THE UNIFORMED FAMILY PHYSICIAN

Fall 2020 ▪ Vol. 13 ▪ Num. 3 ▪ Ed. 53

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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.

Edition 53

your academy leaders
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president's message

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My fellow FPs,

I hope you are doing well and staying safe. I was asked the other day how I was doing and immediately made the comment that I think my COVID brain has ended. I had decreased mental function and fatigue for almost 19 weeks from my start of COVID but am now finally well. What a frustrating virus. Until my head was clear, I didn't realize how unclear it was. Again, I hope you and your families stay healthy and safe.

I just finished up a great week at the Congress of Delegates (CoD) and FMX. It would have been better in person, but the AAFP pulled off a great virtual meeting. Aaron Saguil, Marcus Alexander and I represented USAFP during the CoD meeting. With baited breath, our request to change the definition of active duty to include the Space Force went through. We also asked that residents and fellows who have to do full time out service programs be allowed to maintain their USAFP status. That also passed without discussion. As the Services move some training to the civilian sector, we wanted to maintain our support for these members.

During the final day of the Congress of Delegates, the new commission chairs were announced. I have served on the Commission for Finance and Insurance (CFI) for the past four years and I am honored and humbled to say that I was chosen as Chair of the Commission for this coming year. I have enjoyed advocating for Family Medicine on the national level and if you are interested in serving the AAFP on a commission, please go to https://www.aafp.org/about/meet-our-leadership/commissions.html for more details. After reviewing the commission details, please let me know if you have any questions. You can also send a note to Mary Lindsay White at mlwhite@vafp.org. The time commitment depends on the commission.

Other exciting news announced during CoD included the selection of our new AAFP President-Elect, Dr. Sterling Ransone of Deltaville, VA. Sterling will spend the next three years advocating for all family physicians. The highlight for me at the end of CoD was announcing our own, CAPT James Ellzy (Ret.) is a candidate for President-Elect in 2021. Dr. Ellzy has maintained his membership in USAFP during his retirement as an associate faculty and Red Cross Volunteer in the Ft. Belvoir Community Hospital Family Medicine Residency. He also continues to serve the Military Health System in his role as the MHS GENESIS Clinical Functional Champion at the Defense Health Agency. The USAFP has had other AAFP Presidents, including Drs. Lori Heim, Ted Epperly, Warren Jones and Robert Higgins (from the AF, Army and Navy respectively). I hope we get to add Dr. Ellzy to that list!

On a final note, did you hear who won AAFP's Family Physician of the Year for 2020? You did! We all did! The AAFP's new CEO, Shawn Martin shared that given all that family physicians do and are doing during COVID, we are all the 2020 AAFP Physician of the Year. Here's to you! Thank you. Thank you all for your service to our Nation, your patients and each other. I am honored to serve with you.

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editor's voice
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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/**

Hello Family Medicine Family and Happy Holidays,

In this busy time of year, our USAFP peers have continued to share outstanding articles for this quarter's journal. CAPT Manning gives us great perspective from this year's AAFP Congress of Delegates. Her insight after four years on the Commission for Finance and Insurance (CFI) is always enlightening. Look forward to her continued insight from her newly selected AAFP position of CFI Commission Chair. The Coast Guard and Navy Consultant letters not only share information important to their individual services, but also highlight processes pertinent across all services, such as the role out of standardized readiness criteria known as KSAs (knowledge, skills, and abilities) that will be measured by the leadership in each of the services. The Clinical Investigation committee highlights PI/QI scholarly projects that our members have initiated throughout the pandemic response, such as PPE production by the 7th Special Forces Group or the 55th Medical Group's comprehensive return to duty clinic for those diagnosed with COVID-19. The Member constituencies Committee gives us a great reminder of the guidelines for anal cancer screening. The Resident and Student Affairs Committee shares lessons learned while deployed as a "COVID hospitalist" in a civilian level three trauma center. The Madigan Faculty Development team discusses the definition of power and how it is utilized in our organizations, while also reviewing opportunities to reinvent our organizations as presented in *Brave New Work: Are You Ready to Reinvent Your Organization*. Col Maurer rounds out the quarter with insightful input on applications that help with COVID protocols, advanced directives, cervical cancer screening, and immunizations.

Throughout this year's Congress of Delegates, I was reminded how the standards and guidelines in civilian healthcare can impact the standards and guidelines in the MHS. You can view the 2020 COD Board reports at https://www.aafp.org/about/congress-delegates/2020/2020-congress-of-delegates-board-reports.mem.html and you can view the Reference Committee reports at https://www.aafp.org/about/congress-delegates/2020/rcreports-amendmentform.mem.html. I would recommend at a minimum reviewing the BOD Report D – Payment and Prior Authorization Issues. It is important to be aware of the desired transition from volume to value based payment and from traditional fee-for-service (FFS) payments to alternative payment models. On Nov 4, 2019, CMS finalized Medicare Physician Fee Schedule changes that included allowing clinicians to choose the E/M visit level based on either medical decision making or time, revising the times and medical decision making for all office based E/M codes, and requiring performance of history and exam only as medically appropriate. The total allowed charges for family medicine would increase 12% in 2021. Board Report D also highlights the substantial progress that has been made in telehealth payment due to the sudden changes in patient care during COVID-19. Legislative and regulatory changes now allow both new and established patients to receive telehealth services in any setting, including their home, with payment of office visit E/M services furnished via telehealth at the same non-facility rate as in-person services.

I know that corporately this is a busy time of year from both a strategic and tactical standpoint. Thank you again for the value and energy each of you bring every day as Family Physicians. I hope you each have a joyous and safe holiday season!

The USAFP family lost three members this year that we hope you will join us in taking pause to remember. Our condolences go out to the families, colleagues and friends for the loss of Captain (Dr.) Seth V. Vande Kamp (Martin Army Community Hospital), Captain (Dr.) Kelliann Leli (David Grant Medical Center Family Medicine Residency) and Commander (Dr.) Chris Joas (Naval Air Station Fallon)

To all who were fortunate to know these military physicians, words are not enough to salve your bereavement or to compensate for your losses, but please know that you do not grieve alone and that the loss of military and family medicine friends touches all.

In the days and months ahead, if there is any way USAFP can help you heal, please do not hesitate to reach out. Know that you are in the thoughts, prayers, and meditations of many.

Captain (Dr.) Kelliann Leli

Captain (Dr.) Seth V. Vande Kamp

Commander (Dr.) Chris Joas

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Since COVID-19 became a worldwide event many things have changed and continue to evolve. Foremost of course, as medical providers, has been our response to mitigate its spread and its impacts on our missions. In this issue we would mention current events, some relatable to COVID, and others that are agency specific.

FEDERAL RESPONSE

As of this writing the race to have a COVID -19 vaccine continues. To be sure, a vaccine is needed to curb this pandemic. But what seems to be elusive is the exact timeline for its availability. This highlights the need to continue to adhere to preventive measure such as wearing of a face mask, especially when social distancing is not maintained. Dr. Robert R. Redfield, the director of Centers for Disease Control and Prevention, reiterated this point when he told senators on September 16, 2020 the importance of (still) wearing a face mask. (Higgins-Dunn, 2020). It appears states vary in response and governors continue to manage the spread of cases in their own state; some have already relaxed certain restrictions (Allen, 2020).

Dental examination room with modifications related to COVID-19

VIRTUAL VISITS

We continue to use telehealth medicine or virtual visits with our patients. As a medical provider, this particular adjustment has perhaps been one of the more challenging adjustments that clinics had to face. However, several months into the pandemic, many clinicians find this tool helpful and have started using telehealth with essentially no resistance. Tricare's website indicates that it covers medically necessary virtual visits. These included office visits, preventive health screenings, as well as Telemental Health services and services for End Stage Renal Disease (*Tricare Covered Services*, n.d.). AAFP website cited on its Virtual Town Hall that in May 81% of family practitioners have started providing virtual visits (*AAFP Virtual Town*, 2020).

COAST GUARD'S COVID WEBSITE

The Coast Guard continues its stance in the fight against COVID-19. We still have a very active website https://www.uscg.mil/Coronavirus/ that offers multitudes of support during these challenging times. It includes guidelines on travel, childcare, and other information pertinent to our current environment. Likewise, it includes access to Medical Monday and Wellness Wednesday. Medical Monday is a short video where various speakers give a small talk about different issues as it relates to COVID -19. Lately, RADM Dana Thomas, our Director of Health, Safety and Work-Life spoke about precautions during family gatherings. Past topics included discussion of COVID-19 symptoms as discussed by CAPT Shane Steiner. He is the Coast Guard's Public Health Emergency Officer.

SALIVA TESTING FOR COVID-19

Steps have been implemented for the eventual general use of saliva testing in the Coast Guard. Test orders can only be approved by a medical officer and patients will get an email to prompt them to go to the patient portal to receive their results. The official directive for agency -wide use is being finalized as of this writing.

ELECTRONIC HEALTH RECORDS

The Coast Guard implemented the MHS GENESIS electronic health records (EHR) system at four Coast Guard clinics starting on Aug. 29, 2020. This long anticipated project is finally here to support our medical communities and more importantly our patients with efficient, current, and coordinated care. The date of utilization of the EHR for the rest of the clinics has already been planned.

"WEIGH INS"

Deferred in April due to the pandemic, the Coast Guard will resume Body Composition Screening starting October 1. The system uses abdominal circumference (AC) as an additional method of compliance and will be used to indicate a health " snapshot". The screenings will run from October 1 - October 31. COVID-19 precautions

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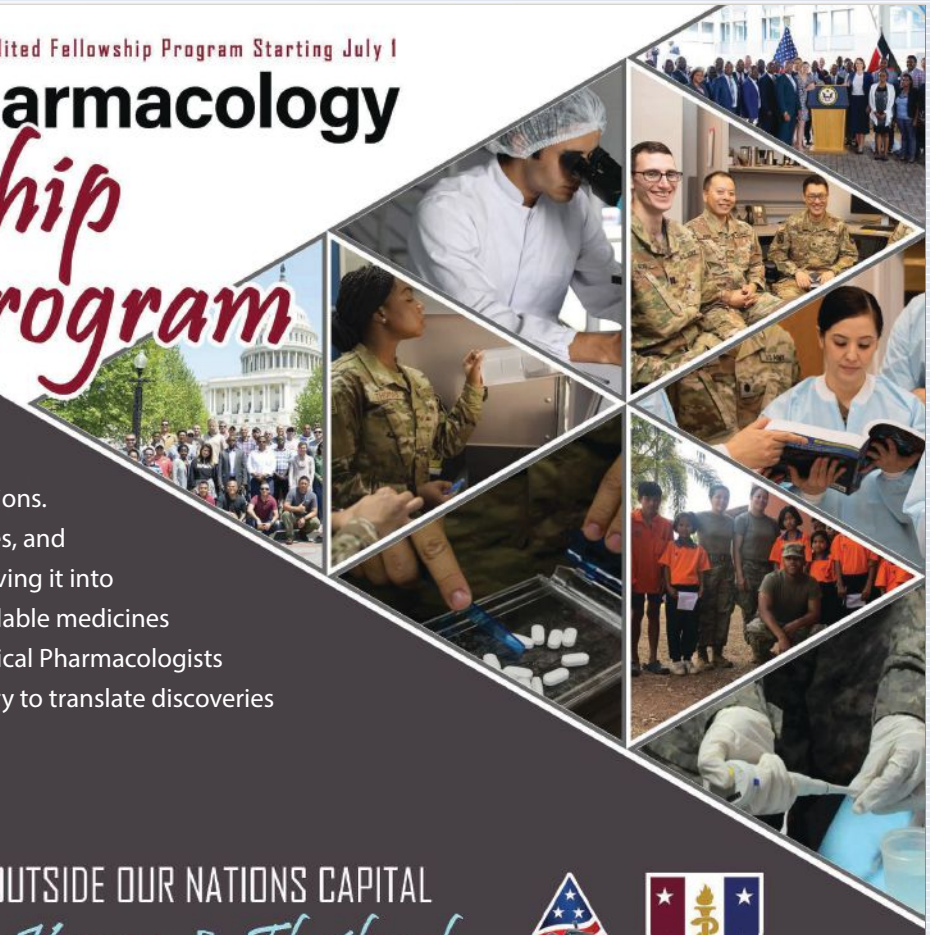
Two-Year Accredited Fellowship Program Starting July 1

Clinical Pharmacology Fellowship Program



What is Clinical Pharmacology?

Clinical Pharmacology is the specialty of developing answers for modern medical limitations. Clinical Pharmacologists develop drugs, vaccines, and biologics by evaluating bench research and moving it into clinical trials. They also repurpose currently available medicines and monitor the safety of medicines in use. Clinical Pharmacologists work with government, universities, and industry to translate discoveries in the research lab to the beside.

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- Three month rotation with a review division at the FDA.
- Participate in continuing medical education, research seminars, and journal clubs.

Current Research Interests:

- Changes to antibiotic drug levels in soldiers exposed to exercise, heat exertion, traumatic brain injury.
- Exploring the use of pharmacogenomics in the military to optimize patient care and soldier readiness
- Defining risk factors for adverse drug reactions in deployment relevant medications.

Fellowship Eligibility Requirements:

- Active Duty Army PhDs /PharmDs (71A or 71B)
- Active Duty Army Physicians board eligible/ certified in primary specialty

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will continue such as maintaining social distancing, utilizing prescreening questionnaires, and wearing face masks by both the taper and the member. Lastly, the taper will wear gloves and will change gloves and wipe down tape between tapings (St. Clair, n.d.).

USAFP FALL BOARD OF DIRECTORS MEETING

Since the AAFP's Family Medicine Experience (FMX) was virtual this year, the Board of Directors meeting was held via Zoom in November. The Executive Finance meeting was also held virtually on the same day.

MOVING FORWARD

In order to stop the spread of COVID 19, simultaneous things must occur. When we conduct our daily operations, we should have a bigger perspective of all of the things that need to occur synchronously. Handwashing, crowd control, social distancing, and proper ventilation must be paired with the use of masks, testing, contact tracing, isolation and quarantine. The problem is complex, therefore the solution cannot be taken by piecemeal.

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Medical Staff enjoying Morale Day event at Base Cape Cod

consultant's report
NAVY

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Greetings, my fellow FM's! As I sit down to write this article, we are still laboring under the ever-evolving reality that COVID has introduced. No doubt we'll need to continue to adjust as time marches on, making it that much more important to stay connected. If you are not getting regular emails from me, please seek me out so that I can ensure I have your correct contact info. So with that introduction, let's get started with some important updates.

DETAILER CHANGE

This past summer, CAPT Anja Dabelić completed a 3 year tour as our detailer. On behalf of our community, I want to express gratitude for her dedicated service during a time of significant change and challenges. Navy FM is stronger and well poised for the future thanks to her mentorship, management, and detailing of our community. Thank you!

Our new detailer has penned a brief introduction for this column:

My name is CDR Tara O'Connell and I'm thrilled and honored to be the new family medicine and operational medicine detailer! I am originally from Long Island, New York, and am board-certified in Family Medicine having done my residency at Naval Hospital Jacksonville. My previous tours include being an LHD SMO on USS ESSEX and two OCONUS tours in Rota, Spain and Bahrain. We are still largely teleworking here at PERS but if you reach out via my email, tara.oconnell@navy.mil, I will be happy to set up a time to chat.

KSA'S UPDATE

On 14 July 2020, the Surgeon General signed a package of 41 Naval Medical Readiness Criteria (NMRC), also known as the KSA's. These much anticipated KSA's are the "Knowledge, Skills, and Abilities" that Naval personnel are supposed to possess in order to do their jobs well. Navy Medicine has been working to define and standardize the KSA's for medical personnel, with an operational-readiness focus.

The NMRC's have two main groups, of which FM is listed under the title of "Non-Combat Casualty Care Team." (Although, as many have experienced, FM has a role in trauma resuscitations.) If you haven't already, I invite you to

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review our specialty's KSA's (which have been emailed and can be found online at the Corps Chief's website.) You will see the NMRC's broke into 3 categories: 1) Core Practice / Clinical Currency, 2) Expeditionary Skills for readiness / Readiness Currency, and 3) Platform Training for Readiness. These were developed in collaboration with senior FM leaders as well as those of our sister services (reflecting a joint effort.)

The Naval Medical Force Development Center (NMFDC), a part of BUMED, is developing dashboards to easily allow individuals and commands to see where they stand on their NMRCs. Once developed, it will be the Navy Medicine Readiness and training Commands/Units (NMRTC/U's) that will work to get their personnel ready and meeting their NMRC's. It should be noted that NMRC's are a work in progress and will continued to be reviewed, validated, and amended as needed. Thus, I invite your feedback as we move into the implementation process. For another summary, go to: https://mccareer.org/2020/08/24/what-are-ksas/

PROMOTION

October saw the release of the results of the COVID-delayed Commander selections. Congratulations to the following officers in our FM community who were selected for promotion!

Promotion stats were not available at the time this article was submitted, and I look forward to sharing them with you when they are released. If you did not select for promotion, or if you are interested in mentorship and guidance in regard to promotion, please contact our detailer and/or me. We can review your record and help you plan your future.

NEW PROGRAM DIRECTOR SELECT FOR FT. BELVOIR

After providing superior leadership during a period of historical change and challenges, Dr. Sarah Jorgensen recently completed her tour as Program Director of the Ft. Belvoir Family Medicine Residency Program. Congratulations goes out to CDR Franchi Cimino, who was selected to take the helm of this joint service program. Dr. Jorgensen leaves behind a premier program with a legacy of outstanding training and mentorship that will continue to positively impact all those we serve long after she has turned over the helm... not just for the Navy, but the Army and Air Force as well. We are grateful for her service, and wish her fair winds and following seas! And best of success, Dr. Cimino!

SOCIAL SECURITY PAYROLL TAX DEFERRAL

As has been widely disseminated, a temporary deferral of Social Security tax withholdings was implemented for most service members. Effective with the September mid-month pay, DFAS began to defer the withholding of the 6.2% "FICA-SOC SECURITY" tax (as it is labeled on your LES.) Here are some key facts:

- If your monthly basic pay is at or above $8666.66, then your social security tax withholding will not be affected by the temporary deferral.
- Military members are not eligible to opt-out of the deferral. It will happen automatically.
- Collection of the deferred taxes will be taken from wages between January 1 and April 30, 2021 (more info coming.)
- If a military member or civilian employee separates or retires in 2020 before the Social Security tax can be collected in 2021, they are still responsible for the Social Security tax repayment.

As with any unexpected overpayment, one option is to set aside the increase into a savings account in anticipation of having it recouped in 2021. (You may also note that there is a proposed 3.0% pay increase for military in 2021, which may mitigate the impact of the recoupment of the SS tax.)

NEW MC CAREER PROGRESSION TEMPLATE

This past year saw the development of specialty specific career progression templates, which were emailed out in September. I am grateful for all of the input from our community's senior leadership and their efforts in shaping

COMANDER

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Feist, Matthew
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McCluney, Brendan
McLendon, Anne
O'Connor, Kristina
Patton, Jared
Sapida, Steven
Torbet, Denise
Tring, Visong
Vincent, Brian
Wooldridge, Bryan

the FM pathway. I encourage you all to look at the template, especially when planning the next steps in your career. Some key points I would like to emphasize:

- There is a "General Medical Corps Career Pathway" that highlights career steps important to all medical officers
- The FM template has significant overlap with the general template in order to avoid confusion and ensure alignment.
- Operational Medical Officer (OMO) tours are now being emphasized as being important for promotion

It should also be noted that there is no ONE pathway to having a successful career and getting promoted. The templates are guides to help you make decisions based on needed experiences and expectations that make you competitive for that next rank. On the other hand, it also highlights choices which can make it difficult to get promoted…e.g. not completing residency, not getting board certified.

I invite your questions and feedback, as these can be used to make our template better with future updates. If you haven't already, be sure to request Career Development Board at your current command. If a CDB is not available, or you want additional input, feel free to reach out to me.

Thank you for all you do each and every day in service to our nation. I continue to be honored in being a voice for our community. Please don't hesitate to reach out to me if I can be of any help with questions or advice. Stay well, friends, and have a safe and happy holiday season.

Promoting Research in the Military Environment

Have a great idea for operational research but are unsure where to start or how to get approval?

Whether you are deployed or in garrison, the USAFP research judges can help!


Photo Courtesy of U.S. Army

Visit us online at http://www.usafp.org/committees/clinical-investigations/ for resources or to find a mentor.

USAFP: Better Together Campaign

Greetings, Friends! I'd like to share a brief word about a new USAFP initiative called the Better Together Campaign. To give you the bottom-line up front, the USAFP is going to use this next year to implement and logistically support a series of virtual offerings to help you stay connected with your USAFP family.

COVID has been a tremendous stressor, but it is not the only one we are facing. Medical billet realignment and uncertainty, special pay changes, electronic health record transitions, the move to virtual health, continued deployments, the loss of loved USAFP members—we are dealing with a lot, and it is hard to bear alone.

The good news is that you do not have to—you, and we, are "Better Together." Over the next months, your USAFP will be rolling out professional affinity offerings (leadership book clubs, more robust mentoring opportunities, committee-sponsored groups), personal growth offerings (board game clubs, fitness-oriented clubs, trivia clubs, investing circles), and family friendly offerings (family support club, group watch club, OCONUS club).

To help us gauge interest in these affinity groups (and to see what other ideas you might have), we'll be conducting a series of surveys in early 2021 (when we will have a new USAFP website!). With that information, we will start connecting you to one another so that you can experience what it means to be "Better Together."

Cheers!
Aaron

Don't Miss Out on Complimentary USAFP Membership Benefits

DAILY INFOPOEMS

The USAFP is pleased to continue providing as a membership benefit a free subscription to Daily POEMs from Essential Evidence Plus. Daily POEMs (Patient Oriented Evidence that Matters) alerts and 3,000+ archived POEMs help you stay abreast of the latest and most relevant medical literature. Delivered directly to you by e-mail every Monday through Friday, Daily POEMs identify the most valid, relevant research that may change the way you practice. Monthly, the complete set is compiled and sent for additional summary review. Ongoing since 1996, their editors now review more than 1,200 studies monthly from more than 100 medical journals, presenting only the best and most relevant as POEMs. The acclaimed POEMs process applies specific criteria for validity and relevance to clinical practice. If you want to subscribe, please e-mail the USAFP at cmodesto@vafp.org so your e-mail address can be added to the distribution list.

Join your Peers at the 2021 USAFP Annual Meeting & Exposition

Better Together Virtual Experience

The 2021 USAFP Annual Meeting & Exposition promises to engage our USAFP membership in ways that we only imagined before March 2020! As your 2021 Program Co-Chairs, we are excited for this virtual experience and are developing an outstanding program that will include not only continuing education sessions but also ways for us to engage socially and emotionally. The meeting will offer over 25 AAFP LIVE credits that will satisfy your live CME requirement for your AAFP CME re-certification cycle.

The meeting will begin on Friday, 26 March with a pre-conference ABFM Knowledge Self-Assessment session followed by the opening keynote and will conclude with a fun Welcome "Reception" that will reconnect you via theme-oriented break-out rooms so you can "see" all of your USAFP peers you missed seeing in April 2020.

The dates of Saturday, 27 March – Wednesday, 31 March will host CME's running from 1000 hours EST – 1600 hours EST each day and will have programming pre and post hours for virtual wellness activities, residency reunions, special interest meetings, resident and student activities and much more.

A virtual exhibition hall will also be available during the meeting so you can visit these organizations on your own time. We hope you will support these organizations by visiting as they are a big part of why the USAFP Annual Meeting can continue to be so cost effective (just over $16.00 per credit hour!!).

The research competition and rise with research will continue their traditions of being unparalleled scholarly opportunities for our members.

The week will conclude on Thursday, 1 April with programming from 1000 hours EST – 1430 hours EST and will feature keynote addresses that will send you back to your "day jobs" feeling energized, relaxed and in the know!

2021 Registration Fees		
Registration Type	Full	Daily
Active	$450.00	$100.00
Non-Member	$550.00	$150.00
Resident	$150.00	$40.00
Student	$25.00	$25.00
RN/PA	$550.00	$150.00

Registration options will include a full conference registration or daily rates if you are not able to join us for the full week. The rates are noted below for funding consideration.

We are working on the speaker selections currently and will be informing all that submitted topics back in the spring very shortly. You may be asked about virtualizable considerations for any hands-on and workshop style submissions, so start thinking about unique ways to teach!!

If you have any questions, please contact us at usafp2021@gmail.com or the USAFP Headquarters Office at kreynolds@vafp.org.

Look forward to "seeing" you in March!!

Jules Seales, MD & Kevin Bernstein, MD

2021 Program Co-Chairs

LOOKING FOR VOLUNTEERS!

In conjunction with the virtual Annual Meeting, USAFP hopes to provide members the opportunity to attend virtual residency program reunions, member interest group meetings and other "non-cme" type gatherings. If you are interested in facilitating an event of this type, please e-mail Kristi Reynolds at kreynolds@vafp.org.

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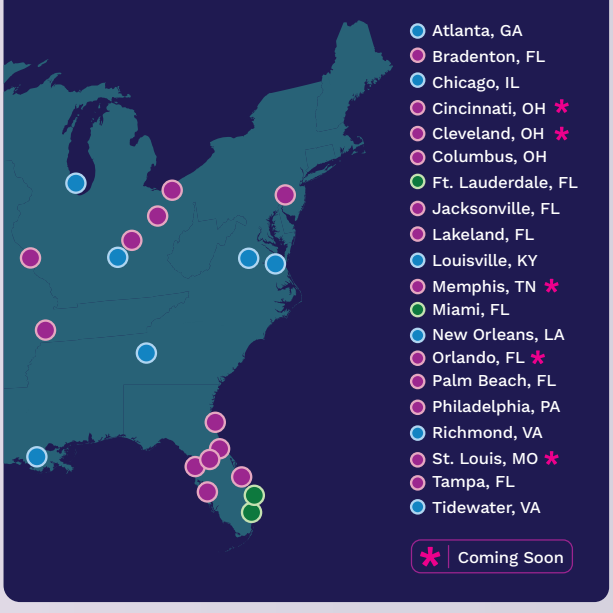

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Tyler S. Rogers, MD, FAAFP
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Power Plays: Rethinking Power in Your Organization

"Power tends to corrupt, and absolute power corrupts absolutely[1]." This quote from British Peer, the 1st Baron Acton in the 1800's, likely rings true to many of you today. With political and civil unrest, a global pandemic, and other existential crises all around us, Lord Acton's philosophy on power is shared by many people; however, opportunities do exist to change how power is utilized in the work place. Many leaders, particularly those in middle management positions, often feel powerless to effect change in their environments, but if you can discover ideas to leverage untapped power, you can then help translate that into opportunities to increase influence, impact, and success for you and your organization.

It is crucial to remember why power is important and necessary. Years of research have shown that employees prefer a leader who can leverage power and influence. Kanter, an organizational behaviorist from the 1970s, identifies several tactics managers can use with their power to help in their organization (Table 1)[2], demonstrating the extent to which power can enable a leader to take care of their people and organization. It is also important to acknowledge that power, the ability to influence the behavior of others, is different from authority, the right to influence others[1]. Leveraging your power is a learnable skill developed by three steps that include: focusing on how to gain power, translate it into influence, and assertively neutralize its abuses.

To gain power, leaders must first understand the source of that power. Whetton and Cameron believe there are two sources of power: personal and positional[1]. Power sources are changing as a new generation of leaders reject the traditional idea that power, like currency, is held by a few and, once gained, is jealously guarded. These new leaders treat power more like a current made by many, open, participatory, and peer-driven. Like electricity or water, power is most forceful when surging. Leaders must channel power, not yield it.[3]

As leaders, your sources of personal power include leveraging your expertise, capitalizing on interpersonal attraction, displaying honest effort, and aligning your actions with the prevailing value system of your organization[1]. Fair or not, research shows that attributes of interpersonal attraction such as charisma, agreeable behavior, and physical attractiveness significantly impact the ability of a leader to gain power. Positional power is achieved through political capital, flexibility, visibility, and the relevance of your contributions to the goals of the organization[1]. Political capital or social capital is gained by relationships; however, relationships alone are not enough. Power is only gained in relationships when interdependency is established in a network of relationships that rely on each other. Your social and political competence have to connect you to others in a way that ensures they depend on you for their own political capital. The adage "the squeaky wheel gets the grease" is often very accurate in most organizations as those with the most visible needs get more attention. The evidence shows that being visible to superiors results in power.

Gaining power alone is not helpful unless you can translate that power into influence. Whetton and Cameron suggest three ways to accomplish this: the three Rs are retribution, reciprocity, and reason. Retribution is the most destructive way to transfer power to influence. Still it is useful in certain situations, such as emergencies with tight time constraints, when compliance is the only desired outcome. Unfortunately this strategy constrains creativity, commitment, and a safe working environment. Reciprocity is a healthier strategy, involving mutual respect, dependency on the team, and commitment to a greater goal. The goal of reciprocity is to find ways to create value for your team members and increase their reliance on you, allowing you to transfer your positional power to influence[4]. Reason, or logic is often an effective way to transfer power to influence. Identifying critical data points that support your proposal's benefit to the organization at large is often a successful way to garner support. It is important to acknowledge that there is a fine line between persuasion based on reason and manipulation. Persuasion is explicit and direct, while manipulation is implicit and deceptive[1]. The three Rs focus on your ability to transfer power into influence in downward or lateral channels. Still, it is also crucial for leaders to understand their subordinates' power and the onus on leaders to channel this power to influence superiors. One example of this is issue selling, the process of intentionally, systematically, and pragmatically bringing important issues to the attention of superiors and leveraging social and political competence to ensure they are visible[1]. In a way, leaders who treat power as a current can serve as a surge protector and channel subordinates' power to maximize influence.

Table 1: Indicators of a Manager's Upward and Outward Organizational Power

To what extent can a manager:
Intercede favorably on behalf of someone in trouble with the organization
Get a desirable placement for a talented subordinate
Get approval for expenditures beyond the budget
Get above-average salary increases for subordinates
Get items on the agenda at policy meetings
Get fast access to top decisions makers
Get early information about decisions and policy shifts

Finally, once leaders have established themselves in a position of power, it is vital that they assertively neutralize abuses of power. Power is useless if it cannot be translated into influence. Identifying and intervening when a toxic leader is using the three Rs in a negative way is as important as knowing how to use the three R's yourself. When a toxic leader uses retribution, it is essential to confront them directly, actively resist, and use your power to influence them. People who abuse power typically do so when there is a perceived discrepancy in power. The greater the discrepancy, the more likely the leader will be tempted to take advantage of the powerless[1]. Using social capital, you can demonstrate the interdependence you have on each other: "If I fail, you fail." When toxic leaders use reciprocity, it is prudent to make sure that the "deal" is beneficial for you. Confront those who seek to manipulate and use high pressure tactics. There will inevitably be times when you are more dependent on others than they are on you and vice versa[4], but it is important to be cautious. Last, many toxic leaders use data and logic to manipulate situations. It is critical that you simply use facts, logic, and honest reasoning to neutralize these attempts at manipulation. This concept highlights the impact that personal expertise can have as a source of personal power. Spend the time necessary to understand when someone is taking advantage of you or misrepresenting data and facts.

In conclusion, power is no longer defined by titles, positions, and hierarchal systems in our organizations. The shift in power continues to grow as technology, social media, and culture change, allowing larger groups of people to drive change. The battle and balance of old and new power will be a defining feature of society, business, healthcare, and your organization in the coming years[3]. Hopefully, as you continue to lead, these principles can allow you to channel power in impactful and influential ways that support you, your subordinates, your peers, your superiors, and your organization.

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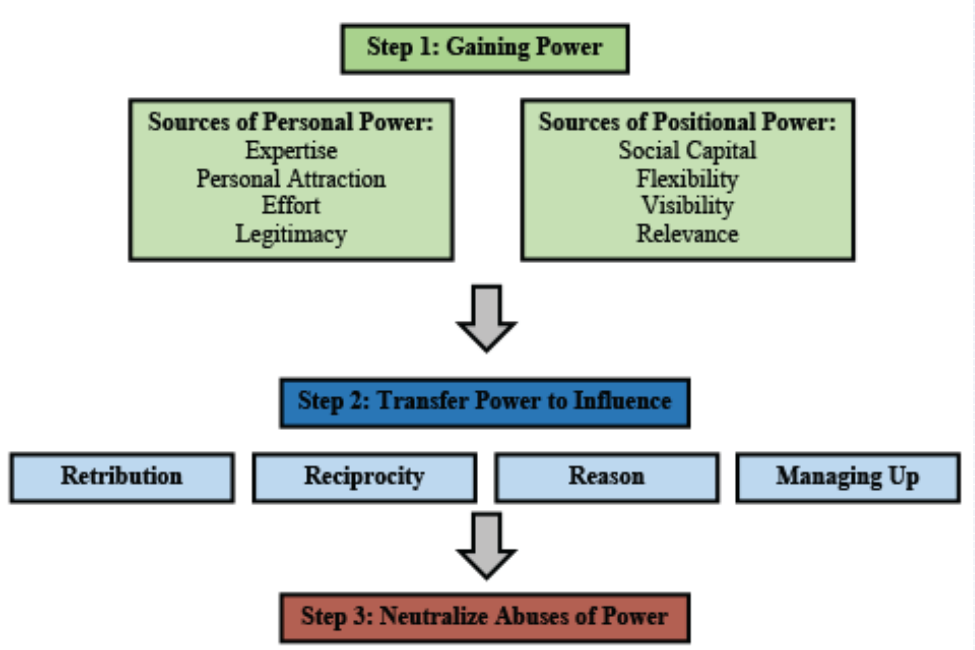
FIGURE 1: MODEL OF POWER AND INFLUENCE



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 Winter magazine 30 December 2020.

RESEARCH GRANTS

The Clinical Investigations Committee accepts grant applications on a rolling basis. Visit the USAFP Web site at *www.usafp.org* for a Letter of Intent (LOI) or Grant Application. Contact Dianne Reamy if you have questions. *direamy@vafp.org*.

RESEARCH JUDGES

Applications for research judges are accepted on a rolling basis. Please contact Dianne Reamy (*direamy@vafp.org*) to request an application.

DO YOU FEEL STRONGLY ABOUT SOMETHING YOU READ IN THE UNIFORMED FAMILY PHYSICIAN? ABOUT ANY ISSUE IN MILITARY FAMILY MEDICINE?

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AFPC, TX
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PROMOTING RESEARCH IN THE MILITARY ENVIRONMENT

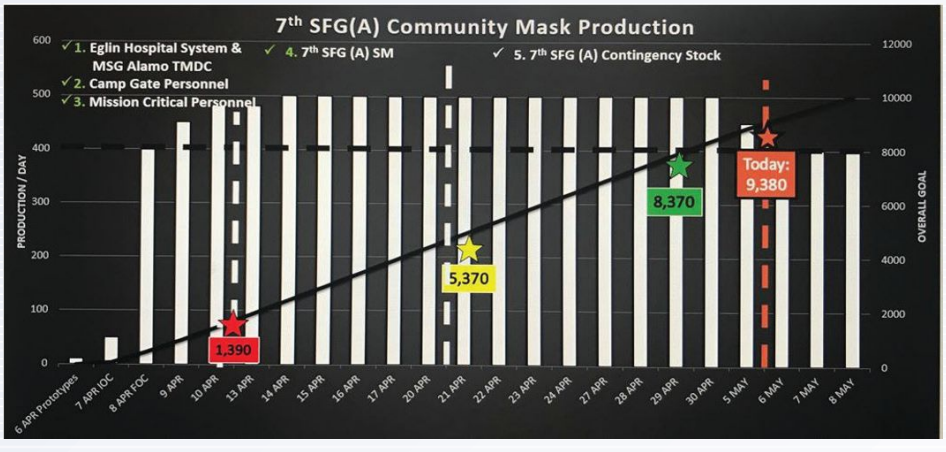
Have a great idea for operational research but are unsure where to start or how to get approval?

Whether you are deployed or in garrison, the USAFP research judges can help! Visit us online at http://www.usafp.org/committees/clinical-investigations/ for resources or to find a mentor.

Caitlyn Rerucha, MD, MSEd, FAAFP
Fort Bragg, NC
caitlyn.m.rerucha@gmail.com

Performance Improvement Projects During COVID-19

The COVID-19 pandemic has certainly affected us all. Everyone of us has experienced some type of disruption to our lives, and some among us have experienced personal loss, stress, and hardship. Despite these challenges, military family physicians across the globe continue to be guiding beacons, steadily serving and leading our patients, our communities, and our leadership through these difficult times. Our responses to the challenges posed by COVID-19 have been, in many cases, rapid and remarkable. We have been innovative, not only in the ways that we have adapted to continue to take the best care of our patients, but also in the ways that we address the safety of our staff, our families, and ourselves. We are finding creative ways to manage medical readiness, transform graduate medical education, and utilize telemedicine. We are leading important conversations on deployability, risk mitigation, quarantine/isolation, return to work, and contact tracing. Together we are reaffirming our worth within the military healthcare system by competently flexing to "fill the gaps" wherever they are within our healthcare systems. Amidst all the new challenges, we continue to provide additional urgent care as well as inpatient and outpatient services to our patients of all ages. Our hard work, problem solving, and innovative solutions are truly performance improvement in practice!



The challenges presented by the COVID-19 pandemic have spawned an environment ripe for scholarly activity. Whether formally or not, uniformed family physicians across the globe are actively engaged in clinical, academic, and operationally focused performance, process, and quality improvement (PI/QI) projects. We are innovating, adapting, and overcoming the challenges presented by COVID-19. The USAFP Clinical Investigations Committee wants to encourage you to share your work with other members. In this article, we will spotlight a few of the abounding number of PI/QI projects that are underway by our members. We wholeheartedly look forward to reading your abstracts, hearing your presentations at the virtual 2021 USAFP Annual Meeting, and celebrating your successes in scholarly activity that are born out of COVID-19 challenges. Featured are a handful of PI/QI projects that are being shared with the intent of spreading awareness of the hard work that is being done, inspiring others, and encouraging collaboration and information sharing amongst our members. The time is ripe for scholarly activity! It's not too late to get started on a new PI/QI project or to share your current scholarly work!

Operational Medicine. MAJ Christopher Brooks, 7th Special Forces Group Surgeon, responded to the critical shortage of protective equipment (PPE) at his military installation following an increase in COVID-19 cases in March-April 2020. On April 7, 2020, soldiers

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from his unit in concert with the local military treatment facility, initiated an innovative PI project utilizing the parachute rigger's sewing skills and the abundance of medical grade materials already available on the shelf at the hospital to create face coverings.[1] Over the course of the following month, thousands of masks were produced for active duty service members and essential workers until the medical supply chain was able to catch up with delivering ample stocks of conventional PPE equipment. The increased availability of masks proved critical in helping to "flatten the curve" of COVID-19 infection in the local community. 7SFG parachute riggers worked tirelessly running 24/7 mask-making operations that produced over 500 masks per day creating a total of 9,380 masks in one month.[1] Similar efforts were inspired within U.S. Army Special Operations Command at Joint Base Lewis-McChord with 1st Special Forces Group and Fort Carson with 10th Special Forces Group.[2,3]

Post- COVID-19 Return to Duty Clinic. U.S. Air Force Captain Anne Marie Kennedy and her colleagues, Drs. Sara DeSpain and Dr. Craig Becker with the 55th Medical Group (MDG) at Offutt Air Force Base, Nebraska are leading efforts to establish a comprehensive return-to-duty clinic for all active duty members who have been diagnosed with COVID-19 at Offutt.[4] Due to new evidence highlighting the possibility for viral cardiomyopathy in COVID-19 positive patients,[5] as well as unknown potential long-term cardiovascular and respiratory sequelae of COVID-19 disease, Dr. Kennedy's team has identified a potential need to perform baseline clinical screening in order to return active duty members to duty and physical activity as safely as possible. Their process improvement project is based on implementing "Appendix H: Post-COVID-19 Cardiopulmonary Return to Exercise Recommendations" from the most recent version of the DoD COVID-19 Practice Management Guide and emerging post-COVID return-to-play recommendations in adult and pediatric

sports medicine literature.[6-11] One aim of their process improvement project is to work with local community partners to streamline the diagnostic work-up process for the service members who are deemed higher-risk after initial assessment and who require more extensive diagnostic testing, such as echocardiogram, before being cleared to return to duty. This project is in the early stages of development. In the past month, the post-COVID clinic has assessed 54 of the 134 total COVID-positive cases on their base. The 55th MDG uniformed family physicians are working closely with their Patient Safety and Quality Improvement office to continually improve and streamline their local COVID-19 active duty return to duty screening and diagnostic evaluation protocols so that their model can be adapted by other military treatment facilities or expanded to benefit larger populations, such as all TRICARE beneficiaries at Offutt who have contracted COVID-19.

Outdoor COVID-19 Urgent Care Services and Testing. As recently featured in *Family Practice Management* online journal, USAF physicians Drs. David Garcia, Esther Guard, and Krystal Thumann established a drive-up, outdoor urgent care clinic in response to COVID-19.[12] The primary goal of the outdoor clinic was to decrease patient flow through the main building of the military treatment facility, while simultaneously preparing for an expected surge in need for inpatient hospital beds and continuing to meet outpatient clinical needs. The specific design of the outdoor clinic including "hot" and "warm" zone tents, extended-PPE approach, patient flow and staffing models are further described. The FPM article features how the outdoor urgent care initiative enabled effective care for low-to-medium acuity, potentially infectious patients at their MTF, decreased ED visits for non-severe infections by 50%, decreased the utilization of housekeeping inside the facility, and preserved valuable PPE.

Virtual Academic Curriculum in GME. U.S. Army CPT Anne Poch and PGY3 residents Drs. Lea Choi, Charles Mounts, Kevin Hudson, Brenton Smith and Parker Ballentine at Womack Army Medical Center Family Medicine Residency Clinic are spearheading a prospective quality improvement project during the COVID-19 pandemic to develop a virtual residency academic curriculum using a flipped learning model.[13] The project aims to maximize resident and staff learning and involvement in residency academics while the military treatment facility's policies related to COVID-19 discouraged in-person meetings (e.g. face-to-face learning). The study team divided the residents, staff, and medical students based on level of training into "academic teams" and then assigned three *American Family Physician* (AFP) journal articles to each team. The academic teams collaborated virtually to create a virtual discussion session with corresponding questions for two of their assigned AFP articles. Participant learners read the AFP articles and answered the team's questions in advance of a live virtual discussion session that the academic team facilitated using Zoom and MS Teams technology. For the third AFP article, the academic teams collaborated to create an interpretive video inspired by the content of the article. The videos ranged from serious didactics to light-hearted episodes of doctors rapping. A post-intervention

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questionnaire including Likert scale and open-ended questions was delivered to the learners and academic teams immediately after the educational sessions. PDSA cycle 1 data is currently being analyzed and will be used to inform future process improvement cycles. Overall, the learners highly regarded the learning value of the videos, and members of an academic team report having fun while collaborating to develop their discussions and videos.

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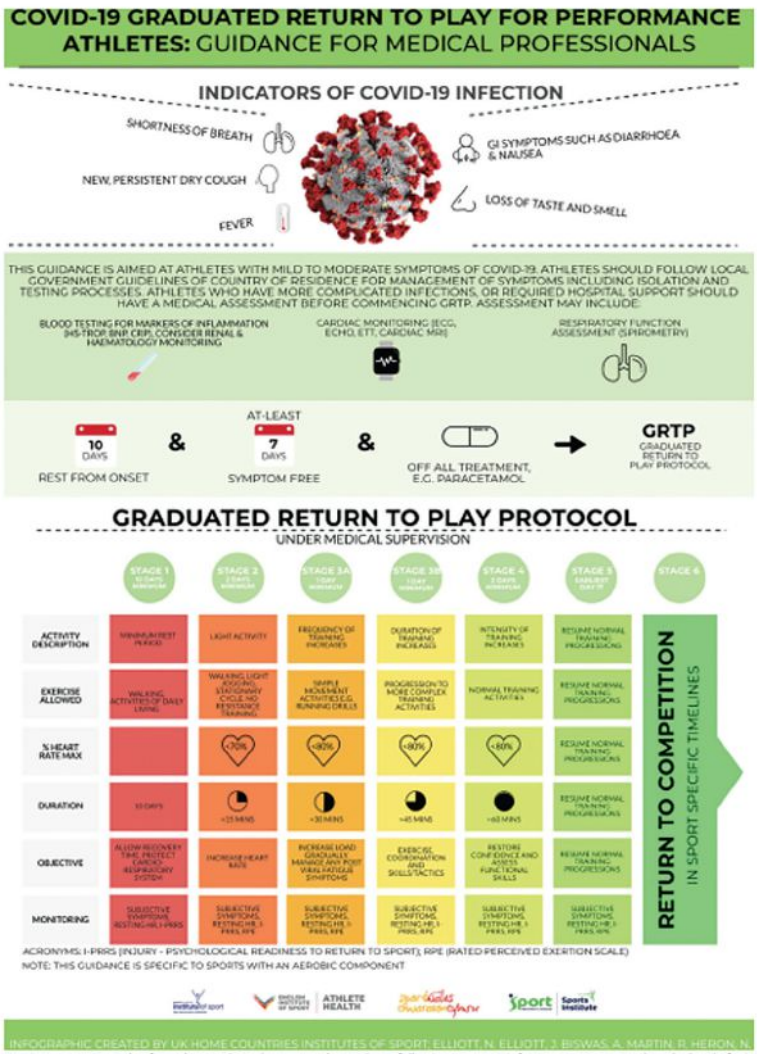
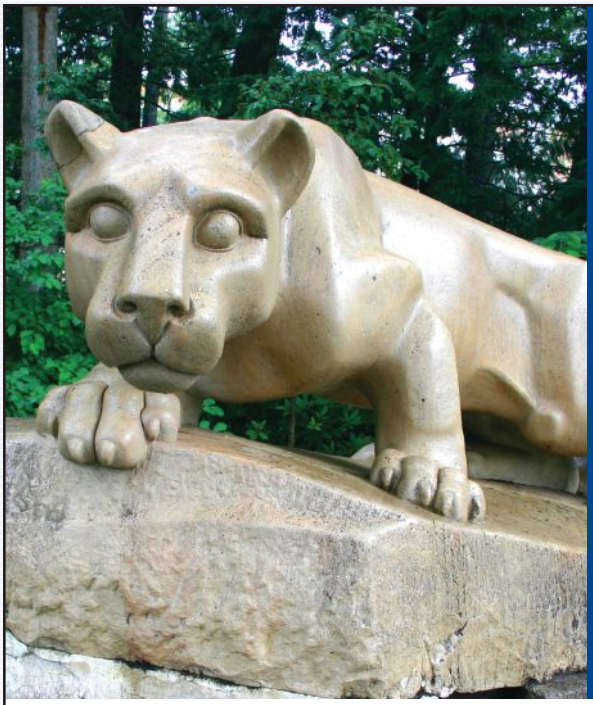


Elliot N, Martin R, Heron N, et al. Infographic. Graduated return to play guidance following COVID-19 infection. *Br J Sports Med.* Epub ahead of print 13 Jul 2020. doi:10.1136/bjsports-2020-102637.



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Job Requirements

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- Completion of an accredited Family Medicine residency program
- Board certification/eligibility in Family Medicine
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PennState Health

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Department of Human Resources • Penn State Health
E-mail: gemerick@pennstatehealth.psu.edu • Phone: 717-531-4725

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Douglas Maurer, DO, MPH, FAAFP
OTSG, Falls Church, VA

Top Medical Apps for Your Smart Device: Fall 2020 Edition

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.

Greetings, everyone! Here is my curated selection of the best apps for the fall of 2020 for your smart device! Happy downloading!

1. COVID Protocols: The Brigham Hospital Approach to COVID

The Brigham and Women's Hospital released a comprehensive app of all of their COVID-19 protocols. They are also available online. This app joins a growing list of guidelines and protocols from Johns Hopkins (via the Relief Central and Hopkins Abx Guide apps), WHO, Society of Critical Care Medicine (SCCM), National Institutes of Health (NIH), and others. However, none of them to date have covered the topic quite this comprehensively. Over 100 physicians and allied health providers at Brigham Health contributed to the app covering protocols from the basics of epidemiology and work-up to Critical Care, Cardiology, Psychiatry, Obstetrics, and many more.

Evidence based medicine

The Brigham Health COVID Protocols app is the most impressive collection yet of evidence-based and expert opinion content on COVID-19 in an iOS app. The quality of the writing, Pubmed References, and timely content is impressive. The content for/from specific medical specialties is truly unique and not commonly seen in existing guidelines.

Price

- Free

Likes

- Textbook like in its comprehensiveness, but highly usable.
- Covers numerous medical specialties unique perspectives on COVID.
- Available online at https://covidprotocols.org.

Dislikes

- Contains some sections clearly Brigham only applicable.
- Most multimedia content requires internet access.
- Not available for Android at this time.

Overall

The new Brigham COVID Protocols app is now the go-to app for healthcare professionals caring for COVID patients. The app covers everything from PPE to current epi stats, work-up, treatment, and guidance for specific medical specialties from Critical Care to Palliative Care, etc. The app links to numerous other guidelines such as the WHO and SCCM.

Available for download for iPhone, iPad, and online. Android app not available at this time.

- https://apps.apple.com/us/app/covid-protocols/id1514563997
- https://covidprotocols.org

2. MyDirectives MOBILE App: Create and Bring Advanced Directives Anywhere

MyDirectives.com first launched their companion app for iOS in 2015. Their website and app can be used separately, but ideally they should be together. The

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- 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*.

website discusses the goals of "create, update, and share". Any updates made in the app or on the website seamlessly sync with one another and with the Apple Health app. The app allows the user to digitally sign the plan, make a video of your wishes, use photos and videos to confirm your identity, share the Advance Care plan with others via email, text, QR reader, and show on iPhone lock screen!

Evidence based medicine

The app takes the "best practices" in advance care planning and guides the user in the creation of a valid document signed by the user. The primary website provides even more care plan options to create a truly state-of-the art advance care plan. Getting more patients to make these plans before a crisis would be truly invaluable.

Price

- Free

Likes

- Slick user interface that uniquely combines website data, Apple Health Data, and other content from the iPhone, and user input.
- Makes completing an advance care plan "easy" and portable.
- Outstanding multimedia functionality for signing advance care plan, recording video plan/comments, etc.

Dislikes

- Not all information can be completed (at least some of the most detailed questions) on the app and requires use of the website.
- The directions and details are more robust on the website than within the app.
- Not available for Android.

Overall

An outstanding, useful, and creative app that brings advance care planning to mobile devices. I am so impressed with the detailed information that can be imported from the iPhone into the app (pictures, contact information, medical information, videos, etc.). Recommended most highly. Needs an Android version.

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

- https://apps.apple.com/us/app/mydirectives-mobile/id931433126

3. ASCCP Management Guidelines App Review: Cervical Cancer Screening App New and Improved!

The American Society for Colposcopy and Cervical Pathology (ASCCP) just released their latest update in April 2020 and simultaneously released an updated guidelines app. This new app looks and

continued on page 28

continued from page 27

feels dramatically different from the previous app. It will take users of the prior app some time to get used to it. The first time I used it I didn't "get it". But after using it for several patients/teaching with residents, it finally clicked. The app walks you through the guidelines based on your patients' current/past data and provides recommendations for follow-up as well as a risk estimate for cervical cancer that is individualized to that particular patient.

Evidence based medicine

This new version of the ASCCP Management Guidelines incorporates all of the latest ASCCP recommendations and tools for cervical cancer screening and follow-up in one outstanding POC app. The app contains the full guidelines, graphics, and relevant publications all native to the device (no internet hyperlinks required).

Price

- $9.99.

Likes

- New design is easy, intuitive, and more functional than the old ASCCP app
- High quality graphics, publications all native to device.
- Available for Android.

Dislikes

- Redesign takes some getting used to if you have always used the previous version.
- App would benefit from improved directions, video guide, or similar.
- PDFs can be challenging to read on the smaller smartphone screens.

Overall

The newly refreshed ASCCP Management Guidelines app is an excellent tool for anyone involved in women's health. The app still provides the latest guidelines from the ASCCP in a format that works like a decision support tool for your smartphone. Additionally, the app contains all of the guidelines, graphics and relevant publications from the ASCCP.

Available for Download for iPhone, iPad, and Android.

- https://apps.apple.com/us/app/asccp-management-guidelines/id1498550832
- https://play.google.com/store/apps/details?id=org.asccp.app2019

4. Immunization Tool Kit (ITK) App Review: Detailed Immunization Guide for Pediatric, Adult, and Military Vaccinations from the DHA

The Defense Health Agency (DHA) Immunization Healthcare Division has just released the ninth edition of their popular Immunization Toolkit. This year is the first time it has been available as a POC app. The app contains the current immunization recommendations from the ACIP/CDC and military vaccine schedules. The app works more like a textbook/quick reference guide as it is divided into numerous sections with subsections covering risk management, vaccines, injections, adult and military immunizations, vaccine storage and handling, and pediatric immunizations.

Evidence based medicine

The ninth edition of the Immunization Tool Kit (ITK) incorporates the most current vaccine guidelines published by the ACIP/CDC as well as military/DOD sources. The app is packed with additional information on vaccines from the basics of dosing, to catch-up schedules, to risk management, to vaccine storage and handling.

Price

- Free.

Likes

- Contains the current ACIP/CDC vaccine recommendations as well as those recommended by the military for Soldiers across the DOD.
- Abundant information about each vaccine including catch-up schedules, additives, and shared decision making, vaccine myths, etc.

o Available for Android.

Dislikes

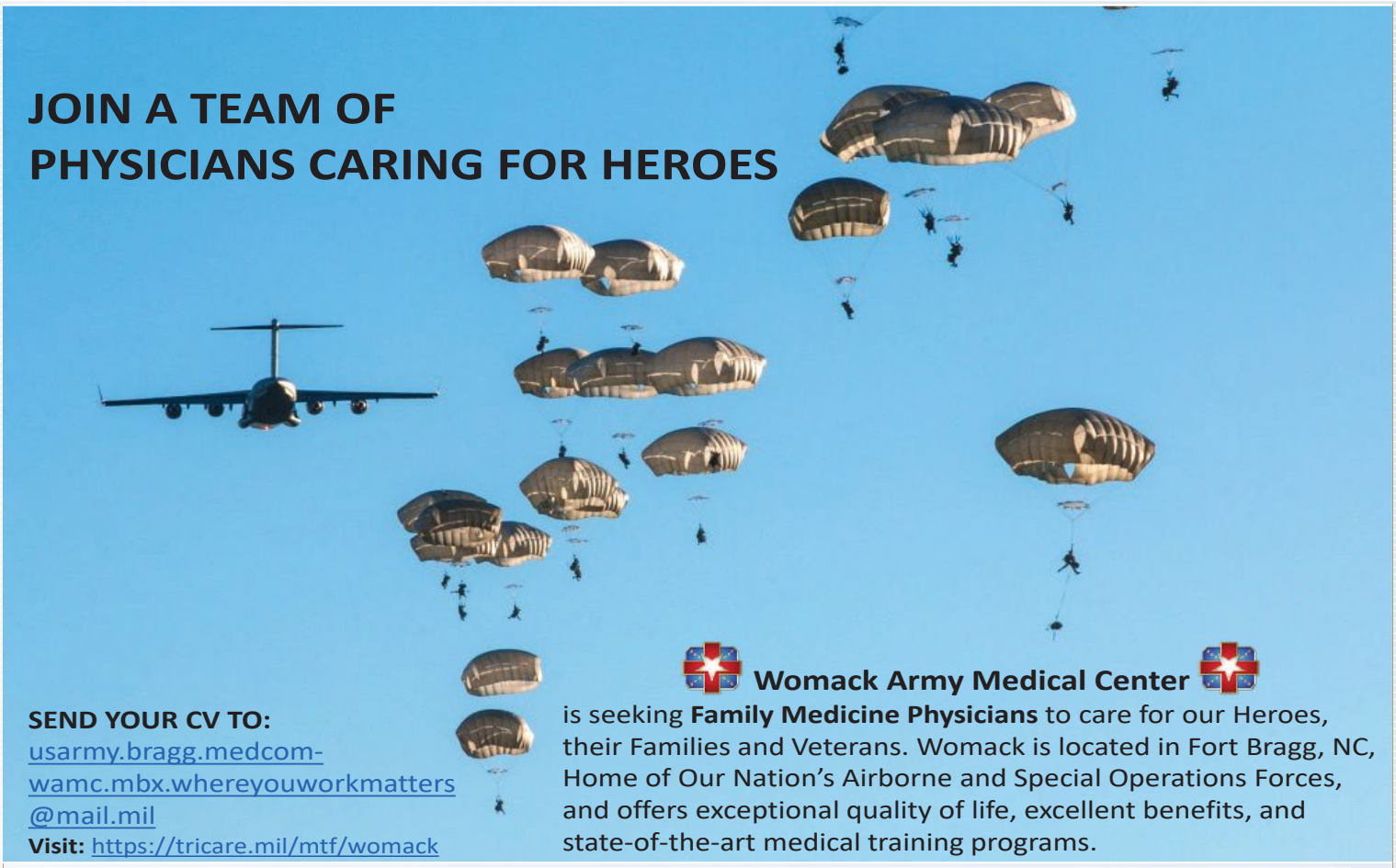
- No hyperlinking from vaccine tables to individual vaccines.
- Tables can appear busy on a smaller smartphone screen.
- Some information is challenging to find quickly within the many sub-menus.

Overall

The new ITK app from DHA is outstanding. Although this is the ninth edition of the immunization toolkit, this is the first time it has been released as an app. The information on military vaccines sets this app apart from the more commonly recommended CDC and STFM vaccine apps.

Available for Download for iPhone, iPad, and Android.

- https://apps.apple.com/us/app/immunization-tool-kit/id1490475609
- https://play.google.com/store/apps/details?id=mil.dha.itk&hl=en_US



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Qualified applicants send resume to: lalvarado@nchcaz.org

North Country HealthCare, Inc.

Janelle Marra, DO, FAAFP, CAQSM
CLR-17 Regimental Surgeon
Camp Pendleton, CA
Jmarra08@gmail.com

Anal Cancer Screening

Over the past 20 years, there has been an increased awareness of the Human Papilloma Virus(HPV) and the role of HPV in many cancers. Cervical cancer screening was the first to utilize HPV screening as a follow up test after an abnormal pap smear (2001), later as recommended co-testing in certain age groups (2003), and then allowing increased time interval of 5 years between co-tests (2012). Anal cancer screening, through anal cytology (anal pap smear) and HPV testing has been a more recent addition to many primary care providers practice. Similarities between cervical cancer and anal cancer include the presence of HPV (up to 88-99% in both cancers) and occurrence of malignancy at the squamocolumnar junction. Like many cancers, catching the dysplasia in the early stages has a much more favorable outcome. Unfortunately, unlike cervical cancer, which has seen a significant drop in the incidence over the past 50 years, anal cancer is on the rise.

At this time, there are no international consensus guidelines for anal cancer screening, but there are several guidelines available, and many providers in specialty as well as primary care clinics have begun offering anal cancer screenings to their patients. The anal pap smear was first introduced in the 1990's, with the addition of high-risk HPV testing around 2014. The HIV Medicine Association of the Infectious Disease Society of America recommends anal cancer screening in men who has sex with men (MSM), women with a history of abnormal cervical pap smears, and all HIV positive people with genital warts.

There are varied estimates of progression of anal dysplasia , with estimates of immunocompromised patients having up to a 50% progression from premalignant to invasive disease, if left untreated. The Anal Cancer HGSIL Outcomes Research (ANCHOR) study is examining the risk of progression of HSIL in HIV positive patients, in a multicenter study. A study by Scholefield in 2011 estimated a 10% risk for progression from high grade dysplasia to invasive cancer over a 5-year timeframe. Early stage anal cancer has a 5-year survival rate of 80% , while disseminated anal cancer 5-year survival rates drop to 30%. Immune suppression, as seen in HIV, and kidney and renal transplant patients shows a higher incidence of anal cancer, as well as an increase in the 5- year mortality rate.

Performance of an anal pap smear, and HPV co-testing is straightforward. Supplies needed would include a dacron tipped swab (moistened with water, and the liquid based medium(eg ThinPrep). The swab is inserted 2 inches into the anal canal, rotated firmly with lateral pressure using tight spiral motions on withdrawal for 15 seconds. The swab is then placed in the medium and the swab is swished vigorously to remove the cells (for 15-20 seconds). The provider would send the labeled sample to the lab, with an order for cytology (non-gyn), and high-risk anal HPV. You may also use the liquid-based sample to test for rectal gonorrhea or chlamydia, if your patient desires to be screened for this.

Follow up is based on the results of the cytology and HPV test, and the Cleveland Clinic recommendations are referenced in the review article on anal dysplasia by Ortoski and Kell. The follow up for dysplasia (LSIL or HSIL) or ASCUS with HPV+ is high resolution anoscopy (HRA), typically available through a referral to a trained provider (my local provider I refer to is a colorectal surgeon). As the prevalence of vaccination for HPV increases, in all gender patients, hopefully the rates of all HPV related cancers will drop. In the meantime, I look forward to hearing about additional recommendations and guidelines to assist in the role of primary care providers in anal cancer screening.

Anal Cytology (Anal Papanicolaou Test)	HPV Test*	Recommendation
New	New	Await results
Negative	Negative	Annual screen
Negative	Positive	6 months rescreen
ASCUS	Negative	6 months rescreen
ASCUS	Positive	Refer for HR anoscopy
LSIL or HSIL	Negative or Positive	Refer for HR anoscopy

From the Anal Cancer and Screening Guidelines in Men(JAOA) https://jaoa.org/article.aspx?articleid=2094205

REFERENCES:

Evolution of Cervical Cancer Screening in the US and Canada https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4515308/

Anal Cancer and intraepithelial neoplasia screening https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4724586/

The Study of the Prevention of Anal Cancer (SPANC) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3852594/

The ANCHOR study www.anchorstudy.org

Anal Cancer and Screening Guidelines for HPV in Men https://jaoa.org/article.aspx?articleid=2094205

Anal Cancer Information, Obtaining a Specimen for anal cytology UCSF https://analcancerinfo.ucsf.edu/obtaining-specimen-anal-cytology

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MEMBERS IN THE NEWS

Congratulations to USAFP President Debra A. Manning, MD, MBA, FAAFP on Her Selection as AAFP Commission Chair.

Dr. Manning was selected during the 2020 AAFP Virtual Congress of Delegates to Chair the AAFP's Commission on Finance and Insurance. This commission reviews various matters of the AAFP both as routine charges of the commission and upon referral from the Board, other commissions and committees, or the Congress of Delegates. Specifically the commission's responsibilities include: Financial Performance, Budgets, Investments and Risk Management. Deb has served as a member on the commission for the last four years and will serve as Chair for the 2020-21 term. Congratulations Deb!!

USAFP Past President James Ellzy, MD, MMI, FAAFP announced his candidacy for AAFP President-Elect

USAFP Past President James A. Ellzy, MD, MMI, FAAFP announces his candidacy for AAFP President-Elect during the 2020 AAFP Congress of Delegates. Dr. Ellzy will run for this position next fall during the 2021 AAFP Congress of Delegates in Anaheim, CA.

Congratulations to the Uniformed Services University of Health Sciences for receiving the AAFP Award for Excellence in Promoting the Scope of Family Medicine.

The Uniformed Services University was named 1 of 18 medical school Family Medicine Interest Groups (FMIGs) as 2020 Program of Excellence Award winners for their outstanding efforts to promote and advance family medicine at their medical schools and in their communities. Medical students and faculty were honored during the AAFP National Conference of Family Medicine Residents and Medical Students. The Program of Excellence Awards recognize FMIGs for their efforts to promote interest in family medicine careers at a time when family physicians are in especially high demand for their comprehensive primary care expertise.

Congratulations to the USU FMIG for winning in the Award for Excellence category Promoting the Scope of Family Medicine!

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committee report
RESIDENT AND STUDENT AFFAIRS

Courtney E. Halista, MD
Family Medicine Faculty
Travis AFB, CA
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What a year! And it's not over yet. Currently, the President of the United States of America, the Commander in Chief, is admitted to Walter Reed National Military Medical Center for treatment of coronavirus. At the same time, hospitals across the country are preparing for a Fall marked by not one, but two deadly viruses. Simultaneously, restaurants, hair salons, and schools attempt to reopen their doors, while struggling to combat the increased risk of disease transmission. I do not think that anyone could have predicted the profound impact that this virus would have on every aspect of our daily lives.

I was personally impacted when, in early July 2020, I was notified that I would be deploying to Visalia, California, a rural, farming community in the Central Valley. Along with 20 other physicians, nurses, respiratory therapists, and technicians from David Grant Medical Center, I was tasked to provide support to a population that was ravaged by COVID-19. I was assigned to work as a "COVID hospitalist" at Kaweah Delta Medical Center, a level three trauma center located in downtown Visalia. During my deployment, I had over 150 patient contacts with individuals afflicted by COVID-19. Some patients required minimal supplemental oxygen and were discharged home within days. Others required maximum high flow and, ultimately, succumbed to their disease. It was an emotionally and mentally challenging experience, but an excellent learning opportunity.

Between donning and doffing PPE, I had an opportunity to reflect on the similarities and differences between military and civilian medical care. I'd like to share my observations with you.

First, I noticed that nursing assignments on the inpatient wards at Kaweah Delta Medical Center were deliberate and thoughtful. The inpatient rooms were arranged as pods with four rooms surrounding a central access point. Each nurse was assigned to a pod and would work at a computer in the center of the pod. Rounds were efficient and comprehensive because the nurse was easy to locate and could participate in the plan of care. Communication and teamwork were dramatically enhanced, leading to more streamlined patient care. This arrangement is different than where I currently practice and something that I plan to promote locally.

Second, I was impressed by the functionality of their electronic medical record, particularly by a program for managing diabetes in the inpatient setting. The program was called Glucommander and was designed to improve glucose control through automation. All patients with diabetes who required insulin therapy were placed on the Glucommander program at the time of admission. Throughout the hospital stay, the program would automatically adjust the patients' basal and bolus insulin dosing based on serial blood glucose measurements. At the time of discharge, the physician could simply click the "Discharge" button and the program would generate a recommended home insulin regimen, which could be printed and handed to the patient. Needless to say, I was impressed! The only downside that I imagine from universal adoption of an automated insulin management program would be the lost learning opportunities for medical students and resident physicians. However, as the country moves toward safer, more evidence-based medical care, I suspect that an automated insulin management program will become the new standard.

Third, I was astounded by the differences in physician communication. As a core faculty member in a residency program, I am accustomed to detailed verbal sign-outs and thorough documentation. I quickly learned that this is not the standard in a non-academic setting. Every morning, I was presented with a stack of patient face sheets that contained demographic information and the patients' diagnoses on admission. I did not receive any verbal sign-out. It was my responsibility to read the admitting physicians' note and the overnight nursing notes and piece together the hospital course. It was laborious and time-consuming. In this respect, the transitions in care that I've experienced within the military medical system have been far more efficient.

At the end of August, I returned from this deployment feeling reinvigorated. It was an amazing opportunity to compare disparate systems of care while providing for those in need. While there will always exist areas for improvement, I can confidently say that my military medical training prepared me well. I plan to use this experience to improve the education of the next generation of physicians. Therefore, when they are called upon to serve, they'll be ready too.

Residents and students – as you progress through your medical education, I challenge you to approach each and every rotation as an opportunity for growth. I remember the frustration associated with changing rotations every four weeks. New Attendings, different schedules, unfamiliar expectations – it was difficult to achieve a sense of proficiency. However, I now respect the process. This deployment helped me to recognize the value in change itself. I realized that I am far more adaptable than previously imagined and able to integrate into unfamiliar systems with ease. Going forward, I encourage you to learn to embrace change, adapt, and overcome. The more you challenge yourself now, the better prepared you will be when called upon to serve new faces in unfamiliar places.

If you are interested in learning more about David Grant Medical Center's COVID-19 relief efforts at Kaweah Delta Medical Center, visit https://abc30.com/kaweah-delta-military-workers-honored-doctors-nurses-visalia-covid-team-coronavirus/6393027/ and/or https://youtu.be/sc6Xnq3QyjU.

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Madigan Army Medical Center
JBLM, WA
Trogers09@gmail.com

Brave New Work: Are You Ready to Reinvent Your Organization

BY AARON DIGNAN

The year 2020 has been one for the books. As organizations across the world have responded to the changes due to the coronavirus pandemic, and as we navigate the intense process of selecting a new set of leaders in the United States, many organizations, including the military health system (MHS), have had opportunities to explore new ways of reaching their goals. Ideally, we can take this chaotic (or unique) time to create some opportunities to reinvent many parts of our organizations. Within the Leader and Faculty Development Fellowship at Madigan Army Medical Center we discussed this book to get ideas on how to accomplish this type of change in our fellowship, Madigan, and the MHS at large. Admittedly, I realize that our ability to reinvent parts of military organizations is limited in a lot of very substantial ways. Even though we might not be able to accomplish all of the radical changes suggested in this book, we can advocate for changes in our sphere of influence, and we should take this time to do this "brave new work."

This book opens with the following suggestions for how to be successful as a company.

1. Insist on doing everything through "channels." Never permit shortcuts to be taken in order to expedite decisions.
2. Make "speeches." Talk as frequently as possible and at great length. Illustrate your "points" by long anecdotes and accounts of personal experiences.
3. When possible, refer all matters to committees for "further study and consideration." Attempt to make the committees as large as possible—never less than five.
4. Bring up irrelevant issues as frequently as possible.
5. Haggle over the precise wordings of communications, minutes, resolutions.
6. Refer back to matters decided upon at the last meeting and attempt to reopen the question of the advisability of that decision.
7. Advocate "caution." Be "reasonable" and avoid haste which might result in embarrassments or difficulties later on.
8. Be worried about the propriety of any decision—raise the question of whether such action as is contemplated lies within the jurisdiction of the group or whether it might conflict with the policy of some higher echelon.
9. When training new workers, give incomplete or misleading instructions.
10. Hold conferences when there is more critical work to be done.
11. Multiply the procedures and clearances involved in issuing instructions, paychecks, and so on. See that three people have to approve everything where one would do.
12. Apply all regulations to the last letter.

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FIGURE 1: CI FIELD MANUAL

Accessed at https://www.cia.gov/news-information/featured-story-archive/2012-featured-story-archive/simple-sabotage.htm

continued from page 35

At this point, you are either laughing or crying, depending on how much this resonates with you and your organization. This list of suggestions is part of the "Simple Sabotage Field Manual," a larger pamphlet that the CIA developed during World War II to give to citizen members of the resistance in enemy-controlled countries to sabotage Axis Power economies. Pause. Think. The fact that many of our organizations are burdened with the bureaucratic shackles described in this pamphlet should raise concern for all of us. Are we sabotaging ourselves? These concepts are also things that should empower us to think differently about how we do things. Bureaucracy costs the United States in excess of three trillion dollars in lost annual productivity[1]. More importantly, the costs to employee satisfaction, innovation, and mental health of the humans we work with are extremely high. As leaders, we must realize that higher-order capabilities like initiative, creativity, and passion are gifts that people choose to bring to work[2]. It is our duty as leaders to create an environment where employees want to share these gifts.

This book addresses this critical issue and gives some very innovative ideas on how we, as leaders, can begin to think differently about work. By juxtaposing some essential ideas; the need for more time and the time we fill with meetings; the need for more information and the clogged lanes of communication; the need for innovation and the aversion to risk, the author highlights again that "work" is simply not working. The framework of this book is built on the idea that every organization operates under a set of assumptions that are communicated by the design of the organization's operating system. These assumptions, portrayed by the operating system, often do not align with the organization's established vision and goals. Dignan highlights that if your operating system communicates assumptions that are not true, no amount of commitment, restructuring, or wellness retreats will accomplish the change you desire. He asserts that viewing your organization through wrong assumptions pushes the team to retreat to "how things used to be done." After establishing the importance of the operating system, the book identifies some ideas of how we got to this point. He discusses interesting historical perspectives and the concept of organizational debt, which is any structure or policy that no longer serves the organization. The author suggests, "This debt needs to be removed through vigilant simplification to create roles, rules, and processes that are inherently agile. Unfortunately, organizational debt creates bureaucracy, and bureaucracy protects organizational debt." The book then discusses the antidote, which it describes as "Evolutionary Organizations" who are "people positive" by trusting employees and "complexity conscious" by keeping things as simple as possible.

The second portion of this book dives into the idea of evaluating your organization's operating system by looking at twelve domains of what he describes as the operating system canvas (Figure 2). For each of the domains the book offers "thought starters," which are examples from evolutionary organizations to help you start to challenge the assumptions of your operating system in that domain. Each domain section also discusses ways to take action, insights to consider, and questions to ask. This discussion is the essence of the book and the most significant opportunity to learn for leaders. One example of a thought starter was the idea that job titles mask the multiple roles that most employees play and can stifle innovation if the employee does not feel empowered to participate outside of their specific title. Another example of ways to take action is to remove the "tragedy of the commons" concept, which supports the idea that employees cannot share common resources. For each of the twelve domains, there were several innovative and fun ideas for leaders to use.

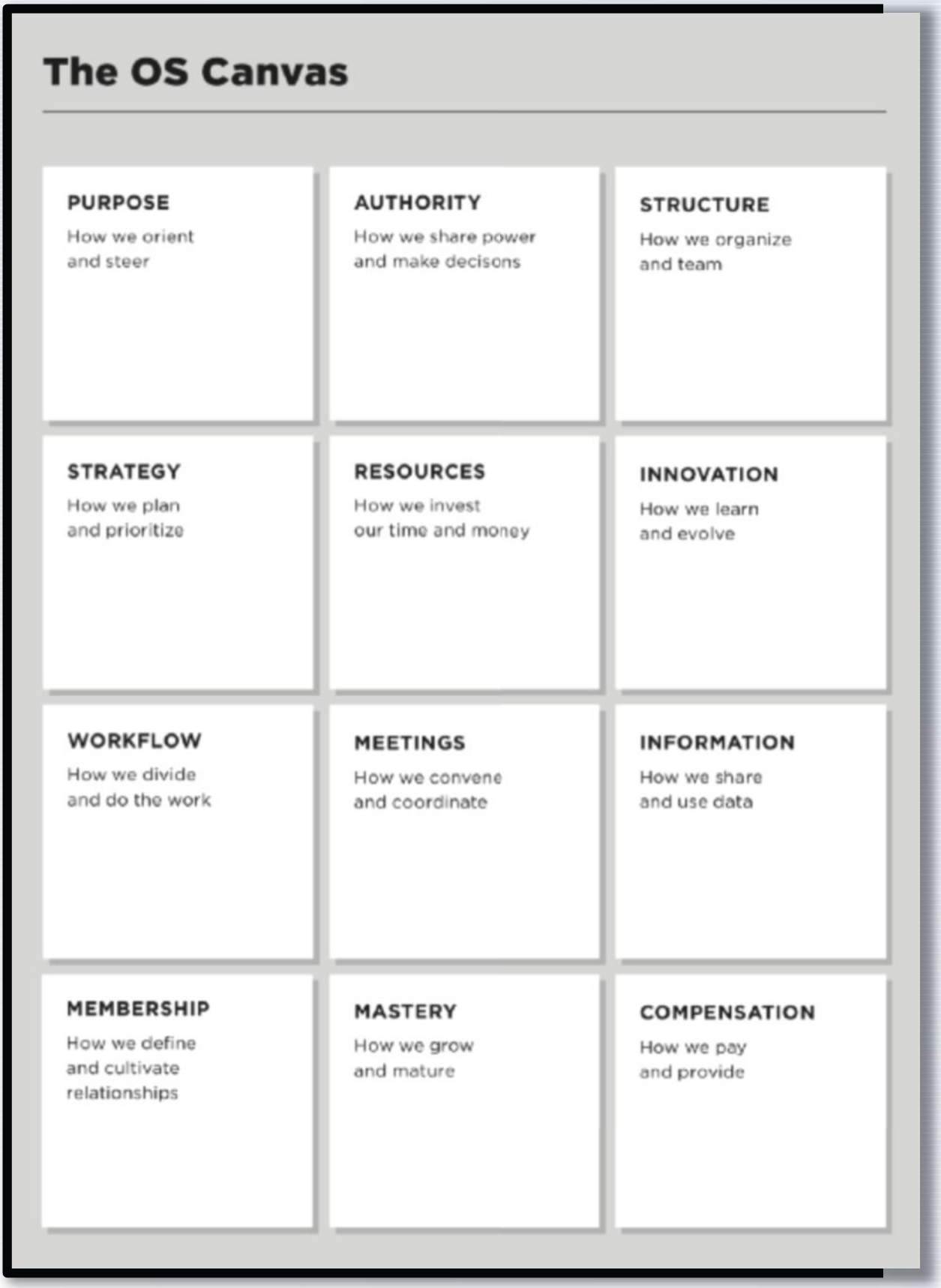
The final portion of the book may be one of the most significant: change is not a finite destination. It is so vital that we consistently evaluate how we are doing as leaders and to evaluate the opportunities for our organizations to improve. It is an ongoing process that should be done responsibly and systematically. This book outlines six patterns worth encouraging when considering responsible change. It is essential as leaders to ask teammates to consider commitment, boundaries, priming, looping, criticality, and continuity. The book emphasizes the importance of cultivating a safe space to facilitate change with multiple ideas on how to accomplish this.

In conclusion, this book has given us a challenge to look for opportunities to "reinvent" the organizations in which we work, especially in these turbulent times. The overwhelming urge to stick with the status quo in organizations with a lot of red tape is understandable, but you can be the change you want to see in the sphere that you influence. I hope that everyone is staying safe as we continue to navigate these uncertain and interesting times. Find ways to thrive now. Do not wait on COVID to enjoy what you do. Do not let bureaucracy and the status quo win. I look forward to seeing everyone on the same side of the screen in the near future. Please let me know if you have any comments or questions at tyler.s.rogers11.mil@mail.mil.

REFERENCES:

1. Hamel G, Zanini M. Assessment: Do you Know How Bureaucratic Your Organization Is? *Harvard Business Review.* May 16, 2017.
2. Iyer C. The Real Cost of Bureaucracy: Lessons for HR Leaders from Gary Hamel. *HR Technologist.* May 30, 2018.

FIGURE 2: THE OPERATION SYSTEM CANVAS



Accessed at https://itsyourturnblog.com/brave-new-work-by-aaron-dignan-7873f485a251

2020 Virtual AAFP Congress of Delegates

OCTOBER 3-4 & OCTOBER 11-13

USAFP members serving as AAFP Delegates were President Debra A. Manning, MD, MBA, FAAFP and USAFP President-Elect Aaron Saguil, MD, MPH, FAAFP. USAFP member serving as AAFP Alternate Delegate was A. Marcus Alexander, MD, FAAFP. Kevin M. Bernstein, MD, MMS, FAAFP served as AAFP Member Constituency (New Physician) Delegate and Megan B. Mahowald, MD as AAFP Member Constituency (Woman) Alternate Delegate.

The Congress of Delegates (COD) is the American Academy of Family Physicians' (AAFP) policy-making body. Its membership consists of two delegates and two alternates from each constituent chapter and from the member constituencies including new physicians, residents, students, and other constituency groups represented at the AAFP Leadership Conference. The Congress of Delegates meets annually to address resolutions brought forward by constituents on topics that are of interest to physician members and the patients they serve.

2020 was very interesting as the Congress was held virtually. The reference committees were held on 3-4 October and provided members the opportunity to publicly comment on the 28 resolutions submitted by constituent chapters. Reference committees are committees of the COD that consider business (resolutions) items referred to them for recommendation to the COD for debate and action. AAFP members were welcome to participate in hearings of the four reference committees: Advocacy, Health of the Public and Science, Organization and Finance, and Practice Enhancement.

The Congress elects new officers and members to serve on the Board of Directors during the meeting. The Officers and Board Members elected are noted below.

Sterling Ransone, MD, Virginia, President-Elect
Alan Schwartzstein, MD, Wisconsin, Speaker
Russell Kohl, MD, Kansas, Vice Speaker
Todd Shaffer, MD, Missouri, Director
Mary Campagnolo, MD, New Jersey, Director
Jennifer Brull, MD, Kansas, Director
Danielle Carter, MD, Florida, New Physician Director
Anna Askari, MD, California, Resident Director
Cynthia Ciccotelli, Pennsylvania, Student Director

During the meeting (held prior to AAFP FMX), the Congress of Delegates agenda included addresses from AAFP officers, resolutions from chapters, and reports from the Board of Directors. The wide array of resolutions focused on universal healthcare coverage; public health initiatives to include vaccines and buprenorphine administration; ending police brutality; firearm safety; telehealth; reducing regulatory and administrative burden, pharmacy services; gender affirming care; reproductive health related issues; and medical aid in dying just to name a few.

If you are interested in learning more about the AAFP Congress of Delegates check out the link at https://www.aafp.org/about/governance/congress-delegates.html.

COMING SOON . . . . A NEW USAFP.ORG

The USAFP is currently working on a new website for the organization that will have a modern look and enhanced ease of use for our members. To make the site personal to the USAFP and our amazing members, we are soliciting photos that can be used on the site. Ideally the photos will capture the incredibly dedicated work you do every day.

To submit photos, please e-mail the highest resolution format you have to Cheryl Modesto at cmodesto@vafp.org. By submitting the photos, you agree that the USAFP may use the photo on the organization's public website.

Notice of Proposed Bylaws Amendment

Barrett Campbell, MD
Chair, USAFP Constitution, Bylaws & Strategic Charter Committee

Intent: The leadership of the USAFP, to align the USAFP bylaws membership criteria with the AAFP's membership criteria, recommends the following amendment to the current bylaws.

Background: The Constitution, Bylaws & Strategic Charter Committee, Board of Directors and Clinical Investigations Committee reviewed the bylaws of the USAFP and recommended an amendment to CHAPTER I: Membership SECTION 1. The recommended amendment updates verbiage to be inclusive of all eligible members.

As part of a standard approval process, the Uniformed Services chapter submitted the proposed amendment to the American Academy of Family Physicians (AAFP) for approval. The change was in clarifying the definition of who can be a member of the chapter since the Uniformed Services current bylaws language does not include the Public Health Service. The term "armed forces" refers to the Army, Navy, Air Force, Marine Corps and Coast Guard. In addition, the term "uniformed services" (as defined in Title 10 of United States Code) refers to the armed forces, the space force, the commissioned corps of the National Oceanic and Atmospheric Administration and the commissioned corps of the Public Health Service.

Before the Uniformed Services bylaws are changed, a review of the AAFP bylaws suggested that AAFP's bylaws should also be revised to more clearly indicate who is eligible for membership based on the current definitions in Title 10 of the United States Code.

AAFP staff recommended the following changes to the AAFP bylaws to the AAFP Board of Directors in April 2020. It was adopted by the AAFP Board as written. The recommendations were put before the AAFP Congress of Delegates in October 2020. It was adopted by the Congress as written:

Article V, Chapters, Section 1. Classification, item C:

C. Uniformed Services. There shall be one unformed services chartered constituent chapter for members serving in the Army, Navy, Air Force, Marine Corps, Space Corps, Coast Guard, and the commissioned corps of the National Oceanic and Atmospheric Administration and the Public Health Service.

Article V, Chapters, Section 2. Eligibility, item B:

B. Uniformed Services. Members of the uniformed services chartered constituent chapter shall be persons who qualify for membership as stated in Article III and
   1. are members of the uniformed services; or
   2. former members of the uniformed services who practice within a federal facility; or
   3. resident and fellow members of the uniformed services enrolled in a military residency or fellowship training program or a civilian training program; or
   4. students in a uniformed services medical school; or
   5. students who have a service obligation to the uniformed services upon completion of their training and who are eligible for membership.

THE CURRENT USAFP BYLAWS CHAPTER I: ELECTION OF MEMBERS SECTION 1 READS:

"The qualifications and conditions of membership and the categories of membership shall be the same as those established by the Bylaws of the AAFP including but not limited to any and all continuing education requirements. Any member of USAFP who fails to apply for and obtain membership in the AAFP shall be ineligible for membership in USAFP. USAFP members include active duty military, former active duty military working at a military facility, and students enrolled in a military accession program. Voting members include active and resident members."

THE PROPOSED USAFP BYLAWS CHAPTER I: ELECTION OF MEMBERS SECTION I READS:

"The Academy shall be composed of the same classifications of membership and the same requirements for election to each class of membership as are outlined in the current revised edition of the Bylaws of the American Academy of Family Physicians. Any member of USAFP who fails to apply for and obtain membership in the AAFP shall be ineligible for membership in USAFP. Voting members include active and resident members."

THE CURRENT USAFP BYLAWS CHAPTER VII: MISCELLANEOUS SECTION 2 READS:

As used in these Bylaws, the term "uniformed services" shall mean the Air Force, Army, Navy, and Public Health Service.

THE PROPOSED USAFP BYLAWS CHAPTER VII: MISCELLANEOUS SECTION 2 READS:

As used in these Bylaws, the term "uniformed Services" shall mean those serving in the Army, Navy, Air Force, Marine Corps, Space Corps, Coast Guard, and the commissioned corps of the National Oceanic and Atmospheric Administration and the Public Health Service.

The USAFP Constitution, Bylaws & Strategic Charter Committee invites your comments on this proposed bylaw amendment. Feel free to contact Barrett Campbell, MD at Barrett.h.campbell@gmail.com or any of your board members. The USAFP Board of Directors will review member input and take a final vote on the proposed addition in February 2021.

USAFP Academy Awards

MICHAEL J. SCOTTI, MD, FAMILY PHYSICIAN OF THE YEAR AWARD

This honor is bestowed on a Uniformed Family Physician who exemplifies the tradition of the family doctor and the contributions made by family physicians to the continuing health of the people in the Uniformed Services.

To nominate your peers for this outstanding award, please send a letter of support to Matt Schulte (mschulte@vafp.org) no later than 12 January 2021.

Eligibility Criteria:

1. Provides his/her community with compassionate, comprehensive, and caring medical service on a continuing basis.
2. Directly and effectively involved in community affairs and activities that enhance the quality of life of his/her home area.
3. Provides a credible role model as a healer and human being to his/her community and as a professional in the science and art of medicine to colleagues, other health professionals, and especially, to young physicians in training and to medical students.
4. Must be in good standing in his/her medical community.
5. Must be a member of the USAFP.

OPERATIONAL MEDICINE AWARD

This honor is to recognize a Uniformed Service Family Physician that has exhibited outstanding achievement in the provision, promotion or research in operational medical care.

To nominate your peers for this outstanding award, please send a letter of support to Matt Schulte (mschulte@vafp.org) no later than 12 January 2021.

Eligibility Criteria:

1. Demonstrated substantial contributions, dedication, initiative, leadership and/or resourcefulness in providing patient care in any operational environment.
2. Outstanding service, devotion, dedication or compassion while performing his or her duties in any operational environment.
3. Concepts, procedures or methods developed by the nominee which resulted in significant reduction in morbidity or mortality, workload required for mission accomplishment, financial expenditures or material utilization.
4. Involvement in continuing education as a researcher, participant, organizer or sponsor which directly and materially improves operational medicine.
5. Humanitarian or military community involvement that substantially improves the health and readiness of the service member, their families or the supported population.
6. Any other substantial contribution directly related to operational medicine not described above.
7. Must be in good standing in his/her medical community.
8. Must be a member of the USAFP.

USAFP Virtual Book Club

Aaron Saguil, COL, MC, USA
aaron.saguil@usuhs.edu

Greetings, Friends! Members of the USAFP leadership are interested in finding additional ways for members to connect. As a pilot for building virtual community, we would like to offer a virtual professional development book club. Our first selection will be The Power of Moments: Why Certain Experiences Have Extraordinary Impact. Originally released in 2017, this book discusses how to bring additional meaning to all spheres of one's life by creating positive moments that last.

I'll be facilitating the first session of the book club, and I have a couple "guest facilitators" in the wings. If you are interested in more information, you may sign up through the Google Form here: https://docs.google.com/forms/d/e/1FAIpQLSfbYVLofcI35-HTfaRtO0CqHDPv-my6JzYBlF8MEVGvVpjlOA/viewform?usp=sf_link

Or you can scan this QR code to fill out the same form on your phone.

I hope to "see" you to discuss The Power of Moments!

Cheers,
Aaron

WHEC

The **Warrior Heat- and Exertion-Related Events Collaborative (WHEC)** provides resources and expert advice for health professionals to help prevent, manage, and treat heat illness and related conditions among Military Service Members.

Visit HPRC-ONLINE.ORG/RESOURCES-PARTNERS/WHEC to learn more about:

- **Exertional heat illness**
- **Exertional rhabdomyolysis**
- **Exercise-associated hyponatremia**
- **Exercise collapse associated with sickle cell trait**
- **Exertional sudden cardiac arrest**

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Uniformed Services University

HPRC

Human Performance Resources by CHAMP (HPRC) is the go-to source for the facts on human performance.

Learn how to:

- Boost your workouts
- Eat healthier
- Improve relationships
- Sleep better
- Cope with stress & anxiety
- Recover from illness or injury

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OPSS

Operation Supplement Safety (OPSS) offers tools and resources to help users make informed decisions about dietary supplements to reduce the potential risks to their health and careers.

Featured resources include:

- Prohibited and High-Risk Lists
- Interactive supplement scorecard
- Alerts and announcements
- Ask the Expert

CHAMP
Uniformed Services University OPSS.ORG

new members

THE USAFP WELCOMES THE FOLLOWING NEW MEMBERS…

ACTIVE

Randal A. Cieslak, DO
Alexander Eye, MD
Constance C. Foreman, MD
Laura A. McCain, DO
Geoffrey A. McLeod, DO
Laura Orlando, MD
Katy Reichlin, DO
Chloe Shea, MD

RESIDENT

Joseph R. Adamson, MD
Abigail Axel, MD
Matthew J. Ballew, DO
David I. Bermejo, DO
Andrew Bohlen, DO
Addison Bray, MD
Ishan Chopra, DO
Stephanie Churchman, MD
Payton Cline, DO
Luke M. Conklin, DO
Steven Cornelius, MD
David DaCosta, DO
Jill Danyluk, DO
Preston J. DeHan, DO
Michael T. Dolan, DO
Joel Drallette, DO
Carly Epstein, DO
Lauren Ferguson, DO
John K. Fitzpatrick, DO
Catherine M. Foley, MD
Brett Frazier, DO
Kurry A. Gasser, MD
Sydney A. Giblin, MD
Kendrick Go, MD
Quang Gonzalez, MD
Kristin Greer, MD
Michael C. Harding, MD
James Harter, MD
Hayley Hatherly, DO
Thomas Kotnik, MD
Benjamin Lampe, MD
Matthew C. Little, MD
Sara E. McCall, DO
Jonathan T. McGahee, MD
Kevin McMahon, DO
Jynna McMillin, MD
Varun Menon, MD
Janel Montfort-Tunstall, DO
Kayla C. Mowatt, DO
Robert Nallenweg, DO
Kyle Olsen, DO
Virginia A. Phillips, MD
Devin A. Rickard, MD
Adam Rifaat, MD
Kaleb T. Roberts, DO
Maria I. Rodionova, DO
Carolyn F. Rosenberg, MD
David P. Samsel, MD, MPH
Phillip M. Scheanon, MD
Blake Shaffer, MD
Deserea M. Shoemaker, DO
Samuel Steele, MD
Jillian Stone, MD
Jamison Tate, MD
Zachary P. Thompson, DO
Lucas Vandermyde, DO
Charisse Villareal, MD
Wesley C. Wagers, MD
Dawn K. Ward, DO
Joshua Waxenbaum, DO
Chase Weber, MD
Nicole Westphal, MD
Danielle Wilkin, MD
Lauren E. Williams, MD

STUDENT

Ervin Anies
Jacob M. Deem
Brandon Khoury
Arturo López de Nava
Paige Macky
Gregory Murtha
Cristah Prost
Shubham Tomar

USAFP MENTORSHIP PROGRAM

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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Banner Health: A highly-ranked health system operating in six states and a physician-led organization that strives to make healthcare easier so that life can be better...for patients, and physicians too!

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