UNIVERSITÉ de SHERBROOKE**

### Goals for the year
- Our new sponsorship program is going on. It still needs some adjustments, but it is working quite well!
- The FMIG’s continuity seems to be assured by our new 1st year team who’s quite implicated.
- The round table is still at the project step.

### Activities & Events
- Beginning of our sponsorship program → students began to meet doctors in their offices and eventually closure and wrap-up of the program
- Talks → one on the PREMs program in Quebec, one on the care of patients with HIV with Dr Réjean Thomas and probably another one on the challenges of residency in family medicine
- Skills nights:
  - in February → taping, catheter installation, endometrium biopsy, aseptic methods
  - in April → blood test, sutures, plasters & splints, installation of urinary catheter, triage

### Major Successes
- The new Saguenay division of the Sherbrooke’s FMIG as started its activities since January
- The new sponsorship program is working quite well except for some little problems of communication between students and doctor that we did not expect

### Challenges
- Start another division of our FMIG in Moncton where the interest does not seems to be very high
- Interest doctors in helping us making the promotion of family medicine

### Unique Initiatives
- Our new division in the campus of Saguenay

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**DALHOUSSIE UNIVERSITY**

### Goals for the year
- One of our goals was to improve numbers at our events. Our skills night was a success as in previous year’s, but whether or not we can increase numbers at our speakers nights is still to be determined.
- We have continued to have a strong relationship with the Dept of FM and the NSCFP and a few members of our exec were able to be present at their Holiday Social and AGM respectively.

### Activities & Events
- Skills night in November, 30 students taught by 6 residents and skills included suturing, joint injections and draining breast cysts
- Next 2 events: Residency 101 to learn about the different residency sites available at Dalhousie, Family Med 101 to learn about the different special interest options available to Family Docs.
- Other upcoming events: CaRMS Wine and Cheese, Dining with Docs, Skills Night with the Public Health Interest Group

### Major Successes
- December and January are quiet months for our FMIG due to exams and winter break.
- Our skills night had over 50 interested students, will try to expand spots for second term and will be doing in with another interest group.

### Challenges
- Timing for events: There has been some trouble scheduling events and competition with other interest groups. We are investigating the idea of shared lunch hours between first and second year students to help groups find time to hold events.

### Unique Initiatives
- Skill s Night with the Public Health Interest Group. In addition to hands on skills we will include stations relating to public health – ie. How to talk to your patients about the pros and cons of immunizations, etc.
- March Break rural trip: We are investigating a possible rural trip over our March Break. We would like to go to a different location than last year (Goose Bay, NL) to help build our contacts. We are looking into various Family Med clinics in Nova Scotia and New Brunswick.
MEMORIAL UNIVERSITY

<table>
<thead>
<tr>
<th>Goals for the year</th>
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<tbody>
<tr>
<td>To introduce medical students to the diversity of family medicine as a specialty</td>
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<td>career</td>
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<td>To introduce students to the valuable and ranging roles family physicians have in</td>
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<td>rural and urban communities</td>
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<td>To bring together practicing family physicians and students for open dialogue</td>
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<td>To provide the opportunity to learn skills and obtain knowledge about Family</td>
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<td>Medicine during the pre-clerkship medical curriculum</td>
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<tr>
<th>Activities &amp; Events</th>
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<tr>
<td>Weekly Fridays with Family lunchtime presentations</td>
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<tr>
<td>Family Medicine Information Night (Great success)</td>
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<tr>
<td>Procedures Day for 60 second year students (March 2009)</td>
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<thead>
<tr>
<th>Major Successes</th>
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<tr>
<td>Creation of a portfolio for our FMIG (information document, history of our FMIG,</td>
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<td>budget, sample letters)</td>
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<td>Applying for and receiving funding from Department of Health, Recruitment Office</td>
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<td>of the Regional Health Authorities</td>
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<tr>
<th>Challenges</th>
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<tr>
<td>Obtaining a sustainable source of funding</td>
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<td>Continuing to apply for funding, with Faculty support</td>
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<td>Dependable funding will enhance activities and events, and help promote family</td>
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<td>medicine as a career option</td>
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<tr>
<th>Unique Initiatives</th>
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<td>Implementing charitable activities during the December holidays (Choices for Youth:</td>
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<td>Street/ Homeless Youth) and hosting a public blood pressure clinic (Winter 2009)</td>
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