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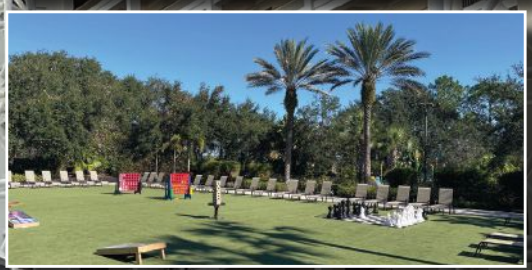

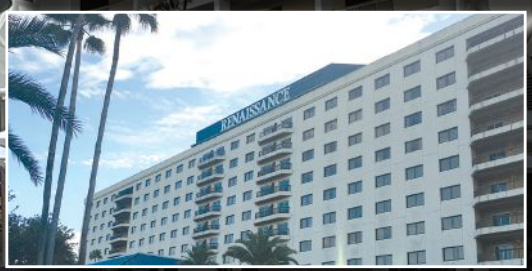

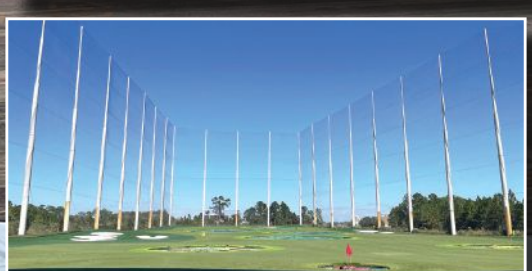

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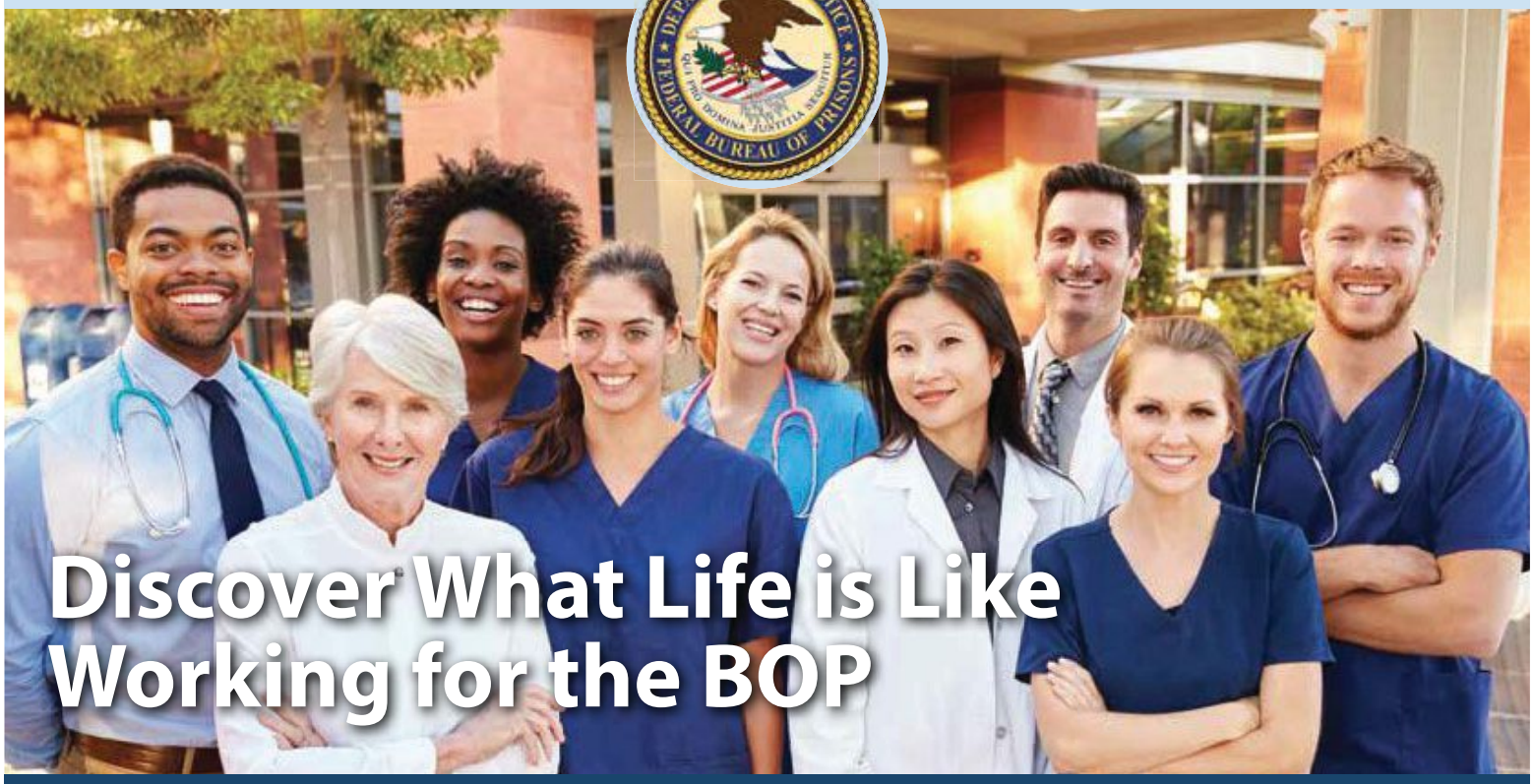

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The mission of the USAFP is to support and develop Uniformed Family Physicians as we advance joint readiness, health and wellness through education, scholarship, advocacy, and leadership.

Edition 62

your academy leaders
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president's message

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Hello and Happy New Year!

Hopefully you had some time to recharge heading into the new year. I know that for many, there have already been challenges to start 2023. It was shocking and saddening to watch Damar Hamlin's life-threatening event during the Buffalo Bills vs Cincinnatti Bengals game. However, I was also overwhelmingly proud of the NFL and local medical staff that acted swiftly to save his life. In the face of tragedy, we got to witness NFL players and the American community put aside their differences and personal agendas in order to show love and support for a fellow human being. The magnitude of caring and selflessness serves to give us all hope for this year and the future.

Our mantra for this year has been "We Are… Family Medicine", with intentional reflection on coming together as a connected and inclusive community that lives each day personally representing Family Medicine with character and a positive attitude while humbly leading and providing world class, compassionate, comprehensive care to all ages, races, ethnicities, and genders. In the spirit of knowing who we are, I would like your help with transparently showing the make-up of our academy so we can leverage this information to identify possible barriers and to assess the impact of any implemented changes. Currently, the U.S. census breaks down demographics by race, ethnicity, and gender. This gives us the denominator to compare our demographics for U.S. physicians, U.S. medical students, DoD physicians, DoD medical students, AAFP members, USAFP members, and USAFP Board members.

However, one major limitation is a component of the data itself. DoD physicians have a significantly higher percentage of respondents who decline to respond with their race and ethnicity demographics. This is likely true for both those from minority backgrounds and those from majority backgrounds. This generally appears to be for one of two reasons. Some believe that in an ideal system/society, race, ethnicity, and gender do not matter, and they decline to respond in order to express their support in moving toward that ideal state. Some fear that identifying their race, ethnicity, or gender will result in bias or being treated unfairly.

Having had the opportunity to be involved in our service and medical specialty processes from recruiting, HPSP scholarship allocation, and graduate medical education selection to developmental selection boards and promotion boards, I would reassure you that these processes are intentionally blinded to demographics. However, the people writing your performance reports and assigning local stratifications see you and know your demographics. The people that choose to mentor you know your demographics. The people that make selections for local leaders and that put forward nominations for awards and higher level opportunities see you and know your demographics. Thus, DoD physicians declining to respond to their demographics does not eliminate conscious and unconscious bias, but it does impair our ability to systematically identify barriers and assess the impact of changes made.

I would implore you, regardless if you are a minority or a majority, to consider updating your demographic information in your service's system and with AAFP and USAFP if provided the opportunity. Our goal would be to use the DoD, AAFP, and USAFP data to transparently fill in the table below in our spring newsletter in an effort to continue to identify barriers and to support changes that promote inclusion and fairness.

Army: Go to Integrated Personnel and Pay System https://hr.ippsa.army.mil/ and access a module called the "TAM Soldier Workcenter"

Navy: Log in to NSIPS, On the ESR Home Page Under Personal Information, select "Update Personal Information", Select "Religion, Race, and Ethnic Code", Click the magnifying glass to search for each code, Click "Save"

Air Force: Log into AFPC Secure https://afpcsecure.us.af.mil/PKI/MainMenu1.aspx, go to vMPF https://vmpf.us.af.mil/vMPF/Hub/Pages/Hub.asp , click "self service actions", click "personal data", click "record review/update", click "individual", edit demographics, click "save".

Thank you for all that you do and for your willingness to be somewhat vulnerable as leaders. We Are… Family Medicine!

	Female	Male	Amer Indian/ Alaskan Nat	Asian	Black/African Amer	Native Hawaiin/ Pac Isl	White	Hispanic	Multiracial	Decline to Respond
United States	50.80%	49.20%	1.3	5.9	13.4	0.2	76.3	18.5	2.8	
Army										
Navy										
Air Force										
Coast Guard										
PHS										
US Physicians	35.8	64.1	0.3	17.1	5	1	56.2	5.8	1	13.7
Army Physicians										
Navy Physicians										
AF Physicians										
Coast Guard Physicians										
PHS Physicians										
US Medical Students	51	49	0.23	21.9	5.28	0.23	54.4	7.4	3.47	7.24
USU Medical Students										
HPSP Medical Students										
AAFP Members										
USAFP Members										
USAFP Board Members & Committee Chairs										

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editor's voice

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

My how time flies! It seems like just yesterday I sat down to write my first Editor's Column as the newly elected USAFP Vice-President. Now, a year later, this will be my final chance to reflect on these pages about the tremendous work that our authors contribute to create the invaluable resource that is the *Uniformed Family Physician*. I have been incredibly impressed with each submission this past year. Each of you who have carved time out of your busy lives to write, play an instrumental role in helping all who read this publication develop and grow as family physicians and leaders. Thank you!

This edition of the *Uniformed Family Physician* contains a number of well-considered articles that explore facets of USAFP's most critical focus areas: Leadership, Teaching, Research, and Operational Medicine. John O'Brien continues the Leadership Book Review series with a timely examination of Stephen Covey's book, *Trust and Inspire: How Truly Great Leaders Unleash Greatness in Others*. He highlights the importance of developing trust within the workplace as a critical ingredient to organizational success.

In the realm of Teaching, Jennifer Chang, Pamela Hughes, and Francesca Cimino outline many of the key changes in store for our specialty due to the Accreditation Council of Graduation Medical Education's (ACGME) upcoming revisions of Family Medicine residency training requirements. These changes are the most significant update to Family Medicine residency training in recent years, and include an updated definition of Family Medicine along with changes in several key clinical training areas to include inpatient medicine, pediatrics, and maternity care. This article is a must read for all Family Medicine physicians since it will have implications for our specialty for years to come.

It is no secret that one of USAFP's greatest strengths is our membership's robust research and scholarly activity work. Rich Summerall provides an exceptional in-depth review of the number of published articles in the *American Family Physician* by uniformed family physicians over the past thirty-three years. Not surprisingly, uniformed family physicians continue to publish at a far greater rate than our civilian family physician peers in our specialty's premiere journal. Thank you, Rich, for illustrating the impact so clearly.

This issue also continues the recurring series, Operational Medicine Job Spotlight, created by the Operational Medicine Committee. This installment features Kimberly Maxwell and a variety of operational assignments in which she has served. Her reflections on her experiences and how she prepared for these important roles are pertinent to all military family physicians that are faced with these opportunities.

I would also like to thank the 2023 Annual Meeting Program Chairs, Becca Lauters and Dave Garcia. As you will see in their Annual Meeting Update, they have organized another fantastic meeting in beautiful Orlando. I am looking forward to seeing many of you at the meeting, and can't wait to participate in the inaugural TopGolf tournament at the All-Member party!

Thank you to all our authors and to each of you for what you do for our military and our patients each and every day. It has been a true privilege to serve as the Editor this past year, and I look forward to seeing the *Uniformed Family Physician* continue to prosper in the coming years. Thank you.

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Committee Report
CLINICAL INVESTIGATION

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Uniformed Physician Authorship in American Family Physician

Uniformed family physicians are an active part of the community of family physicians in the United States, and are frequent contributors to American Family Physician (AFP), the clinical journal of the American Academy of Family Physicians (AAFP). This analysis summarizes the frequency that uniformed authors including family physicians, physicians of other specialties, and non-physicians authored Main Articles offering Continuing Medical Education (CME), articles in the Department section, and Photo Quizzes in AFP from 1989 to 2021. I also compared the ratios of total and uniformed physician (UP) and uniformed family physician (FP) authored articles to AAFP and Uniformed Services Academy of Family Physicians (USAFP) membership. This membership data acts as a surrogate for actual numbers of uniformed and overall family physicians. Even though some authors were not physicians, the acronym UP includes the non-physician authors.

DATA COLLECTION

This review includes 33 years of AFP from 1989 to 2021; comprising the 66 volumes 39 through 104. The AFP author information for each article categorized the authors based on their service and position at the time of writing the article. The authors are listed as family physician or not and as uniformed (Army, Navy, Air Force, U.S. Public Health Service (USPHS)) or civilian. Because this review includes USPHS, the term "uniformed" versus "military" describes the authors. The term "civilian" means non-uniformed. Medical officers of the U.S. Preventive Services Task Force are not considered uniformed for this analysis.

The non-physician authors were other medical professionals such as psychologists or audiologists.

The position of the family physician author is categorized as residency program director or assistant/associate, residency faculty, Uniformed Services University of the Health Sciences (USUHS) primary faculty, fellow, resident, or staff as noted in the author information at the time of writing the article. Non-residency clinic or service chiefs are categorized as staff. USUHS affiliate faculty are not categorized as USUHS primary faculty, but as their primary position.

In 1998 the Photo Quiz debuted in January 1998. The quiz is counted if at least one author was uniformed.

ARTICLES

From January 1989 to December 2021, AFP published 3651 CME articles, 2 to 22 per issue, with an average of 5.25 and median of 4 articles per issue. Figure 1 shows the total and UP authored article count by year.

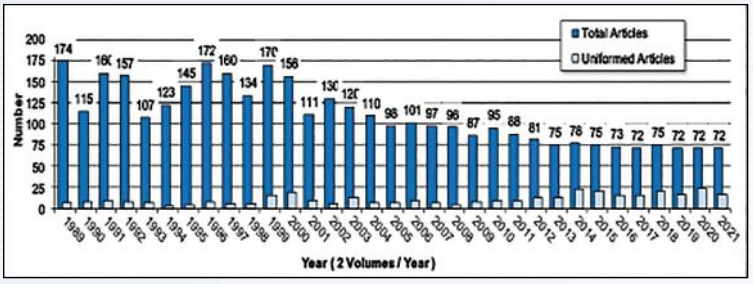

Figure 1. *Total & Uniformed Authored Article Count*

Uniformed physicians were at least one author in 375 of the 3651 articles (10.27%) in the 695 issues. Uniformed *family* physicians were at least one author in 338 of the 3651 articles (9.26%). The other 37 articles had uniformed physicians as authors, but no family physician. Of the 338 articles with at least one uniformed family physician, 84 co-authored with at least one non-FP, and 254 had only FP authors. This does not differentiate uniformed and civilian authors. Figure 2 shows this distribution.

Figure 2. *Family Physician and Non-Family Physician Authorship*
UP = uniformed physician, FP = family physician

continued on page 10

AUTHORS

Of the 375 UP authored articles, there were a total of 806 UP authors and 116 civilian authors for total of 922 authors. Table 1 breaks out author affiliations.

Table 1. Author Affiliation

	Total			Each Author Counted Once*		
	Uniformed	Civilian	Total	Uniformed	Civilian	Total
FP	663	67	730	394	51	445
Army	347			214		
Navy	148			81		
AF	165			97		
USPHS	3			2		
Non-FP	143	49	192	124	41	165
Physician	125	33		109	26	
Non-physician	18	16		15	15	
Total	806	116	922	518	92	610
Army	421			278		
Navy	192			121		
AF	188			117		
USPHS	5			2		

Note: The 16 uniformed FP and two non-FP physician authors who wrote as both uniformed and civilian and are counted in each category. One uniformed physician authored as both Air Force and USPHS.

There were 421 Army, 192 Navy, 188 Air Force, 5 USPHS, and 116 civilian authors for these 375 articles. Many authors may have been counted more than once for each article they authored (Figure 4 on page 10). Counting 384 unique authors, there were total 162 Army authors, 89 Navy, 68 Air Force, 3 USPHS, and 62 civilians. Eighteen authors who initially authored as uniformed author later authored articles as civilian; they were counted separately when in each status. One non-physician author authored an article as Air Force and a later article as USPHS.

The lead author for the 375 articles was Army in 174, Navy in 87, Air Force in 82, USPHS in 1, and civilian in 31. Counting the 305 articles with a family physician lead author, the lead author was Army in 145, Navy in 73, Air Force in 64, USPHS in 1, and civilian in 22.

DEPARTMENT ARTICLES

Some of the article series in the Department section series had uniformed physician author(s):

- Putting Prevention into Practice: An Evidence-Based Approach (PPIP)
- Practice Guidelines (PG)
- Cochrane for Clinicians: Putting Evidence into Practice (Cochrane)
- FPIN's Clinical Inquiries & FPIN's Help Desk Answers (FPIN)
- STEPS: New Drug Reviews (STEP)
- Point-of-Care Guides (Pt Care)
- Implementing AHRQ Effective Health Care Reviews (AHRQ)
- Diagnostic Tests: What Physicians Need to Know (Dx Test)

Table 2 include the Department articles that had UPs.

Table 2. Authors in Department Articles

Article Series	Number of Articles	Number with UP Authors	Percentage
Cochrane	438	102	23.3%
FPIN	198	21	10.6%
PPIP	153	4	2.6%
STEP	152	3	2.0%
AHRQ	32	12	37.5%
PG	747	23	3.1%
Dx Test	18	2	11.1%
Pt Care	87	1	1.1%

PHOTO QUIZ

The photo quiz began in 1998. Even though the Photo Quiz is catalogued as a Department, the Photo Quiz authorship was analyzed separately.

Figure 4 summarizes the number of UP authored articles and photo quizzes by year.

RATES OF MEMBERSHIP

The USAFP constitutes only 2.33% to 2.95% of the AAFP membership, but UP authored 0.0% to 38.9% with an average of 12.2% of the main articles in each volume in AFP. Uniformed FPs authored slightly less with an average of 11.3% of the main articles in each volume in AFP. Figure 5 shows UP authors rate of authorship by number of articles per volume.

The ratio of articles per volume to active members (per 1000) in the AAFP was 0.87 to 3.50 with an average of 1.77 and UP authored articles per volume to active members in the USAFP was 2.28 to 11.88 with an average of 6.52, over 3½ times greater.

LIMITATIONS AND FUTURE ANALYSIS

Uniformed authors may not have been members of the USAFP. Likewise, it is not known if authors were members of the AAFP. Using AAFP and USAFP annual membership is a surrogate for the actual number of family physicians in the United States and in uniformed service. The actual total number of US and uniformed family physicians versus AAFP and USAFP membership would be a

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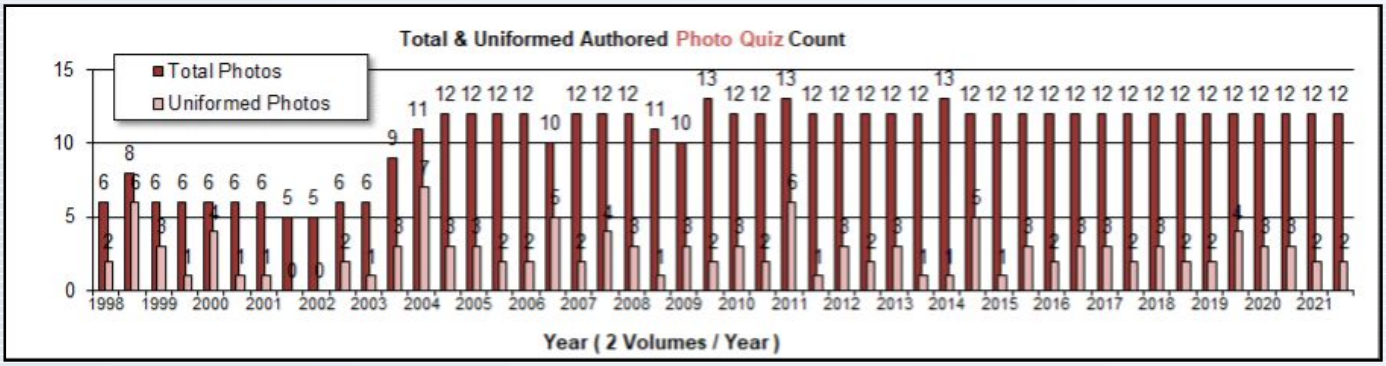


Figure 3. Total & Uniformed Authored Photo Quiz Count

more accurate denominator. Further study may include comparing relative frequency of the services and non-family physician authors, comparison of frequency of medical school and residency faculty contribution to non-faculty, and comparison of the rate of authorship from faculty development fellows to non-faculty development fellowship graduates.

This information is updated annually. Analysis of the data from the initial publication of AFP in 1970 would track the growth of family medicine in the uniformed services.

SUMMARY

Uniformed physicians (UPs) are a prominent and consistent authorship presence in American Family Physician over the last 33 years, and are slightly increasing in absolute and relative number of articles authored. Most of the UPs are family physicians. UPs authored 375, and uniformed family physicians authored 338 of the 3651 main CME articles in AFP from 1989 to 2021. A majority (251 of 338) of the articles the uniformed FP author co-authored with more than one uniformed FP as well as uniformed and civilian non-family physicians and other medical specialists. Only 37 of the UP authored articles had no FP author. Of the 338 UP articles with FP author(s); 254 of these had only FP author(s), in 84 articles FP author(s) co-authored with a non-FP author.

Considering all 375 UP articles, 46 (12.3%) of the articles had authors from at least one service and 95 (25.3%) had at least one civilian author. Considering the 338 articles with uniformed FP author, 45 (13.3%) of the articles had authors from at least one service and 76 (22.5%) had at least one civilian author.

The position of the authors was fairly evenly split between those on teaching faculty (441) and those not in teaching positions (481). Those in fellowship (28) or residency (97) were also well represented. Of the 441 teaching faculty, 110 were USUHS faculty. These counts include each time an author is cited, not per author, as author may change their position.

UPs authored a higher rate of articles in the AFP compared to the ratio of USAFP membership to AAFP membership. Additionally, a higher ratio of the USAFP membership authored AFP articles then the AAFP membership authored AFP articles. The typical article had 1 to 3 uniformed family physicians as authors. Most authors only authored one article, but several authored up to eight. Each 6-month volume of AFP averaged slightly over 12% of the articles with UP authorship. Since 2000, the average is over 15%.

Although statistical analysis was not performed, a decrease in number of military authored articles was noticed in the year following major combat operations; 2002 after Operation Enduring Freedom in late 2001 and early 2002, but no decrease in 2003 and 2004 after Operation Iraqi Freedom starting March

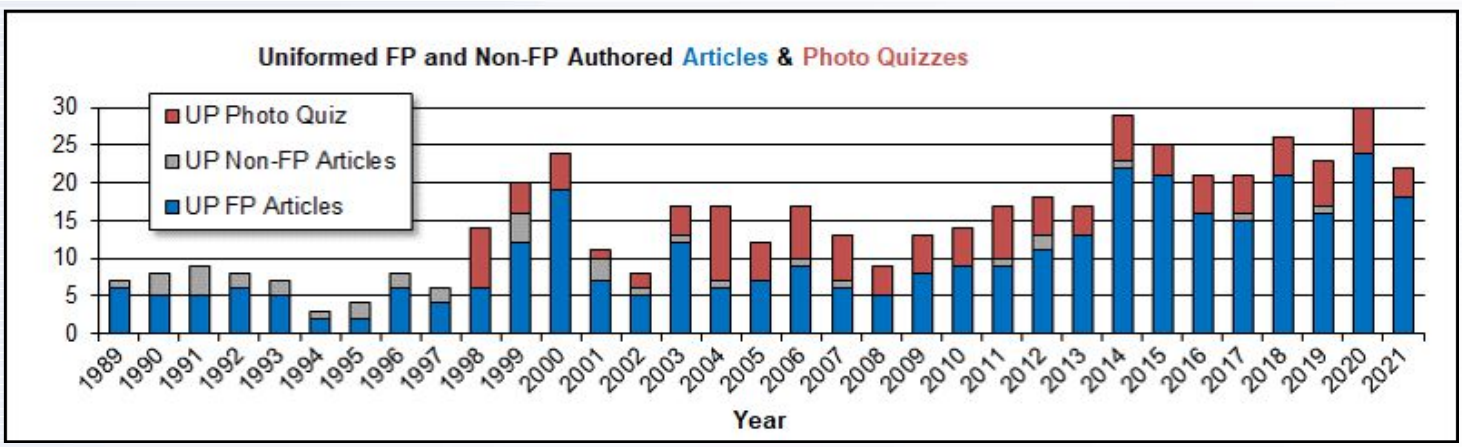


Figure 4. Uniformed Authored Articles & Photo Quizzes

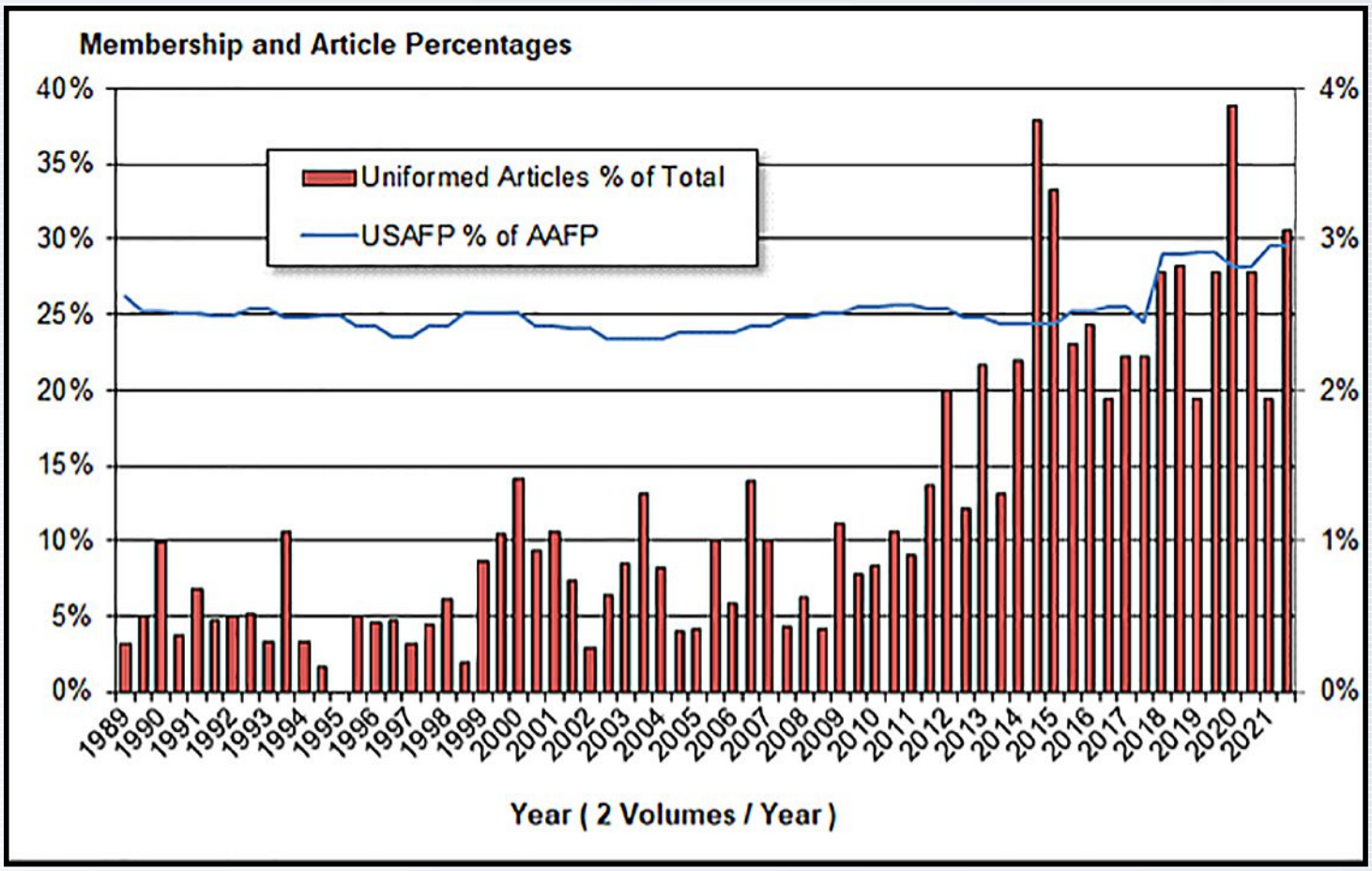


Figure 5. Membership and Article Percentages

2003. A decrease was also seen in 1994/1995, 1997, and 2008.

The Department articles of Cochrane for Clinicians: Putting Evidence into Practice, FPIN's Clinical Inquiries and FPIN's Help Desk Answers, Implementing AHRQ Effective Health Care Reviews, Practice Guidelines (after 2020), and Diagnostic Tests: What Physicians Need to Know had a greater than ten percent rate of articles with UP authorship.

Uniformed physicians also had a high rate of authoring the Photo Quiz. Of the six (before 2004) to twelve (after 2004) Photo Quizzes per volume, UPs typically authored two to three per volume (with usually twelve Photo Quizzes per volume).

American Family Physician, the clinical journal of the AAFP, has a robust representation of uniformed family physician authors from all services, in various positions, often co-authoring with uniformed and civilian non-family physician and other professional colleagues.

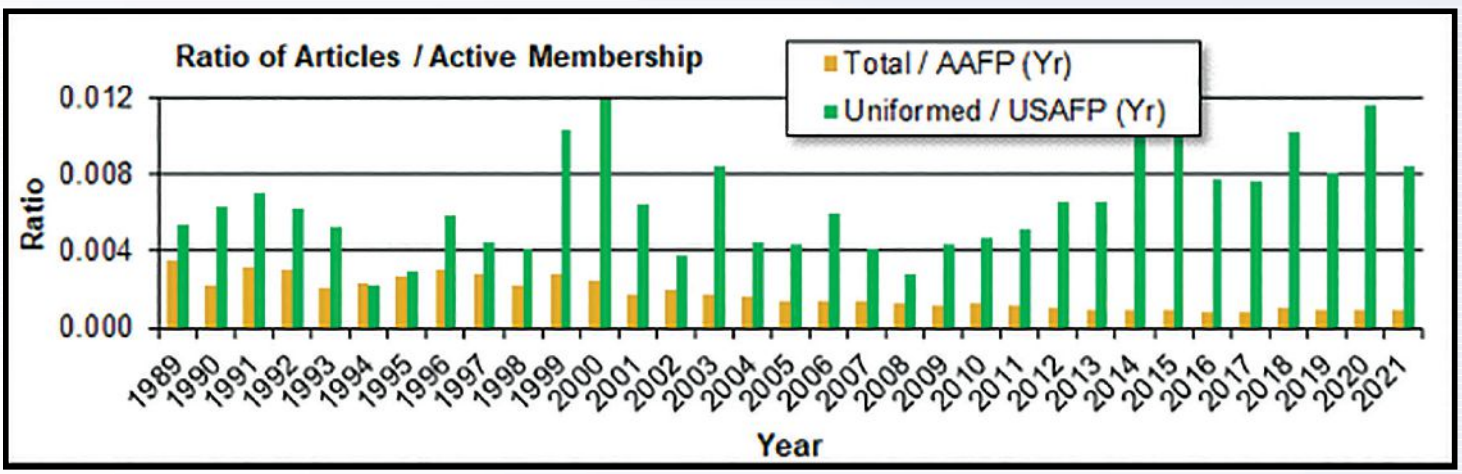


Figure 6. Ratio of Articles to Active Membership

continued on page 12

continued from page 11

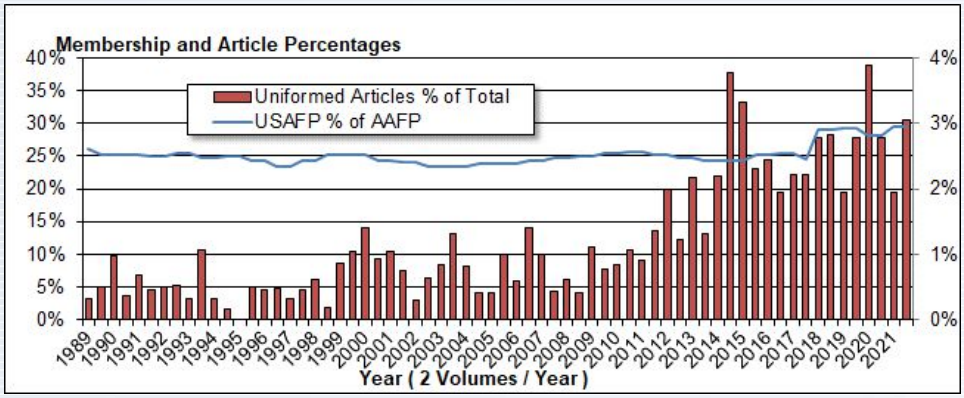
Uniformed Authorship in American Family Physician
1989 - 2021, 33 years, 66 volumes, 3651 articles, 875 other
"Uniformed" not necessarily family physician

American Family Physician®
A peer reviewed journal of the American Academy of Family Physicians

375 / 3651 (10.27%) total

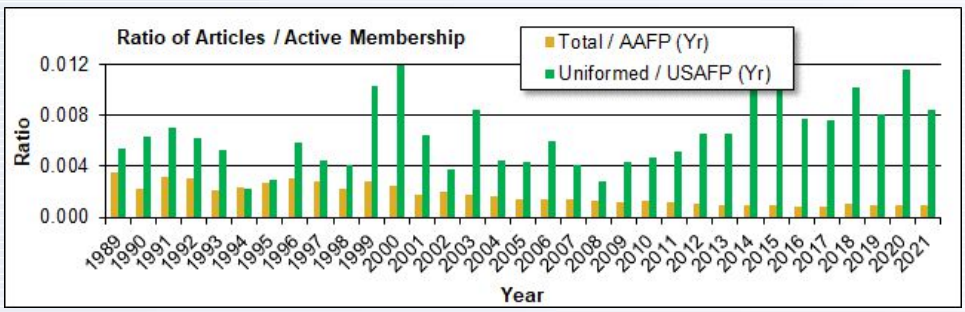
2.33% to 2.95% of AAFP membership,

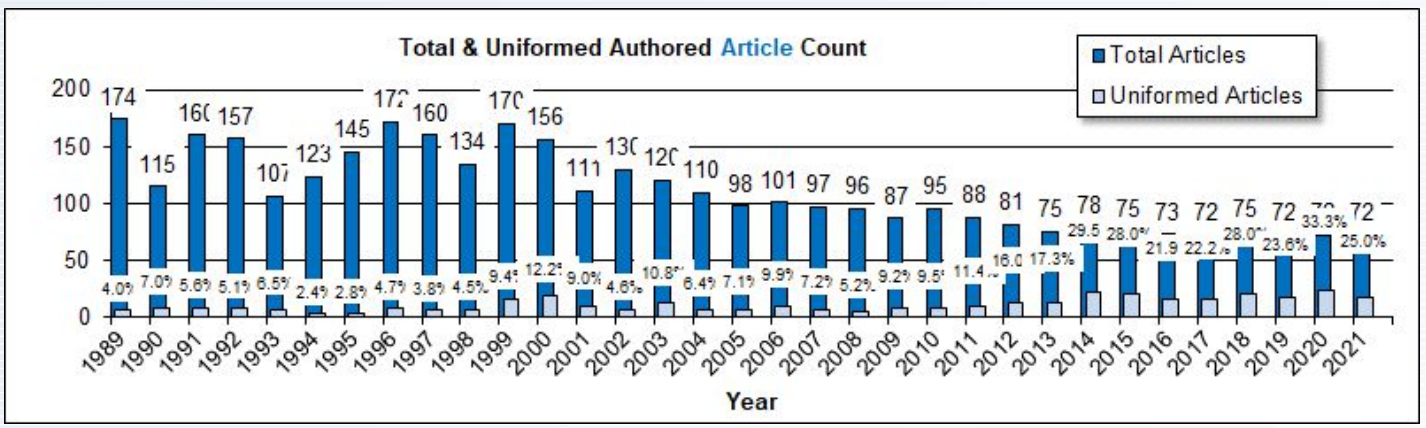
2.44% to 33.33% of the articles!

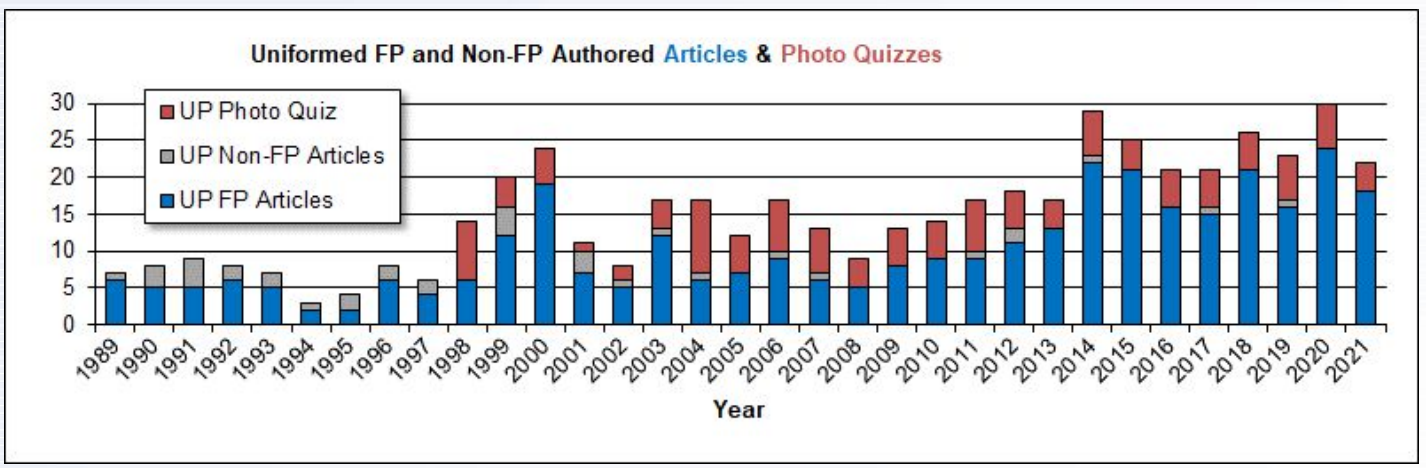


Ratio of article count/membership by year
AAFP: 1.77/1000
USAFP: 6.52/1000
} Almost 4 x higher

= Articles in AFP volume
Active membership for that year







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committee report
EDUCATION

ACGME Major Revisions – Summary & Reflections For Military Family Medicine Training

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INTRODUCTION

The Accreditation Council for Graduate Medication Education (ACGME) conducts in-depth reviews of specialty-specific residency training requirements every ten years.[1] The ACGME Review Committee for Family Medicine began such a review in 2021 and recently published major revisions to Family Medicine residency training requirements which go into effect 1 July 2023.[2] Most of the changes are welcomed, and should allow residency programs more flexibility in the training they offer and allow residents broad training exposure while providing more independence in shaping their individual curriculum.[3,4]

Military family physicians employ broad skill sets to care for military members and their families around the world both in garrison and deployed environments. Military residencies must comply with civilian accreditation requirements while also meeting Defense Health Agency (DHA) directives to provide military unique curricula (MUC) that prepare trainees to meet operational readiness needs.[5] As the military Family Medicine community looks to the future, how will these revisions affect training and skill sets of military family physicians?

Below we summarize several key sections of the major revisions that we feel are most relevant to military Family Medicine. This is by no means an exhaustive review. We offer our reflections on the potential challenges and implications for individual residency programs, service-specific expectations of Family Medicine physicians, and the long-term effects on Family Medicine scope of practice within and beyond the military community.

EXPANDED DEFINITION OF FAMILY MEDICINE

The ACGME's major revisions begin with its definition of Family Medicine, which grew from one to eight paragraphs and expanded on the original key tenets of the primary care specialist: first contact, continuous, coordinated, and contextual care.[2] The new definition emphasizes care of individuals of "all ages" that is personalized and contextualized to the family and community. The revisions explicitly recognize family physician roles in behavioral health, coordination of team-based interprofessional care, and leadership within and across health systems. The family physician is an advocate at the individual and population level who promotes health equity and social justice. Family physicians are recognized as adaptive clinicians who are lifelong and reflective learners, who employ critical analysis and utilize technology in providing in-person and remote patient care.

Following the expanded definition are mandates for programs to be adequately resourced to employ telehealth modalities, form an advisory committee including members of the care community, and measure health quality metrics.

OUTPATIENT FOCUS -- CONTINUITY OVER QUANTITY

The ACGME revisions place greater emphasis on healthcare outcomes and continuity within the primary practice rather than on quantity of encounters. The requirement for each resident to complete 1650 outpatient encounters has been removed (Table 1). Residents must now spend at least 1000 clinical hours in their continuity clinic over the span of three years. Where previously a certain percentage of the total outpatient encounters had to include pediatric patients (<10 years) and older adults (>59 years), the new revisions now mandate similar percentages for the resident empanelment itself, with slight adjustments to respective age ranges (Table 1). Continuity of care must be measured from both the resident and patient perspective, with the goal of 30% continuity by end of post graduate year two (PGY2) and 40% continuity by end of the PGY3. (Table 1). Residents must learn to actively manage their panel utilizing quality metrics. Programs will need to ensure collaboration with group practice managers and healthcare integrators to ensure that residents regularly receive accurate and timely data on preventive and chronic health care outcomes as well as health inequities, patient satisfaction, and demographics associated with their practice.

INPATIENT CHANGES

The ACGME revisions still mandate that residents demonstrate competency in caring for hospitalized and acutely ill patients of all ages. However, the new revisions reduce or eliminate the minimum encounter number requirements for newborns, pediatric inpatients, pediatrics emergency department,

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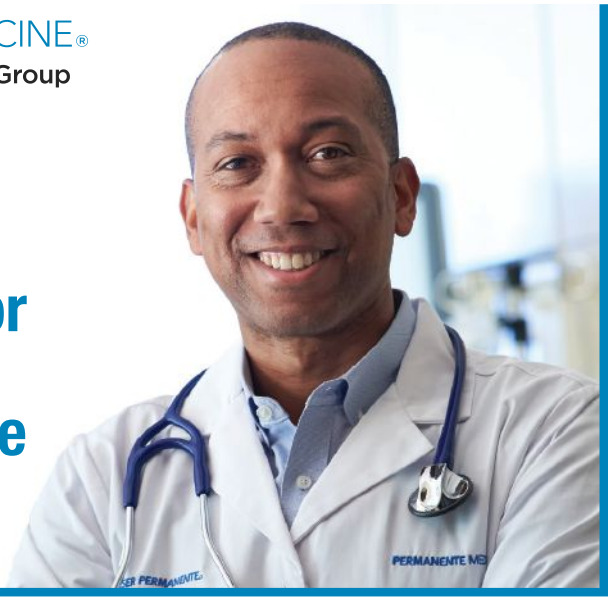

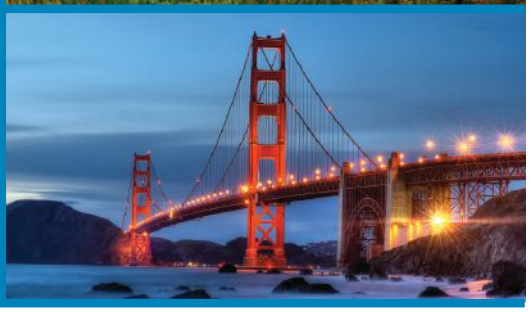

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and adult patients in the emergency department (Table 1). There is no reduction in the minimum time and number of encounters required in the care of adult medicine inpatients.

MATERNITY CARE CHANGES

Perhaps one of the most significant changes is the revision to maternity care that includes specific and increased requirements for privileging in full-spectrum maternity care upon graduation (Table 1). While each military Family Medicine program has historically graduated residents with privileges in full-spectrum maternity care, many have been doing so with less than 80 deliveries and less than four months spent on labor and delivery. Programs that cannot offer adequate obstetric volume for all graduates to achieve this privileging requirement will likely need to adopt a two-tiered system so that each resident can train toward their individual goals for maternity care. It may also require increased collaboration with other DoD sites to obtain the obstetric volume required. Of note, any program that intends to provide the option for maternity care training to the level of independent practice must have Family Medicine faculty members who teach and provide full-spectrum maternity care.[2]

TABLE 1: Summary of Educational Requirements

Category	Prior Requirements	Effective July 2023	Change
CONTINUITY CLINIC			
Encounters	1650 appointments	1000 hours	Reorganization
Continuity (Patient)	No metric	30% - end of PGY2 40% - end of PGY3	Reorganization
Continuity (Resident)	No metric	30% - end of PGY2 40% - end of PGY3	Reorganization
Patient Panel	165 encounters 0-9 years 165 encounters >59 years	10% empanelment <18 years 10% empanelment >65 years	Reorganization
ADULT MEDICINE			
Inpatient Medicine	600 hours or 6 months AND 750 encounters	600 hours or 6 months AND 750 encounters	None
Intensive Care Unit	100 hours or 1 month (or 15 encounters)	"Participation" in the critical care setting	Decreased
Emergency Med (Adult)	200 hours or 2 months (or 250 encounters)	100 hours AND 125 encounters	Decreased
Geriatrics	100 hours or 1 month	100 hours or 1 month AND 125 encounters	Increased
PEDIATRICS			
Inpatient Pediatrics	200 hours or 2 months and 250 encounters (min 75 ED + 75 Inpt)	100 hours or 1 month (minimum 50 ED + 50 Inpt)	Decreased
Pediatric Outpatient	200 hours or 2 months	200 hours or 2 months	None
Newborn	40 encounters	"Experience" in inpatient and ambulatory settings	Decreased
PREGNANCY & GYNECOLOGIC CARE			
Maternity Care	200 hours or 2 months (no minimum vaginal delivery requirement)	200 hours or 2 months AND minimum 20 vaginal deliveries OR 400 hours or 4 months AND 80 deliveries for privileging for independent practice	Increased
Continuity Maternity Care	"Some" maternity care in a continuity relationship	"Some" maternity care in a continuity relationship	None
Gynecology	100 hours or 1 month OR 125 encounters	100 hours or 1 month	Decrease
OTHER ROTATIONS			
Musculoskeletal Medicine	200 hours or 2 months	"Experience"	Decreased
Surgery	100 hours or 1 month	"Experience"	Decreased
Dermatology	"Exposure"	"Experience"	None
Health Systems Management	100 hours or 1 month	"Experience"	Decreased
Electives	300 hours or 3 months	6 months minimum; Driven by individualized learning plan and developed with faculty guidance	Increased

ROTATION EXPERIENCE AND OTHER CHANGES

A common theme within the updated Family Medicine requirements is the individualization of a resident's education to meet their future practice needs. This is paired with increased elective time from three to six months and a greater emphasis on early formation and regular review of individual learning plans that are tailored toward individual career goals. The term "experience" is also used frequently throughout the revisions to replace time-based requirements. While not defined, discussion with civilian program directors suggests this is practically accepted as at least a two-week rotation or a substantial longitudinal experience. The ACGME revisions also recommend that programs seek partnerships with other Family Medicine programs to reach optimal "educational and community aims".[2] Such "regional learning collaboratives" can include a variety of didactic, clinical or research opportunities and should enhance training in the systems-based practice competency.

REFLECTIONS AND IMPLICATIONS FOR MILITARY MEDICINE

As we adapt to new ACGME training

requirements, we must reflect on the needs of our military services and how they utilize family physicians. Collectively, the military requires a diverse set of broad skills that can be applied in joint environments. While the requirements for some of our traditional areas of focus are no longer mandatory for every Family Medicine residency to meet, we have some common skill sets that need to remain robust. At our core, we deliver excellent primary and preventive care to active-duty members and their families. We must be ready to deliver emergency care, care in austere environments, and increasingly, prolonged field care, as we prepare for future combat operations. We must remain experts in musculoskeletal medicine, preventive health, and women's health care. Broad and rigorous residency training prepares our graduates for the diverse environments they find themselves in across the globe.

There are challenges that arise with these training revisions. Nearly every military treatment facility (MTF) struggles to achieve continuity metrics, and achieving 40% patient continuity will be difficult for many of our programs. Controlling panel composition requires intricate and ongoing conversation with MTF business managers to ensure the 'right' mix of pediatric and elderly patients which could create friction with DHA larger market strategies. As we complete the transition to a new electronic health record, we face barriers to understanding how to accurately mine data to measure continuity, preventive health metrics, health equity and outcomes.

Many military Family Medicine programs may struggle to provide adequate opportunity for all graduates to reach obstetric delivery requirements for independent privileging in full-spectrum maternity care. Regardless of how individual residents and faculty feel about this change, we appreciate that obstetric training remains an important platform for interprofessional teaming, trauma and hemorrhage management, quick decision making, and continuity of care. As a community, we practice full-spectrum maternity care at a higher percentage than the civilian family medicine community, where less than 10% of family physicians still perform vaginal deliveries.[6,7] While the Navy and Army maintain several non-GME CONUS and OCONUS locations where family physicians deliver obstetric care, the Air Force has largely abandoned this expectation of its family physicians. With these shifts we face some challenging questions for military Family Medicine. If the majority of future residents never acquire training to independently practice obstetrics, what impact will this have on developing the future Family Medicine residency faculty necessary to maintain full-spectrum maternity care as an option within our training programs. Also, what are the longer-term effects on military family physician identity and scope of practice?

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One additional challenge to consider is balancing the increased requirements for elective rotations with the mission to ensure graduates still acquire the broad skill sets needed in operational environments. Programs may need to require that certain electives ("selectives") meet the programmatic goals to adequately train residents in musculoskeletal care, trauma, women's health and other aspects of the MUC. Ongoing conversation and collaboration amongst all of the military Family Medicine programs will help mitigate these concerns and foster creative solutions.

CONCLUSION AND CALL-TO-ACTION

As the military medical community adjusts to the challenges of transitioning under DHA while still meeting the readiness needs of the Service Departments, we implore military Family Medicine leaders to jointly explore the significance of these ACGME revisions for the future of military Family Medicine. It is imperative to identify the needs of our joint services in the development of its family doctors and to continue the legacy of superb training in military programs. Key stakeholders include DHA and service-specific GME Directors, Family Medicine consultants, residency program directors, faculty, current and future residents and most importantly, representatives from the active duty, dependent and retiree communities that we serve. Know that the current military Family Medicine program directors are already deep in discussion with each other about how we should navigate these changes with a similar vision. We owe this to ourselves and to those in our care to provide a clear and united way forward.

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1. TELL ME ABOUT YOUR CURRENT ASSIGNMENT, UNIT, AND PREVIOUS OPERATIONAL JOBS.

I have served in a variety of jobs since finishing my initial residency training (Family Medicine) including as staff physician at a busy clinic OCONUS and then as the Brigade Surgeon for the 3rd Brigade Combat Team (Rakkasans) in the 101st Airborne Division (Air Assault) which was my introduction to U.S. Army Forces Command (FORSCOM). With the knowledge and experience I gained, I volunteered to serve in a recently created Security Force Assistance Brigade (SFAB) as the field surgeon. Being a part of a brand-new unit was a unique experience, and I learned more about how the Army and DOD work. Subsequently, I spent one year at the Command and General Staff College at Ft. Leavenworth, Kansas where I earned a Master's of Military Art and Science and a Master's of Science in Adult Learning and Leadership from Kansas State University. The combination of these experiences, and a desire to practice the organizational leadership skills I have specifically focused on the last three years, led me to my current assignment, which is serving as an Expeditionary Task Force Surgeon.

2. WHAT KIND OF TRAINING AND PREPARATION DID YOU HAVE TO DO?

Operational Medicine in support of geographically dispersed formations requires a unique mindset, and practical application of the skills learned in residency, within a different environment. I love being a primary care provider, but I succeeded in my operational medicine assignments because I see my role as a primary care physician as more than simply seeing office-based appointments at the MTF. Physicians must also be leaders, problem solvers, and innovators, in order to better understand our population and prevent disease and injury.

When I knew I was moving from a garrison to an operational assignment, I enrolled in the Army's Brigade Healthcare Provider's course at Ft. Sam Houston, TX. This course was highly recommended to me by several peers and mentors, and it was an excellent way to start my assignment by providing a better foundational knowledge of how the Army operates. Although I had previously attended the Captain's Career Course (CCC) shortly after completing residency, the content did not resonate since I was focused on MTF based efficiencies. Only later during my time in the operational force did I appreciate the value that Professional Military Education courses like CCC offer.

The most important training, however, resulted from "on the job" training. I learned the most in my first few months as an operational physician as I adjusted to my new environment. Attending meetings and supporting working groups where I really did not know what to do and didn't understand what was going on was difficult and overwhelming, but I found allies, asked questions, and built relationships with other staff. Recognizing you don't know everything and asking for help is one of the "smartest" things you can do, and is not a sign of weakness or incompetence.

3. WHAT ARE SOME OF THE REWARDING AND CHALLENGING ASPECTS OF YOUR JOB?

Hands-down the most rewarding aspect for me is when I can help soldiers. Being the person who unlocks a diagnosis, connects a soldier to the right resources, or just listens and helps them build their own self-efficacy is what keeps me coming back every day. It's not something that you can measure easily – but knowing that the impact I (we) have on soldiers is powerful and lasting. The longer I do this, I see the value in planning and prevention and the impact you can have on the organization if you work in a way that affects the whole population.

Building and maintaining relationships and setting appropriate boundaries have always been a challenge for me. In an operational assignment you work daily with your patients, and you want to be accessible to your unit and soldiers but you must also have time to be "off duty." Even though I might be tempted to solve problems for people at any time, I recognize that there are effective processes in place for people to get support when I'm not available. By educating my patients and co-workers about these systems, I ensure that they get the support they need and I get the periodic break needed to remain resilient.

4. TELL ME ABOUT A UNIQUE EXPERIENCE(S) YOU HAD IN YOUR POSITION

As a brigade surgeon, I managed a real-world mass casualty during a training exercise. Seeing the team that I helped train step up and execute their roles, saving lives and making hard decisions was really

continued on page 24

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incredible. In a less exciting but more unique way, I found myself in the position to give advice regarding COVID mitigation to the local installation leadership. I researched and wrote an information paper that became a part of the Department of the Army's guidance to commanders. Seeing the recommendations my team and I developed reach such a high level showed how much of a voice we can have when we know how to project it.

5. HOW DID YOU FEEL YOUR FAMILY MEDICINE TRAINING PREPARED YOU FOR OPERATIONAL MEDICINE?

I trained at Womack Army Medical Center at Ft. Bragg, North Carolina and there was always an operational focus. While we worked in the hospital and clinic, I always felt a deeper connection with caring for soldiers and what it means to be an Army doctor, rather than just a doctor in the Army. It was more developing a mindset rather than a specific rotation and that took time even beyond residency training. I think the most important thing you can do during your family medicine training is to become an expert, and be confident that you are the most informed and conscientious medical doctor you can be. If you take that drive into an operational environment, you will be successful even if you never had focused training to prepare you for it.

6. WHAT ADVICE DO YOU HAVE FOR THOSE WANTING TO GO INTO AN OPERATIONAL POSITION?

A lot of well-meaning mentors will try to guide junior physicians into careers that avoid operational medicine because there is a false belief that you cannot maintain your skills, you won't be current or relevant, or that operational medicine is somehow easier than hospital-based care. I bought into that narrative somewhat when I was in my training, but my experience has been just the opposite. There are clinical skills and procedures I haven't used since residency, but I am confident I could retrain those skills in the future if needed. During my career, I learned different skills that I never could have predicted needing. Soldiers do not have a choice in who their primary care providers are, and because of that, we have an obligation to be excellent in the care we provide. The Army needs clinicians to continually seeks ways to improve our systems and one way to accomplish this is by seeking out operational jobs where you can be a leader and problem solver.

Two-Year Accredited Fellowship Program Starting July 1

Clinical Pharmacology Fellowship Program

What is Clinical Pharmacology?

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

Uniformed Services University and Walter Reed Army Institute of Research joint Program *with optional rotations overseas*

Fellowship Highlights:

- Conduct cutting edge drug development research across multiple specialties including COVID-19, Pain Control, Antibiotic Resistance, Warfighter Performance.
- Three month rotation with the FDA reviewing drugs in development and/or already approval.
- Robust Didactics and Immersive training to expand your future career potential.

Current Research Interests:

- Applying pharmacogenomics to evaluate risk to warfighter rediness and optimize patient care.
- Using state of the art pharmacometric analysis to determine drug dosing optimization under military relevant conditions such as blast, burn and exercise.
- Rapidly evaluating drugs to repurpose for military medical gap solutions.

Fellowship Eligibility Requirements:

- Active Duty Army PhDs (71A or 71B)
- Active Duty Army PharmDs
- Active Duty Army Physicians Board Eligible/Board Certified in Any Specialty

FOR MORE INFORMATION CONTACT:

usarmy.detrick.medcom-wrair.mbx.clinical-pharmacology-department@mail.mil

ARMY MEDICINE
Bringing Value...Inspiring Trust

John J. O'Brien, MD, FAAFP
University Place, WA
scubadoc99@mac.com

Trust And Inspire: How Truly Great Leaders Unleash Greatness In Others

STEPHEN M.R. COVEY, WITH DAVID KASPERSON, MCKINLEE COVEY, GARY JUDD

Nothing grows in California's Death Valley. With temperatures often exceeding 120 degrees and with less than two inches of rain per year, Death Valley looks like a barren wasteland. And yet, in winter 2004, Death Valley received six inches of rain in a brief period. Miraculously, the spring arrived with a rich carpet of wildflowers, completely covering the entire valley floor. As a result, "Dormant Valley" was suggested as a better name!

People are like this as well. The "seed" is always there, it just needs the right conditions to flourish! Like those six inches of rain, truly great leaders can create the right conditions to awaken their employees' potential. But are we providing this optimal type of leadership?

Since the Industrial Age, and within most military organizations throughout history, the predominant form of leadership can be described as "Command and Control." The first priority is to get the job done, and the leader's role is to leverage resources and manage people to accomplish the task at hand. While this style is appropriate in some settings, it should NOT be the only option applied in ALL situations. If you are a leader, how well has "managing people" worked for you? More importantly, how does being managed work on you? Yet, this continues to be the most prevalent style of organizational leadership practiced. We may have "softened" the edges of this ("enlightened Command and Control"), but it is still not the optimal leadership style in every situation.

When leaders around the world were queried, they nearly universally agreed the vast majority of people within organizations face enormous and growing expectations to produce substantially more for less in an increasingly complex world. Yet, they are simply not able, or even allowed, to use a significant portion of their talents and abilities to do so. The renowned leader, Mahatma Gandhi, recognized this and stated, "the difference between what we are doing and what we're capable of doing would solve most of the world's problems."

In their book, Trust and Inspire: How Truly Great Leaders Unleash Greatness in Others, Stephen Covey and his co-authors propose a new way to lead. The goal should be to unleash our people's talent and potential, to truly empower and inspire them, rather than try to contain and control them. Effective leadership is about trusting people to do the right thing and inspiring them to make meaningful contributions.

In the book, the authors outlined five emerging forces which explain why the Command and Control leadership approach is no longer universally effective:

1. The nature of the WORLD has changed: we are seeing extraordinary technological advances in every area of human endeavor. Even more challenging is the pace of knowledge growth: prior to 1900, knowledge doubled every CENTURY; by 1980, doubling occurred in 13 MONTHS; now, knowledge doubles in 12 HOURS! Good luck keeping up with that!
2. The nature of WORK has changed: work is now much more knowledge and service-based which requires a more collaborative, innovative and creative environment.
3. The nature of the WORKPLACE has changed: where we work
4. The nature of the WORKFORCE has changed: more diverse and inclusive
5. The nature of CHOICE has changed: Advances in technology has led to an explosion of options: what was recently "multiple choice" has quickly become "infinite choice", and very few of us are prepared to handle this opportunity well.

Leaders today face two EPIC Imperatives:

- "Win in the Workplace": we need to have the ability to create a high-trust culture that can attract, retain, engage and inspire the best people

- "Win in the Marketplace": we need the ability to collaborate and innovate successfully enough to stay highly relevant in a rapidly changing, disruptive world

To accomplish these imperatives, Trust and Inspire offers a positive contrast to many of the elements of Command and Control:

COMMAND AND CONTROL	TRUST AND INSPIRE
Compliance	Commitment
Transactional	Transformational
Efficiency	Effectiveness`
Status Quo and Incrementalism	Change and Innovation
Fixed Mindset	Growth Mindset
Coordination among Functional Silos	Collaboration among Flexible Interconnected Teams
Control, Contain	Release, Unleash
Motivation	Inspiration
Manage People and Things	Manage Things, LEAD People

KEY: Manage Things, Lead People! Most employees feel they are overmanaged and under led. What about yours?

Hopefully you are convinced that we should consider other leadership options beside the Industrial Age "Command and Control" style, and instead evolve to an Information Age-friendly "Trust and Inspire" style. The rest of the book describes a better way. See the Fundamental Beliefs and 3 Stewardships of Trust and Inspire below. The authors also present tips to overcome common obstacles such as "That won't work here" and "I'm afraid I will lose control". I strongly encourage everyone to consider this excellent book's recommendations for not only improving our leadership success but also positively impacting the lives of our employees!

Trust and Inspire Fundamental Beliefs

I Believe…	So My Job As A Leader Is To…
People have GREATNESS inside them	UNLEASH their potential, not control them
People are WHOLE people	INSPIRE, not merely motivate them
There is ENOUGH for everyone	Elevate CARING above competing
Leadership is STEWARDSHIP	Put SERVICE above self-interest
Enduring influence is created from the INSIDE OUT	Go FIRST

Annual Meeting Update

Greetings from Sunny Florida!

We just wrapped up our final site visit to the Orlando Renaissance where the 2023 Annual USAFP Meeting will be held. Let us tell you, this event is going to be fantastic! The conference hotel is well laid out with great meeting spaces for CME. We are particularly pleased with the workshop space as well as the large group area. The individual break-out rooms are well appointed and will promote an optimal learning environment.

The lineup of speakers from the keynotes to the individual breakout sessions is simply phenomenal. We have structured the conference to minimize your transition time so that you can maximize your CME experience. Each morning, the day will start with a distinguished keynote speaker. Following lunch each day, the main stage will feature plenary sessions covering a broad range of pertinent topics for uniformed Family Medicine physicians.

Another tremendous benefit of our meeting is that it remains one of the most affordable in-person CME opportunities anywhere. Additionally, the CME sessions are taught by hand selected military family physicians who want you to succeed. With such top-notch faculty, we are excited to build upon last year's success while continuing USAFP's strong tradition of offering top tier CME. Moreover, our chapter excels at research thereby enabling all who participate to remain on the cutting edge of our clinical craft. There simply is no other conference like it. Come be refreshed, reinvigorated and smarter with us!

The Orlando Renaissance hotel is simply spectacular, featuring an open atrium concept which will enable you to catch up with your friends in a comfortable venue. Impressively, the hotel boasts the largest rooms in Orlando. The square footage per room renders them more like apartments, making this the

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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
www.usafp.org/research
for resources or to find a mentor.

Inova Primary Care

Join our mission to provide world-class healthcare – every time, every touch

Our primary care team across 39 practice locations is proud to be the first point of care for over 300,000 individuals and families in **Northern Virginia**, with an integrated care model and seamless referral access to Inova's world-class specialists.

We take pride in delivering outstanding clinical outcomes and celebrate our team members' contributions to advancing care. Practice alongside talented colleagues who care for each other while leveraging our leading reputation and best-in-class resources.

Position Features/Criteria:
Family Medicine and Internal Medicine – Board Certified or Eligible
Outpatient Only – Weekdays, No nights, Infrequent on-call hours
Broad Scope of Practice – Preventative, chronic, and acute care. In-person and virtual services.
Comprehensive Compensation, Bonus and Benefits Package
Community Highlights - Northern Virginia is next door to our nation's capital - Washington, D.C. - yet has kept its own character reminiscent of colonial times, rambling plantations, equestrian farms and cobblestoned streets leading to quaint taverns, chic shops and historical gems. The region is home to some of the best public schools in the country, making it one of the most desirable places to live in the United States.

Achievements and Recognition

Forbes 2022 THE BEST EMPLOYERS FOR WOMEN

Inova is proud to be the only healthcare system in the Washington, DC region to have been named to the Forbes list of Best Employers for Women 2022.

HEALTHCARE EQUALITY INDEX 2022 LGBTQ+ HEALTHCARE EQUALITY TOP PERFORMER

Through the work of the Inova Pride Team Member Resource Group, Inova received rankings within the Human Rights Campaign Healthcare Equality Index (HEI)

AMGA's 2019 Together 2 Goal® Awards

An initiative that challenges leading healthcare organizations to work together to transform diabetes care for Americans across the country. Inova and its Clinically Integrated Network, Signature Partners, were among the four organizations to receive a 2019 Together 2 Goal Award

NATIONALLY RECOGNIZED A LEAPFROG HOSPITAL SAFETY GRADE FALL 2022

All five Inova hospitals have again been awarded a grade of "A" for hospital safety by The Leapfrog Group, a national organization that aims to improve healthcare quality and safety

Career Opportunities

Come join our team of providers. We are growing and expanding our office sites in many locations.
For expedient application review
Contact Meredith Williams, Provider Recruiter at Meredith.Williams@inova.org

Check out more here!

https://www.inova.org/locations/inova-primary-care

INOVA

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 Summer magazine is 10 April 2023.

RESEARCH GRANTS

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

RESEARCH JUDGES

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

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

Please write to me...
Mark E. Stackle MD, MBA, FAAFP
markstackle@gmail.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.

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perfect time to bring your family. Each room features a view of the beautiful Orlando skyline. If you are interested in recreational opportunities, the hotel has a great gym complete with Pelotons, a pool, water park, fire pits and a lawn game area. No car? No problem! The hotel is a short walking distance to SeaWorld. Other Orlando attractions are a short bus, drive or ride share away. Not into theme parks, but like shopping and live music? Head to Disney Springs or the local Outlets just ten minutes down the road for a great experience.

This year, we are innovating with an offsite all-attendee party at TopGolf which you simply won't want to miss. About 15 minutes from the hotel, we will mingle and socialize at an exclusive area within the TopGolf facility. We have nearly the entire bottom floor to ourselves and are arranging an informal golfing competition which will bestow eternal fame and glory to the Winner! This venue offers the perfect location for families with 15 different optional games playable at each bay. For serious golfers, there will be a golf pro on hand to further hone your swing. For those of you, like us, who are just excited when the club connects with the ball, this is a great opportunity to simply enjoy the driving range. Don't worry about missing the NCAA championship game, the reserved bar will have it playing on multiple screens.

This is going to be a great year for our annual conference in Orlando! Between great CME, an awesome location, and excellent accommodations, we anticipate a record year. Please consider joining us to learn, socialize and network. Together, we are strong, diverse and flexible! Get registered today since rooms are going fast!

Conference Website & Registration

Cum delphini, scientiae!

Becca Lauters and Dave Garcia
Co-chairs, USAFP 2023

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.

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Get Involved with USAFP & AAFP!

Interested in getting involved with your Academy? Noted on the following three pages, is detailed information on USAFP and AAFP available leadership positions, suggested pathways to these leadership positions and the nomination process for each. If you have questions or need additional information, please reach out to the USAFP Staff at mlwhite@vafp.org.

USAFP Committees

Available Positions	Pathway to Leadership	Nomination Process
Member	• Serving on a USAFP Committee is a great way to involve yourself in the organization. • Committees meet virtually throughout the year and in person once at the Annual Meeting. • Committee service is the entry level for USAFP leadership service at the Committee Chair/Co-Chair and Board level.	• Must be a member of the USAFP • Complete a Committee Interest Form • Descriptions, Responsibilities, & Committee Interest Form
Chair/Co-Chair	• Serving as a USAFP Committee Chair/Co-Chair is a great way to contribute your time and expertise to the organization. • Serving as a Chair/Co-Chair is an avenue to demonstrate your interest in higher level leadership at the USAFP Board and AAFP levels.	• Committee chairs will be appointed by the President. • Chairs will be appointed to an annual term and may be reappointed by the President. • In general, nominees for chair positions should be experienced members of their respective committees. • Interested candidates are encouraged to contact the President-Elect in January prior to the Annual Meeting.

USAFP Board of Directors

Available Positions	Pathway to Leadership	Nomination Process
Uniformed Services University Student Director	• The USAFP annually selects two Student Directors to serve on the USAFP Board of Directors for a one-year term. One Director is an HPSP Student and the other is a USUHS Student. • Representing the student members of the USAFP on the Board of Directors is a great way to engage with senior leaders as well as medical school colleagues.	• Nominations are solicited in November. • The USU Student Director is solicited and selected internally by USUHS • The Student Directors selected will be notified in early January and informed of their duties and responsibilities for their service on the USAFP Board of Directors. • This is a USAFP funded position. • If interested, please contact the USAFP at mlwhite@vafp.org or 804-968-4436.
Health Professions Scholarship Program Student Director	• This position affords a USU and HPSP student the opportunity to attend Board of Directors meetings two times per year as well as the AAFP's National Conference of Medical Students and Residents in Kansas City each summer.	• Nominations are solicited in November. • The HPSP Student Director is solicited and selected by the Resident and Student Affairs Committee. • The Student Directors selected will be notified in early January and informed of their duties and responsibilities for their service on the USAFP Board of Directors. • This is a USAFP funded position. • If interested, please contact the USAFP at mlwhite@vafp.org or 804-968-4436.

Air Force Resident Director **Army Resident Director** **Navy Resident Director**	• The USAFP annually elects three Resident Directors to serve on the USAFP Board of Directors. One Director from each branch of the AF, Army, and Navy. • Representing the resident members of the USAFP on the Board of Directors is a great way to engage with senior leaders as well as other resident colleagues. • This position affords residents the opportunity to attend Board of Directors meetings two times per year as well as the AAFP's National Conference of Medical Students and Residents in Kansas City each summer.	• Nominations are solicited from each military FM Residency Program in early November. • Each USAFP Residency Program may nominate only one candidate. • The USAFP Resident Director ballot will be sent to each Residency Program Director and Coordinator in early December. • Each Program through their Chief Resident is requested to solicit the residents in his or her program and asked to vote for their first and second choice. Each Program's first choice must come from their respective branch of service, while the second choice may be cast for any resident regardless of service. • The Resident Director candidates selected will be notified in early January and informed of their duties and responsibilities for their service on the USAFP Board of Directors. • This is a USAFP funded position. • If interested in serving, please contact your Program Director or Coordinator.
President-Elect **Vice President** **Secretary-Treasurer** **Air Force Director** **Army Director** **Coast Guard/PHS Director** **Navy Director**	• Each year the members shall elect a President-Elect, Vice President and one member from each uniformed service to serve on the Board of Directors, except the Public Health Service (PHS) who shall elect a PHS Director two of each three (3) years. These Directors shall be elected to serve for a term of three (3) years. • Triennially, the Board of Directors shall appoint a Secretary-Treasurer for a three (3) year term. To promote Public Health Service (PHS) representation on the executive committee, uniformed PHS members will preferentially be considered for this position. • Prior leadership service to the USAFP and/or the AAFP is recommended. (i.e. presenting at annual meeting, serving on committee, chairing committee, etc.)	• The USAFP Nominating Committee, with recommendations from the Board and through solicitation of interested members, selects candidates for the seven positions noted. • USAFP members selected as nominees would be expected to have had prior USAFP/AAFP service and/or leadership on a committee/commission, participation in the annual meeting as a Program Co-Chair, speaker, research presenter, etc. and/or demonstrated interest in USAFP leadership via another avenue. • The Nominating Committee shall receive and solicit nominations of candidates and ensure their eligibility and willingness to serve; thereafter, it shall prepare a slate of candidates for the offices of President-Elect and Vice President with such candidates to be members of the two services that are not represented by the incoming President. • At least one hundred (100) days prior to the annual meeting, the Nominating Committee shall prepare a slate of candidates (not including Resident and Student Directors) for each elective office and each impending vacancy on the Board of Directors and distribute such slate of candidates to all voting members of this organization. • This is a USAFP funded position. • If interested, please complete an interest form at this link.

AAFP National Conference of Constituency Leaders (NCCL) www.aafp.org/events/aclf-nccl/nccl.html

Available Positions	Pathway to Leadership	Nomination Process
• **International Medical Graduates (IMG), from schools outside the U.S., Canada, and Puerto Rico** • **LGBTQ+ physicians or physician allies** • **Minority** • **New physicians (in the first seven years of practice following residency)** • **Woman**	• NCCL is a vehicle for member constituencies, recognized as women, minorities, new physicians, international medical graduates, and LGBTQ+ physicians, to exchange information, share experiences, and develop basic leadership skills. • The conference is an opportunity for members of underrepresented constituencies to voice their individual and group perspectives. • Attending NCCL is a great way to become active on the national level through the AAFP. • Representatives are expected to provide the Board of Directors with a written report of the meeting. • If you are selected to attend for a second time, USAFP encourages you to run for a leadership position at NCCL	• The USAFP Nominating Committee, with recommendations from the Board and through solicitation of interested members, selects five USAFP members to serve as representatives to the AAFP NCCL. • USAFP members selected have typically served on a USAFP Committee prior to expressing interest. • If interested, please complete an interest form at this link.

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Get Involved with USAFP & AAFP! (cont.)

AAFP COMMISSIONS

(Please note that you must notify the USAFP if you are self-nominating for an AAFP Commission. The Commission application period typically runs from July – October 15th each year.)

The American Academy of Family Physicians is comprised of eight commissions which are part of the governing structure of the Academy. These commissions vary in scope of work. You are strongly encouraged to review the description for each commission for which you have an interest. This is an AAFP Funded position.

- Commission on Continuing Professional Development
- Commission on Education
- Commission on Finance and Insurance
- Commission on Diversity, Equity, and Inclusiveness in Family Medicine
- Commission on Federal and State Policy
- Commission on Health of the Public and Science
- Commission on Membership and Member Services
- Commission on Quality and Practice

Click Here for Commission Descriptions and Additional Information

AAFP RESIDENT AND STUDENT LEADERSHIP

The American Academy of Family Physicians highly values the contributions made by family medicine residents and medical students and recognizes the importance of training future leaders of medicine. It is one of the few specialty organizations to actively enlist resident and student members in leadership roles.

Click here for R&S Leadership Information

USAFP MENTORSHIP PROGRAM

Looking for a mentor? Interested in mentoring others?

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

HOW DOES IT WORK?

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

WHAT AM I SIGNING UP TO DO?

Participant responsibilities are as follows:

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

WHEN AND HOW WILL I GET MY MATCH?

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

IS THERE ANYTHING I CAN DO TO HELP?

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

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@vafp.org*.

Tools Available:

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

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

AAFP Member Interest Groups and Discussion Groups

Have you found your community on the AAFP Platform? Do you have a question you'd like to ask colleagues that are practicing in a specific area of Family Medicine? Join an AAFP Member Interest Group (MIG) or Discussion Group!

MIG's provide a forum for members to:

- Network with fellow members
- Participate in interest-specific continuing professional development activities
- Deliver a unified message to leadership
- Suggest AAFP policy
- Pursue professional leadership development within the AAFP
- Connect to existing resources in their area of interest
- Meet face-to-face at Family Medicine Experience (FMX)
- Participate in an online community forum for discussion and idea-sharing

Current Active MIG's

- Adolescent Health
- Breastfeeding Medicine
- Climate Change and Environmental Health
- Direct Primary Care
- Emergency Medicine/Urgent Care
- Employed Physician
- Global Health
- Home-Based Primary Care
- Hospital Medicine
- Independent Solo/Small Group Practice
- Integrative Medicine
- Intersectionality in Healthcare
- Intimate Partner Violence
- Lifestyle Medicine
- Medical Aid in Dying
- Obstetrics
- Physicians for Life
- Point-of-Care Ultrasound
- Reproductive Health Care
- Rural Health
- Single Payer Health Care
- Technology Empowered Clinical Optimization
- Telehealth

There are also Discussion Forums that can be found on AAFP.org. Join a discussion group with others that have similar interests!

- All of Us Researcher Collaborative
- ALSO Instructors
- Behavioral Health Integration Learning Forum
- Cardiometabolic Disorders Community of Practice
- Clinical Procedures
- COVID-19 Rapid Response Member Exchange
- Family Medicine Action Network
- Family Medicine Innovation
- International Medical Graduates
- LGBTQ+
- Minority Issues
- National Conference of Constituency Leaders
- New Physician Issues
- Practice Management Issues
- Women's Issues

To access AAFP MIG's and Discussion Forums, please visit https://connect.aafp.org/communities/allcommunities.

CALLING FOR TESTIMONIALS!

Encourage your peers to join MIG's and Discussion Groups by providing the USAFP with a testimonial as to your positive experience. Testimonials may be printed in the USAFP magazine and/or on the USAFP website. E-mail them to ML White (mlwhite@vafp.org) with the USAFP Staff.

Submitted by Janelle Marra, DO and reprinted from aafp.org.

GoCoastGuard.com

Proudly serve our Country wearing the Coast Guard uniform.

Fly in fixed-wing or rotary-wing aircraft during search and rescue missions. Sail aboard the Coast Guard Cutter Eagle, the Nation's only commissioned sail-training vessel, or deploy to the Polar regions aboard an Icebreaker.

JOIN A Multi-Mission Force

Care for Coast Guardsmen who guard our nation's coasts, rescue mariners at sea, deploy to foreign nations on humanitarian and security missions, serve national and international needs in the Polar regions, and develop medical policies and logistics to protect our forces in these diverse operational environments.

- The Coast Guard welcomes newly trained and experienced physicians.
- Inter-service transfers are welcome; waivers for >8 years are available.
- Physicians serving in the USCG receive the same special pay and benefits as DOD.
- Receive a one time Coast Guard uniform allotment and moving expenses funded by CG.
- USCG medicine offers opportunities to work in a variety of clinical settings and geographic locations across the coastal U.S.
- **Continue serving your country in uniform!**

To become a CG physician, contact:
CAPT (ret) Wade McConnell: 540-840-2229
wade.b.mcconnell@uscg.mil
CAPT Shane Steiner: 202-475-5256
Shane.c.steiner@uscg.mil

https://www.gocoastguard.com/active-duty-careers/officer-opportunities/programs/physician

Ana Gonzalez, MD
Primary Care

Exceptional Advantages. Exciting Opportunities. **That's the Power of U.**

Joining UofL Health, and our medical group, UofL Physicians, gives you the professional advantage of being part of a world-renowned academic health system. As the largest multispecialty physician practice in the Louisville area, our expert network of specialists, community and academic physicians serves:

- 7 hospitals
- 4 medical centers
- 200 physician practice locations
- UofL Health – Brown Cancer Center
- UofL Health – Eye Institute

As a fully integrated regional academic health system, we also offer positions in a traditional, community-based medical setting. Affiliated with University of Louisville School of Medicine, we help pioneer advanced treatments, technologies and groundbreaking research, every day.

UofL Physicians

UofL Health

THAT'S THE POWER OF U

To discover exciting opportunities with the Power of U, contact a recruiter today.
ProviderRecruitment@UofLHealth.org

new members

THE USAFP WELCOMES THE FOLLOWING NEW MEMBERS…

ACTIVE

James Gonzales MD

Dean Maynard MD

Tristan Spierling DO

STUDENT

Elyse Bobczynski

Sarah Burgess

Chase Burton

Briana Comuniello

Francis De Castro

Audrey Garza

Robert Goldin

Quinton Gray

Mason Grimm

Frank Holiber

Gabrielle Hughes

Esther Kim

Ashley King

Mengchuan Li

Deepak Maharaj

Andrew Montgomery

Mary Moore

Nikoli Nickson

Philip Nordstrom

Allison Osborne

Adam Ostergaard BSN

Sandra Peprah

Cyrena Petersen

Jack Peterson

Emily Ramsayer

Nicole Roberson

Noah Schrayer

Carmen Versoza

Benjamin Wright

Jiahong Yang

Chelsea Zyburt RN

MEMBERS IN THE NEWS

Alexander

Rupert

USAFP President Marcus Alexander, MD & USAFP Director Jedda Rupert, MD Selected to Serve on AAFP Commissions

The American Academy of Family Physicians (AAFP) selected Drs. Alexander and Rupert to serve on the Commission on Diversity, Equity, and Inclusiveness in Family Medicine (CDEI-FM) and the Commission on Continuing Professional Development (COCPD) respectively. Each will serve a two-year term with the option to extend for an additional two years followed by the option to apply for the Chair position. They will work with other Commission members and the AAFP staff to address many important Family Medicine issues.

The Commission on Diversity, Equity, and Inclusiveness in Family Medicine's focus is to apply diversity, equity, inclusiveness, and anti-racism lenses to inform and guide the Academy's recommendations, policies and work addressing disparities in care, health, and the workforce. The CDEI-FM members serve as liaisons to other AAFP commissions and as a collaborative partner with AAFP's Center for Diversity & Health Equity on appropriate projects such as The Everyone Project™.

The Commission on Continuing Professional Development works directly to support the AAFP's Strategic Objective on Clinical Expertise (Education) by supporting the lifelong learning of family physician members and other health care professionals. The goals of the commission are to guide the AAFP's Credit System and the AAFP's provision of continuing medical education that helps members and other health care professionals demonstrate continuous improvement in knowledge, competence, practice performance, and patient outcomes, as well as fulfill the educational requirements for licensure and certification.

Congratulations Drs. Alexander and Rupert!

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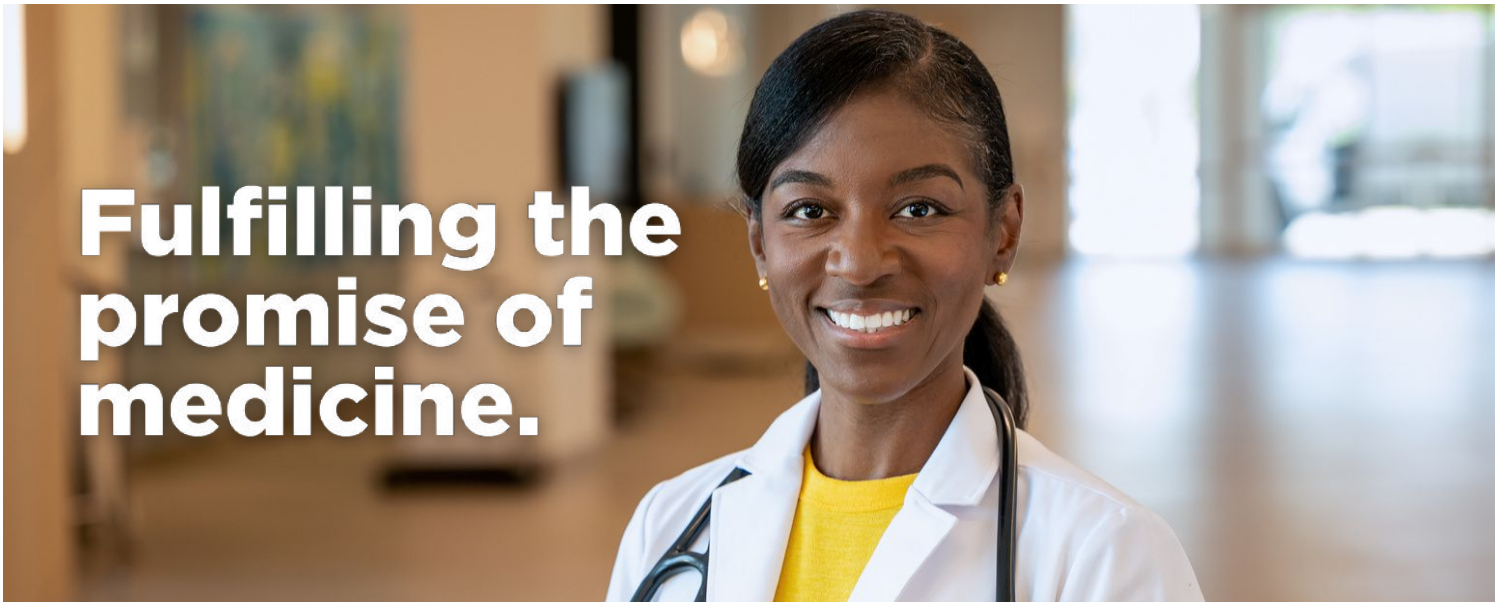

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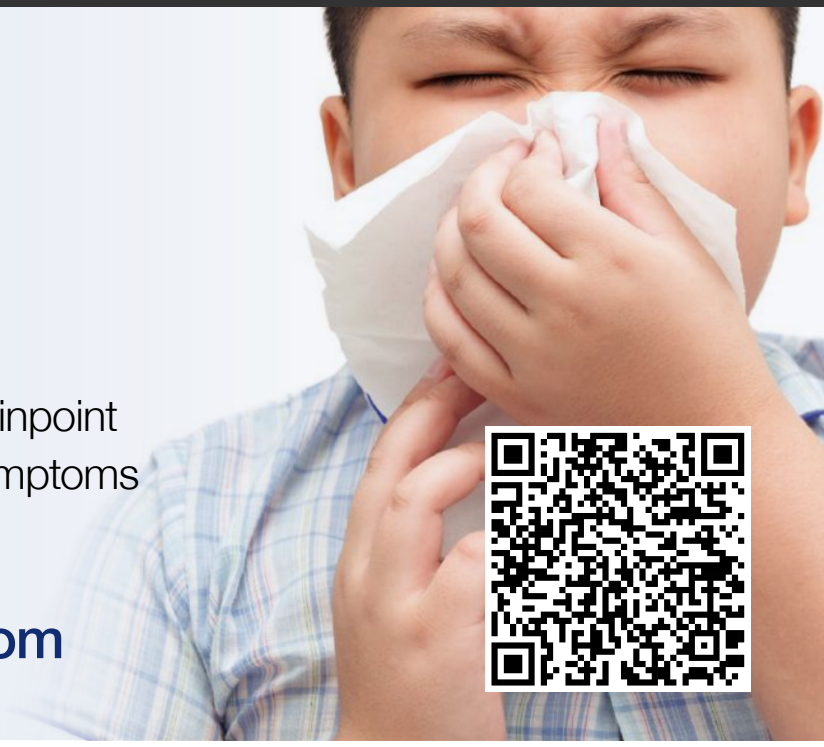

Review these helpful resources:

Allergen Reference Encyclopedia >

Provider Resource Library >

On Demand Education >

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

DoD Reference Laboratories:

- Wilford Hall ASC
- Eisenhower AMC
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