

THE UNIFORMED FAMILY PHYSICIAN

Summer 2021 • Vol. 14 • Num. 2 • Ed. 56



MARK YOUR CALENDAR!

2022 ANNUAL MEETING & EXPOSITION
ANAHEIM MARRIOTT
ANAHEIM, CA
30 MARCH - 4 APRIL 2022

Journal of The Uniformed Services Academy of Family Physicians



Discover What Life is Like Working for the BOP

Join the Leader in Correctional Healthcare

The Federal Bureau of Prisons is Seeking Forensic Psychologists, Physicians, Psychiatrists, Pharmacists, Mid-Level Practitioners, Nurses and Nursing Assistants

What do you find important in a career?

- Competitive federal government salary, geographic flexibility and malpractice coverage.
- Annual leave including vacation, sick leave, and paid holidays.
- License mobility; you can work at any federal facility across the US if you have a valid license in any state.
- Comprehensive health insurance and benefits.
- A supportive, safe and secure environment with opportunity for growth and advancement.
- Have a meaningful career with an agency that values its employees.

Dr. Scott Moose
Clinical Director
417-862-7041 x17315
Moose@bop.gov

Dr. Rob Sarrazin
Chief of Psychiatry
417-862-7041 x1541
RSarrazin@bop.gov

Dr. Elizabeth Tyner
Chief of Psychology
417-862-7041 x1124
ETyner@bop.gov

Ms. Dee Myers
Medical Staffing Specialist
417-862-7041 x1729
dtatemyers@bop.gov

THE UNIFORMED FAMILY PHYSICIAN

The Uniformed Services
Academy of Family Physicians

1503 Santa Rosa Road, Suite 207

Richmond, Virginia 23229

804-968-4436

FAX 804-968-4418

www.usafp.org

USAFP e-mail

Mary Lindsay White: mlwhite@vafp.org

Cheryl Modesto: cmodesto@vafp.org

Newsletter Editor

Leo A. Carney, DO, FAAFP

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.

 **Publishing
PCI Concepts, Inc.**

Created by
Publishing Concepts, Inc.

David Brown, President
dbrown@pcipublishing.com
1.800.561.4686 ext 103



For Advertising info contact

Michele Forinash
mforinash@pcipublishing.com
1.800.561.4686 ext 112

PRESIDENT'S MESSAGE 5

EDITOR'S VOICE 8

USAFP IS BETTER TOGETHER! 10

LEAD, EQUIP, ADVANCE LEADER AND
FACULTY DEVELOPMENT FELLOWSHIP 12

COMMITTEE REPORT
CLINICAL INVESTIGATIONS 16

COMMITTEE REPORT
EDUCATION 18

COMMITTEE REPORT
MEMBER CONSTITUENCIES 20

COMMITTEE REPORT
RESIDENT AND STUDENT AFFAIRS 21

LEADERSHIP BOOK CLUB 22

2022 USAFP ANNUAL MEETING & EXPOSITION 26

AAFP CALL FOR APPLICATIONS 28

INTRODUCING THE USAFP CAREER CENTER –
CONNECTING TALENT WITH OPPORTUNITY 30

AAFP IMPLEMENTATION GUIDE AND RESOURCES
FOR INCORPORATING LIFESTYLE MEDICINE INTO
EVERYDAY FAMILY PRACTICE 30

NEW MEMBERS 31

USAFP PAST PRESIDENT
JAMES A. ELLZY, MD, MMI, CMQ, FAAFP
CANDIDATE FOR AAFP PRESIDENT ELECT 32

your academy leaders

OFFICERS AND COMMITTEES

OFFICERS

PRESIDENT

Aaron Saguil, MD, MPH, FAAFP
USUHS, San Antonio, TX
aaron.saguil@usuhs.edu

PRESIDENT-ELECT

A. Marcus Alexander, MD
AFPC, TX
marcusindc10@gmail.com

VICE-PRESIDENT

Leo A. Carney, DO, FAAFP
HQM - Health Services
Arlington, VA
leocarney@icloud.com

SECRETARY-TREASURER

James D. Warner, MD
Air Station Clearwater, FL
jwarnere@yahoo.com

PAST PRESIDENT

Debra A. Manning, MD, FAAFP
Bureau of Medicine & Surgery
Falls Church, VA
dr.deb.manning@gmail.com

EXECUTIVE DIRECTOR

Mary Lindsay White, MHA
Richmond, VA
mlwhite@vaafp.org

DIRECTORS

AIR FORCE

Jeanmarie Rey, MD, FAAFP
USUHS, Bethesda, MD
alohagigi@gmail.com

Kattie Hoy, MD, FAAFP

Nellis AFB, NV
kattie.hoy@gmail.com

Alexander C. Knobloch, MD, FAAFP

Travis AFB, CA
acknobloch@gmail.com

ARMY

Drew C. Baird, MD, FAAFP
Fort Hood, TX
drewbaird002@yahoo.com

Meghan (Mimi) Raleigh, MD, FAAFP

Fort Bragg, NC
mraleigh32@yahoo.com

Caitlyn M. Rerucha, MD, FAAFP

Fort Bragg, NC
caitlyn.m.rerucha@gmail.com

NAVY

Kevin M. Bernstein, MD, MMS, FAAFP
United States Naval Academy,
Annapolis, MD
kevin.bernstein@gmail.com

Francesca M. Cimino, MD, FAAFP

Fort Belvoir, VA
francescacimino@gmail.com

Jules Seales, MD

USUHS, Bethesda, MD
phedre.e@gmail.com

PUBLIC HEALTH SERVICE

Khalid A. Jaboori, MD, MPH, FAAFP
USCG Seattle, WA
kjaboori@hotmail.com

Preciosa P. Pacia-Rantayo, MD, FAAFP

USCG Base Cape Cod, MA
Preciosa.p.pacia-rantayo@uscg.mil

RESIDENTS

Ashley S. Yano, MD
Fort Hood, TX
ashley.s.yano.mil@mail.mil

Eileen D. Tatum, MD

Naval Hospital Jacksonville, FL
Eileen.d.tatum@gmail.com

Raquelle "Rocky" Newman, MD

Nellis AFB, NV
raquelle.s.newman.mil@mail.mil

STUDENTS

Abigail Hawkins
USUHS, Bethesda, MD
Abigail.hawkins@usuhs.edu

Varun Gopinath

Northeast Ohio Medical University
vgopinath@neomed.edu

AAFP DELEGATES

Debra A. Manning, MD, FAAFP
Bureau of Medicine & Surgery
Falls Church, VA
dr.deb.manning@gmail.com

Aaron Saguil, MD, MPH, FAAFP

USUHS, San Antonio, TX
aaron.saguil@usuhs.edu

ALTERNATES

A. Marcus Alexander, MD
AFPC, TX
marcusindc10@gmail.com

Kevin M. Bernstein, MD, MMS, FAAFP

United States Naval Academy,
Annapolis, MD
kevin.bernstein@gmail.com

CONSULTANTS

AIR FORCE

Christopher E. Jonas, DO, FAAFP, CAQSM
Falls Church, VA
jonaschris@hotmail.com

ARMY

Kevin M. Kelly, MD, FAAFP
Fort Bragg, NC
krmkellymd2003@yahoo.com

NAVY

James W. Keck, MD, FAAFP
Naval Hospital Jacksonville, FL
jkeck@usna94.com

COMMITTEE CHAIRS

CLINICAL INFORMATICS

Barrett H. Campbell MD, MBA, CPE, FAAFP
Madigan Army Medical Center
barrett.h.campbell@gmail.com

CLINICAL INVESTIGATIONS

Robert C. Oh, MD, MPH, FAAFP (Chair)
Madigan AMC, WA
Roboh98@gmail.com

Heidi L. Gaddey, MD, FAAFP (Vice Chair)

Travis AFB, CA
heidigaddey@yahoo.com

CONSTITUTION & BYLAWS

Adriane E. Bell, MD, FAAFP
Fort Bragg, NC
adriane.e.bell@gmail.com

EDUCATION

Tyler S. Rogers, MD, FAAFP
Madigan Army Medical Center
trogers09@gmail.com

Tyler J. Raymond, DO, MPH, FAAFP

Madigan Army Medical Center
drtylejraymond@gmail.com

Erica Meisenheimer, MD, FAAFP

Madigan Army Medical Center
erica.sturtevant@gmail.com

MEMBER CONSTITUENCIES

Janelle M. Marra, DO, FAAFP
Naval Hospital Camp Pendleton, CA
jmarra08@gmail.com

MEMBERSHIP & MEMBER SERVICES

Anja Dabelic, MD, FAAFP
Personnel Cmd. Millington, TN
anja.dabelic@gmail.com

NEWSLETTER EDITOR

Leo A. Carney, DO, FAAFP
HQM - Health Services
Arlington, VA
leocarney@icloud.com

NOMINATING

Debra A. Manning, MD, FAAFP
Bureau of Medicine & Surgery
Falls Church, VA
dr.deb.manning@gmail.com

Aaron Saguil, MD, MPH, FAAFP

USUHS, San Antonio, TX
aaron.saguil@usuhs.edu

A. Marcus Alexander, MD

AFPC, TX
marcusindc10@gmail.com

OPERATIONAL MEDICINE

Haroon Samar, MD, MPH
Madigan Army Medical Center
haroon.samar@gmail.com

Adolfo Granados, DO, MHA, FAAFP

Naval Medical Center, San Diego, CA
amem6842@sbcglobal.net

John W. Lax, MD, FAAFP

Aviano Air Base, Italy
johnwlax@gmail.com

PRACTICE MANAGEMENT

Timothy L. Switaj, MD, MBA, MHA, FAAFP
Fort Sam Houston, TX
tim.switaj@gmail.com

RESIDENT AND STUDENT AFFAIRS

J. David Honeycutt, MD, FAAFP
Nellis AFB, NV
davehoneycutt@hotmail.com

Alexander C. Knobloch, MD

Travis AFB, CA
acknobloch@gmail.com

WELLNESS & RESILIENCY

David Riegleman, MD
Brooke Army Medical Center, TX
driegleman@gmail.com

2022 PROGRAM CO-CHAIRS

Stephen M. Young, MD
Baumholder Army Garrison, Germany
smyoung87@yahoo.com

Mariama A. Massaquoi, MD

Fort Benning, GA
mariama.massaquoi@me.com

2023 PROGRAM CO-CHAIRS

Rebecca A. Lauters MD, FAAFP
Eglin AFB, FL
becca.lauters@gmail.com

David S. Garcia MD, FAAFP

Eglin AFB, FL
davidgarciamd@gmail.com

president's message

AARON SAGUIL, MD, MPH, FAAFP



Aaron Saguil, MD, MPH, FAAFP
Associate Dean, Regional Education
San Antonio
F. Edward Hébert School of Medicine
Uniformed Services University
aaron.saguil@usuhs.edu

Greetings, Friends!

I hope you are successfully weathering the Summer PCS season—those of you who are deployed, those of you who are moving, and those of you holding down the fort in their absence. As I write this, the weather in Texas is fairly clement, the Pacific Northwest's record shattering heat dome seems to be breaking up, and all eyes are on the Independence Day weekend.

RECONNECTING IN ANAHEIM

I am excited about visiting with you in Anaheim in 2022. Our leadership and staff did herculean work to put on the incredible 2021 virtual meeting. Just think how much nicer it will be to have so many of us under one physical roof again—and in a place packed with opportunities for everyone. For those of us who are members, we'll be able to connect, network, learn from our peers, and rejuvenate ourselves with uniformed family medicine goodness. For our significant others and families, there will be a plethora of options for connection, rest, and recreation.

My number one reason for attending is to be with you, but I also hope to take advantage of the following in no particular order:

1. Seeing Galaxy's Edge at Disneyland and the Avenger's Campus at California Adventure. Considering that Disney holds a

near monopoly on the things that fueled my childhood, I'm looking to embrace my inner geek.

2. Catching the Anaheim Angels at Angel Stadium. Our family "collects" baseball parks, and this is one we haven't managed to snag yet. We figure a good game and an overpriced hot dog accompanied by a cold beverage makes for great memories.
3. The Packing District and microbrew scene. I've not been before, but the Packing District sounds like a destination with a pretty impressive food hall, farmer's market, and shopping options. And there are quite a few microbreweries in the area—a nice way to quench thirst with compadres.

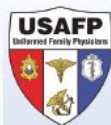
And, of course, there are beaches a plenty and all the amenities of the Greater Los Angeles area. This is going to be an amazing meeting, so come for the awesome continuing medical education and stay for the fellowship.

BETTER TOGETHER

Fortunately, you do not need to wait until Spring 2022 to connect. Our first Better Together groups are underway. Our Journal Club had its first meeting looking at the literature on urinary tract infections, our Leadership Book Club is soon to meet to discuss Jeffrey Pfeffer's Leadership BS, our Literary Book Club is getting ready to talk about Kazuo Ishiguro's *Clara and the Sun*, and we have folks meeting on the Strava USAFP Fitness Group. All of these groups are open to members, and the Literary Book Club and the Fitness Group are open to family, as well. You can join these groups by pointing your camera at one of the QR codes accompanying this article and filling out the brief survey.

We have also had interest in investing groups, nature walk groups, bedtime stories groups, and movie watching groups—if you are interested in standing up one of these clubs, or have another idea, please let me know and we'll connect you with other interested folks!

continued on page 6



Looking to get your heart rate up?

Join the **USAFP Fitness Group** and experience being **Better Together!**



Use your camera app to read this QR code or visit www.usafp.org/usafpbettertogether to sign-up!

Family members welcome!





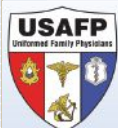
Want to curl up with a book and friends?

Join the USAFP Literary Book Club
and experience being Better Together!



Use your camera app to
read this QR code or visit
www.usafp.org/usafpbettertogether to sign-up!

Family members welcome!

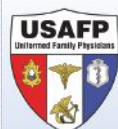


NEED TO BUILD YOUR LEADERSHIP TOOLBOX?

JOIN THE USAFP LEADERSHIP BOOK CLUB
AND EXPERIENCE BEING BETTER TOGETHER!



Use your camera app to
read this QR code or visit
www.usafp.org/usafpbettertogether to sign-up!



Want to stay current with the literature?

Join the USAFP Journal Club
and experience being Better Together!



Use your camera app to
read this QR code or visit
www.usafp.org/usafpbettertogether to sign-up!



TURNOVER

For those of you in graduate medical education, you will have your new interns on board as you read this message. Please make sure they join the USAFP! We want for them to feel connected and part of the bigger uniformed family physician community. Likewise, as you host medical students for audition rotations, please help connect them to the USAFP—it's free, and we'd like to welcome them.

For those of you who have graduated from residency but are still involved in teaching—whether it be residents, medical students, nurses, medics, or other healthcare professionals and learners—please make sure to apply for your Uniformed Services University academic appointment. If you are teaching, you are potentially eligible! Why is this important? Well, if you think you might want to be involved in academia while in the military or as a civilian, a longstanding faculty appointment can help you get the job you desire. You can find more information here: <https://panopto.usuhs.edu/Panopto/Pages/Viewer.aspx?id=a1383e05-a4d3-4d5e-96f8-ce26b0f0a6f7>

That is all that I have to share for this issue. Thank you for what you do for our patients, our fellow healthcare team members, the Nation, and the world. I look forward to when we next meet.

Cheers,
Aaron



ATTENTION MILITARY HEROES

WE INVITE YOU TO BECOME A CENTURION HEALTHCARE HERO!

When you joined the military, you dedicated your life to serving our country.

At Centurion, we dedicate our lives to servicing the underserved.

Join our team!

Continue your mission of public service with an easy transition into correctional healthcare.

- Structured environment with a team approach
- Desirable, set schedule with no night, weekend or holiday shifts required
- No RVU's, no billing, and no managed care
- Competitive, guaranteed salaries and comprehensive benefits
- Company paid malpractice insurance
- Veteran friendly company and corrections clients



Correctional Medicine, similar to Military Medicine, provides evidenced based medicine to a unique population within a policy focused framework. My experience as a military physician provided for a smooth transition into a challenging and rewarding second career as a correctional health care physician.

John Lay, MD

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

For more information, please contact Teffany Dowdy:
teffany@teamcenturion.com or 770.594.1444

www.centurionjobs.com | Equal Opportunity Employer





Leo Carney, DO, FFAFP
HQMC – Health Services, Arlington, VA
leocarney@icloud.com

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

As I am writing this article, we are right in the middle of the summer surge. Young physicians are starting their careers entering into internship; graduating residents are heading off to their first duty stations as fully trained family physicians; colleagues are PCSing or attriting. All of these changes come with their own challenges, and then couple that with a respiratory pandemic and rising costs of living and we have the summer of 2021.

In the last newsletter, I urged you to stay focused on the mission and vision.

I also pointed to our motto for this year of “Better Together.” We are Better Together! No one person is able to meet the mission by his or herself. This season may be extremely stressful for some and not so stressful for others. That is why I challenge all of us to look out for our uniformed brothers and sisters. Make sure you are taking care of yourself as well. As I age, work-life balance becomes more important. Work will ALWAYS take the time you give it. There never seems to be an end. Take time for yourself and your

family. To combat stress, please join us in Anaheim in 2022. The USAFP Annual Meeting is a time to refresh and recharge.

Remember, the best part of the USAFP is YOU! This organization will not continue to thrive unless committed members step up and lead. Please consider engaging if you are not active. We need you! Reach out to the staff or any of the board members for more information.

Leo Carney



YOU ARE THE CHAMPIONS



To our heroes on the frontlines of healthcare for what you are doing each and every day.



14109 Taylor Loop Rd. | Little Rock, AR | 501-221-9986 | pcipublishing.com

Physician-Led Medicine



Montana is one of the “**Top 10 Best States for Veterans to Live and Work**” (*CNBC, SmartAsset*).

Each location offers extraordinary outdoor recreation, friendly communities, excellent schools, and abundant family activities. Four seasons with 300 days of sunshine!



Primary Care Physician Opportunities

Dreaming of wide-open spaces in the Rocky Mountains?

Seeking BE/BC **Family Medicine** and **Internal Medicine** physicians to practice at one of our beautiful locations! The region's largest health system offers a collegial network of regional physicians and strong multi-specialty support.

Stipend and generous loan repayment

- Leadership & teaching opportunities
- Integrated Electronic Health Record
- **NEW!** Trailblazing **Rural Critical Care Fellowship** to prepare recent graduates for frontier medicine across our region
- Nationally recognized for clinical excellence
- **Mayo Clinic Care Network** provides clinical resources and direct access to Mayo Clinic specialists
- Our health system provides vital rural support, including:
 - Virtual care
 - Specialty outreach clinics
 - Telemedicine

Contact: Billings Clinic Physician Recruitment

E-mail: physicianrecruiter@billingsclinic.org

billingsclinic.com/physicianopportunities

USAFP is Better Together!

The USAFP hosted its first round of Better Together sessions in early June and mid July. The first meeting of the Journal Club was held Monday, 7 June and the discussion was focused on the randomized control trial Hooton TM, Vecchio M, Iroz A, et al. Effect of increased daily water intake in premenopausal women with recurrent urinary tract infections: a randomized clinical trial. Thank you to USAFP member Roselyn "ICON" Fuentes, MD, FAAFP, FAWM, MMAS for facilitating the session. Drs. Eric "Chapo" Brunk and Haley "POLAR" Gorie assisted Dr. Fuentes. The next Journal Club will be held in October and the USAFP is looking into obtaining CME credits for the sessions. Stay tuned for the exact date of the next Journal Club meeting.

The Leadership Book Club, facilitated by Clay Rabens, MD, met on July 20th and discussed the book titled "Leadership B.S.: Fixing Workplaces and Careers One Truth at a Time" by Jeff Pfeffer. The USAFP will be soliciting the next leadership book title from those USAFP members that have indicated interest. The Literary Book Club, facilitated by USAFP member Sandy



Kimmer, MD and USAFP member spouse Beth Saguil, was held on July 22nd and the book discussed was titled Klara and the Sun by Kazuo Ishiguro. Both clubs engendered lively discussion and look forward to meeting again and expanding their numbers.

USAFP member Ed Farnell, MD, is facilitating the USAFP Fitness Group. This Better Together group is using the Strava Fitness app which is a great way to "interact" with fellow USAFP members via fitness. If you have not joined the Fitness Group app and would like to, please use this link <https://www.strava.com/clubs/897461>.

As with any new program, the USAFP will continue to evaluate the best time for members to meet and welcome any input from members on ways to engage members in the Better Together initiative. For more information on the Better Together offerings, visit www.usafp.org/usafpbettertogether.



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 cmoesto@vafp.org so your e-mail address can be added to the distribution list.

A leader and innovator in the future of health care



The Permanente Medical Group, Inc. (TPMG) has a longstanding reputation for progress and quality service that not only offers you the stability you need for a fulfilling career, but also the freedom to explore innovative ideas. We invite you to join our over 9,000 physicians at one of our 22 medical centers or numerous clinics throughout Northern and Central California and become part of our 75-year tradition.

FAMILY MEDICINE PHYSICIAN OPPORTUNITIES

We are currently seeking BC/BE Family Medicine Physicians to join us in Northern & Central California.

Ask our Family Medicine recruiter about our Forgivable Loan Program.

EXTRAORDINARY BENEFITS:

- Shareholder track
- Moving allowance
- Comprehensive medical and dental
- Home loan assistance - up to \$200,000 (approval required)
- Malpractice and tail insurance
- Three retirement plans, including pension
- Paid holidays, sick leave, education leave

FAMILY MEDICINE OPPORTUNITIES:

Contact Aileen Ludlow at: Aileen.M.Ludlow@kp.org | (800) 777-4912

<https://tpmg.permanente.org/careers>

PERMANENTE MEDICINE®
The Permanente Medical Group

CONNECT WITH US: [f](#) [in](#) [t](#) [@](#)
We are an EOE/AA/M/F/D/V Employer.
VEVRAA Federal Contractor.

A FEW REASONS TO CONSIDER A PRACTICE WITH TPMG:

- **Work-life balance** focused practice, including flexible schedules and unmatched practice support.
- We can focus on providing excellent patient care **without managing overhead and billing**.
- We demonstrate our commitment to a culture of **equity, inclusion, and diversity** by hiring physicians that reflect and celebrate the diversity of people and cultures. We practice in an environment with patients at the center and deliver culturally responsive and compassionate care to our member populations.
- Multi-specialty **collaboration** with a mission-driven integrated health care delivery model.
- An **outstanding electronic medical record system** that allows flexibility in patient management.
- We have a very rich and comprehensive **Physician Health & Wellness Program**.
- We are **Physician-led** and develop our own leaders.
- **Professional development** opportunities in teaching, research, mentorship, physician leadership, and community service.

 **KAISER PERMANENTE®**

Authentic Leadership Is Worth the RISK

"Doctor, how long do I have left to live?" Mrs. Smith, the perfectly dressed and vibrant 80 year-old asked my attending. Mrs. Smith professed that she felt "perfectly healthy" despite a slow decline in her functional status; her daughter now baking the cookies Mrs. Smith used to bring to the clinic. Aside from her lower extremity edema, hidden beneath perfectly creased suit pants, it would be hard to tell she was in end stage heart failure. My attending responded, her voice tremulous, "maybe a year or so, we have you on all the medications we can."

Mrs. Smith nodded, smiled and replied, "Well I knew this time would come and that's helped keep things in focus. I think that should be plenty of time." I left the clinic that day thinking about the end of my own life and all of the time in between.

Six years after meeting Mrs. Smith, while reading "The 7 Habits of Highly Effective People," I read the title of the second habit, "Begin With the End in Mind." In the book, Covey relates this concept to the components of leadership and teamwork, starting with an end goal and working backward to how it should

be realized. As I read, I remembered Mrs. Smith in the cardiology exam room. Mrs. Smith first called to start with the end in mind on a personal level, then Covey encouraged it in leadership and professional settings. Both acts are critical to effective personal and professional leadership.

Starting with the end in mind is easy to say and hard to do because it requires critical self-evaluation. To do this, we must dive heart first into challenging concepts, letting them churn throughout our lives until the concept solidifies into something we can hold, like cream turning into butter. The next step is sometimes more painful, letting go of previous self-concepts and allowing the new "butter" to be cut into us, as a baker would cut it into pie dough. When finished and the dough rested, the constituent parts are now inseparable and greater together than apart. They serve as the foundation for something new.

This process of personal growth may feel risky as it requires serious self-evaluation. Authentic leaders, by beginning with the end in mind, assume this RISK. The **RISK** mnemonic describes the ingredients to authentic personal and professional leadership.

Reflection: In reflective practice we consider our choices which have led us to the present moment. We ponder the forks in the road we've taken and how we have gone from who we *were* to who we *are*, realizing that no experience is wasted.

PATIENT-FOCUSED.
EVIDENCE-BASED.
PHYSICIAN-LED.



PRIMARY CARE and URGENT CARE PHYSICIANS

Opportunities available in Portland and Salem, Oregon, and Southwest Washington, including Longview.

To apply, please visit:
<https://nwpermanente.com>

Please contact Sr. Recruiter, Marisa Walter, at Marisa.E.Walter@kp.org or 503-813-1045, with any questions. EOE

Northwest Permanente, the region's largest physician-led, self-governed multispecialty group, is currently seeking Family Medicine physicians to join our Primary Care and Urgent Care teams. When you join Northwest Permanente, you are joining a practice with a purpose that provides unparalleled opportunities for a meaningful and rewarding career in medicine.

Our physicians enjoy:

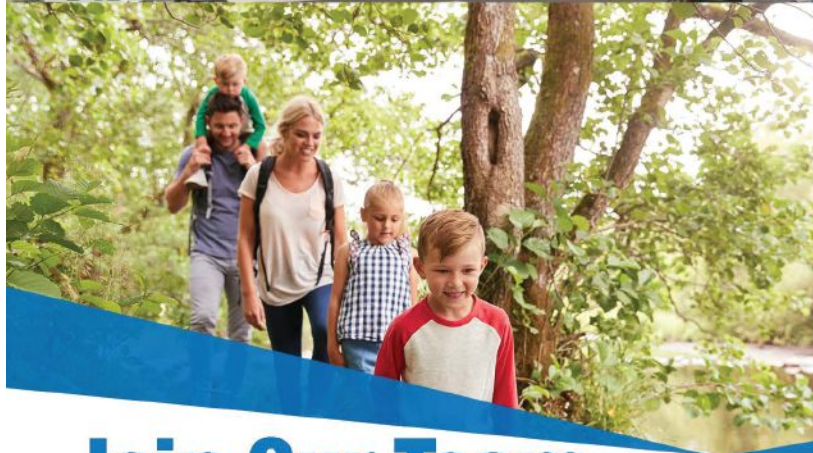
- A welcoming and inclusive culture
- Best-in-class care
- A practice with a purpose
- Meaningful rewards including comprehensive benefits and growth opportunities
- A physician-led practice that puts patients first

PERMANENTE MEDICINE®
Northwest Permanente



<https://nwpermanente.com>

continued page 14



Join Our Team

We are looking for the following specialties:

Internal Medicine • Family Medicine

1 Week Per Month Inpatient/3 Weeks Outpatient

With over 60 physicians representing 29 medical specialties, we are looking for additional physicians to join our team.

Our Advantages

- Competitive Salary & Incentive Plans
- Student Loan Payment Assistance
- Coverage of Medical Licenses & Dues
- Coverage of Malpractice Insurance
- \$15K Relocation
- \$6K Continuing Medical Education Allowance
- Professional Fulfillment
- Flexible Work/Life Balance

Our Community

- Home to MSU Racers - NCAA Division 1 Basketball
- Convenient to Land Between the Lakes Outdoor Recreation - hike, camp, hunt, golf, boat, and enjoy.
- Top Ranked Schools in Kentucky
- Friendliest Small Town in America by Rand McNally
- #1 Best Place to Live in Kentucky
- 100 Best Communities for Young People
- Playful City, USA Designee

To find out more about joining our team - Call Stephanie Nutter-Osborne, Provider Liaison, 270.762.1583 or email sdosborne@murrayhospital.org



MURRAYHOSPITAL.ORG

Who we *are* now, required us to be who we *were*, then. This reflection begets continued growth and acknowledges change.

Reflection requires the deliberate act of slowing down. In doing so, the “noise” of life fades, stillness is invited in, and personal truth comes into focus. We begin to understand ourselves in a relationship to a larger context, and, in stillness, we find our true selves. Taking the time for stillness and reflection is an act of personal leadership.

Intentionality: Intention serves as a sieve, catching goals and priorities, and straining the rest of what is unintended away. Once personal goals have been identified, every act to meet that goal is more focused, crafted with the attention and caring that meaningful work deserves. Effective leaders share a clear vision of their end state. This vision unifies the team in a collective intention, bringing them together in purpose.

Self-Knowing: Effective leaders are self-aware. Understanding one’s personal wants and desires in the context of life-goals, helps an effective leader more purposefully act to achieve those ends. In knowing both their strengths *and* their weaknesses, leaders who are self-aware identify their “blind spots” – what they don’t know they don’t know. Self-aware leaders surround themselves with a team who can help when the leader wavers or falls back into more comfortable but less-productive habits. Influential leaders inhabit this clarity of self and model these components of personal leadership for the team.

“Starting with the end in mind” is critical for many aspects of leadership, and is worth the RISK. There is one final important ingredient, time. In our increasingly attention-strapped society, time is the most precious of the intangibles in the human condition. Everything we do requires time. So I’ll ask this, do you take time to engage in reflective practice?

Do you set intentions and think about the energy you bring to your work? How well do you know your strengths and your weaknesses? Time set aside to do these things is not wasted; however, you may have to get a little creative to “find” it. Take five minutes on your commute home to turn off the podcast and reflect. Take one minute in your morning shower to think about your intentions for the day. While walking back from a meeting, think about how you honored (or didn’t) your authentic self among your peers.

Meeting Mrs. Smith 6 years ago was my first invitation to real reflective practice; she showed me what keeping the end in mind might look like and that it might bring things into focus. Since that time, I’ve realized that joining this reflective practice with intention, and working on knowing myself deeply, while a bit unnerving, is worth the RISK. I would encourage you to find the time to do the same. It will serve you both personally and professionally.

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
<https://usafp.org/clinical-investigations/>
for resources or to find a mentor.



Arkansas' Premier Behavioral Healthcare System Proudly Serving Our Military Families

Pinnacle Pointe Hospital is TRICARE® certified for acute and residential inpatient care services. We are committed to healing the children of military families. Our TRICARE military program offers treatment for youth and teens ages 5 to 17.



Pinnacle Pointe
BEHAVIORAL HEALTHCARE

Pinnacle Pointe Behavioral Healthcare System • 11501 Financial Centre Parkway • Little Rock, Arkansas 72211
501.223.3322 • 800.880.3322 • www.PinnaclePointeHospital.com

Increasing Scholarly Activity in your Residency

The USAFP's Clinical Investigations Committee has a storied history of fostering an atmosphere of scholarly activity amongst military family physicians. Many of us have had our enthusiasm for research and other scholarly activity stoked early in our careers. This is in large part due to the training and opportunities supported by the USAFP. We get to serve our profession and see how our work can impact clinical care. On a more granular level, residency is where the personal guidance of faculty combined with the identity formation of a family physician can set the tone for scholarly activity in a physician's career. We argue that there is no better time than in your residency to explore and grow your research skills.

WHY SCHOLARLY ACTIVITY?

Scholarly activity and research benefits patients, medical institutions, as well as physicians. Patients benefit from the emphasis on evidence-based medicine and the development of best-practices guidelines. Quality improvement projects can improve patient clinical outcomes – both process outcomes such as adherence to screening recommendations, as well as health outcomes such as decreased morbidity and mortality. Medical institutions benefit from scholarly activity by increasing reputation and prestige as well as increasing efficiency and decreasing waste through the implementation of cost-saving quality/process improvement projects. Physicians themselves benefit from scholarly activity, as well. Scholarly activity helps with

career advancement and promotion and also can help healthcare providers stay on the cutting edge of medicine while at the same time serving their profession of Family Medicine. Research frequently can provide opportunities to collaborate and network with healthcare providers across the country and the world.

Participation in scholarly activity and research is an aspect of demonstrating lifelong learning. This demonstration of lifelong learning is a core competency of Family Medicine and important for the continued care of patients. Research and scholarly activity contribute to the advancement of medicine and participation in research helps foster intellectual curiosity.

BARRIERS TO RESEARCH/SCHOLARLY ACTIVITY

While many would acknowledge the value of research and scholarly activity, entry into the realm of research and publishing can seem a daunting task. Participation in scholarly activities, including at least one participation in a quality improvement project, is an ACGME requirement; however, there remain numerous barriers to participating in high-quality research, especially amongst residents. Additionally, support for research in family medicine curricula is not overwhelming amongst family medicine physicians themselves. A descriptive survey of 54 family medicine residents sought to identify resident interest in research activities as well as the perceived barriers to conducting high-quality research. Of the residents

surveyed, 37% thought their project was of high quality and 11% intended to publish their findings. When asked about the barriers to conducting high-quality research, residents listed a lack of time, interest, and scholarly skills.¹ These barriers have made it difficult for many family residents to undertake high-quality research activities. Many residents complete their scholarly activity requirement by presenting clinical vignettes and case reports. While a valuable component of scholarly activity, Rivera et al found that of those who presented original research abstracts at a national conference, 56% believed that experience encouraged them to pursue research in their career, compared to only 33% of residents who presented clinical vignettes.²

HOW TO INCREASE SCHOLARLY ACTIVITY

The Clinical Investigations Committee has sought to review the literature for ideas to increase scholarly activity amongst military family medicine physicians. In 2010, the Naval Hospital Jacksonville Family Medicine Residency pioneered a research curriculum that has demonstrated a dramatic increase in resident scholarly activity output.³ The scholarly activity output was calculated based on both total resident projects per year and number of “quality projects” or peer-reviewed projects per year. The curriculum implemented a faculty research coordinator position, a scholarly activity point system, and a peer-driven resident research coordinator position. A retrospective records review was performed in 2019 of the 185 residents

who completed this curriculum over a five year period since its implementation. This review found that the dramatic increase in scholarly activity was statistically significant ($p<0.005$) and persisted over the study period. Their faculty research coordinator received 0.1 Full Time Equivalents to dedicate to this role. The point system was tiered based on type of scholarly activity and an award was given at graduation to the winner. The resident research champion was self-selected with a letter of intent and their role was to try and motivate, mentor, and increase resident research interest. The big takeaway from this study is that establishing a few simple additions to a residency research curriculum can have significant and sustained effects on increasing scholarly activity.

Multiple studies assessed resident-perceived barriers and potential solutions and consistently a formalized research curriculum and training as well as protected research time were reported as the most important solutions.²

While engaging residents in scholarly activity and research is often a challenge, many practicing family physicians struggle to participate in research as well. One study found an association between the loss of tenure-track positions and a decline in peer-reviewed publications. This decline was most stark in primary care settings which may be limiting progress in primary care research. This study found, similar to the aforementioned studies, that providing these non-tenure faculty the time and resources to be involved in research, in addition to their clinical responsibilities, as well as access to research collaborators and mentors, can promote scholarly activity among this group.⁴

USAFP RESOURCES

Protected time, research skills training, and research mentorship are the most

consistent and important components identified in our literature search for increasing scholarly activity. The USAFP has several resources available to address some of these components. The USAFP Annual Meeting is an amazing opportunity for residents and family physicians to present their research as well as to provide a community to pursue research investigations (the Research Competition is open for submissions 15 July!). The Clinical Investigations Committee invests purposeful training for faculty at each residency in addition to offering a research mentor program to connect you to an experienced mentor for your project. The USAFP's "Every Doc Can Do Research" series has started to finish workbooks for each type of project you may have in mind, whether a case report, clinical investigation, or research poster (available at <https://www.usafp.org/research/every-doc-series/>). "The Recipe" is a practical guide for all things involving scholarly activity and highly recommended for family physicians and especially those in graduate medical education. All of these resources are available at <https://www.usafp.org/research/research-tools/> and probably deserves a bookmark in your web browser. Additionally, there is the military primary care research network (MPCRN) which promotes physician inquiry, discovery, and improvement to enhance primary care (<https://medschool.usuhs.edu/fam/research/mpcrn>). For those interested in beginning in research endeavors, the USAFP has a grant program to provide both small and large grants to fund various research projects.

What the USAFP cannot provide, and what is perhaps the most important factor for increasing scholarly activity, is protected time to dedicate to research activities. Protected time was consistently identified as the most necessary and

important factor to allow residents and practicing family physicians the opportunity to engage in scholarly activity. Peer and faculty support were also important components to an effective research curriculum. Consider the answer to these questions as a good starting place for practical steps in your residency:

1. Does your research curriculum have a dedicated faculty research coordinator?
2. Is there a "resident research champion" designated in your program?
3. Does your program allow for protected research time for both faculty and residents?

REFERENCES

1. Bammeke F, Liddy C, Hogel M, Archibald D, Chaar Z, MacLaren R. Family medicine residents' barriers to conducting scholarly work. *Can Fam Physician Med Fam Can.* 2015;61(9):780-787.
2. Rivera JA, Levine RB, Wright SM. Completing a scholarly project during residency training. Perspectives of residents who have been successful. *J Gen Intern Med.* 2005;20(4):366-369. doi:10.1111/j.1525-1497.2005.04157.x
3. Seales SM, Lennon RP, Sanchack K, Smith DK. Sustainable Curriculum to Increase Scholarly Activity in a Family Medicine Residency. *Fam Med.* 2019;51(3):271-275. doi:10.22454/FamMed.2019.906164
4. Braxton MM, Infante Linares JL, Tumin D, Campbell KM. Scholarly productivity of faculty in primary care roles related to tenure versus non-tenure tracks. *BMC Med Educ.* 2020;20(1):174. doi:10.1186/s12909-020-02085-6

Planning for Your Next Board-Certification Re-Election Cycle.

As we welcome many new graduates into the fold this summer, we wanted to take the time in this newsletter to discuss maintenance of board-certification requirements and approaches to obtaining continuing medical education (CME) credits. The American Board of Family Medicine (ABFM) continues to transform the requirements from year-to-year, and some state medical licensing boards may have different criteria for CME. The first step is to navigate to the correct website. Do not go to the website <https://www.abfm.org> as this will take you to the Association for Budgeting and Financial Management. Perhaps you should check out what they have to offer for your future financial planning; however, that will not satisfy your requirements for board-certification. Instead, be sure to use <https://www.Theabfm.org>.

FEES

The ABFM breaks up certification requirements into three-year stages known as re-election cycles. The first step is to pay your dues of \$200 per year (\$600 for the three-year cycle). Surprisingly, this fee has remained constant for the past decade! The second step is to maintain one active state medical license. This satisfies the “Professionalism and Licensure” requirement.

CERTIFICATION ACTIVITIES

The ABFM has developed its own certification activities in addition to CME, and you must complete 50 required certification points for each three-year cycle. You may receive certification points by completing knowledge self-assessment (KSA) activities and performance improvement (PI) activities. You must complete at least one KSA for 10 points and one PI activity for 20 points by the end of each cycle. The remaining 20 points may

come from either type of activity. One easy way to do this is by participating in the group KSAs at the annual USAFP conference, and the Education Committee is currently working to organize another group KSA for later this year! The ABFM also now has a continuous KSA (CKSA) through an app that sends quarterly questions for 2.5 points each. We recommend not leaving these activities until the very end of each stage as they can take significant time to complete.

CONTINUING MEDICAL EDUCATION

Each three-year stage requires 150 CME credits (average of 50 credits annually). Credits are broken down into Division I and Division II credits and at least 50% must be Division I. All CME credits are subject to final approval by the ABFM. You may verify your CME either through membership in the American Academy of Family Physicians (AAFP) or by manual entry of your credits on the ABFM website.



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.

To understand the difference between these credits please visit: <https://www.theabfm.org/continue-certification/continuing-medical-education#division1>. Common ways that family physicians obtain Division I credits are through American Family Physician and other journal quizzes, life support classes, attending meetings like USAFP, and claiming credit after reviewing resources such as UptoDate. Division II credits are often overlooked and may include teaching, professional enrichment, scholarly activity, and advanced training.

- Teaching (limit 60 prescribed credits per three year re-election cycle). Credit may be claimed for instruction of health professions learners in formal individual (e.g. preceptorships) or live educational formats.
- Professional Enrichment (limit 25 Elective credits per re-election cycle). Credit may be claimed, commensurate with participation, for partaking in other medical educational experiences and activities, such as independent exam preparation and informal self-learning activities. These activities may or may not be documented, and are not certified by the AAFP, AMA, or AOA. It is generally recommended to claim one credit per hour. Journal Club is an excellent way to enrich your professional development so we encourage you to consider joining the quarterly USAFP journal clubs that have recently kicked off in 2021!

- Scholarly Activities (limit 100 prescribed credits per re-election cycle). Credit may be claimed for the following types of scholarly activities: (1) publishing original scientific or socioeconomic research pertaining to patient care, public or community health, published in a state or national peer-reviewed Medline-indexed journal, (2) participation in clinical research studies, (3) scientific paper preparation and publication, (4) scientific exhibit preparation and presentation, (5) peer review of manuscripts for journals listed in Medline, (6) test item writing for the NBME, ABMS member board or for peer-reviewed, published, self-assessment educational activities from a national medical specialty society.
- Advanced Training (limit 25 prescribed credits per re-election cycle). Completion of a medically related master's degree or a fellowship/mini-fellowship program beyond family medicine residency training is eligible for Division II credit.

FAMILY MEDICINE CERTIFICATION EXAM

The family medicine certification examination is due every 10 years as a one-day exam. Interestingly, the ABFM recently launched a pilot program as an alternative to the one-day examination, called Family Medicine Certification Longitudinal Assessment (FMCLA). This approach for assessment of cognitive expertise is more aligned with adult learning principles,

promoting more enduring learning, retention, and transfer of knowledge than infrequent, episodic examinations. According to the ABFM website, if you select the FMCLA option, you will be provided 25 questions online each quarter; this is different than the CKSA discussed above. Questions can be completed at the place and time of your choice. You may use clinical references during the assessment, much like you do in practice, but the questions are timed with only 5 minutes allowed per question. And lastly, you will not need to travel to a test center, nor spend additional time and money on preparatory courses.

Whether you are a new graduate who is just getting started participating in maintaining your certification, or a seasoned veteran who has seen multiple iterations of this process, the Education Committee would love to know how we can make maintenance of certification easier for you as a member of the USAFP.

REFERENCES

Family Medicine Certification Process [Webpage]. The American Board of Family Medicine. Available at: <https://portfolio.theabfm.org/ui/dashboard>. Accessed 27 June 2021.

CME Reporting Form [Webpage]. American Academy of Family Physicians. Available at: <https://aafp.org/mycme>. Accessed 27 June 2021.



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.

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

Tools Available:

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

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

National Conference of Constituency Leaders Goes Virtual

Due to COVID-19, this year's American Academy of Family Physicians (AAFP) National Conference of Constituency Leaders (NCCL) was held virtually, in April. NCCL is an opportunity for underrepresented groups in medical leadership to develop instrumental skills, meet other colleagues who share similar interests, and participate in creating resolutions to bring to the Congress of Delegates (COD)

The NCCL Constituencies mirror the groups incorporated in our member constituencies committee, including women, minorities, new physicians, international medical graduates, and LGBT+ physicians. The team of delegates representing the USAFP consisted of Jules Seales, MD (Women), Spencer Fray, MD (Minority), Alex Knobloch, MD (New Physician), Rachel Carter, MD (IMG), Sterling Brodniak, DO (LGBT), Megan Mahowald, MD (Delegate), and Kevin Bernstein, MD (ACLF Delegate and Navy Director).

Attendees from USAFP helped to author 9 of the 41 potential resolutions, listed below:

ADVOCACY

1006: AAFP Advocates for Priority Processing of Permanent Residency for Front-Line Primary Care Physicians on Visa Amidst COVID-19 Pandemic

EDUCATION

2001: Virtual Continuing Medical Education

2003: Antiracism Training for Family Medicine Residents and Physicians

2004: AAFP Support for Telehealth Inclusion in ACGME Requirements

2011: Simple Changes to Dramatically Improve IMG Member Experience

HEALTH OF THE PUBLIC AND SCIENCE

3001: Improving Awareness of Sex and Gender Disparities in Primary Literature and Guideline-Based Medicine

3008: AAFP to Support Gender Diverse Athletes' Participation in Team Sports

ORGANIZATION AND FINANCE

400: Allocate Funding to Allow All National Conference of Constituency Leaders Co-Conveners to Attend the AAFP Congress of Delegates

4005: Helping

Please visit the link to review current and past NCCL resolutions: <https://www.aafp.org/events/aclf-nccl/nccl/past-years.html#2021>

Prior to the closing of the NCCL, 2022 co-conveners, alternate delegates, and American Medical Association-

Young Physicians Section (AMA-YPS) representatives were selected. Three USAFP members were elected:

- Spencer Fray, MD (minority co-convenor)
- Kevin Bernstein, MD (AMA-YPS)
- Janelle Marra, DO (LGBT co-convenor)

I am looking forward to being involved in the NCCL 2022, scheduled for April 28th-30th in Kansas City, MO. If you have an interest in attending, please let us know, so we can nominate you as a potential USAFP delegate. For more information on AAFP NCCL, please visit the website <https://www.aafp.org/events/aclf-nccl/nccl.html>

For more information on the upcoming AAFP COD (scheduled September 12th, September 26th-29th) visit the website : <https://www.aafp.org/about/congress-delegates.html>



Tips for Success During Your Audition Rotation

It is the best time of the year! Summer brings excitement for the graduation of third-year residents and pride knowing they will do great things on their adventure at their next military assignment. It brings new interns who are eager to step into the joys and challenges of residency. Summer also ushers in new faculty as the PCS season shuffles active duty members to new parts of the world. And, of course, summer kicks off the medical student interview season! The military offers a unique experience by encouraging four-week audition rotations. The longer interview experience offers students insight into programs they otherwise would not be able to get from a one-day interview. It certainly helps determine which program will be the best new “home” for the next three years.

If you are certain you want to train in Family Medicine, it is recommended you rotate at your top 2 sites. If you aren't certain which specialty you want, then rotate at your top site for each. For sites lower on your list, consider setting up a one-day interview or a virtual interview as able. Students should reach out to ALL sites in their specialty of choice to introduce yourself, provide a copy of your CV and set up an interview. As vaccination rates continue to rise, we look forward to more students being able to safely travel this year and visit multiple sites.

During your rotation, program directors, faculty and residents will be looking for qualities that show you have potential not only for success in GME, but also as an officer in the military. They want to see **motivation and self-directed learning**. What does that look like? **1. Seek out feedback!** Do this early and often. All sites will have feedback forms they encourage you to use; take time after working with a resident or faculty to have them fill out the form. Talk about things you should

continue doing and things you could improve for the next time. **2. Prepare for clinic.** If you have access to the medical record, review patients ahead of time. Meet with your preceptor the day prior to working with them so they know you will be working with them. If you reviewed their schedule and have interest in a particular patient, let them know! **3. Learn from your patients.** If you see a new diagnosis on the wards or in clinic, read up on the topic. If you need to brush up on your preventive care, take the time to dive into your resources so you are ready for the visit. Discuss your learning points with your preceptor. **4. Offer to teach.** This could take a variety of forms. You could take point on counseling a patient. You could educate the medical technician with whom you are working. You could teach another student about something you learned. You could even prepare a short lecture to share with residents and faculty.

Residents and faculty hope to have **responsible teammates**. In residency, we have one mission: educate residents to deliver safe, evidence-based care. What does that look like? **1. Be Accountable.** Show up on time. If you are given a task, be sure you complete it. If you are unable to complete a task, let your preceptor know. Never make up data about patient care. To be sure, “I don't know” can be an acceptable answer, but follow that up with your plan to find out. **2. Communicate.** Clarify with your team what your role will be as this may change between teams and preceptors. Are you going to shadow or lead the encounter? Should you write the note? **3. Build each other up.** Medical school and residency are hard enough! We are not here to “throw others under the bus” to make ourselves look better. Instead, challenge yourself and your colleagues to be the best versions of each other every day.

Finally, programs want **humble and teachable** students, residents, *and* faculty. Family Medicine is challenging and every day I am humbled by how much more I have to learn! By having a **growth mindset**, you can come into every situation ready to continue to develop professionally and personally.

After demonstrating many of the qualities above, students often request letters of recommendation during their audition rotations. Let the faculty know early you are hoping to leave with a letter. Select a faculty with whom you work closely during your rotation. The more time you spend with a faculty member, the more they will be able to personalize your letter and truly speak to your strengths. When requesting a letter of recommendation, consider asking “Would you feel comfortable writing a letter of recommendation for me?” or “Do you feel you could write a strong letter for me?”

All of the military Family Medicine residencies offer world-class training. While the program is interviewing you, you are also interviewing the program. You should see the above traits in the residents and faculty—we cannot expect them of students if we don't first model them ourselves!

The most important part of your audition is that you find **your home** for the next 3 years!

For more service specific about the application process and timeline see:

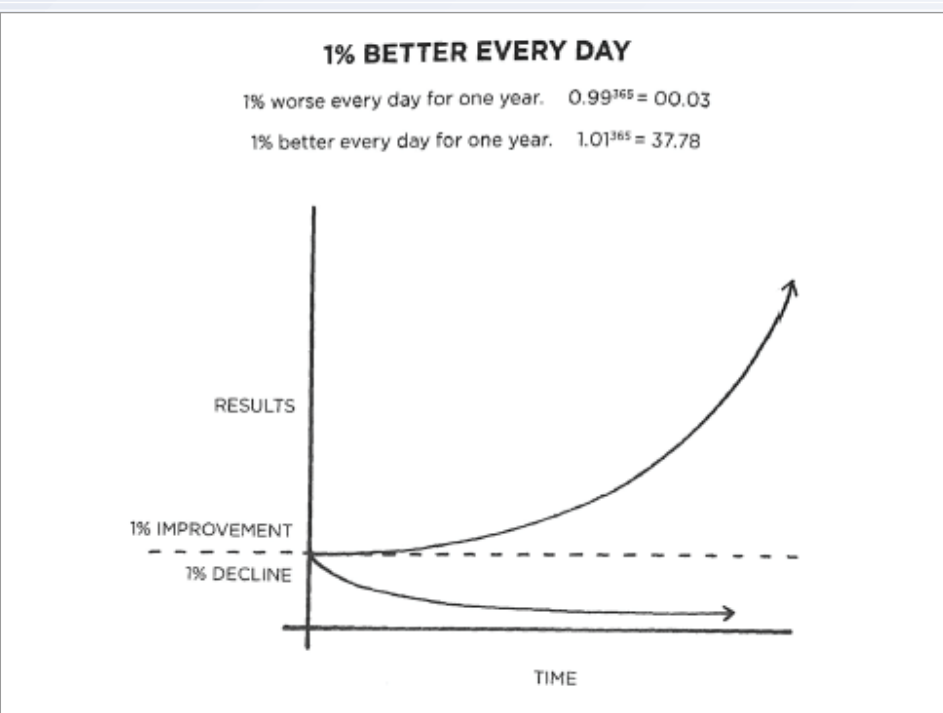
- Army: Information posted in MODS, Letter of Instruction and Army Post Graduate Fact sheet
- Navy: <https://www.med.navy.mil/sites/nmpdc/professional-development/SitePages/Graduate%20Medical%20Education%20Overview.aspx>
- Air Force: <http://www.airforcemedicine.af.mil/Organizations/Physician-Education-Branch/>

Atomic Habits

BY JAMES CLEAR

As medical leaders, time is one of our most valuable and precious resources. Time is needed to cultivate relationships, whether it is with junior individuals like students, PAs, or medics; peers like fellow attendings or non-medical staff officers, or leaders within our own organizations or in other units across the military. We need time to design curricula, hone presentations, analyze data, and complete notes for clinical encounters. Last but not least, time is critical for caring for ourselves, taking time to recharge, maintain fitness, sleep, and pursue hobbies, interest, and family bonding outside of our vocation.

While this is obvious, often as physicians we struggle with balancing time. Much like counseling patients against unhealthy behaviors when they already know the damaging consequences of their choices (think smoking and its link to cancer), we already know that being more efficient is crucial to balancing time. Without managing our time effectively, tasks often take longer which causes less satisfaction and greater risk of burnout. So why then is it challenging, for some more than others, to maintain good habits and optimize our time? Often we view self-discipline as an innate quality, that some are just blessed with more than others. In this issue of USAFP, we will examine another theory, that self-discipline is not an innate quality but



rather a set of skills we can all develop over time.

Many times we overestimate single events as the key to success and underestimate the little things we did leading up to that moment. Doing the little things right day in and day out might seem boring or tedious, and we usually define that as having “self-discipline”.

James Clear’s book *Atomic Habits* explores the psychology behind habits and how we can use that knowledge to become more efficient. As he notes, a 1% increase or decrease in most things usually seems negligible. But a 1% improvement every day for a year

towards a habit or skill will yield a 37x improvement by the year’s end, and a 1% decline in the same habit or skill renders it to almost 0 by the year’s end (see figure below). Our habits are like compound interest - by working steadily toward a goal, our progress can snowball on itself to achieve something much greater than it initially appears. This can be applied in virtually any aspect of our professional or personal lives. Examples include putting consistent time in on a project, building a network of relationships in our unit, writing a curriculum, eating healthier, keeping up with CME, closing notes, or working out. As military physician

continued on page 24

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 bedside.

OFFERED IN **2** LOCATIONS RIGHT OUTSIDE OUR NATIONS CAPITAL
with rotations overseas in Kenya & Thailand



Fellowship Highlights:

- Conduct laboratory, animal, or clinical research under the supervision of a mentor.
- Participate in the teaching of Clinical Pharmacology to medical students, house staff, and practicing of physicians.
- 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

For more information contact:

LTC Jeffrey Livezey, MD: jeffrey.livezey@usuhs.edu
or LTC Jesse Deluca, DO: jesse.p.deluca.mil@mail.mil

<http://www.usuhs.edu>
<http://wrair-www.army.mil>

leaders, mastering our habits can make us more effective in everything we do.

When it comes to achieving lasting positive change in our lives, it is a matter of changing the right thing. Clear's main point is that often we focus on outcomes or behaviors rather than values. Typically outcomes are what we focus on with any type of change: completing a project at a certain deadline, spending a specific amount of time with family, or getting a certain amount of sleep. Processes in our lives are the habits we have in place to help us achieve those outcomes: blocking time in our schedule to work on the project, planning trips with our family, or setting a reminder to start bedtime at the same time every evening. Identity is what we believe and value, and ultimately it is what will shape the habits we do or do not maintain: "I am prompt," "I put my family first over work," "I am someone who gets a good night's sleep."

A common problem is that we focus on changing the outcomes ("I want to lose 10 pounds") rather than the identity ("I am a physically fit person"). If the habits we identify to achieve our desired outcomes ("I work out 5 times a week") are not congruent with our identity ("I am not really someone who works out regularly"), we are much less likely to maintain those habits. Thus, by changing the paradigm to focus on redefining our identity instead of our outcomes, we are more likely to adopt our new habits for good and consequently get the outcomes we desire. Furthermore, every time we maintain a habit, it is an affirmation of that identity. As shown in the figure below, the key is to focus on building identity-based habits, rather than simple outcome-based habits. Identity-based habits are much more likely to stick.

Once we understand that identity is the most important target for change, we can apply the four laws of habits, which are tools we can use that tap into the underlying psychology of habit formation.

1. Make it obvious.

Our brains are wired to notice and prefer patterns, and this goes for associating actions with times, locations, or circumstances. Associating a desired action with a place and time makes it much more likely to stick. (E.g. place a medical journal on my keyboard if my goal is to read for 20 min when I first get to work. Over time, we associate the start of the day at the office as the time to read medical journals.)

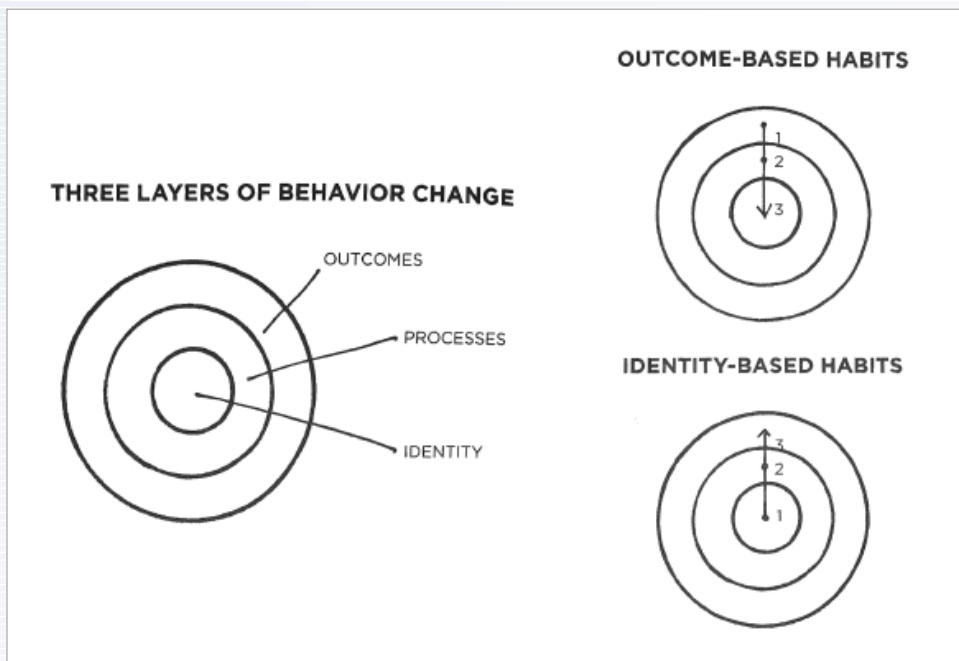
2. Make it attractive.

We evolved to want to do certain things (eat, rest, etc) and dopamine is the neurotransmitter that affirms behaviors in our brain as being good or that should be

repeated. Over time, repeatedly linking the same actions with that dopamine creates a feedback loop, and we become consciously or subconsciously motivated to continue doing it. Pairing a targeted behavior with something we already desire essentially bundles dopamine with this new habit. (E.g. if I enjoy watching a Netflix show, I bundle watching that show with completing my notes and watch it only once they are complete.) Another method is to surround ourselves in a culture that views that habit as attractive. (E.g. spend time with others who bike for fitness, if we desire to bike more often.)

3. Make it easy.

While most of us are self-driven high achievers that few would define as "lazy," it is also true that human nature is to follow the path of least resistance. Conserving energy and brain power is what we evolved to do. So regardless of



being driven, we will increase the likelihood of maintaining our new habit by making our environment conducive to it. Reducing friction, addition by subtraction, or lean six sigma - they all apply the same principle of eliminating obstacles, big or small, from the process to make it smoother and seamless. Actions like using an organizer, a checklist, or eliminating unnecessary steps can significantly improve maintaining a habit if it becomes easier to do.

4. Make it satisfying.

Again tapping into evolutionary theory, our brains seek out dopamine reward to signal that a behavior was good and to do it again. Putting a system in place to reward ourselves with a desired

behavior can allow us to make that habit more satisfying than the intrinsic satisfaction alone that we get with accomplishing it. Creating a visual aid like a daily checklist or habit tracker can help as well. Depending on the habit, publicly displaying it or having an accountability partner or group can serve both to create good habits and break bad ones.

How we spend our time as leaders is crucial to our success. How that time is spent is different for everyone, depending on personality, preference, environment, and circumstances. But regardless of those differences, by understanding our values and how they shape our behaviors, we can all develop helpful habits that help us become more effective leaders. In

addition to reading the book, visit the author's website to sign up for his weekly newsletter on tips and encouragement for developing better habits, at <https://jamesclear.com/>

Special thanks to Drs. Fandre, Obrien, Switaj, and Rogers, for mentoring in writing this edition of the leadership book club!



SCHOOL OF MEDICINE
Family Medicine

A Tradition in Leadership

For over 40 years, the nationally recognized, part-time **UNC Faculty Development Fellowship** has provided hundreds of early career faculty the knowledge, skills, and experiences needed to become effective faculty members and leaders in the discipline. **Now taking applications for the 2022-2023 fellowship year! Early Bird deadline is November 1.**

This year-long faculty development fellowship is tuition based, GI Bill eligible, and includes:

- 4 main components: Leadership, Teaching & Learning, Scholarship and Quality Improvement
- Year-long fellowship with 24 days of on-site training distributed over 4 campus visits (June-Sept-March-June)
- Completion of an educational or quality improvement collaborative project
- Online learning community for engagement between campus visits

To learn more or apply, visit
uncfamilymedicine.org/fdf

2022 USAFP Annual Meeting & Exposition

30 March – 04 April, 2022
Anaheim Marriott Hotel
Anaheim, California

After a full year-and-a-half of COVID-19 disruptions, we are honored and excited to announce the 2022 USAFP Annual Meeting & Exposition, held in-person at the Anaheim Marriott Hotel in Anaheim, CA. In the spirit of reconvening face-to-face for the first time in two years, our theme will be “Smarter Together; Stronger Together; BETTER Together.”

Get ready to develop your scholarship, readiness, fellowship, and service with a wide-range of lecture-style and potpourri sessions, hands-on workshops, and the greatly anticipated research competition. We have received many exciting submissions already, and are working hard to accommodate as many submissions as possible and ensure maximal attendance.

This year, we will also be incorporating opportunities to recertify on high-yield trainings such as ATLS and ALSO, while still including old favorites such as KSAs and Boards review sessions. As always, USAFP offers a chance to network with colleagues around the world, learn with new and seasoned physicians, and sponsor the next generation of physician leaders.

Located just south of Los Angeles, Marriott Anaheim is perfectly situated to merge scholarly development with family fun. Within walking distance of the grounds are the exciting Disneyland® Resort and the renowned House of Blues. Anaheim is also known for its Discovery Science Center, Santa Ana Zoo, Knott's Soak City Water Park, and Newport Beach,

as well as several famous breweries. The Marriott grounds also offer a fitness center, 2 restaurants, and a Starbucks, with many others within walking distance. We are thrilled to welcome you to Anaheim!

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

stephen.m.young2@gmail.com
or mariama.massaquoi@me.com

Stephen Young, MD &
Mariama Massaquoi, MD
2022 USAFP Program
Co-Chairs



RISE ABOVE.

Come care with us.

HERE, WE'VE RISEN ABOVE. We've pioneered advanced care for our friends and neighbors in this region that we are proud to call home. We've risen above and built a team of dedicated caregivers; together, for and around one thing – our patients. We've risen above and built a state-of-the-art hospital with leading-edge design and technology rivaling any in the nation. We enjoy a low cost of living but an exceptional quality of life, all in a community that feels large, yet is comfortable enough to call home.



**Owensboro
Health**

RECRUITING PHYSICIANS



(502) 593-6114 / CALL / TEXT

Kathryn Coble, Physician Recruiter
kathryn.coble@owensborohealth.org



CENTRALLY-LOCATED IN THE MIDWEST

MULTIPLE PRIMARY CARE OPPORTUNITIES

- Competitive base compensation, guaranteed for two years with RVU bonus potential / Up-front bonuses / Full benefit package
- Health system-employed position with integrated Epic electronic medical records system

Family Medicine Residency Faculty

- Affiliated with the University of Louisville, a new program with seven residents in the first class of 2020
- University-sponsored program hosting six resident slots per year (19 total by 2022)
- Brand-new clinic space with eighteen exam rooms and four classrooms



Family Medicine Outpatient

- Robust referral base / 14-county coverage area / population draw of over 400,000
- Outpatient only or traditional model of inpatient rounding with group shared call.

Urgent Care

- Urgent care hours: Monday – Friday, 8 a.m. – 8 p.m.
- Work/Life balance with 182 shifts annually and opportunity for additional shifts



Call for Applications: Family Medicine Discovers Rapid Cycle Scientific Discovery and Innovation initiative (FMD RapSDI) is accepting applications through August 23rd. FMD RapSDI supports practicing family physicians with little or no research experience to generate new evidence and innovative models for “what works” in real-world primary care settings. FMD RapSDI is designed for anyone who is curious about answering a patient care-inspired question, clinical problem, or clinical conundrum, but hasn’t had the support to investigate. This program is a collaboration between the AAFP

Foundation and AAFP National Research Network (AAFP NRN),

Selected scholars will receive a \$40,000 grant to serve as Principal Investigator for a short-term, high-impact project. Funding supports costs associated with developing and completing research projects and/or offset a portion on the scholar’s salary (up to 20% FTE). FMD RapSDI scholars will receive research infrastructure and mentorship support from AAFP NRN to empower them to successfully develop and implement their research projects and stimulate their professional development.

The application process is divided into two competitive rounds. The first round of the application consists of answering a series of questions about your patient care-inspired question. **An in-depth description of a research question, protocol document, and budget are NOT NEEDED in the first-round application.** The application period for FMD RapSDI will be open July 1, 2021 and will close on August 23, 2021 at 5pm CT.

For more information, visit the *FMD* RapSDI website(www.aafp.org/family-physician/patient-care/nrn/studies/all/family_medicine_discovers.html) or contact us at nrn@aafp.org.

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 Family and Community Medicine Residency Program in Berks County, PA. Priority will be given to candidates interested in inpatient medicine or obstetrical services. The Family and Community Medicine Residency Program strives to provide excellent education in training family physicians to provide comprehensive, compassionate, and patient-centered care.

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.

Greg Emerick, MHA, CPRP - Physician Recruiter

gemerick@pennstatehealth.psu.edu • 717-531-4725



PennState Health

Penn State Health is fundamentally committed to the diversity of our faculty and staff. We believe diversity is unapologetically expressing itself through every person's perspectives and lived experiences. We are an equal opportunity and affirmative action employer. All qualified applicants will receive consideration for employment without regard to age, color, disability, gender identity or expression, marital status, national or ethnic origin, political affiliation, race, religion, sex (including pregnancy), sexual orientation, veteran status, and family medical or genetic information.



Job Requirements

- Medical degree - MD, DO 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

At the end of the day,
THIS is where you
want to be.



Find your future at Banner Health®

**Your commitment to service.
Our commitment to you.**

- Financially sound with Fitch rating of AA-
- Access to academics and network of specialists
- Dedicated resources to mitigate burnout and encourage well-being
- Development opportunities
- Excellent compensation
- Public Service Loan Forgiveness
- **Our Diversity & Inclusion efforts includes resources for military veterans**

Primary Care positions now available for BE/BC physicians in Family Medicine, Internal Medicine, Geriatrics or IM/Peds.

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!

Arizona: With dozens of clinics and health centers in Arizona, and plans for expansion, Banner Health is hiring for several locations, including: Glendale, Goodyear, Peoria, Sun City West and San Tan Valley.

Also hiring in CA, CO, NE, NV, WY.

Apply today - PracticeWithUs.BannerHealth.com

For more information: Pam Disney (602) 747-4397 or
doctors@bannerhealth.com

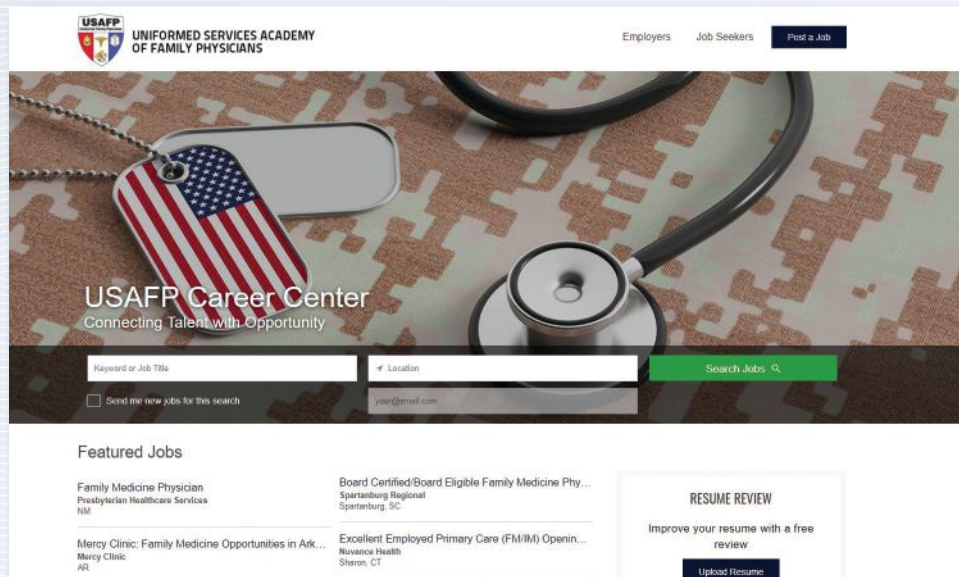
www.bannerhealth.com

Introducing the USAFP Career Center – Connecting Talent with Opportunity

Your Hub for Physician Employment Opportunities Across the Country

The USAFP recently launched a career center resource that provides members a complimentary opportunity to search for family medicine positions available across the country. Explore employment opportunities or recruit for open positions within your MTF. In addition to the complimentary job search resource, the USAFP has discounted rates for members that want to advertise open positions. Posting your resume is anonymous and complimentary.

Manage Your Career - search and apply to multiple family medicine positions, upload your anonymous resume, and allow employers to contact you through the Career Center's messaging system, set up job alerts specifying your skills, interests, and preferred location(s) to receive email notifications when a job is posted that matches your criteria.



Recruit for Open Positions - promote your jobs directly to USAFP members via the exclusive Career Center email system, search the anonymous resume database to find qualified candidates, manage your posted jobs and applicant activity easily on this user-friendly site.

To access the Career Center visit www.usafp.org and utilize the Career

Center link on the home page or visit www.usafp.careerwebsite.com. Please utilize the USAFP Career Center to find or fill a job in the future. If you have any questions, please do not hesitate to contact the USAFP at 804-968-4436 e-mail Matt Schulte at mschulte@vafp.org.

AAFP Implementation Guide and Resources for Incorporating Lifestyle Medicine into Everyday Family Practice

The AAFP has developed an implementation guide and resources on Lifestyle Medicine. The implementation guide is divided into six sections, each covering a different aspect of lifestyle medicine. Topics include a general overview of the lifestyle medicine

framework, ways to incorporate lifestyle medicine into practice, lifestyle medicine assessment tools, and reimbursement and coding. The sections are supplemented by an extensive reference list and numerous figures and tables, including one table that provides links to six assessment tools.

For more information visit: www.aafp.org/news/health-of-the-public/20210603lifestylemed and www.aafp.org/family-physician/patient-care/prevention-wellness/healthy-lifestyle

new members

THE USAFP WELCOMES THE FOLLOWING NEW MEMBERS...

ACTIVE

Anna Friend, MD
Katrina Ostermann, DO

RESIDENT

Stephanie Algenio-Anciro, MD
Yosselin Arroyo-Galvan, MD
Sean Bacha, DO
Mary Barnes, DO
Tiffany Bujak, DO
Samuel Burton, MD
Rodger Carter, DO
John Cook, MD
Kryls Domalaon, MD
Anthony Donigian, MD
Sarah Ericson, DO
Jake Everett, MD, PhD
Austin Fry, MD
Morgan Fuller, DO
Courtney Getchell, MD
William Glazier, MD
Chelsey Haley, DO, MBA
Corey Herman, MD
Samantha Higgins, DO
Drew Hundertmark, DO
Meghan Jastrzembski, DO
Andrew Jones, MD
Brandon Laffoon, DO
Vidya Lala, MD

Elias Leavitt, DO
Caitlin Lee, DO
Evan Locke, MD
Eileen Ly, MD
Paige Macky, MD
Faisal Mian, DO
Ana Moreno-Mesa, MD
Melinda Ng, MD
Jacob Olejarczyk, DO
Katelyn Pauls, DO
Holly Payne, MD
Scott Petersen, MD
Reid Rivers, MD
Aaron Salazar, DO
Jacob Sanders, MD
Daniel Schoenherr, MD
Sean Seipel, MD
Nathan Shaffer, DO
Joseph Simmerman, MD
Hayley Spires, MD
Reggie Taylor, DO, MA
Bristol Thompson, MD
Giacomo Tomasello, MD, MPH
Jake Van Weezep, DO
Caitlyn White, MD
Michael Willcox, MD

STUDENT

Ara Alexanian
Lizbeth Alvarez, MPH

Ryan Becker
Amanda Dao
Georgia Dau
Katy Davis
Kyle Deivert
Sarah Dennis
Rachel Gantz
Katelyn Hagstrom
Kathleen Hansen
Lethon Jordan, Jr
Keren Lee
Trudi Lewis
Jonathan Lutgens, Jr
Millie Mohan, MPH
Yonatan Moreh
Freddy Morocho
Alexandria Murphy
Emily Nee
Rafael Ortega
William Petrie
Evgeniya Romaniuk
Samuel Scruggs
Kevin Shanahan
Zachariah Smith
Noah Tocci
Summer Walton
Zoe Wisniewski
Anusri Yanumula
Mckenzie Zeman

MEMBERS IN THE NEWS

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

NEWSLETTER SUBMISSION DEADLINE

REMINDER: The deadline for submissions to the Fall magazine is 10 October 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. dreamy@vafp.org.

RESEARCH JUDGES

Applications for research judges are accepted on a rolling basis. Please contact Dianne Reamy (dreamy@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?

Please write to me...
Leo A. Carney, DO, FAAFP,
HQMC – Health Services
Arlington, VA
leocarney@icloud.com

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.

USAFP Past President James A. Ellzy, MD, MMI, CMQ, FAAFP Candidate for AAFP President Elect

The USAFP is proud to announce that Past President James A. Ellzy, MD, MMI, CMQ, FAAFP is running for President Elect of the American Academy of Family Physicians. Dr. Ellzy was elected as a Director on the AAFP Board of Directors in 2018 serving a three-year term.

The election will take place during the 2021 AAFP Congress of Delegates. Dr. Ellzy currently serves as the MHS GENESIS Clinical Functional Champion at the Defense Health Agency. In addition, he serves as associate faculty at the Fort Belvoir Family Medicine Residency, where he teaches and maintains clinical practice. As an assistant professor of medicine, Dr. Ellzy also instructs medical students during clinical rotations at Fort Belvoir Community Hospital with the Uniformed Services University of the Health Sciences.

Wishing Dr. Ellzy a Successful Campaign!



THE WORK-LIFE BALANCE YOU NEED, THE BENEFITS YOU DESERVE.

Ready for a job that gives you the work-life balance you need with all the benefits you deserve? Discover the opportunities waiting for you at the Defense Health Agency. As a DHA civilian family physician, you can have a rewarding career providing quality care to those who serve our country, to retirees, and to their families.

We offer what matters most.

- COMPETITIVE SALARY
- JOB SECURITY
- GENEROUS PAID TIME OFF
- SUPPORTIVE WORK ENVIRONMENT
- FLEXIBLE SCHEDULES
- WORLDWIDE LOCATIONS
- RECRUITMENT BONUSES



DHA employees are NOT subject to military requirements such as "boot camp" assignments, or deployments.

Department of Defense is an equal opportunity employer.

FIND JOBS | POST YOUR CV | APPLY TODAY
CIVILIANMEDICALJOBS.COM

FIND A CAREER TO LOVE IN OUR
PHYSICIAN LED HEALTH SYSTEM

LOVE+
MEDICINE IS
PRACTICED
HERE.

NOW, SO
CAN YOU.

325+65+900+
BED MEDICAL CENTER REGIONAL CLINICS
AND HOSPITALS STAFFED BY CLINICIANS

in our large, multi-specialty, nonprofit health system

.....
APPLY AT [GUNDERSENHEALTH.ORG/
MEDCAREERS](https://gundersenhealth.org/medcareers) OR CALL (608) 775-1005.

GUNDERSEN
HEALTH SYSTEM®

The Core Content Review of Family Medicine

Why Choose Core Content Review?

- CD and Online Versions available for under \$200!
- Cost Effective CME
- For Family Physicians by Family Physicians
- Print Subscription also available
- Discount for AAFP members
- Money back guarantee if you don't pass the Board exam
- Provides non-dues revenue for your State Chapter



**The Core
Content Review
of Family Medicine**

Educating Family Physicians Since 1968

PO Box 30, Bloomfield, CT 06002

*North America's most
widely-recognized program for:*

- Family Medicine CME
- ABFM Board Preparation
- Self-Evaluation

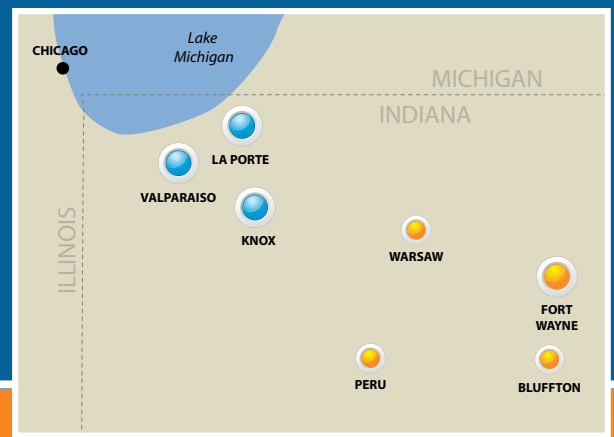
- Visit www.CoreContent.com
- Call 888-343-CORE (2673)
- Email mail@CoreContent.com



Find us on
Facebook

PRIMARY CARE OPPORTUNITIES in Northern Indiana

We provide physicians with a collaborative supportive environment to apply evidence-based practices to patient care.



Lutheran Health Network

Lutheran Health Network is a family of more than 7,000 employees, physicians, advanced practice providers and volunteers. As one of the largest employers in the region, Lutheran Health Network makes a positive impact on the communities we serve. The Network's access points across northeastern Indiana include acute care hospitals, specialty hospitals, physician offices, urgent care clinics and outpatient centers. For more information, visit LutheranHealth.net.



Northwest Health Network

Northwest Health Network is a comprehensive healthcare system that combines the strength, resources and quality of three hospitals and a comprehensive system of specialty care sites. The Network's more than 3,000 physicians, nurses, techs and support professionals share a passion for quality and provide a seamless, integrated experience to ensure care is available when and where it's needed. For more information, visit NWHealthIN.com.

We are currently looking for skilled, compassionate Primary Care Physicians to join our Northern Indiana team.

Practice Highlights

- Outpatient only opportunities
- Multi-specialty groups
- Full hospitalist service = NO ED CALL
- Attractive compensation package to include commencement bonus, medical education loan payments, relocation assistance, 401k and more
- Malpractice-friendly state due to tort reform

Community Highlights

- Progressive family-oriented communities
- Highly ranked schools
- Easy drive to Chicago, Indianapolis and activities around Lake Michigan
- Affordable high-quality housing and living
- Multiple colleges and universities
- Wide variety of outdoor and indoor recreation



Call or email us to learn more about joining our team.

Contact: Jenae Fundingsland
Physician Recruiter, Lutheran Health Network

JFundingsland@lhn.net

ImmunoCAP™ Specific IgE

The difference
between **knowing it**
and **blowing it**.

Choose **slgE blood testing** to help pinpoint
the causes of your patients' allergic symptoms
and provide faster relief.

Find out more at allergyai.com



Review these helpful resources:

Allergen Reference Encyclopedia >

Provider Resource Library >

On Demand Education >

On-site or virtual education is available
in support of all Federal contracts.
Contact Adrion Waters for more information.

adrion.waters@thermofisher.com
(240) 610-8917

DoD Reference Laboratories:

- Wilford Hall ASC
- Eisenhower AMC
- William Beaumont AMC
- Womack AMC
- Tripler AMC
- Landstuhl Regional MC

ThermoFisher
S C I E N T I F I C