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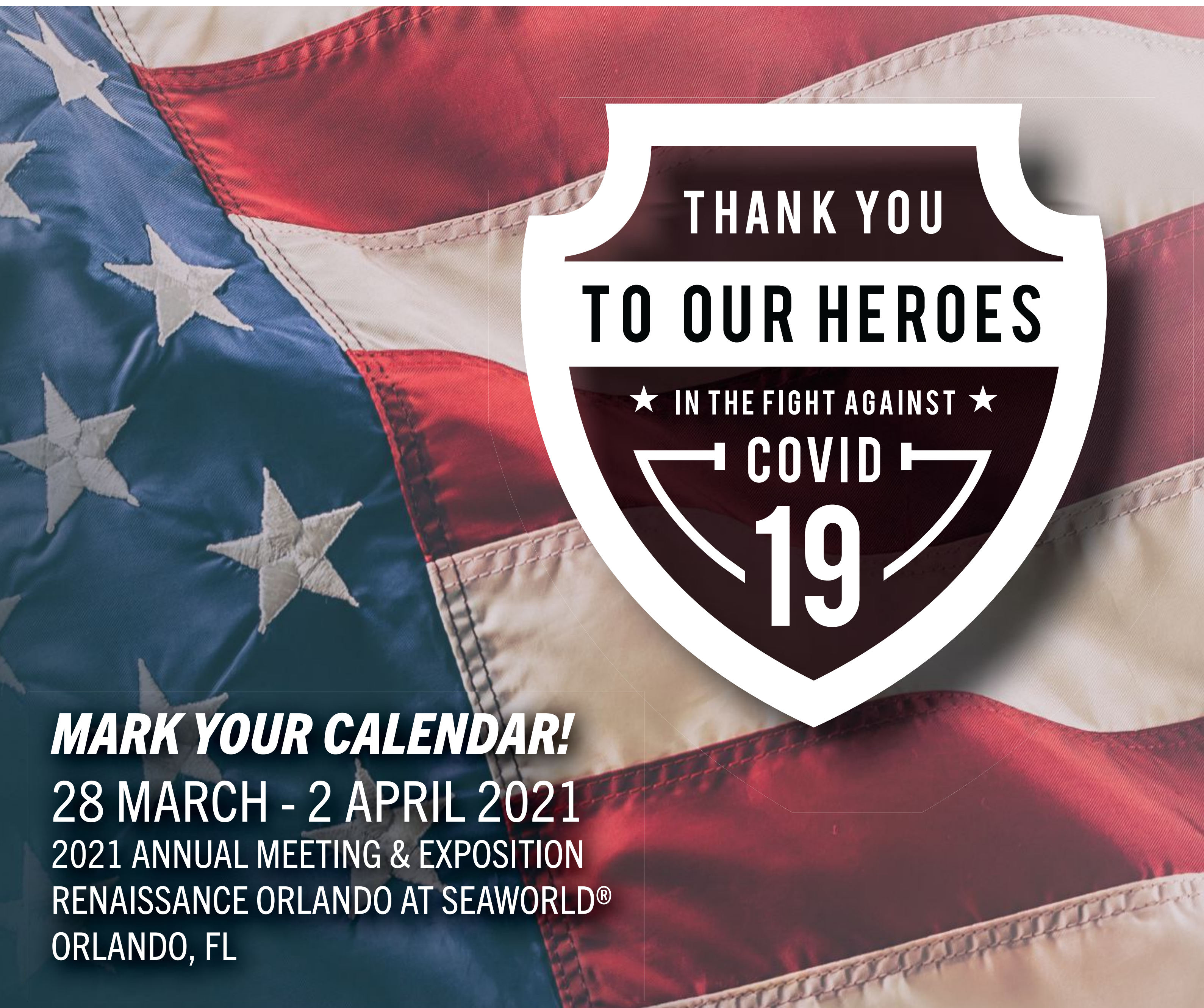

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VISION

The USAFP will be the premier professional home to enhance the practice and experience of current and future Uniformed Family Physicians.

MISSION

The mission of the USAFP is to support and develop Uniformed Family Physicians as we advance joint readiness, health and wellness through education, scholarship, advocacy, and leadership.

This newsletter is published by the Uniformed Services Academy of Family Physicians. The opinions expressed are those of the individual contributors and do not reflect the views of the Department of Defense, Army, Navy, Air Force, Public Health Service or The Uniformed Services University of the Health Sciences.

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Edition 52

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president's message

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My fellow FPs,

I hope you are safe and well. I wrote my last article just two days before I got COVID-19. As we have seen with our patients, the virus affects everyone differently. I ended up with a positive review of systems, except for the loss of smell! I did not have to be admitted, which was a blessing. My husband got sick 3 days after me but thankfully, my children have shown no symptoms. I was sick and out of work for 5 weeks, spending the first half of that time in bed and the second half working on regaining my stamina. It was all a blur in hindsight as I have never been sick like that before. There was nothing I could do but wait to get better. So as I said before, I hope you are safe and well! As the airlines say, "You have to put on your own mask before helping others", so please be sure to take care of yourselves!

As I reflect on the last four months of this pandemic, I am so proud to be a Uniformed Family Physician. We are serving our patients across the landscape- in our MTFs, civilian hospitals, on ships, in tents, and by telemedicine. Our skills are needed on the wards, in the clinics, and forward deployed. You are making a difference and you are needed. There are FPs deployed to California and Texas with more deployments pending as I write this, all in support of our Nation.

I have also noticed a change in the conversations from military medicine being focused on combat casualty care and the golden hour, to military medicine's role in pandemic care and disease non-battle injury. There are new discussions on new platforms that are focused on pandemic care supported by primary care. The value of Uniformed Family Physicians is at the forefront. All that you do makes a difference.

Come celebrate the value of Uniformed Family Physicians at the 2021 Annual Meeting 28 March - April 2 at the Renaissance Orlando at SeaWorld. It will be great to see everyone and I look forward to the outstanding research and CME presentations.

Thank you for all that you do in serving our patients and our Nation. I am humbled to serve with you.

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editor's voice

A. MARCUS ALEXANDER, MD

Hello again Uniformed Family Physicians,

The summer is winding down, but the impact of the COVID pandemic is not. There continues to be a required national focus, and Family Medicine continues to answer the call. Thank you for your continued vigilance at your home stations, at "deployed" COVID locations, and in your personal lives and communities. Knowing someone that is personally affected gives additional perspective. CAPT Manning's President's letter hits close to home as we think about our hardworking friends and colleagues that may be significantly impacted for weeks or longer. It's also a great reminder of the people that are our patients, and the impact that your support has on their lives. The COVID response continues to be an eye opening opportunity for many outside of Family Medicine in regards to the depth, breath, and value of Family Medicine. With ever constraining budgeting and programming limitations, our senior leaders are asked questions such as "why do we have family physicians?" The work you all do and the data that comes from your work speaks for itself, but I also rest a little easier and even smile inside knowing that family physicians, such as Major General Telita Crosland, are at the table to provide objective answers and to provide their personal experiences.

This summer's edition of The Uniformed Family Physician continues to be chocked full of valuable information. The Coast Guard, Public Health Service, and Navy consultant reports highlight telemedicine adjustments, ABFM COVID performance module opportunities, abstract submission opportunities for the AMSUS annual meeting, electronic practice submission process updates, GME application dates, promotions, and manning fill rates. Our Member Constituency report outlines how the National Conference of Constituency Leaders virtual forum allowed for continued resolution planning towards the top challenges identified by physicians in the LGBT+, IMG, women, and new physician communities. The Operational Medicine report gives valuable lessons learned while using PMESII PT+C to complete the first combined training center rotation for the Army since the COVID pandemic began. Being able to move 1000 people and their equipment to another state, to train in an operational setting without compromising the mission, and to have zero cases of COVID during a month long rotation is a noteworthy task! The Resident and Student Affairs report captures the creativity and perseverance that students and residents utilized to not only ensure our pipeline continued moving along its career path during a pandemic, but to also simply "help wherever they could." The Clinical Investigations report emphasizes the importance of submitting proposals for the next USAFP Omnibus survey in the near future. This survey has produced publications in Military Medicine, Pain Medicine, JAMA Internal Medicine, and the Journal of the American Board of Family Medicine, so get your questions and submissions ready. In the leadership book series report, Dr. Switaj highlights some tangible takeaways from *Learning Leadership: The Five Fundamentals of Becoming an exemplary leader*. For me, these takeaways promote needed self-reflection, evaluation, and planning and are a much appreciated component of every issue of the Uniformed Family Physician. Last but not least, Col Maurer continues to give us the nitty gritty on the top COVID-19 apps to use right now.

Each quarter, after reading the Uniformed Family Physician, I feel a great sense of pride about what it is that you all do every day as family physicians, and I personally feel better prepared for my day to day goals. Thank you for all that you do and thank you to those that take the time to share and allow us all to learn from your experiences and knowledge. If you have recommendations or articles you would like to submit, please email me at marcusindc10@gmail.com or email the USAFP staff.

HAVE AN ARTICLE YOU WOULD LIKE TO SUBMIT IN THE UNIFORMED FAMILY PHYSICIAN? PLEASE SEE THE INSTRUCTIONS FOR ARTICLES AT WWW.USAFP.ORG/ABOUT-USAFP/UNIFORMED-FAMILY-PHYSICIAN-NEWSLETTER/

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Dr. John Lay, MD
LTC(R), US Army
Regional Medical Director
Centurion of Florida

Correctional Medicine allows me to continue the mission of serving an underserved population. It has given me the opportunity to use the leadership skills that were developed during my military career while continuing to uphold the core values that were engrained in me. I also found that it was a great transition as I was moving from military to civilian life.

Dr. Clayton Ramsue, MD
Retired Lt. Col. US Air Force
Statewide Medical Director
Centurion of Mississippi

For more information, please contact Tracy Glynn at **844.475.8017** or **tracy@teamcenturion.com**

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consultant's report
CG/PHS

Khalid Jaboori, MD, MPH, FAAFP
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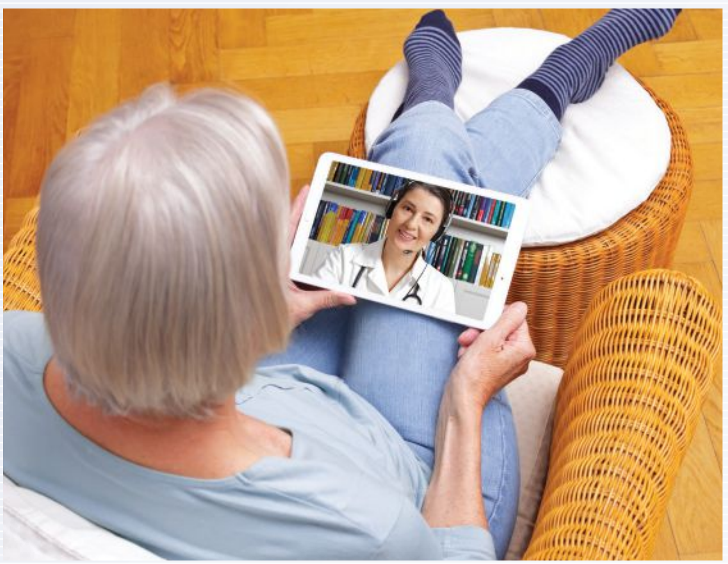
Greetings fellow officers!

Even though our lives have completely changed over these past few months, our commitment to protecting, promoting, and advancing the health and safety of the nation is stronger than ever. All across the nation, PHS officers are stepping up. To date, over 1000 public health officers have deployed internationally and here at home to assist in COVID-19 containment and treatment efforts.

Whether deploying several strike teams to nursing homes, assisting with care at our nation's prisons, caring for immigrants on our borders, or ensuring our Coast Guard is fit and operationally ready, PHS officers have been willing and able to answer the call of service.

Speaking of answering the call…

Telemedicine is now a new normal. As HHS agencies and our brothers and sisters at the DoD embrace telemedicine visits, we are still able to see our patient populations and provide much needed preventative and operational care. An amazing undertaking considering that we provided little, if any, virtual care pre-COVID 19. This seems, at least for the time being, to be the new standard for some patient care issues. Continue to work with your local agencies and commands to devise plans that work best for you and your patient population. Having done some form of virtual care / telemedicine for several years, I would be happy to personally discuss ideas/best practices, and challenges to delivering care. Please feel free to email me at khalid.a.jaboori@uscg.mil



Updates from around the Corps:

Readiness: On June 4th the CCHQ Readiness and Deployment Branch updated readiness guidance for the pandemic response period on the Self Service area homepage on CCMIS. Readiness waiver requirements have been extended to September 1 for the PHU, APFT, and BLS components. Weight and Td immunizations are not extended. Please check your readiness on the Officer Secure Area Dashboard on CCMIS. COVID-19 deployment updates can be found at https://dcp.psc.gov/ccmis/features/Feature_2019NovelCoronavirus.aspx.

Online Submission of Practice Hours Forms: Practice hours forms (PHS-7047 and PHS-7085) can now be submitted electronically in CCMIS. For submission of 2019 practice hours, a deadline extension has been granted through September 1, 2020 or an officer's anniversary date, whichever is later. Completed practice hours forms will no longer be accepted at phspracticehours@hhs.gov. For more information on practice hours, see https://dcp.psc.gov/ccmis/HPSP/HPSP_Clin_FAQ.aspx.

EDUCATION:

ABFM COVID 19 module: A big thank you to CAPT Ryan Sheffield for pointing out that the American Board of Family Medicine has approved a COVID-19 Performance Improvement module. This is a great opportunity to receive credit for changes you have already made or are making to your practice in response to COVID-19. Also, numerous accommodations have been granted to facilitate ongoing certification during the COVID-19 pandemic. https://www.theabfm.org/covid-19

Speaking on education…Kudos to CAPT Esan Simon for continuing to promote the USPHS mission by recently serving as a guest lecturer / visiting faculty at Connecticut College. Virtually lecturing to 38 students from around the country who were enrolled in the thematic inquiry course at Conn College, CAPT Simon highlighted the PHS history/mission, organizational structure, crises response, and provided examples of departments and agencies to which PHS officers are assigned. Well done!

AMSUS MEETING:

Per VADM Jerome M. Adams, U.S. Surgeon General, the Association of Military Surgeons of the United States (AMSUS) will hold their annual meeting (conditions permitting) Sunday, 6 December – Thursday, 10 December at the Gaylord National Resort and Convention Center at the National Harbor in Maryland. The theme this year is "Federal Health: A Global Vision Beginning in Your Community." Presentations will focus on demonstrating and sharing knowledge of cutting-edge medical research, innovative medical advances, and superior practices in healthcare and patient treatment. Please submit abstracts to LCDR Michael Banyas (michael.banyas@nih.gov) and LCDR Matthew Gunter (Matthew.J.Gunter@ice.dhs.gov).

NEW LOOK:

On Friday 26 June, 2020, the USPHS Commissioned Corps celebrated the launch of their new website redesign at: https://www.usphs.gov . A component of the modernization initiative, the website has been in development since October 2019. The new site will provide interested applicants easier access to the application process and will give users a more interactive way to engage with the Commissioned Corps.

CONGRATULATIONS:

Congratulations to all of the newly promoted officers in the Corps, well done!

For those not promoted this promotion cycle, please reach out to the mentorship and career development subcommittee for continued mentorship, we are here to assist you!

CLOSING COMMENTS:

Hang in there! Despite all of the bad news and horrible metrics we see on a daily basis, there are acts of extraordinary healthcare heroism occurring daily. We (physicians) are the tip of the spear. From the frontline clinical physicians to all of the operational support and logistical staff, thank you for all that you do and the sacrifices you continue to make. In the service of health!

-CDR Jaboori, MD, MPH, FAAFP

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consultant's report
NAVY

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Greetings, fellow FM's! To say I am writing this update during a time of historic change and challenges would be an understatement. COVID continues to stretch us in ways not previously imaginable. Yet, you still move forward and get the job done. Family Medicine continues to lead the way in mission accomplishment, as we have deployed in support of civilian COVID response efforts, served as vital medical advisors to the line units, pivoted to telemedicine, extended time on station, and filled the gaps back home. I look forward to continuing to hear about your accomplishments and sharing them with leadership at every opportunity.

CONGRATS NEW GRADS!

This time of year has us celebrating the graduates from our residencies and fellowships. While ceremonies have taken a different shape this year, the occasion is no less remarkable. On behalf of the community, congratulations to all of our newest Family Medicine staff, and best of success in your first tour! (Public Service Announcement: If you are not receiving periodic Community Announcements from me, please send me your email and I will add you to our listserv.)

GME UPDATE

The annual BUMEDNOTE 1524, which has traditionally been released on 01Jul of each year, has been delayed. It is my anticipation that by the time this column is in your hands that it will have been published and available online at: https://www.med.navy.mil/sites/nmpdc/professional-development/SitePages/Graduate%20Medical%20Education%20Overview.aspx (or just Google: "Navy Medicine Graduate Medical Education".)

NAVY GME IMPORTANT DATES:

(*Check BUMEDNOTE 1524 for official dates.***)**

01 July 2020
GME Application website (MODS) opens

31 Aug 2020
Deadline to create/submit new applications

06 Nov 2020
Deadline for submitting required supporting documents

16 Nov 2020
Tri-service scoring begins

7-12 Dec 2020
JSGMESB

06 Jan 2021
JGMESB results released (1200 EST via MODS)

21 Jan 2021
GME accept/decline deadline

DETAILER UPDATE

In late June, CAPT(s) Anja Dabelić officially completed her tour as our detailer and turned over the helm to CDR Tara O'Connell. On behalf of the community, I want to thank her for her hard work over the last 3 years. She has expertly detailed and mentored our community during a time of dramatic change, a historic pandemic, and significant manning shortages. Thank you, CAPT(s) Dabelić! Best of success in your next assignment as XO at NH GTMO! CDR O'Connell has hit the ground running at PERS and has already connected with many of you. If you are between 9 and 12 months from your projected rotation date (PRD), I want to encourage you to reach out to her. CDR O'Connell can be contacted at PERS via her email tara.oconnell@navy.mil or by phone: (901) 874-4037.

PROMOTION

The month of May saw the announcement of our community's newest Captains. Congratulations to the following officers who were selected for promotion!

CAPTAIN
Andrew Baldwin
Michael Barna
Hamma Diallo
Gregory Freitag
Adolfo Granados Jr
Noa Hammer
Elizabeth Leonard
Karlwin Matthews
Michael Mercado
Mark Nguyen
Jeffrey Singley
Michele Sprosty
John Steely

Unfortunately, the Commander and Lieutenant Commander promotion boards were delayed due to COVID-19, but were held in early July. A timeline for results had not yet been released at press time.

Promotion Stats

Family Medicine did very well for CAPT this cycle. The FM In-Zone (IZ) promotion rate for CAPT this year was 75%, which well exceeded the overall Medical Corps IZ average of 53.25%. This represents a rebound from our community's 38.9% promotion rate versus the MC average of 51.0% in FY2020. (Recall, we had another banner year in FY19, with a FM promotion rate of 77.8% in FY19.) For FY21, FM saw an Above-Zone

(AZ) selection rate of 31.25% (versus 19.69% overall.) The Below-Zone (BZ) promotion rate continues to be higher than historical average, with a 7.69% promotion rate for FM (compared to 2.37% for the MC.)

The statistics continue to show that your best chance to promote is when you are "in-zone." However, AZ selection opportunities remain much better than they have been in the past. The take home point is that career planning is essential. The traditional guidance is that officers whose records with the highest opportunity to promote:

- Show sustained superior performance, break out fitness reports in a peer group, and diversity in leadership roles and duty stations.
- 1-of-1 billets, which are common among operational billets, are better in the early years of a new rank.
- In the 2-3 years heading into your next IZ look, seek our billets with larger peer groups in order to have an opportunity for break-out promotion recommendations (P->MP->EP.) Alternatively, ensure you have a tour where you are ranked in a peer group for at least one tour during your current rank.

In future promotion boards, operational medical officer (OMO) tours will be very important, along with an emphasis on learning and professional development (e.g. JPME.) In collaboration with the Medical Corps Career Planner, CAPT Anthony Keller, along with our senior FM leadership, we developed a career pathway template as a guide. The general medical corps career template can be found on the Corps Chief Website at https://esportal.med.navy.mil/bumed/m00/m00c/M00C1/ . I will soon email out to the community our specialty specific career pathway (which incorporates the general career pathway.) For more mentorship and guidance with regards to promotion, please contact our detailer and/or me. We can review your record and help you plan your future.

MANNING STATUS & DETAILING

As of 31 May 2020, we had 364 uniformed Family Medicine physicians for 410 billets, which includes 33 "Fair Share" billets. This translates to an 88.8% overall fill rate, and a gap of 46 billets. This is a small improvement from our nadir of 87.1% in the spring of 2019. We traditionally see a boost in our manning (and thus can cover a number of the gaps) thanks to our residency graduates who join our ranks each summer. Our manning will trend down in the coming months as individuals retire or release from active duty at the end of their commitments. If you are approaching your PRD (or your end of obligated service) and are wondering about what to do next, please reach out to our detailer to explore options. The goal is to align your professional goals with available opportunities and priorities. I am also available to be of help, so don't hesitate to reach out to me.

USAFP 2021

The next USAFP Annual Meeting is slated for 28 March - 02 April 2021 in Orlando, FL. Time will tell the impact COVID will play in the meeting. But putting on my rose-colored glasses, I want to encourage you to start thinking about if you are going to attend. I am anticipating needing your information by mid-November, and will send a message out in the fall. (We should know by then who will be accepted to speak, and those presenting research.)

Lastly, I want to stress that it is more important now than ever to stay connected. Our current situation has rightly been labeled "fluid," with policies and guidance changing almost daily. If you are not receiving regular updates from me via email, please reach out to me so I can update the listserv database. Additionally, Joel Schofer maintains a Medical Corps Career planning blog (www.mccareer.org) that is updated regularly. You can sign up to receive his daily posts, which I have found to be relevant and practical.

Thank you for all you do, Navy Family Medicine. Stay well and continue to take care of each other.

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Unlocking the Quiet Learner

Most, if not all, of us have encountered a learner who rarely volunteers to speak up in discussions or to present information to a group. In these circumstances, we, as educators, may overlook these introverted learners and fail to unlock their potential. In a society where the "squeaky wheel gets the grease," our most extroverted and outgoing learners attract the most attention. While in fact, there may be unlocked benefits if we pay close attention to our introverted learners. According to the author of the article, "The Gifted Introvert", as much as 75% of highly gifted children are introverted.[1] So, how do we unlock their potential?

INCREASE WAIT TIME

As leaders and educators, we tend to expect quick replies to our questions. Consider increasing that wait time for reply and allow breathing room after questions are posed to help the introverts compose their thoughts and muster courage and speak up. Ian Byrd, an educator for gifted students, identifies two types of wait time: Wait Time I is the time you wait between the question and the answer, and Wait Time II is the time you wait after a student speaks before moving on.[2] Consider waiting about 3-5 seconds and increasing the wait time based on the depth of the questions. This will provide introverted learners time to digest the questions and determine their responses.

THINK, PAIR, SHARE

A pedagogical practice developed by Dr. Frank Lyman, the Think, Pair, Share strategy, helps increase participation without being overt.[3] This strategy starts with a thought-provoking question to the group, and each learner is allowed time to think about the question and consider a response. Then, they turn to a peer and share their thoughts. The design of this exercise allows the quiet learner to find confidence by sharing in a smaller context rather than under a spotlight.

PLAY DEVIL'S ADVOCATE/BRAIN WRITING

Introverts may suffer from a conformity problem where they may not necessarily agree with a certain discussion but choose to not say anything about it if the majority agrees. This power of conformity was validated through a series of experiments conducted in the 1950s by psychologist Solomon Asch. This was later demonstrated, using functional MRI, that conformists showed less brain activity in the frontal, decision-making regions and more in the areas of the brain associated with perception.[4] It is this fear of being the only one that may be a barrier for introverts in speaking their thoughts. Here are two strategies to mitigate this "pain of independence" among introverts: 1) Play devil's advocate; and 2) Utilize brain writing. Playing Devil's advocate is to argue against an idea, argument, or proposition—even if one is in favor of it—for the sake of debate or to further examine its strength, validity, or details. Utilizing brain writing is to have a group write down their ideas on an index card for a set period of time and at the end, collect the ideas, organize into groups, and have a discussion.[4]

PROVIDE LEADERSHIP OPPORTUNITIES

Introverts have untapped leadership potential. Because they are quiet, unassuming, and soft spoken, they are not often viewed as an obvious leader. The author of the book, Good to Great, profiled 11 top-performing companies and classed leaders in these companies as a "level-five leader." This type of leader is described as shy or modest, self-effacing, humble, unassuming, and as possessing a great strength of will. These qualities seem to have the right combination and proved to be compelling. Providing our learners encouragement and opportunities for leadership training can unlock their leadership potential.

PROVIDE FEEDBACK

As leaders and educators, we are aware of the power of feedback as understood from the concepts of the Johari Window Model. This model describes four quadrants: open space (known to you and known to others); blind spot (unknown to yourself and known to others); hidden area (known to yourself and unknown to others);

unknown area (unknown to yourself and unknown to others). Feedback allows us to uncover what is unknown to a learner and to how others perceive them. As a result, providing feedback to not only our introverts, but all types of learners, allows for great self-awareness and mutual understanding.

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committee report
CLINICAL INVESTIGATIONS

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USAFP Omnibus Survey – *A CASUAL WADE INTO THE RESEARCH OCEAN*

Military Family Physicians tend to be driven towards research. We recognize many questions to be answered and ideas to be tested. We instinctively relate to Atul Gawande's recommendation to "Count Something" and to measure the processes, incidents, and results in our field.[1] As scientists, we wish to contribute to medical understanding as well as applying its results to our patients.

But Military Family Medicine sure does pack a lot of military and a lot of medicine in each day, leaving just enough time for our family. Our desire to contribute can easily become a dream for another day. The language of research is intimidating, and the challenges of Institutional Review Boards and protocol revisions can be too much to contemplate even when we allocate some time.

The Clinical Investigation Committee (CIC) has a long history of trying to break down the barriers to research. The term "Every Doc Can Do Research" was introduced by the Committee in the 1990's. Many of us presented case reports for the USAFP Research Competition, where we took an interesting case and compared it to the literature. Somehow, it was both a lot of work and not as much work as we had feared. Maybe we attended case report or poster workshops that made this task less daunting.

Seven years ago, the CIC had an idea to develop real research for interested but uninitiated researchers, in the form of a survey of our members. Not an emailed link, but a survey integrated with the USAFP Annual Meeting. We pictured research teams developing questions about what Military Family Medicine physicians do, what

we prioritize, what we value. The CIC saw that this important research could focus on physician practice patterns in many areas.

Since then, the USAFP Omnibus Survey has been conducting research on Military Family Medicine for the last six years. Research teams complete a simple application that contains the background for their research, survey questions, and analysis plan. Applications are graded by the CIC members, who select the best submissions and refine the survey.

We ask each team to present their research to our members in the next Annual Research Competition. This year, research from the Omnibus Survey won the First Place Clinical Investigation Award for Staff and the First and Second Place Clinical Investigation Awards for Residents.

In addition to sharing findings with their colleagues, teams are encouraged to publish their findings. Omnibus results have been published in Military Medicine, Pain Medicine, JAMA Internal Medicine, and the Journal of the American Board of Family Medicine.[2,3,4,5] At our Annual Meeting, survey response rates have been as high as 77%, adding to the validity of results.

After the cancellation of the 2020 Annual Meeting due to the COVID-19 pandemic, we shifted the Omnibus Survey to email. We appreciate all who completed the survey. Research teams are sifting through the data to determine how we Military Family Physicians approach Ambulatory Blood Pressure Monitoring, Medication Assisted Treatment for Opioid Use Disorder, Endocervical Procedures, and the importance of Obstetrical Care to our professional identity. Look for those answers to be explained at our next Annual Meeting and then in the literature.

The Omnibus Survey team will be advertising for proposals soon. Aren't there questions that you would like to answer? We have obtained IRB approval and we have established a format and a delivery mechanism for your research. We only lack the questions you would like to answer. What can you find out from our colleagues?

Thank you to all our members, who continue to share opinions, practices, and values. Our research would be impossible without you. In addition to selecting the best proposals, our team works to simplify the survey questions and format out of respect for everone's time. Those efforts will continue, and we will ensure that next year's survey is more efficient to answer.

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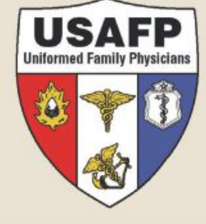

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S. Jules Seales, MD & Kevin Bernstein, MD
2021 USAFP Program Co-Chairs

More detailed information about the program will be available in the upcoming months. You don't want to miss this much anticipated scholarship, mentorship, and relaxation event! If you have any questions or want to contact the programs Co-Chairs, please email

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committee report
OPERATIONAL MEDICINE

Jennie Brown, MD
Fort Carson, CO
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COVID-19 has changed not only the world we live in, but also the world in which we operate. Only three months ago, the news carried stories about how the Taliban signed a peace agreement with the Afghan government and how another rocket attack against US forces in Baghdad might escalate tensions. In the short time from March to June 2020, we heard less stories of this and more on taking care of those with COVID illness, PPE shortages, and reopening the country. Where did the military go? Fortunately, the US military didn't go anywhere. In addition to operations outside this country, units mobilized within the country to fight the pandemic. The old way of doing business just got a little bit tougher in the new world with COVID. The next article sheds some light on how things have changed, possibly for the the long future, for those units in the predeployment period. No matter how big the challenge, just remember, we will get through this, we will be stronger, and, we will continue to support our nation both at home and around the world.

PMESII PT+C

By: MAJ Jennie Brown, MD

At the operational level in the Army, everything is tied to eight variables known as PMESII PT (politics, military, economic, social, infrastructure, information, physical environment, and time.) The year 2020 brought in a new variable that must now be considered in all aspects of life – COVID-19. My unit, the 4th Security Force Assistance Brigade (4SFAB), recently completed the first combined training center (CTC) rotation for the Army since the COVID-19 pandemic began. (Spoiler alert: we didn't have a single case of COVID-19 during the month-long rotation.) The purpose of this exercise was to prepare the unit for an upcoming CENTCOM deployment; successful completion was thus critically important despite potential risk to the health of the force. Here is what I learned about COVID-19 preparedness as a brigade surgeon at the Joint Readiness Training Center (JRTC).

1. **Preparation is key; it is also a long game.**

Efficient movement of approximately 1000 people and their equipment to another state is a challenge in the best of times. Throw in a global pandemic with associated quarantine plus new COVID-19 testing requirements and you are in uncharted territory. The military hasn't faced anything similar since 1918 with pandemic influenza and World War I, so planning for this rotation in a COVID-19 environment

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began months before the brigade ever left home station.

The process involved consistent communication with the major players in the operation – leadership of both losing and gaining military treatment facilities (MTF), the JRTC Surgeon, the US Army Forces Command (FORSCOM) Surgeon, unit leadership, and brigade medical personnel. All personnel at home station were restricted to a 30-mile radius from home station for three months prior to the exercise and strongly encouraged to work from home to limit interaction with others.

Centers for Disease Control (CDC) recommended precautions were taken at all times during preparation, reception, staging, onward movement, and integration (RSO&I). This included ensuring masks were worn whenever social distancing could not be maintained, availability of extra handwashing and cleaning supplies, and a major shift to telework. The level of detail during planning went down to whether or not the bus drivers transporting us to the airfield would be wearing masks. Screening, to include temperature checks, were completed at 14 and seven days prior to departure as well as the day of departure; any Soldier with increased risk of COVID-19 was sent directly to the MTF screening center.

JRTC also had several new requirements for the brigade. Calculations for building capacity were made based off of minimum spacing requirements for social distancing. Soldiers were required to have at least 72 square feet per person for sleeping and 60 square feet per person for daily operations. Buses and vans were ordered based on 50% reduced occupancy. Everyone attending the rotation, to include contractors and support from different units, were required to have a negative COVID-19 PCR test prior to being allowed into the training location. All Soldiers in 4SFAB entered a five-day home quarantine prior to travel and after their COVID-19 testing sample was collected.

2. Prioritize cross training in your unit.

A few days out from departure, one asymptomatic Soldier tested positive for COVID-19 during mandatory pre-rotation testing for the brigade – unfortunately for the medical section it was the brigade medical planner (MEDO). Despite efforts to maintain social distancing, the MEDO had close contact with several members of the medical team. They all required a 14-day quarantine and arrived to JRTC several days later than planned. The MEDO would not be coming to the exercise and I would be responsible for medical planning and COVID-19 response without brigade medical assets. The exercise staff couldn't have written a better script for the scenario if they tried.

The first week of the rotation turned into a crash course on medical planning. Hello, military decision making process (MDMP). There was mission analysis, concept of medical support sketches, course of action development, and more. It promptly became clear that every single one of us needed to know the basics of medical roles in the brigade. Thankfully, the MEDO had previously taught the team some fundamentals about medical planning. Cross training does not equal substitution, however, and the MEDO undoubtedly remained the subject matter expert on medical planning. My brigade senior medic summarized the situation well: he thought like a medic, and I thought like a physician when we ultimately needed someone that thought like a planner.

Countless calls, texts, and Microsoft Teams meetings took place in rapid sequence in order to piece together a medical response from personnel in both isolation and quarantine. The medical observer/controller provided quality feedback on how to improve as a medical planner throughout the exercise. The medical team arrived and everyone stepped up and out of their comfort zones to cover down on various tasks. Thanks to solid teamwork and many late nights in the tactical operations center (TOC), the unit survived the rotation relatively unscathed

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MEMBERS IN THE NEWS

The USAFP Board of Directors encourages each of you to submit information on USAFP "Members in the News" for publication in the newsletter. Please submit "Members in the News" to Cheryl Modesto at *cmodesto@vafp.org*.

NEWSLETTER SUBMISSION DEADLINE

REMINDER: The deadline for submissions to the Fall magazine is 2 October 2020.

RESEARCH GRANTS

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from a medical standpoint. However, I cannot overstate the value of cross training after completing this exercise without crucial staff.

3. **COVID-19 mitigation must be balanced against accomplishing the mission.**

The Soldier's Creed states, "I will always place the mission first." The brigade's pre-deployment training mission at JRTC was uniquely two-fold. The first part of the mission was to improve skills in advising partner foreign security forces. The second part was to prevent Soldiers from contracting COVID-19 during the exercise, thus serving as a proof of concept as the Army resumed large scale training exercises. How does one successfully accomplish both during a global pandemic in dirty field conditions?

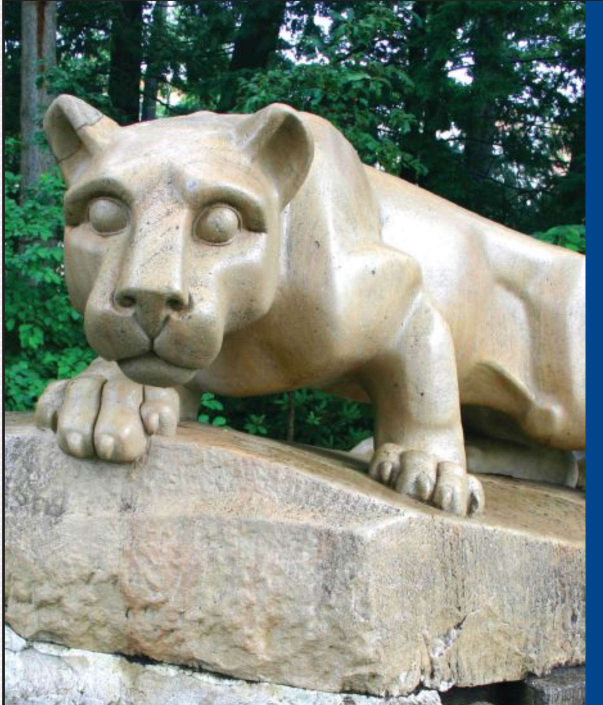
The combination of two essential missions required close coordination with multiple staff sections and unit leadership. My specific job as the brigade surgeon was to clearly communicate risk and medical recommendations to my commander that he could then use to decide how to proceed with training.

Close quarters in a TOC and sleeping areas don't allow maintenance of social distancing. Thus, the balancing act of mission versus prevention came into play. Ability to strictly follow CDC recommendations was not possible but the brigade could get reasonably close in most training areas. JRTC mandated that everyone sleep in individual tents inside of buildings or outside to further mitigate risk. Everyone had at least two reusable face masks, although most didn't have the means to wash them while in the field for two weeks.

Advising missions with partner forces can and did take place over phone and video calls, but there were many times when a face-to-face encounter could not be substituted. Elbow bumps, social distancing, and refusal to be in contact with others not wearing masks became the new normal. Team members actively worked on compensating for the lack of body language from facial expression due to face masks. In the end, the brigade was able to make it work albeit with slight degradation in both aspects of the mission.

Looking back on the rotation, it is clear that there was necessary, exponential growth across the brigade while at JRTC. The global pandemic ended up serving as a forcing function for the brigade to review the way it does business, especially preventive medicine in an austere environment. The mission must continue despite quarantine and isolation of key personnel. In the end, the fundamentals of how we train did not change significantly but the planning process did. The biggest piece of advice I can share with you is to plan with PMESII PT+C in mind, which is PMESII PT plus COVID-19.

ASK AN OP MED DOC A QUESTION - USAFP.ASKADOC@GMAIL.COM



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Preparing for the Military Match in the Time of COVID-19

To our fellow medical students:

What a year it has been so far! For both HPSP and USUHS students, this year has come with unprecedented changes and uncertainty due to the COVID-19 pandemic. For most of us, this began in March when we were sent home from our rotations and issued a stop movement order from the Department of Defense as COVID-19 cases increased nationwide. This left many of us questioning our future. Would we finish our rotations? When will we be allowed back in the hospital? What will the match look like?

What followed seemed like a rollercoaster of emotions. First, all rotations were cancelled indefinitely, and board exams were postponed as most states locked down, limiting where we could go and what we could do. Schools and students had to develop distance learning opportunities to continue our education while our clinical rotations were on hold. With rotations on hold and nowhere to go, many students turned their attention to answering the question: "How can I help?".

The resiliency and creativity of the medical students was undeniable. Students took part in new research, developed their own Capstone projects, and produced paintings, poems, videos, and other creative projects. Some offered to babysit healthcare workers' children and pets. Many volunteered their appropriately socially distanced time and effort to collecting donations and offering support to local hospitals and community organizations. We found ways to help wherever we could.

Next, guidance from AAMC recommended conducting only virtual interviews during the upcoming application cycle to minimize travel. This left us wondering how we were going to audition with and meet the programs we were interested in applying to. As your USAFP Student Directors, we got to work updating our Military Family Medicine GME website (sites.google.com/view/mil-fam-gme). We updated program information and we helped gather contact information from residents and faculty at the programs so that students could reach out with their questions.

Even though programs were busy putting together new COVID protocols on top of their normal day-to-day operations, it was incredibly encouraging to see that they were still focusing on the upcoming application cycle. Many programs advertised invitations to online meet-and-greets and program specific academics on Facebook so that students could virtually interact with their programs. Although this happened in the midst of the pandemic, we hope to see these outreach initiatives continue in future application cycles!

Finally, in early June, the military GME office confirmed that military medical students would be allowed to complete our interview rotations. We felt relief that we would have the opportunity to visit the programs in-person to better evaluate their fit as a residency program. Of course, there is still concern for the ramifications of a second wave of COVID, but we are cautiously optimistic. In the meantime, we are planning for audition rotations and preparing our application materials while we wait for official guidance about the match.

From one student to another, we have been with you through this entire process. We have felt the same emotions you have and had the same questions, fears, and hopes. What we love about Family Medicine is that the field is resilient, flexible, and understanding through even the toughest of times. Like Family Medicine, we have also proven that we are resilient, flexible, and understanding through our response to this pandemic. Most of us have faced different hurdles on our journey to become doctors, and this is just one more we will be able to put behind us when we match to Family Medicine in January. It has been our pleasure to walk alongside you during this process, and we cannot wait for what is to come. We look forward to meeting you *in-person* in the clinics and on the wards!

Your USAFP Student Directors,

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Timothy L. Switaj, MD, MBA, MHA, FAAFP
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Learning Leadership: The Five Fundamentals of Becoming an Exemplary Leader

BY JAMES M. KOUZES & BARRY Z. POSNER

The last four months, as I write this, have seen unprecedented crisis and chaos across our country. Let me start by saying I hope this finds everyone healthy and safe during these times. It is fitting to be writing an article on leadership during the pandemic because, simply put, leaders should bring order to chaos. There is growing worldwide mistrust of leaders and a growing percentage of people, about four-fifths of those surveyed, who don't believe they can be a leader. However, in studying leadership for over 30 years, James Kouzes and Barry Posner have discovered that 99.999% of people can be leaders. The long-standing belief that leaders are born is a fallacy. However, Kouzes and Posner would submit that anyone can be a great leader, if you take the time to learn how.

"The truth is the best leaders are the best learners" is the opening line on the inside cover for *Learning Leadership* written by Kouzes and Posner, who also authored *The Leadership Challenge*, commonly used as a textbook in graduate leadership studies. Corporations are very concerned about the lack of a pool of leaders for the future. A recent World Economic Forum survey revealed that 86% of respondents believe there to be a world leadership crisis[1]. The need for Physician leadership in healthcare has been recognized for several years[2,3] and has become more apparent during this current pandemic. As the authors postulate, everyone can be a leader, you just have to learn how. This book provides a framework for learning leadership but more importantly provides practical self-coaching tips to guide your personal leadership development journey. I cannot do justice to all of the practical tips in this book, so I will strive to summarize a few that I think are worth highlighting. If nothing else, I would suggest you read the key takeaways and self-coaching tips at the end of every chapter.

The book is based on three foundations of leadership: everyone can lead, leaders make a difference, and it's about how frequently you lead. Given their foundational nature, I will take a moment to elaborate on each of these. As mentioned earlier, research has shown that **everyone can lead**. There is no magic gene that leaders are born with. Instead, they develop over time much like our clinical skills. In fact all of us, by virtue of being physicians, are leading every day. As the authors comment, "You already have the capacity to lead, but some prevailing myths and assumptions about leadership get in the way of your becoming the best leader you can be." The myths are, in my opinion, self-explanatory and something we all have encountered in our careers but nevertheless are important to recognize. They include: the talent, position, strengths, self-reliance, and it-comes-naturally myths. We need to move past these myths and focus on becoming the best leaders we can be. The authors offer a very simple suggestion to get started, create a leadership journal to chronicle your development and start by writing in it, three aspects of your leadership you want to improve. Then simply, pick one and get to work on it.

Leaders really do make a difference. All of us have likely worked for great leaders and bad leaders, and have seen the difference it makes. It is estimated that a good leader can drive productivity and performance to 2-3 times that of a bad leader. The behavior of a leader goes a long way towards getting the best out of those you lead. Ask yourself, "what difference do I want to make, are my actions in line with this, and do my actions bring out the best in those around me?" I'm sure most of us can think back on a specific instance when a leader made a difference in our lives. We need to strive to do that for our staff.

Last but certainly not least, **it's about how frequently you lead.** Simply put this foundation reinforces that leadership is a learned and perishable skill. The more we read, take classes, are around leaders, or simply lead, the more experience we gain, which will impact the quality of our leadership for the future. As an exercise, think back to your personal best leadership experience and identify key items that contributed to that success. Reflect on how to incorporate those into your leadership every day. Remember that leadership is a skill that needs to be actively practiced on a regular basis, otherwise it will perish.

Kouzes and Posner organize the remainder of this book towards the five fundamentals of leadership as seen in Figure 1. I do not believe any of these are new concepts for most of us. However, sometimes we need to be reminded of their importance. Let me take a moment to focus on a key concept, that leadership emerges from within. As the authors say, "No one can put leadership into you." This idea is centered on the belief that authentic leadership flows from the inside out, not the outside in. The leader is the key component to leadership, not anyone else. The authors offer advice to discover oneself as a leader through self-development. The self-development periods

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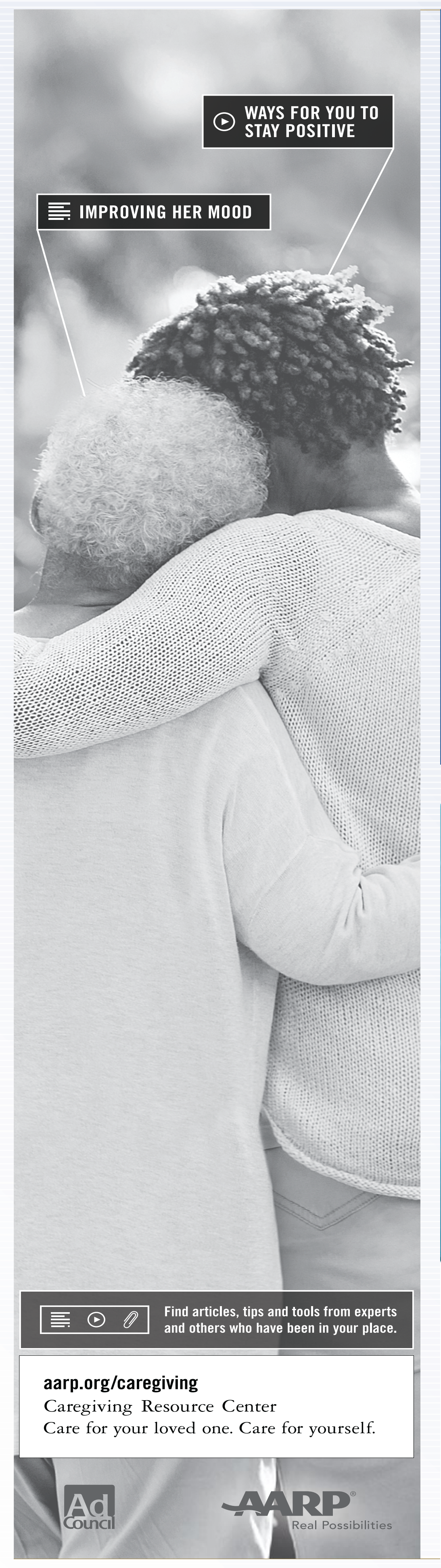

Family Medicine Opportunities
Cambridge, MA Cambridge Health Alliance (CHA)

Cambridge Health Alliance, a Harvard Medical School and Tufts University School of Medicine teaching affiliate, is an award winning, academic public healthcare system receiving national recognition for innovation and community excellence. Our system includes three campuses as well as an established network of primary and specialty practices in Cambridge, Somerville and Boston's metro-north area. We proudly serve the ethnically and socio-economically diverse patient population within our communities.

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- Full time and part time opportunities available.
- Primary Care Float opportunities.
- Physicians enjoy a collegial, vibrant and dynamic environment and great work/life balance.
- Opportunities available for teaching, and academic appointments commensurate with medical school criteria.
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Ideal candidates will possess excellent clinical/communication skills and a strong commitment to and passion for our multicultural, underserved patient population.

Please visit **www.CHAproviders.org** to learn more and apply through our secure candidate portal. CVs may be sent directly to Melissa Kelley, CHA Provider Recruiter via email at **ProviderRecruitment@challiance.org.** CHA's Department of Provider Recruitment may be reached by phone at (617) 665-3555 or by fax at (617) 665-3553.

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status, protected veteran status, or any other characteristic protected by law.

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We've got questions and we want your feedback!

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www.theABFM.org/volunteer

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include: looking out, looking in, and finding your true voice.

Looking out is what you are doing right now, reading about leadership. When we look out, we take stock in what others say about leadership. This can be done by books, by observation, by attending classes, or any other form of learning. The goal of looking out is to learn the fundamentals and acquire the necessary tools for leadership. The next step in self-development is **looking in**. One of my favorite interview questions is to ask people to name three things they don't do very well, pick one, and tell me how they are working to improve it. To me, the ability to critically look inside oneself, identify our strengths and weaknesses, and act upon that is essential to success as a leader. It is OK to have anxiety about this and to go through a period of second-guessing yourself. In the end, it will make you a stronger leader. Lastly is **finding your true voice**. This is the turning point in your self-development, when combining what you learned from looking out and looking in, you discover your own words, your own style, and your own philosophy of leadership. This liberating event is the culmination of a journey that will allow you to lead authentically from the inside out. One way to look at this is to create a lifeline in your leadership journal and to pattern out the key moments of your journey. Record the peaks and valleys, the good and the bad, and reflect upon it. This exercise will help you through the self-development journey and find your true leadership voice.

Here are a few bullets taken from the book that make me think and that I hope will make you think about your leadership journey:

- The best leaders are the best learners and have a growth mindset.
- Take daily stock of what you've learned by asking yourself: "What did I learn in the last 24 hours that will help me become a better leader?"
- Authentic leadership flows from the inside out not the outside in.
- Be clear about the values and beliefs that guide your leadership and model them in all settings.
- Leadership is about helping others achieve their values and vision.
- Challenge yourself and face challenges head on. Don't shy away from challenges as facing them allows you to grow as a leader.
- Try new things, be curious, and ask a lot of questions.
- Have courage, seek a mentor, ask for feedback, connect with other leaders, and practice.

In conclusion, as Kouzes and Posner say, "Leadership…is not a talent but an observable, learnable set of skills and abilities." I encourage you, as I do every day, to strive to be at your best and continue learning leadership. Remember that "learning leadership is a lifelong endeavor." I hope you can take some downtime while in this pandemic to reflect on your leadership journey and plan your own development. Stay safe! I look forward to when we might be able to meet again in person. As always, feel free to contact me at tim.switaj@gmail.com or 201-819-2326 if you have any questions or are interested in writing a leadership book series article.

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1. Shahid, S. (2014). Outlook on the global agenda 2015: A lack of leadership.
2. Peter Angood, M. D., & Birk, S. (2014). The value of physician leadership. *Physician executive*, *40*(3), 6
3. Rotenstein, L.S., Sadun, R., & Jena, A.B. (2018). Why Doctors Need Leadership Training. *Harvard Business Review,* accessed at https://hbr.org/2018/10/why-doctors-need-leadership-training.

Figure 1 – Developing the 5 Leadership Fundamentals

DEVELOPING THE 5 LEADERSHIP FUNDAMENTALS

READINGGRAPHICS
ACTIONABLE INSIGHTS IN ONE PAGE

Believe you Can

Leadership ≠ Talent
Leadership is trainable and learnable. Start by believing you can be a better leader.

Aspire to Excel

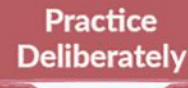
Leadership ≠ Title
It's about your visions, values and how you use them to guide what you do. Aspire to be great.

Challenge Yourself

Leadership > Strength
To become the best leader you can be, push yourself to build strengths *and* conquer your weaknesses.

Engage Support

Leadership ≠ Solo Effort
The best leaders have coaches and work with others. Seek support in your learning & growth.



Leadership = Effort
Great leadership comes from regular practice and improvement. Make time to practice intentionally.

Accessed at https://readingraphics.com/book-summary-learning-leadership/

TAKING CARE OF little ones

Recommendations and resources for feeding children

For the first time ever, beverage guidelines have been identified for children ages birth - 5 years. The Academy of Nutrition and Dietetics, American Academy of Pediatric Dentists, American Academy of Pediatrics and American Heart Association all recommend the following:

BIRTH-6 MONTHS

Breast milk (recommended) or infant formula only; no fruit juice or other liquids of any kind.

6-12 MONTHS

Breast milk (recommended) or infant formula; small amounts of plain drinking water once solid foods are introduced; no fruit juice.

12-24 MONTHS

Whole milk and plain drinking water; very limited 100% fruit juice on occasion.

2-5 YEARS

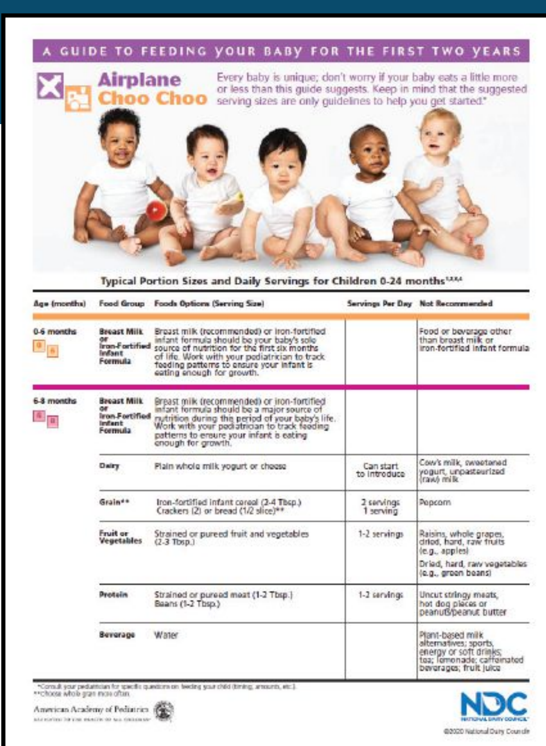
Fat free or low fat milk and plain drinking water; very limited 100% fruit juice on occasion.

healthydrinkshealthykids.org

EDUCATIONAL RESOURCE: Airplane Choo Choo

Airplane Choo Choo is an educational resource that provides evidence-based guidance on how to feed children from birth to 24 (B-24) months. This resource was co-created by National Dairy Council and the American Academy of Pediatrics. This revision is significant because for the first time ever the upcoming 2020-2025 Dietary Guidelines for Americans will include the B-24 age range.

Find this resource on Drink-Milk.com by searching "***Airplane Choo Choo***."



A GUIDE TO FEEDING YOUR BABY FOR THE FIRST TWO YEARS

Airplane Choo Choo

Every baby is unique; don't worry if your baby eats a little more or less than this guide suggests. Keep in mind that the suggested serving sizes are only guidelines to help you get started.*

Typical Portion Sizes and Daily Servings for Children 0-24 months[1,2,3,4]

Age (months)	Food Group	Foods Options (Serving Size)	Servings Per Day	Not Recommended
0-6 months	Breast Milk or Iron-Fortified Infant Formula	Breast milk (recommended) or iron-fortified infant formula should be your baby's sole source of nutrition for the first six months of life. Work with your pediatrician to track feeding patterns to ensure your infant is eating enough for growth.		Food or beverage other than breast milk or iron-fortified infant formula
6-8 months	Breast Milk or Iron-Fortified Infant Formula	Breast milk (recommended) or iron-fortified infant formula should be a major source of nutrition during this period of your baby's life. Work with your pediatrician to track feeding patterns to ensure your infant is eating enough for growth.		
	Dairy	Plain whole milk yogurt or cheese	Can start to introduce	Cow's milk, sweetened yogurt, unpasteurized (raw) milk
	Grain**	Iron-fortified infant cereal (2-4 Tbsp.) Crackers (2) or bread (1/2 slice)**	2 servings 1 serving	Popcorn
	Fruit or Vegetables	Strained or pureed fruit and vegetables (2-3 Tbsp.)	1-2 servings	Raisins, whole grapes, dried, hard, raw fruits (e.g., apples) Dried, hard, raw vegetables (e.g., green beans)
	Protein	Strained or pureed meat (1-2 Tbsp.) Beans (1-2 Tbsp.)	1-2 servings	Uncut stringy meats, hot dog pieces or peanuts/peanut butter
	Beverage	Water		Plant-based milk alternatives; sports, energy or soft drinks; tea; lemonade; caffeinated beverages; fruit juice

*Consult your pediatrician for specific questions on feeding your child (timing, amounts, etc.).
**Choose whole grain more often.

American Academy of Pediatrics

NDC National Dairy Council

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National Conference of Constituency Leaders: Virtual Forum

While the National Conference of Constituency Leaders (NCCL), due to occur in April, was cancelled due to COVID-19, the NCCL advisory group and past NCCL leaders announced they would be hosting a new online meeting, a virtual Member Constituencies Forum. The inaugural forum was held on June 13th, 2020, for 4 hours, and allowed for a reflection on the history of the NCCL, a look toward the future of NCCL, and breakout sessions to discuss member challenges during the COVID-19 pandemic.

The meeting was opened with song, by Dr. Maria Ramas(@DocRamas), followed by the introduction of the theme "Redefining Your Narrative" and hashtag, #Reframe2020. Dr. Gary LeRoy(@leroy_gary) the current AAFP president, then interviewed Dr. Robert Graham(@TheGrahamCenter), the former AAFP Executive Vice President, about the history of the NCCL as well as AAFP's role in advocating for minority communities. Dr. Douglas Henley (@dhenleyceo) then led participants into the future of Family Medicine, with "Family Medicine: A Specialty Moving Forward". He included many inspiring quotes and

statistics in his talk that discussed the four C's of family medicine, the use of artificial intelligence to practice more comprehensive care, the importance of universal health care coverage, the importance of the Social Determinants of Health (SDOH), and a commitment to health equity (#HealthEquity).

The meeting then broke into Constituency Breakout sessions for LGBT+, IMG, Minority, New Physician and Women, to identify and discuss the top three current challenges to physicians in their communities. These challenges were then presented to the group at large. After the lunch break, the 30th anniversary video transitioned the groups into their afternoon breakout sessions, which focused on potential topics for education and future resolutions.

During and after the meeting Twitter and Facebook displayed hashtags like #PrimaryCareCanMakeTheChange,# FMRevolution, #HealthIsATeamSport, and more.

Some of the inspirational quotes from the talks included:

> "Primary Care is not easy. It's highly complex and intuitive. A good primary care doctor makes it look easy."
> Dr. Gary LeRoy

> "Our lives begin to end the day we become silent about things that matter"
> Martin Luther King Jr.

> "A leader takes people where they want to go. A great leader takes people where they don't necessarily want to go, but ought to be"
> Rosalynn Carter

Overall the consensus of the group was that this is a forum that we hope to see repeated in the future.

THE 2020 GLOBAL HEALTH SUMMIT GOES VIRTUAL

HTTPS://WWW.AAFP.ORG/EVENTS/GLOBAL-HEALTH.HTML
SEPTEMBER 16TH-18TH 2020

The AAFP Global Health Summit is an annual AAFP conference administered, organized, and planned by the AAFP Center for Global Health Initiatives (CGHI). CGHI provides the core faculty for the workshop. It gathers together Family Medicine (FM) faculty, practicing physicians, FM residents and medical students.

The Summit is also open for allied health professionals, primary care and public health professionals, and international physicians and educators. It is a forum for members and non-members to showcase their global health experiences and programs, including international rotations, global health tracks, and global local projects. Participants are also able to expand their network and to share their knowledge and expertise in educating and caring for the world.

The conference is a great venue to engage in global health (GH) discussions on a number of key topics:

- Clinical Topics in Global Family Medicine
- Global Expansion of Family Medicine
- Incorporating Global Health into Family Medicine Training and Practice
- Reflections in Global Health
- Research and Evaluation of Global Family Medicine

Family Medicine: Quality in Primary Care Worldwide is the 2020 Global Health Summit's overall focus.

Have you wanted to do a research project but were not sure how? Would you like a user friendly workbook to help you over the inertia of starting a project? The Clinical Investigation Committee is pleased to offer user friendly tools for organizing, planning, and starting a research project.

If interested, please send a request to *direamy@vafp.org*.

Tools Available:

- Every Doc Can Do Research Workbook
- Every Doc Can Do A Poster
- Every Doc Can Do A Scholarly Case Report Workbook

Clinical Investigation Research Tools also available on-line at *www.usafp.org.*

new members

THE USAFP WELCOMES THE FOLLOWING NEW MEMBERS…

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Claudia Mondragon
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Diana Ottulich
Jennifer Pakieser
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Haley Randich
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MEMBERS IN THE NEWS

USAFP Board Member Kevin Bernstein, MD appointed for a 2 year term by the AAFP as an American Medical Association-Young Physicians Section (AMA-YPS) delegate.

The YPS gives voice to over 20,000 members across all specialties, and advocates for issues that impact physicians under 40 years of age or within the first eight years of professional practice after residency and fellowship training.

As an AAFP delegate to the AMA, Dr. Bernstein will serve as an important communication, policy, and membership link between the AMA and the AAFP. Delegates to the AMA are a key source of information for AAFP members on activities, programs, and policies of the AMA.

Congratulations Kevin!!

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Seeking Full-time and Intermittent, Board Prepared/Certified Family or Internal Medicine physicians. Eligible applicants should be able to provide comprehensive primary care, including gender specific care (e.g. Women's Health). Our practice has earned national and international recognition as the best care delivered anywhere. Outstanding working conditions allow for a satisfying career with a high quality of life along with a competitive salary and excellent benefits including malpractice insurance.

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Recruitment incentive and/or Education Debt Reduction Program (up to $200,000/tax-free over 5-years) may be available to highly qualified candidates.

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Top COVID-19 Apps to Use Right Now

Disclaimer: The views expressed are those of the author(s) and do not reflect the official policy of the Department of the Army, the Department of Defense or the U.S. Government.

On New Year's Eve 2019, the World Health Organization (WHO) was notified of an outbreak of pneumonia of unknown origin in Wuhan province, China. Within days, the outbreak had surpassed 500 people with multiple fatalities. By 10 January the virus was determined to be a novel coronavirus related to both SARS and MERS. Days later, evidence of person-to-person transmission was confirmed. During the second half of January the virus rapidly spread throughout mainland China and to numerous countries around the world. The WHO declared a world-wide pandemic on 11 March and the United States a National Emergency on 13 March. As of 28 June 2020, the virus has infected over 10 million and over 500,000 have died. As of 28 June 2020, the US has over 2.5 million cases, and over 125,000 deaths. Healthcare providers have worked heroically in the past few months and paid a terrible price at times for their efforts. So far over 1000 reported deaths so far in 64 countries. As the pandemic spread and gained momentum here in the US and across the world, I became increasingly interested in both general knowledge about COVID-19, CME type resources, and medical apps to use at the point-of-care. Below is what I have found the most useful so far.

1. **Podcasts and Websites from EM, Critical Care and Many Others!**

For the last 6 months, I have been reading the flurry of medical information released in journals, online blogs, podcasts, etc. on COVID-19. I looked at a few of my favorite EM and Critical Care sites/apps and was pleasantly surprised to see how much content on COVID-19 they have added. Some of these include the Life in the Fastlane blog and their Critical Care Companion app, REBEL EM, and WikEM. Dr Chris Nickson, FACEM, FCICM and his international team provide the fabulous Life in the Fast Lane blog and resources as part of their FOAM (Free pen Access Meducation) network. The REBEL EM app is part of the much larger R.E.B.E.L. EM universe which includes a website with popular blog, podcast, medical conference, and even swag! R.E.B.E.L. stands for **R**ational **E**vidence **B**ased **E**valuation of **L**iterature in **E**mergency **M**edicine and was created by Dr Salim Rezaie, MD, FACEP who works in San Antonio, TX. Finally, the team at Harbor-UCLA EM continues to update the outstanding WikEM. WikEM is the "world's largest emergency medicine open-access reference resource." You can access the content both via their website or the outstanding POC app. Additional resources I strongly recommend are the free COVID-19 resources from Society of Critical Care Medicine (even a free curriculum for ICU care for the non-intensivist), HippoED, the Curbsiders Podcast, Best Science Medicine Podcast, POEM of the Week Podcast from Essential Evidence, and the great weekly literature reviews on YouTube from Drs Richterman & Meyerowitz (both HIV Fellows) at the Brigham and Mass Gen in Boston. The American Academy of Family Physicians, has weekly webinars and numerous online resources about COVID-19, telemedicine 101, coding during COVID, etc.

Available for Download for iPhone, iPad, and Android (varies by app).

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- o https://apps.apple.com/us/app/wikem/id576405449
- o https://play.google.com/store/apps/details?id=wikem.chris

2. **The World Health Organization (WHO) Academy: COVID-19 Resources**

The WHO has come out with their own COVID-19 app called WHO Academy. The app permits

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free access to all of the WHO's COVID-19 resources in one place. The app is designed for healthcare workers and provides the most current guidance on all things COVID-19 and webinars and educational workshops. The app is divided primarily into ten major content modules and each of these primary content areas is full of additional information and resources from the WHO and numerous other organizations.

Price

- Free

Likes

- Ten content areas from Case Management to Regional Links.
- Section on Learning Events from WHO and current News sections.
- Available for Android and in six languages.

Dislikes

- Limited offerings in the Learning Events section.
- Most multimedia content requires internet access.
- Some subsections on "local" and "regional" content are lacking.

Overall

The new WHO Academy app for all things COVID-19 for healthcare workers is a slam dunk. The app covers everything from PPE to mental health, lab workup, current epi stats, etc. The app links to virtually all of the common and less common healthcare organizations on each continent with the app's content available in six languages. The app could benefit from more "learning events" (or link to others available on the web from reputable groups). Despite that, the ten areas of core content is almost overwhelming in its breadth and depth. Clearly, much time and effort has been taken to organize everything WHO has on COVID-19 into a highly usable app. The app is also available for Android which is an added bonus.

Available for download for iPhone, iPad, and Android.

- o https://apps.apple.com/us/app/who-academy/id1506019873
- o https://play.google.com/store/apps/details?id=org.who.WHOA&hl=en_US

3. The Ventilator Training Alliance App

What about the basics on ventilators? The National Strategic Stockpile contains three ventilators including the LP10 (Medtronics), the LTV1200 (Vyaire), and the Uni-vent Eagle 754 (Impact Instrumentation). A new app called the Ventilator Training Alliance (VTA) has teamed up with ventilator manufacturers around the world to provide the basics for each of the ventilators each company currently produces.

Price

- Free.

Likes

- Contains hundreds of materials from training videos to manuals to presentations on ventilators from nine manufacturers.
- Can download materials for offline use.
- Available for Android.

Dislikes

- Could benefit from more basic information on vent modes, settings not specific to any manufacturer.
- Folder structure under each manufacturer could be easier to navigate/find what you need.
- Does not have information for all of the ventilator models in the Strategic National Stockpile (missing the LP10 (Medtronics), and the Uni-vent Eagle 754 (Impact Instrumentation).

Overall

A timely app for providers who take care of ventilator patients and may not be familiar or need a refresher on the equipment they are using. The app provides a wide range of key information on the most common ventilators available worldwide in a quick and easy way.

Available for Download for iPhone, iPad. Not available for Android.

- o https://apps.apple.com/us/app/ventilator-training-alliance/id1507082978
- o https://play.google.com/store/apps/details?id=com.allego.android.app.vta&hl=en_US

4. Unbound Medicine's Relief Central: Now Updated with Coronavirus Guidelines

The excellent Relief Central app from Unbound Medicine has been updated to include a new section called "Coronavirus Guidelines". The new section on coronavirus is perfectly timed and brings expert and evidence-based content from the CDC and WHO and the Hopkins' team of experts together in one app. The complete Relief Central app is free and includes a number of resources for aid/relief workers including: The World Factbook from the CIA, CDC Yellow Book, the Field Operations Guide from USAID, Prime PubMed Search, and Relief News from the Red Cross, United Nations, US Centers for Disease Control, CDC, FEMA, and now their very own section on coronavirus guidelines.

Price

- Free

Likes

- Incorporates content from CDC, WHO, and Hopkins own experts.
- PubMed searches "preloaded" using Unbound Medicine search engine and divided topically.
- Includes coronavirus map link by Hopkins, webinar for nurses

continued on page 36

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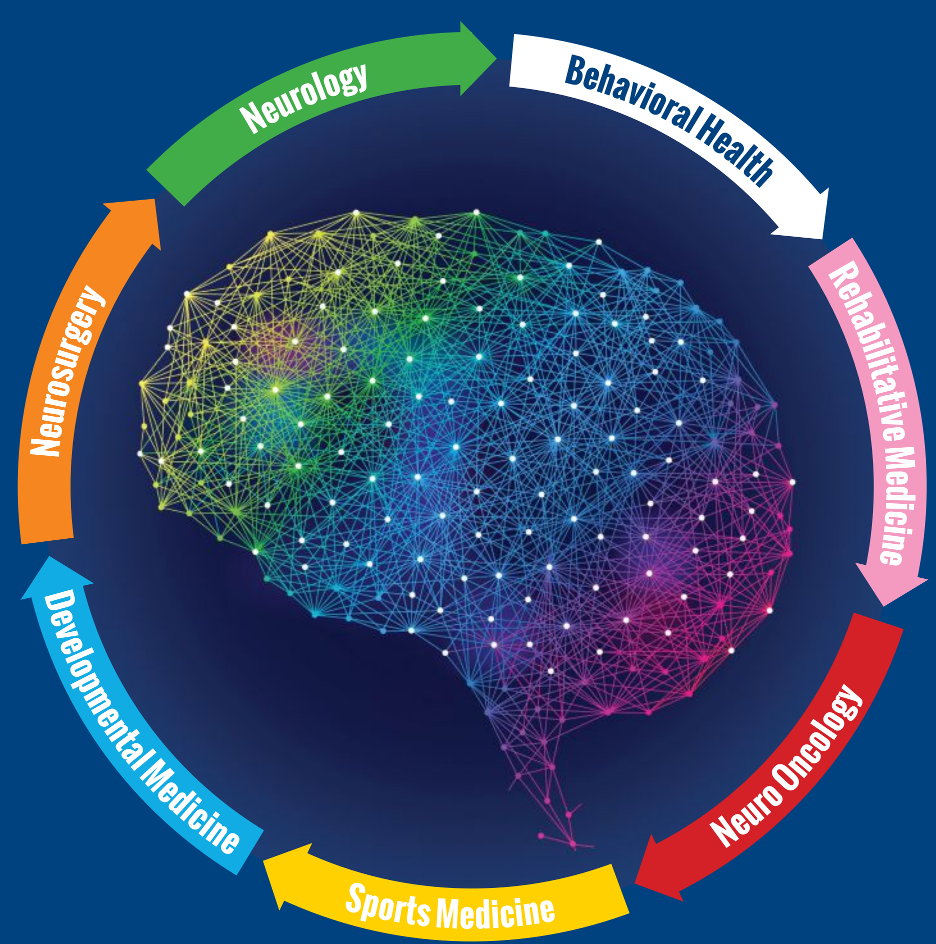

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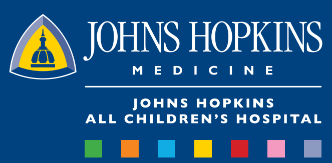

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- and clinicians, and dedicated patient section.

Dislikes

- Content on coronavirus from Hopkins Abx guide requires subscription.
- Section on coronavirus testing seems incomplete.
- Not available for Android.

Overall

The app provides the basics needed for all healthcare providers who want to learn more and/or must take care of patients. The links to CDC and WHO contents are well-incorporated, and the topically driven PubMed searches are inspired. The fact that the app has content for both providers and patients makes it even more highly recommendable. Finally, the app contains sections from the CIA World Factbook, CDC Yellowbook, and the USAID Field Operations Guide. A must have app during the pandemic and for any healthcare workers around the world.

Available for Download for iPhone, and iPad. Not available for Android at this time.

- o https://apps.apple.com/us/app/relief-central/id353219185

5. Johns Hopkins Whiting School of Engineering Coronavirus Mapping Tool:

The Johns Hopkins Whiting School of Engineering has created a fantastic mapping tool to provide real-time data on the coronavirus outbreak. Using reputable data sources including WHO, CDC, and Chinese sources including China CDC and others, the authors led by Dr Lauren Gardner and others have created a mapping and modeling tool that is open to the public. The website provides country, state/province level data of cases, fatalities, recoveries, rate of rise, and links to other coronavirus resources.

Price

- Website is free to access via desktop or mobile browsers.

Likes

- Real-time mapping of the Wuhan coronavirus outbreak using transparent data sources.
- Links to CDC, WHO, etc. coronavirus information.
- Ability to download and export data to Google Sheets.

Dislikes

- Desktop version views poorly on mobile devices.
- Mobile version lacks functionality and graphics of desktop version.
- No details on patient level data/demographics.

Overall

The coronavirus mapping tool from Johns Hopkins Whiting School of Engineering has been rightfully praised by medical officials and the media alike. The website provides valuable, real-time information on the spread of the Wuhan coronavirus throughout the world. The tool has undoubtedly aided public health and political officials in important decisions regarding protecting the general public from this novel health threat. Highly recommended.

Available for all browsers (best viewed on a desktop browser).

- o https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6

6. COVID-19 Screening Tool App

Apple came out in early March publicly stating they would only publish apps from public health and other reputable authorities. Apple took matters into their own hands and released their COVID-19 Screening Tool app and website in conjunction with the CDC, FEMA, and the White House. The app takes the CDC guidance on screening for COVID-19 and turns it into a simple questionnaire that guides patients to a "decision" and plan of care regarding testing, self-isolation, quarantine, when to seek medical care, etc.

Price

- Free

Likes

- Step-by-step screening questions based on current CDC guidance.
- Helpful subsections of the app including curated articles on Apple News, general info about COVID-19, testing, etc.
- Numerous hyperlinks to information from CDC, FEMA, etc. on COVID-19.

Dislikes

- Screening results do not always include recommendation on testing.
- Section on coronavirus testing lacks guidance on where to get tested.
- Not available for Android.

Overall

As the pandemic sweeps across the country rapidly, patients need vital information from reliable sources. The app aids patients and their families in filling in the knowledge gap of who needs tested, how to social distance, who needs to self-isolate vs. quarantine, etc. The app is easy to use and results are automatically saved for further reference or review by a healthcare provider.

Available for Download for iPhone, and iPad. Not available for Android at this time; however, there is a web version available for any internet platform.

- o https://apps.apple.com/us/app/id1504132184
- o https://www.apple.com/covid19/

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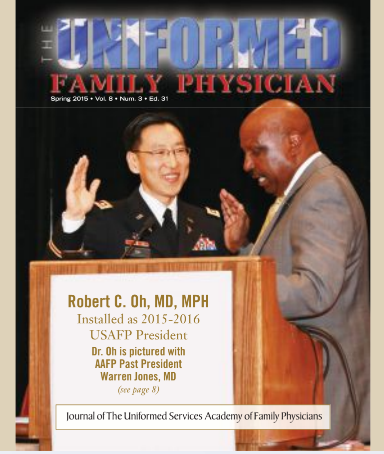

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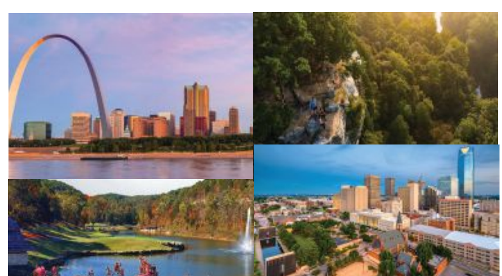

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The Rockbridge Area Health Center (RAHC), a federally qualified community health center committed to providing quality health care in a compassionate environment, is located in the beautiful central Shenandoah Valley of Virginia. The area offers a unique rural living experience. There are three institutes of higher learning in the county: Virginia Military Institute, Washington and Lee University and Southern Virginia University. These organizations provide a high level of cultural enrichment in music, plays, lectures, etc. The area offers a safe environment and quality school systems. Lexington is the county seat and has been nationally recognized as one of "America's coolest small towns."

This is an employed position offering a competitive salary and benefits package including health and dental insurance, long-term disability, 403 B retirement plan, malpractice insurance coverage and retention bonus. Other benefits include a minimum of 200 hours of paid annual leave, an additional one week of paid CME and a CME allowance, and a sign-on bonus of $20,000. Required licenses are paid for by RAHC. The salary range is $188,705 - $271,551.

Visit www.rockahc.org to learn more about the Rockbridge Area Health Center.

Visit https://lexingtonvirginia.com/ to learn more about the area.

Visit http://www.nachc.org/about/about-our-health-centers/what-is-a-health-center/ to learn more about Community Health Centers.

POC:
Suzanne Sheridan, CEO
ssheridan@rockahc.org

Looking for a mentor?
Interested in mentoring others?

If so, check out: *www.usafp.org/mentorship*

HOW DOES IT WORK?

The program uses a brief intake survey to complete/to identify a mentee's needs and then matches that person with a mentor well suited to meet those needs.

WHAT AM I SIGNING UP TO DO?

Participant responsibilities are as follows:

- Communicate with your mentor/mentee at least once per quarter
- Before signing off, select a topic for discussion for the next session
- Continue the program for (at least) the next year
- Complete a brief feedback survey at the end of one year to help improve the program

WHEN AND HOW WILL I GET MY MATCH?

Matches are made on a rolling basis. Mentees should expect to receive an email identifying their mentor within 3 weeks of signing up.

IS THERE ANYTHING I CAN DO TO HELP?

Definitely! The success of the program is directly tied to member participation. Please consider signing up and sharing this information widely with your military Family Medicine colleagues, including retirees.

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