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Winter 2021 • Vol. 13 • Num. 4 • Ed. 54

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VISION

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

MISSION

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

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

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president's message

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My fellow FPs,

I hope you are doing well and staying safe. I hope you all have had the opportunity to get your COVID vaccine. I got my first dose this week and had no side effects. I spend most of my day working vaccine distribution across the Navy and Marine Corps. Thank you to all who are manning our vaccine locations, and those who are deployed again in support of our Nation. As of today, we have medical teams in California, Nevada, North Dakota, Texas and more teams headed out. I see the daily reports from our teams working COVID and they are very busy. Our Military Treatment Facilities are experiencing some of the highest inpatient rates we have had in years. The pressures on medical are real. Please reach out if you are having a hard time. The USAFP creates friendships across Services, across the globe, and across time. Know that you are never alone as a Uniformed Services Family Physician!

I hope you will join us at the virtual USAFP Annual Meeting this year! We are running it over the weekend and we will have day rates as well. We plan to offer breakout groups so events like the evening Residency dinners can still happen! We want you to be connected!

And of course, we will have high quality CME available!

Speaking of connected, I am excited to announce our new USAFP Better Together Initiative! There are ways for us to come together, not just during the Annual Meeting. Want to watch a movie with other FPs on Netflix? What about a leadership book club that spans the globe (pick a time zone that works for you)? We are going to send out some micro-surveys (think learning needs assessment) to see what you are interested in doing together virtually. We are expanding our USAFP contract to support multiple

virtual meetings to provide the platform and we will set up a process to sign up on the USAFP webpage. We are just getting started, so keep an eye out as we get this up and running. Many thanks to our President-Elect, Dr. Aaron Saguil, for leading this effort. We are better together!

Finally, thank you. Thank you all. Your daily service to our Nation, to your patients, and to each other is awe-inspiring. I am honored to serve with you and I am honored to serve as your USAFP President through this challenging year. Happy New Year, my friends!

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Happy New Year!

What an exciting time to be serving our nation. To date, there have been over 11,000 total USPHS deployments and over 4350 officers deployed domestically and abroad. After a tremendously difficult year, there seems to finally be a light at the end of the tunnel with the approval and administration of two COVID-19 vaccines. Thanks to all Commissioned Corps Officers and our fellow DoD colleagues working tirelessly for making this incredible feat a reality.

UPDATES FROM AROUND THE CORPS

2020/2021 PHU Requirements:

If you have not yet turned in your 2020 PHU, you are no longer required to do so. Readiness status and eligibility for promotion is not dependent on a 2020 PHU if your PHU was due after March 1, 2020. 2021 PHU Requirements – The PHU requirement will resume in January 2021. Please complete and submit a PHU during your birth month period. If your birth month is January, you will be able to submit your PHU by March 31, 2021. Remember that all PHS officers must submit a 2021 PHU Submission Checklist attesting to what documents that are being submitted. For additional information, check the Commissioned Corps Management Information System (CCMIS) website under Forms/Medical and the PHU FAQ page.

APFT/BLS:

Both requirements are extended through March 1, 2021. APFTs can be completed virtually and more information can be found at the CCMIS website under the “readiness” tab.

New Call to Action:

Each year, 25,000 women in the US suffer unintended outcomes of labor that result in significant short and/or long term consequences and over 700 women die each year in the US as a result of pregnancy related complications. On 03 December 2020, the U.S. Department of Health and Human Services (HHS) released an important HHS Action Plan and announced a partnership to reduce maternal deaths and disparities that put women at risk prior to, during, and following pregnancy. In addition, The U.S. Surgeon General Jerome M. Adams issued a Call to Action to Improve Maternal Health outlining the critical roles everyone can play to improve maternal health.

More information can be found at: <https://aspe.hhs.gov/initiative-to-improve-maternal-health>

Ready Reserve Corps:

The USPHS Ready Reserve Corps is finally happening! The Ready Reserve Corps (RRC) will provide trained and ready personnel on short notice to fill the nation's most critical public health needs. The initial cohort of 300 officers will be funded via The CARES Act with an anticipated start of Spring 2021. The Ready Reserve Corps will maintain a strong supply of health care professionals ready to deploy to regional, national, and global public health emergencies while not jeopardizing current ongoing service to underserved populations. In addition, the RRC will ensure access of highly specialized skill sets to those that need it the most while offering an opportunity to serve. If you know anyone that may be interested, please direct them to

www.usphs.gov/ready-reserve to learn more and apply.

Congratulations:

Congrats to the following 2020 USPHS Commissioned Corps Annual Award winners, outstanding job!

- Humanitarian Service & Global Health Award - Team Remdesivir
 - RADM Richard Childs
 - CAPT Ljuca Belsito
 - CAPT Julie Erb-Alvarez
 - LCDR Nicole Carr
 - LCDR Crystal McBride
 - LCDR Bethanie Parrish-Salaam
 - LT Adelaida Rosario
- Intra Federal Health Services Award - CAPT Meena Vythilingam
- U.S. Public Health Service Junior Officer of the Year – LT Mark Otto
- U.S. Public Health Service Senior Officer of the Year – CAPT David Harvey
- AMSUS Rising Star Award- CDR Qiao Bobo

Closing comments:

To all of our healthcare workers in our uniformed services at home and abroad, your astonishing healthcare heroism does not go unnoticed. Although 2020 was an incredibly difficult year for all of us, we look forward to the promise and hope of a new year and new beginnings in 2021. Thank you for all that you do and your continued sacrifices for our nation. In Officio Salutis!



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John Lay, MD

LTC(R), US Army
Regional Medical Director
Centurion with the Florida Department of Corrections

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Virtual Conferences: Tips for Success

The Clinical Investigations Committee is sad that we will not be able to come together this spring in person to hear about the awesome work you all are doing to contribute to our ever-growing knowledge in clinical, educational, and operational research. I know I can speak for the entire committee when I report that the caliber of submissions for this year's research competition was exceptional, and we are as excited as ever to have the opportunity to help deliver this information to you all in a virtual platform. As many of you prepare to present your research, we want to pass a long a few tips to help you be as successful as possible as presenters. We also want to pass along some tips for those of you attending the virtual conference so that you can make the best of your virtual time with us!

TIPS FOR PRESENTERS

- 1) Try to make it as much like an in-person presentation as possible. It is important that you prepare your talk in similar ways. Practice your pacing. Be appropriately animated. Speak clearly. Make sure you know your material and practice your planned presentation. These are all basic tips for presenters in any format and remain true for virtual presentations as well.¹
- 2) Present with a live audience. Choose a big enough space that you can responsibly socially distance and ask 2-3 coworkers to attend so you are presenting to a live audience. There is no need to be totally alone and the nonverbal feedback of live people may help you navigate the presentation more effectively.¹
- 3) Practice for the technical aspect. It can be extremely stressful if your technology causes a problem for you during your presentation, especially if you are like me (imagine Zoolander "the Files are IN the computer."). Do a sound check. Connect virtually with a friend and make sure your microphone is transmitting correctly and that your speakers are working. One of the best ways to make sure you have the strongest internet is to plug your computer directly into your modem using an ethernet cable. Doing so will give you the strongest and most stable internet. Last, log on early to make sure everything works.^{1,2}
- 4) Simplify your slides or poster. It's always best to communicate as much as possible in the simplest way possible. In a virtual platform it is even more important. Your audience will be attempting to follow your presentation with limited visual cues and without some of the non-verbal cues from you as the presenter. Figure out how to use the pointer function in PowerPoint to give you a way to explicitly show which part of the material you are referencing.^{1,2}
- 5) Use the camera effectively. If you are going to have the option for the viewers to see you on camera while presenting your research, make sure to make the best of it. Look directly into your computer's camera, not the screen or at the other participants.

Put the camera at eye level if possible. Get close, but not too close. The camera should frame your head, neck, and shoulders.^{1,2}

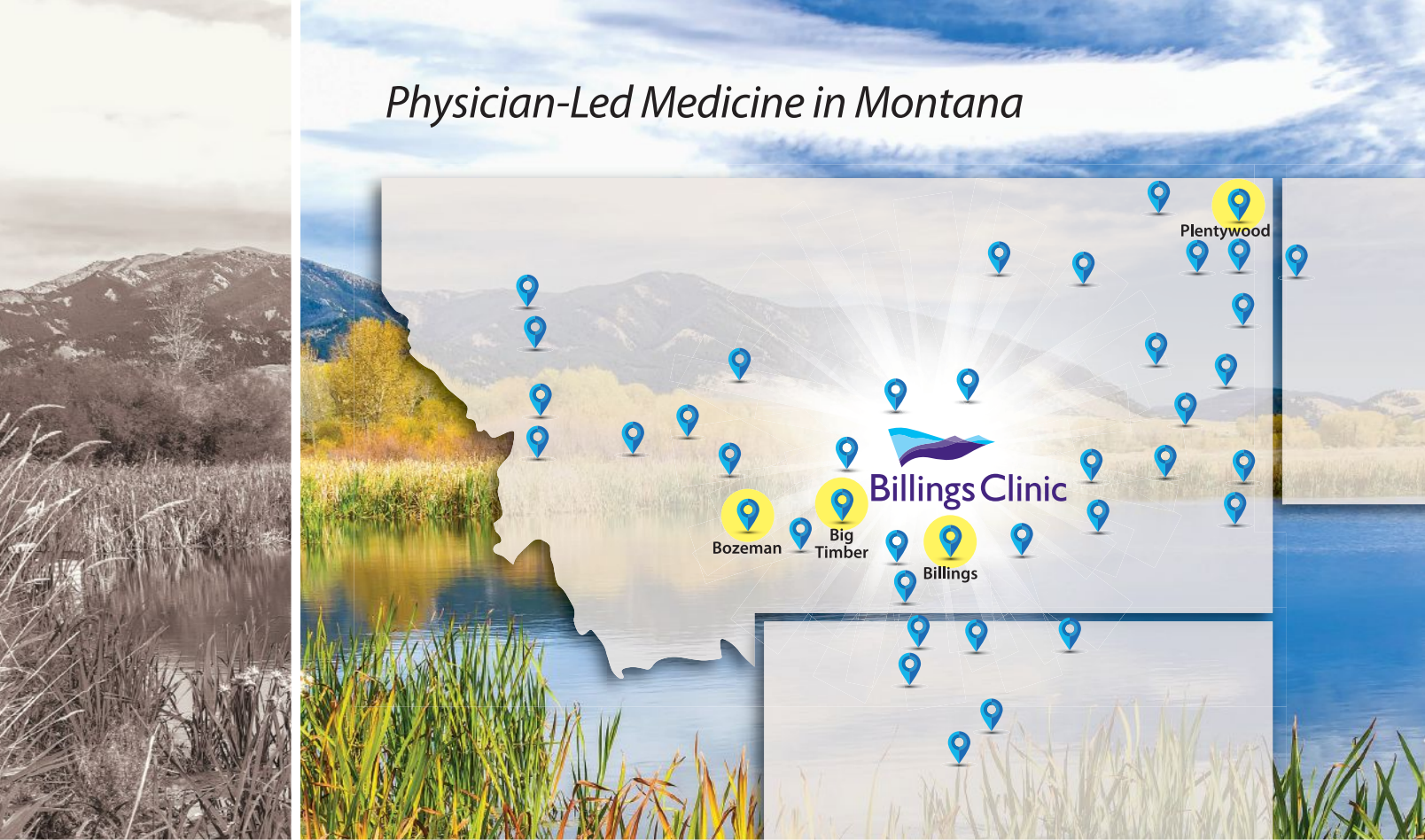
- 6) Last and most importantly. Be yourself and have fun.¹

TIPS FOR CONFERENCE ATTENDEES

- 1) Block your calendar. This is going to be the toughest thing to do with this year's conference. If you are able to attend and pay the money (or have your organization pay for the registration), take advantage of as much of the conference as possible. This means blocking out clinical and other job responsibilities when possible. Try to attend the conference from somewhere with the least distractions.^{3,4,5}
- 2) Take notes. Do this just like you would if you attended the conference in person. It is totally okay to see if the conference plans on making the talks and/or the slides available. If so, you may not need to take a ton of notes, but if note taking helps you get the most out of a talk, then do so virtually as well.³
- 3) Attend conference events. If the conference is going to be offering networking opportunities or additional educational opportunities, then plan to attend them and to participating. For many, the networking opportunities are at least as important as the educational sessions. This is also the part that is most difficult for virtual conferences, so the team will have put a lot of

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Physician-Led Medicine in Montana



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thought and energy into planning these events and deserve your support!^{4,5}

- 4) Support the conference's other networking opportunities. If the conference has an app, use it! Use the chat function in the virtual platform to interact with other conference attendees. Schedule some 1 on 1 virtual meetings with other attendees. If the conference has a hashtag, use it!⁴
- 5) Build in snack and meal breaks. For those of you who know me, you are likely not surprised that I included this, but it is important that you stay fresh and well during the conference. Stretching, eating, staying hydrated, and all the normal health tips still apply in a virtual conference as well.⁵
- 6) Attend with friends. Conferences are always more fun with people that you know and love. Virtual

conferences are no different. Plan to attend talks with friends and then spend some time together discussing the content of the presentations. Doing these activities will help you stay engaged.⁵

Again, we cannot wait until we can meet again in person. We are truly excited for the opportunities that this virtual conference is going to allow us to have. We hope that all of you are staying safe and we look forward to seeing you on the other side of the screen soon!

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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!



Photo Courtesy of U.S. Army

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

To our Future Family Physicians, a Full Quarter of our Ranks

As we enter into this uncertain winter together, I'm **humbled** by reflecting on the events and the unspoken struggles that are captured in the life lived between now and just the last two *Uniformed Family Physician* newsletters as well as **hopeful** by looking toward the future. Although the pandemic has impacted so many of us in powerful ways, our residents and students of the USAFP have taken the additional burden of making critical decisions in the face of uncertainty that will last an entire career. I want to

thank your USAFP Student Directors, Anna Priddy and Austin Fry, for capturing and communicating this so effectively in this summer's newsletter from the student's view. Please consider reading it for a thoughtful and enlightening perspective.

The USAFP is here for you – in fact, I just ran the numbers, and approximately 25% of the total membership is all of you, the residents and students. That is huge in not only numbers, but the significance of your investment in your profession and

all of our futures. Your role in how you are adapting to the pandemic and firmly guiding our trajectory in graduate medical education cannot be understated. Programs across the nation are forced to come out of the dark ages and learn how to innovate in areas of recruitment, interviews, curricular design, websites/webinars, wellness, it is endless.^{1,2} We as educators are also challenged with finding new principles of balancing learner readiness and well-being

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HEROES CARING FOR HEROES

The Defense Health Agency offers civilian opportunities to practice at locations around the world and across the U.S., including at Fort Bragg, home to our nation's Airborne and Special Forces. America honors both our military and our healthcare workers, like Family Physicians, that's why we say DHA is all about "heroes caring for heroes."

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against patient safety and I see it every day in my own program.³ All of this in a time where every year, the United States has seen an increase in PGY-1 class sizes and approximately 72% of PGY-1s each year transition to a state outside of their state of medical school.⁴ Indeed, the USAFP must also innovate to learn to serve you and our profession.

I have been blessed to have been involved with the USAFP since I was a medical student just beginning to fall in love with family medicine. Over the years, the USAFP and the Annual Meeting have been a source of constant encouragement, inspiration, and mentorship. This is through the relationships developed, reconnecting with colleagues across the services, improving and learning clinical skills, and feeling a deep sense of pride in my profession for the accomplishments and scholarly activities I see. I have developed so much as a family physician through the USAFP. The diverse committees, to include this Resident and Student Affairs Committee, have been there curating my experience the whole time. I remember as a student transitioning to a resident the feelings of pure excitement, uncertainty, and a desire to contribute to my specialty. I cannot imagine how much more difficult it is for our current students and residents dealing with the same feelings without in-person rotations/interviews, a stable academic environment within their schools, and all while maintaining an attitude to “expect the unexpected.” I applaud and admire you.

For this upcoming 2021 Virtual Annual Meeting, take advantage of the opportunities and get involved! We have several events designed around our students and residents. Volunteer to be selected for your service branch’s

resident representative on the “Doc, You Don’t Know Jack” competition and be sure to attend to cheer on your team. When you register, keep an eye out for the “Resident and Student Welcome” event – a huge hit that is well attended every year! You’ll need to register to get the sign on details. For those who already are thinking of pursuing a leadership position in the near future, plan to attend our annual “Resident and Student Leadership Seminar.” In addition, look into the best student designed and maintained resource (for students) I’ve ever seen at (sites.google.com/view/mil-fam-gme) for all things Family Medicine GME in the Department of Defense.

There is no better way to end this than to quote a resident fighting on the front lines along with the rest of us: “The Hippocratic Oath promises a life of service that places value on the principles of patient autonomy and nonmaleficence. At no point is there an agreement to be brave, though it is implicit with our current pandemic that we must try our best ... Even with the wobbling sensation of the world on my shoulders, I choose to go forward.”⁵

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Racism: A Public Health Crisis

Racism had been associated with health disparities, however discussions of race and racism have been a challenge in medical education. The Society of Teachers of Family Medicine has several published papers and a toolkit for teaching about racism and healthcare disparities.

In discussion of racism, racism can be divided into 3 levels

- Interpersonal- differential assumptions about the abilities, motives, and intentions of others by race
- Institutional- policies, practices, laws, and norms that result in differential access to goods, services, and opportunities
- Internalized- acceptance by the stigmatized race of negative messages about their own abilities and intrinsic worth

Learning how to talk about race and racism, especially for physicians who have not directly experienced bias on the base of their race, can be a challenge. The Center for Social Inclusion has a toolkit for discussing race which breaks it down into 3 steps: Affirm, Counter, Transform.

- Affirm: Start with the heart and explain why we are all in this together
- Counter: Explain why we have this problem and take on race directly
- Transform: Reframe “Makers” and

“Takers” and end with heart and solution

Dr. Camara Jones, M.D., has written extensively on systemic racism and how to be actively anti-racist.

- Naming racism
- Asking “how is racism operating here?”
- Organizing and strategizing to act

For those interested in reading more about this topic, the editors of family medicine journals came together on October 15th 2020 to release a statement regarding systemic racism and health disparities, and released a bibliography of articles on this topic (link below).

The final point I’d like to bring up is that discussing race and racism can often be uncomfortable. A recent piece from Psychology Today recommends 3 points to facilitate a conversation:

- Identify and address your blind spots
- Be curious of other’s experiences
- Be a receptive audience

I hope you will consider using some of these tools to help discuss race and racism with your colleagues and trainees in all levels of education you interact with.

CME: AAFP Virtual Town Hall: The Public Health Crisis of Racism (On Demand)

<https://www.aafp.org/cme/all/online/town-hall-racism-on-demand.html>

AAFP Fellowship in Healthcare Equity Fellowship: <https://www.aafp.org/family-physician/patient-care/prevention-wellness/social-determinants/aafp-health-equity-fellowship.html>

Society of Teachers of Family Medicine: <https://stfm.org/about/keyinitiatives/antiracism-and-health-equity/anti-racism/>
Project Implicit: <https://implicit.harvard.edu/implicit/>

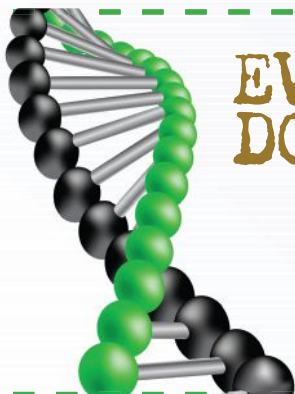
Talk about Race Toolkit: <https://www.centerforsocialinclusion.org/wp-content/uploads/2015/08/CSI-Talking-About-Race-Toolkit.pdf>

Shared Bibliography on Systemic Racism and Health Disparities: <https://www.annfammed.org/content/shared-bibliography-systemic-racism-and-health-disparities>

TEDx Emory Dr. Camara Jones M.D. Allegories on Race and Racism <https://youtu.be/GNhcY6fTyBM>

Toward the Science and Practice of Anti-Racism: Launching a National Campaign Against Racism (Dr. Jones) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6092166/pdf/ethndis-28-231.pdf>

<https://www.psychologytoday.com/us/blog/mind-matters-menninger/202006/becoming-comfortable-the-uncomfortable-topic-race>



EVERY DOC CAN DO RESEARCH

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

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Tools Available:

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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.

Hello to all and Happy New Year! As the new year begins, we wanted to look back at our prior Leader's Book Club articles and highlight common themes found in these great books. The most consistent finding and irrefutable fact is **leadership matters!** Given that we are all leaders, whether teaching students, leading the in-patient team, leading in a brigade, serving as a division chief, hospital commander, or as a general officer, what you do each and every day matters.

In the last 6 ½ years, we've reviewed 23 leadership books; although the authors have a wide variety of experiences and expertise, there were three main themes repeatedly emphasized:

- 1) Leaders make the difference
- 2) Leaders provide clarity and purpose (and when needed, challenge the status quo)
- 3) Leadership is developed

Leadership is hard and good leadership doesn't happen by chance. It requires continual learning and dedication. In our original article in the Summer of 2014, we started with Charlie "Tremendous" Jones' quote: *"You are the same today as you'll be in five years except for two things: the people you meet and the books you read"*. Leadership cannot be stagnant and we must continually improve and grow ourselves and our teams.

LEADERS MAKE THE DIFFERENCE

Leadership is a privilege and the leader's role is multifaceted. At the heart of leadership is service: service to the team and to the organization. Each of us has our own unique leadership strategy which must be authentic. Anything less than authenticity will be difficult to maintain at all times and trust can erode when inconsistencies arise. Leaders possess the authority to remove barriers

and reprioritize resources. They also plan ahead and prepare for unforeseen events and lead through hardships. Leaders must focus on the challenges of today while simultaneously preparing for the future. As reinforced throughout the COVID pandemic and our DHA transition, leadership in medicine is absolutely needed.

Perhaps the two most important leadership roles are in setting strategy and building/maintaining culture. As reported, up to 80% of employees do not feel fully engaged at work. Whether this is due to the employee's work environment or their role (or potentially both), leadership controls and is accountable for both of these variables. As Jim Collins states, "it's getting the right people on the bus and in the right seat". But even when on the right bus and in the right seat, if the culture is wrong, no one will enjoy the ride. If culture is the heart of the organization, leaders must do all they can to develop and preserve it. Leaders develop the sense of purpose and trust within the organization. And as Steve Covey writes, businesses move (and succeed) at the speed of trust.

Tied to these elements is the responsibility for leaders to directly engage in tackling these challenges. These challenges may stretch from how members of the team are being treated, reorganization, and changes in mission. It may be addressing toxic leadership or removing those who are not team players from the group. Ultimately, leaders must have those crucial conversations that others may shy away from, but are necessary for the health of the organization. These critical decisions, and the manner in which they are addressed, sets the culture, which is paramount for the success of the individuals and the team.

CLARITY AND PURPOSE (AND WILLINGNESS TO CHALLENGE THE STATUS QUO)

As previously mentioned, leaders set both the priorities and the culture of an organization. The strategic goals of the organization should determine its structure, processes, and composition. And all of these must directly tie back to the "why" of the organization; if they don't, then why do they exist? Unfortunately, we all have a tendency to get too tied up and bogged down in day-to-day requirements and don't dedicate enough energy into determining what matters most. If we take an infinite game mindset and cut out all non-essential tasks, our organizations can truly thrive. As John Maxwell states, "You cannot overestimate the unimportance of practically everything." With this in mind, we have to proactively and continually eliminate all those burdens and distractions that hinder our individual and collective successes.

In order to achieve this, leaders must aggressively and fearlessly challenge the status quo and drive their organizations to achieve their goals. But these goals must be clearly defined, visualized, and communicated. As leaders, we must dedicate time to think deeply about and develop our strategic goals. Once determined, we must ensure all processes are in alignment, plans are in action, and everyone is held accountable. Sometimes this is complicated and complex, but it can also be as simple as a checklist (though its implementation can be contentious and complicated!)

Another prevailing idea is that during times of crisis or change, when everyone is trying to hang on for dear life, this can be the perfect time to take those hard looks and make needed changes. The final aspect, and one that can be more difficult within the military, is simply saying no.

Sometimes no is a complete sentence! Saying “no” unencumbers both the leader and members of the team from using precious time and energy on insignificant things and allows them to say “yes” to things that they’re passionate about and do best.

LEADERSHIP IS DEVELOPED

With all of this mind, how are leaders, particularly great leaders, developed? What resounds throughout the books is that anyone can be a great leader, but it takes intentional investment. Leadership is also experiential and no book can replace the trials, tribulations, and growth learned from leading. It takes personal courage to lead and a willingness to be challenged. And contrary to many commonly held beliefs, you don’t need to be great at everything. Rather, maximize your strengths for the benefit of the organization and utilize your team and processes to assist in the things that are not strongpoints. Become a master delegator and retain only those areas which you uniquely own.

Communication is always an area of improvement. Whether it be conveying strategic messaging (internal or external) or

navigating through a sensitive area, we as leaders have a requirement to communicate clearly and effectively. This is a core competency of leadership; however, the good news is we can learn and improve. As we know, being in a position of authority and responsibility is stressful; as such, learning to know how you react under stress is essential. Communication requires both speaking and listening. Cultivate relationships and build trust in each and every interaction.

Leaders also need to be resilient and rely on a network of peers and mentors to grow and to handle challenges. We must continually evaluate ourselves, hold ourselves accountable, and find areas in which to grow. But in our search for professional excellence, we cannot ignore the other facets of our lives. Busier doesn’t always equal better, and if we fail to maintain our health (physical, emotional, spiritual, and psychological), we will ultimately falter. Take time for yourself and be consistent in all aspects of your life.

Reviewing the prior Leaders Book Club articles was refreshing and rewarding for me and reminded me of the incredible knowledge in these books and areas to

refocus my efforts. COVID has shown us why leadership matters so much and that we can never predict what future challenges we may face. And despite the “dumpster fire” of 2020, great things are still happening each and every day. As leaders, we all have phenomenal responsibilities and opportunities. We hope this review, and our prior submissions (categorized in the table above) provide you inspiration and assistance.

I would like to close by expressing my gratitude and thanks to our other authors in the Leader’s Book Club (John O’Brien, Tim Switaj, and Tyler Rogers) for their time and effort. And we’d also like to thank the amazing USAFP team for their dedication to our organization and for helping us publish our reviews. Lastly, I’d like to thank Sarah for her countless edits and for helping make my random thoughts and terrible grammar readable! We hope you’ve enjoyed the reviews and that they have been useful to you. We encourage you to continue reading, review our prior articles (<http://www.usafp.org/member-services/leader-book-club/>), and keep leading. We need you!

Leaders make the difference	Clarity and Purpose	Leadership is Developed
Learning leadership	Brave New Work	Learning Leadership
Nine Lies	Infinite Games	Brave New Work
Radical Inclusion	Managing the Unexpected	Growing Physician Leaders
Crucial Conversations	Best Year Ever	Nine Lies
Commanding Excellence	Essentialism	Power of Full Engagement
Essentialism	Power of Who	Crucial Conversations
The Advantage	Art of Medical Leadership	Art of Medical Leadership
Good to Great	Commanding Excellence	6Ps of Physician Leadership
If Disney Ran Your Hospital	The Advantage	Speed of Trust
Question Behind the Question	Straight A Leadership	Question Behind the Question
Speed of Trust	4 Disciplines of Execution	
Checklist Manifesto		

Going to B.A.T. for Women in the Workplace

About a year ago, I was preparing a workshop about mentoring women when one of my male colleagues asked, “Shouldn’t we just talk about mentoring individuals instead?” While his question makes sense – of course we should treat people as individuals and not lump them together as a group – it isn’t realistic. We don’t live in a vacuum; our experiences are shaped by how society views and treats us, and unfortunately, society has historically placed limitations and assumptions on individuals because of their gender, race, ethnicity, and sexuality. Therefore, in order to understand individuals’ experiences and to help them advance in their careers, we need to understand those limitations and how to navigate, overcome, and prevent them.

The first time I presented the mentoring women workshop, the only two men in attendance were shocked by the stories their female colleagues shared. Despite working with these

women every day, they had never noticed the frequent microaggressions and inadvertent sexism they faced on a regular basis. The women’s stories ranged from being mistaken for a nurse to being discounted and dismissed during faculty or leadership meetings. Most of the situations described were common for the women in attendance, and yet the men reported minimal visibility on the topic, which begs the question: how can we expect women to achieve equal treatment in the workplace when those not affected fail to see the problem? It is important to note here that while the data and barriers discussed below focus on gender bias, it is necessary to look at this topic through the lens of other minority groups, including race, ethnicity, sexuality, and intersectionality as well.

Research in the business world has shown significant advantages to having gender-diverse leadership teams, and yet women are still

promoted at a fraction of the rate of men¹. A recent study from 2019 looked at the academic promotion rates of female general surgeons in the military. While women make up 21% of military general surgeons, only 6% of Associate Professors and 4% of Professors in general surgery at the Uniformed Service University are female, an even greater discrepancy than that seen in the civilian sector

A SIMPLE TOOL

While there are a number of multi-step ways to combat microaggressions and biases in the workplace, as leaders, we need quick tools that we can both use ourselves and pass easily on to our colleagues. When developing my workshop about mentoring women, I came up with a simple mnemonic to allow each of us to be more intentional allies for women: when advocating for female mentees, residents, or colleagues, go to **B-A-T** for them:



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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B: Be aware of bias

A: Address it/Ask

T: Teach others

B – Be aware of bias: The single most important factor in preventing and overcoming bias and microaggression is recognition. While women, particularly those in historically male-dominated fields like the military, may face explicit bias and overt sexism, implicit biases and microaggressions are far more common. A full list of those commonly experienced is unrealistic here, but here are three worth noting:

1) *Double Bind.* We've all seen the double bind in action. This is the concept that for women, unlike for men, likability and perceived competence are often seen as mutually exclusive. Stereotypically, women are expected to be nurturing and emotional, which leads them to be mistakenly perceived as weak or less competent. If a woman is confident and assertive, however, going against the stereotype, she is seen as aggressive, bossy, or unlikable. The double bind leaves female leaders walking a fine line between too soft and too tough. This coupled with the fact that leaders are expected to have stereotypically "male" traits causes women in leadership to be held to higher standards than their male counterparts, often needing to work harder to prove their competence. This disparity in perceived competence is even more pronounced for women of color and other intersectional minorities³.

2) *Self-Promotion.* In general, women do not negotiate for and promote themselves as well as men do. When looking at new positions, women will often ensure they fulfill every one of the hiring criteria and prerequisites before applying, while men tend to apply if they fill only 60% of the criteria. Similarly, women are less likely than men to take credit for their own work and accomplishments and are more likely to attribute success to luck, teamwork, or support from others than to their own competence. Interestingly, however, these are learned, and not intrinsic, behaviors. Men tend to be promoted based on perceived potential, while women are promoted based on past accomplishments; when looked at this way, it makes sense that women would want to check off more criteria-boxes before applying for a new position. Similarly, women have greater success than men when negotiating for other people, but when touting their own successes to better advocate for themselves, women are looked upon more harshly than men. Women are expected to be team players, and when they try to take credit for individual accomplishments, they risk being viewed as selfish and arrogant; similar to the double bind, women are viewed more harshly when going against stereotypically "female" traits and, thus, need to walk a tightrope of the false dichotomy.

3) *Caregiver.* Both the double bind and self-promotion difficulties stem from the fact that women are expected to be nurturers even while at work, but how does home life play a part? In 2017, less than 24 hours of

being elected Labour Party Leader in New Zealand, Jacinda Ardern was asked by multiple reporters about her plans for children, a question her male counterparts (one of whom had six children) never received⁴. Similarly, women in medicine are often held to a different standard because of their potential to be mothers. I've seen male and female faculty members overlook well-qualified female residents for leadership or committee positions because they were new moms and "it might be too much for them." I've read resident evaluations stating that a female resident might need more assistance with her work-life balance because she is married to another physician or because she has young children, comments that I have yet to see regarding male residents with similar circumstances. These and similar beliefs are unfair to both genders. For females, it undermines their ability to make decisions about their own priorities and takes away potential advancement opportunities. For males, it overlooks the importance of their potential roles as caregivers, husbands, and fathers.

It is important to note that all genders, not just males, need to be more active in recognizing these lapses in ourselves and others. Female leaders and co-workers may be more attuned to these biases because of their own experiences, but they also perpetrate acts of gender bias and microaggression. Many of the stereotypes have become internalized, regardless of gender. Encourage your colleagues, leaders, and subordinates to hold you accountable for any inadvertent lapses.

A – Address it/Ask: This step is very personalized. If you recognize that the issue of bias is coming from you, look internally to understand your thoughts and actions and take the steps to correct them. On the other hand, if you are witnessing the actions or results of others' biases, start by talking to the female involved whenever possible. How did she perceive the situation? How does she want to handle it? How can you give her the tools she needs? For example, one common act of microaggression is for women to be spoken over during meetings. When I see this happening to one of my female residents, I may intervene on the spot, but more often, I talk with them after, explain what I saw, and ask how they felt about the situation. Most are frustrated and wanted to say something but didn't know how, so we practice role playing some ways they can address it themselves in the future. It is also possible that the bias is coming from the woman herself. If, for example, I worry that she is selling herself short on her accomplishments, I have a similar conversation to understand her thoughts and wishes and, if still applicable, discuss ways that she can better advocate for herself and that I can better sponsor her for new opportunities. Of course, when gendered statements are made about a woman that is not present (residency Clinical Competency Committee meetings, for example), those statements should be addressed right away.

T – Teach others: As military physicians and leaders, it is incumbent on us to create safe and supportive environments. This means not only correcting lapses and indiscretions

but also preventing them in the first place. As we start to notice lapses in ourselves and others, we need to look for opportunities to be proactive about educating ourselves and our colleagues about microaggressions: what they are, why they are harmful, and how to respond to them effectively. The resource section below includes a free "50 Ways to Fight Bias" activity that can make the process more interactive.

The "Go to B-A-T" mnemonic helps to correct current biases and microaggressions, but more general barriers faced in the workplace may require larger changes in organizational culture. For example, instead of excusing a female colleague from 0630 meetings to take her child to daycare, consider rescheduling meetings to more reasonable times for the sake of everyone's work-life balance. Instead of expecting junior physicians to advocate entirely for themselves, establish a culture where mentoring and sponsoring both men and women is expected, rewarded, and celebrated.

By acknowledging and calling out the barriers women and other minorities face in the workplace and helping those around us to navigate them, we can slowly start to remove those barriers entirely.

RESOURCES

1. Clerkin C. Women in the Workplace: What Women Want & Benefits of Women in Leadership. Center for Creative Leadership. <https://www.ccl.org/articles/leading-effectively-articles/7-reasons-want-women-workplace/>.
2. Herrick-Reynolds K, Brooks D, Wind G, Jackson P, Latham K. Military Medicine and the

continued page 20

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 Spring magazine deadline is 6 April 2021.

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.

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Academic Surgery Gender Gap. *Mil Med.* 2019;184(9-10):383-387. doi:10.1093/milmed/usz083.

3. Catalyst. *The Double-Bind Dilemma for Women in Leadership: Damned If You Do, Doomed If You Don't*; 2007. www.catalyst.org.
4. Roy EA. "Unacceptable": New Zealand's Labour leader asked about baby plans seven hours into job. *The Guardian*. <https://www.theguardian.com/world/2017/aug/02/unacceptable-new-zealands-labour-leader-asked-about-baby-plans-six-hours-into-job>.

SUGGESTED RESOURCES TO COMBAT BIAS

Harvard Implicit Bias Tests:

<https://implicit.harvard.edu/implicit/takeatest.html>. Test your own level of bias for or against a number of demographics and minorities (gender, age, religion, race, weight, sexual preference, etc).

LeanIn.org has articles, videos, and other resources, including a card-based activity called "50 Ways to Fight Bias."

There is a cost for a hard copy of the cards, but they are free in 2 different online formats: <https://leanin.org/50-ways-to-fight-gender-bias>. Use them all as a dedicated training or add one or two to the end of some residency meetings for continuous training. There's also a section all about men mentoring women: <https://leanin.org/mentor-her>.

University of California, Hastings College of the Law: Resources for Teaching and Training about Gender Bias: <https://genderbiasbingo.com/>

SUGGESTED READING

Smith DG, Johnson WB. Men Can Improve how they Mentor Women. Here's How. *Harv Bus Rev.* 2016;1-7. <https://hbr.org/2016/12/men-can-improve-how-they-mentor-women-heres-how>.

Ely RJ, Padavic I. What's really holding women back? It's not what most people think. *Harv Bus Rev.* 2020;98(2):58-67. <https://hbr.org/2020/03/whats-really-holding-women-back>.

Catalyst: Workplaces that Work for Women: Research and resources for a number of issues related to gender, race, sexuality, and equality in the workplace: <https://catalyst.org>

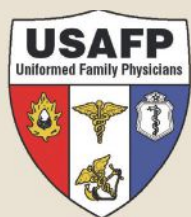
SUGGESTED BOOKS

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Johnson WB, Smith DG. Athena Rising: How and Why Men Should Mentor Women. Boston: Harvard Business Review Press; 2016.

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Happy New Year!

We sincerely wish you health and peace in 2021.

We recently released the results of the Joint Services Graduate Medical Education Board (JSGMESB). Congratulations to our many Army Family Physicians selected for additional training and fellowship, and welcome to our new teammates selected for residency. Many thanks to our dedicated residency and fellowship program directors who rolled up their sleeves to do the hard work of assessing application packets. We had many highly qualified applicants for all of our programs, and the team diligently worked to create a fair order of merit list.

We are in the final phase of the Army Talent Alignment Process (ATAP) that will deliver assignments for summer of 2021. We had excellent participation by officers and units in the Officer Marketplace. Early feedback indicates a much-improved experience during this cycle. Also, our leaders at the units did an outstanding job of interviewing and working to get the right officers to the right positions. The increased interaction required more time commitments, and we anticipate the outcomes will reflect the investment in the process. Now that JSGMESB results are confirmed and the

marketplace is closed, we are working with HRC to finalize the assignment slating. We should be able to notify officers of their assignments in about 6-8 weeks.

We will send a detailed update via official channels. If you have not yet joined the Army Family Medicine (61H) Team on MS Teams, please consider doing so.

Thank you for all that you do. Your commitment, equanimity, and compassion during these times have made a tremendous difference. Army Medicine and Army Family Medicine are Army Strong!




We are pleased to inform you that the 2021 USAFP Virtual Annual Meeting & Exhibition registration is live! Visit www.usafp.org and click on the USAFP Annual Meeting. There you can access the General Information, Preliminary Program, and Registration. Also included is a listing of

the Guest Speakers and an introduction to our virtual platform Pathable.

The registration will look slightly different from previous years in that you will register for specific daily sessions closer to the meeting date in the Pathable platform. Your

registration via usafp.org will capture any pre-conference sessions you want to attend as well as the registration type (i.e. full registrant, daily registrant, etc.).

If you have any questions, please email cmodesto@vafp.org. We look forward to seeing all of you in March!



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USAFP Better Together: Micro-Surveys and Next Steps

Greetings, Friends!

I hope that you have been refreshed and reenergized by the Holidays, and that you are already off to a great start in 2021. Seeing coronavirus vaccines being administered has given me a tremendous measure of hope for military medicine, the United States, and the world.

If you have not already received it, you should soon see our Better Together micro-surveys in your email inbox. These surveys are collecting information on your military career and your interest in connecting with other members of the USAFP. The surveys are also asking if your family would like to connect with other USAFP families.

Based on your responses, we are planning for, and working to implement, a number of groups to help you connect to fellow uniformed family physicians: a global health group, a leadership book and movie club, a cooking club, an investing circle, a philanthropy group, USAFP committee-based offerings and more!

So many things keep us apart. We are no strangers to deployments, being geographically separated from family, taskers, and a whole host of stressors. But COVID has made it even harder to connect. That is the “why” behind Better Together—we want to create ways for uniformed family physicians to connect to others who understand their struggles. We are Better Together.



If you have not received the surveys, please let us know. You can email Matt Schulte at mschulte@vafp.org to update your membership information.

Cheers!
Aaron



Family Medicine Residency Core Faculty Physician Penn State Health St. Joseph Medical Center Reading, PA

Penn State Health St. Joseph is seeking a BC/BE family medicine physician to join our team as a faculty member in our 6-6-6 Family and Community Medicine Residency Program in Berks County, PA. Priority will be given to candidates interested in inpatient medicine. The Family and Community Medicine Residency Program strives to provide excellent education in training family physicians to provide comprehensive, compassionate, coordinated and continuous high-quality patient-centered care to the community served by our Program.

Duties include teaching, mentoring, advising, and supervising residents; engaging in scholarly activity; and providing patient care. The residency program fosters a supportive family-oriented environment that encourages work-life balance.

Job Requirements

- Medical degree - M.D., D.O. or foreign equivalent
- Completion of an accredited Family Medicine residency program
- Board certification/eligibility in Family Medicine
- Experience in an academic setting preferred
- Conversational Spanish speaking skills preferred



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Greg Emerick, MHA, FASPR - Physician Recruiter

Department of Human Resources • Penn State Health

E-mail: gemerick@pennstatehealth.psu.edu • Phone: 717-531-4725

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MEMBERS IN THE NEWS

USAFP Member Kevin O'Connor, DO Named White House Physician

The USAFP congratulates Kevin O'Connor, DO, FAAFP on being named Physician to the President by President Joe Biden. Dr. O'Connor served for 22 years in the US Army. He completed his Medical Degree at the New York College of Osteopathic Medicine in 1992 and his residency training at The Mountainside Hospital in Montclair, New Jersey.

Dr. O'Connor was named the USAFP Michael J. Scotti, MD Family Physician of the Year in 2015. He began serving as a White House Physician starting in 2006, over several Administrations and in February 2009, was appointed as the physician to then Vice President Biden. In this capacity, he provided primary care for Vice President Biden and the Second Family. After his term was completed, Dr. O'Connor retired from the Army and continued to serve as his physician.

Congratulations Dr. O'Connor.



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A New Look for USAFP.ORG



The new USAFP.ORG site will offer members information on all of the aspects USAFP has to offer! Join committee discussion forums, get the latest on USAFP and AAFP CME offerings, peruse the abundance of resources related to family medicine research and the USAFP research competition, view the Better Together Campaign offerings each month and so much more!

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