

# THE UNIFORMED FAMILY PHYSICIAN

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Journal of The Uniformed Services Academy of Family Physicians

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## VISION

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

## MISSION

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

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

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## president's message KEVIN BERNSTEIN, MD



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Greetings and Happy New Year!

What a monumental 2024 it will be as we celebrate our 50<sup>th</sup> year as a recognized chapter of the American Academy of Family Physicians!

Let's begin this new year by recognizing our newly matched classes of Family Medicine interns and residents. Congratulations and welcome to the family! The USAFP is incredibly proud of you.

Your new residency program **family** will provide the **foundational** tools to prepare you for success now while your USAFP will be beside you to provide the **relevant** resources to sustain your clinical and professional skillsets into the future. Please enjoy these last months in medical school (or in GMO land if returning from a GMO tour) to focus on your wellness, travel to New Orleans for our Annual Meeting, or participate in or experience something you may have been putting off due to these many years of hard work.

The road ahead will be challenging, but you are well-prepared to take on this new chapter in your life. Refresh your batteries now and implement maintainable habits to sustain your wellness during training. If you would like additional support, please sign up for our mentorship program (<https://usafp.org/mentorship-program/>), utilize the resources and discussion forum set up by our wellness and resiliency committee (<https://usafp.org/wellness-and-resiliency/>), and consider participating in our Resident and Student Committee (<https://usafp.org/resident-and-student-affairs-committee/>). Your family here at the USAFP welcomes you with open arms.

For all our members, I want to highlight the many opportunities your Academy provides throughout the year to support your individual interests and advance the future of our specialty:

First, please consider reaching out to our Membership Constituencies Committee if you are interested in representing the USAFP at this year's AAFP National Conference for Constituency Leaders (NCCL), happening from 18-20 April in Kansas City. If you are not part of the official delegation, consider attending the conference as a general registrant where you will still be able to vote on elected leaders, write resolutions, and volunteer for other leadership opportunities as well as run for a national leadership position. It is here at NCCL where many of our members gain their first national leadership experiences, run for elected positions, and help create policy for our organization to advocate for our patients, each other, and for the betterment of our health care system. You can participate in one or more of the following delegations: New Physicians (within the first 7 years of practice after residency training), Women, LGBTQ+ and allies, Minorities, and International Medical Graduates. All information can be found here: <https://www.aafp.org/events/aclf-nccl/nccl.html>.

For our residents and medical students, please consider attending the AAFP National Conference of Family Medicine Residents and Medical Students. In addition to the residency fair, the Resident and Student Congresses offer similar opportunities to run for national elected leadership positions as well as create policy for the AAFP. This year's meeting is also in Kansas City, 1-3 August 2024. Scholarship opportunities exist through the AAFP Foundation. All information can be easily navigated at <https://www.aafp.org/events/national-conference.html>.

Next, please consider participating in a USAFP committee. The work done at the committee level is the heart of the organization and drives our Academy's leadership and talented staff towards accomplishing the goals of our

*continued on page 6*

community. Committee involvement is also a powerful way to connect with other USAFP members and build longitudinal relationships. Information about committees can be found here: <https://usafp.org/committees/>

Finally, please check out our pathway to USAFP and AAFP leadership: <https://usafp.org/leadership/>. This is a great resource to help guide your path towards serving throughout our academy, whether it's within our chapter (learn how to get on our Board of Directors or maybe run for President!), the AAFP, or both! It is never too late to start. Most of us will say that these experiences have been incredibly meaningful both personally and professionally and we would be happy to share our experiences with you.

It is bittersweet to acknowledge that this will be my last message as your USAFP President prior to turning this column over to your President-Elect, Dr. Mimi Raleigh. Our Academy is in great hands as we turn over the Presidency at the upcoming annual meeting in New Orleans! I hope you have already made hotel reservations and that you can join us in the French Quarter. For those new to NOLA, my hope is that you will enjoy the great opportunities the city affords with its unique cuisine, culture, art, music, and history. The World War II Museum is worth every moment spent within

its walls and the Garden District is beautiful to enjoy as you get your steps in. Looking over the program, we have a ton of great members and speakers coming to our meeting! The talent within our membership inspires awe especially to those from other chapters that attend. I cannot wait to see you there!

Our academy has achieved a lot in this short time, including a new initiative that we will formally announce at the annual meeting that supports our theme of the year – **Foundational. Relevant. Family.** My hope is that all USAFP members will look back at this year fondly as we begin another chapter that preserves our past, enriches our present, and solidifies our future. Each generation can pass the USAFP torch to the upcoming generation knowing it is in good hands. My hope is that our USAFP is better today than it was when I first joined. All of you have inspired me to make sure that is a reality. Thank you for giving me the opportunity to lead. It was truly a blessing.

Viva #FMRevolution

# CONTINUING MEDICAL EDUCATION



**VIRTUAL**

## 2024 PROPER PRESCRIBING

Various times available. Earn one AOA Category 1-A credit approved by the Oklahoma State Board of Osteopathic Examiners.

During each one hour livestream session we will explore the history of opioid use and the need for responsible prescribing.



**VIRTUAL**

## EMERGENCY MEDICINE REVIEW

Monday, June 3, 2024, 8:00 am - Thursday, June 27, 2024, 11:59 pm. Earn 20.00 hours, AOA Category 1-A credits.

The goal of the 2024 Emergency Medicine Review is to provide emergency physicians with the latest in evidence-based medicine practices.



**IN-PERSON OSU-CHS**

## AIRWAY SIMULATION

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



Dear Colleagues and Friends,

Hau'oli Makahiki Hou (Happy New Year) and welcome to another edition of the Uniformed Family Physician!

Time has flown by, and it is hard to believe that this will be my final message to you as the Editor of the *Uniformed Family Physician* (UFP). It has been an absolute honor and privilege to serve as your USAFP Vice President over the last year. I want to express deep gratitude to my family, especially my husband (Peter), who is a fellow USAF officer, our son (Jonathan), and my parents, who all continue to support and encourage me every step of the way on this journey. I also want to thank all of YOU for serving our country and choosing to practice Family Medicine. Throughout my time as UFP editor, I have been continually inspired by the work being done by Uniformed Family Physicians all over the world. USAFP members serve on the frontlines of operational, clinical, and academic medicine, and at all levels of leadership in our health system. I am truly blessed to be a part of this incredible community!

This edition of the UFP highlights multiple areas of our USAFP community. Barrett Campbell and David Garcia share articles that explore how we can optimize the Electronic Health Record to improve workflow and patient care. Brian Ford reflects on the importance of research in advancing the specialty of Family Medicine and shares information about a new Emerging Scholars program being unveiled at the 2024 Annual Meeting. The Education Committee Co-chairs summarize three important medical education articles published in 2023 and Ariel Hoffman provides an excellent summary of the book "Head & Heart: The Art of Modern Leadership" by Kirstin Feguson. Jill Thiede shares tips on self-care for those who will soon be transitioning into the GME environment and Breanna Gawrys and Rebecca Lauters

unpack the benefits of plant-based eating as a tool to promote wellness. Be sure to check out Anna Rayne's Operational Medicine article which explores her experience as a Family Physician participating in Pacific Partnership, one of the largest multinational humanitarian assistance and disaster relief preparedness missions conducted by the U.S. Navy. These articles highlight the diverse experiences of our USAFP membership. Mahalo nui loa (thank you very much) to all of our authors, UFP contributors and the USAFP staff for sharing their time and insights in the development of this newsletter.

Please sit back, relax, and enjoy this edition of the *Uniformed Family Physician*. I encourage you to learn more about how to get involved with both the USAFP and the AAFP. A great place to start is to join one of our committees (scan QR code below). Please also consider submitting an article for a future edition of the UFP. We would love to hear from you! In closing, I want to encourage all of us to pause and reflect on the theme outlined by our USAFP President over the past year. **Foundational. Relevant. Family.** Our USAFP community is all these things and more. I hope to see you all in New Orleans!

Me Ka Mahalo Nui (with gratitude),  
Gigi

Hawaiian word of the Quarter:  
Ho'omau (meaning *to renew, continue, persist, persevere*)

GET INVOLVED WITH A USAFP  
COMMITTEE



## 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](mailto: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](http://www.usafp.org).



# Family Medicine Opportunity IN LEXINGTON, VA.: HOME TO VIRGINIA MILITARY INSTITUTE

Nestled in the southern Shenandoah Valley, between the Blue Ridge and Allegheny mountain ranges, Carilion Clinic is seeking two primary care physicians. Enjoy working a M-F schedule with a 1/2 day off during the week and no weekends. Light call coverage from home, goal shared 1:7 with neighboring practices. Epic EMR is used system-wide.

Lexington, Va., is a lovely college town, home to VMI and W&L University. There are several historical attractions in the area including Natural Bridge, one of the seven Natural Wonders of the World. Along with local artisans and ballet or dance, the Virginia Horse Center attracts horse lovers to nationally recognized equestrian events. The area has a strong sense of community, with superior schools and access to many cultural and outdoor activities.



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## MEMBERS IN THE NEWS

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

## NEWSLETTER SUBMISSION DEADLINE

**REMINDER:** The deadline for submissions to the Spring magazine is 8 April 2024.

## RESEARCH GRANTS

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

## RESEARCH JUDGES

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

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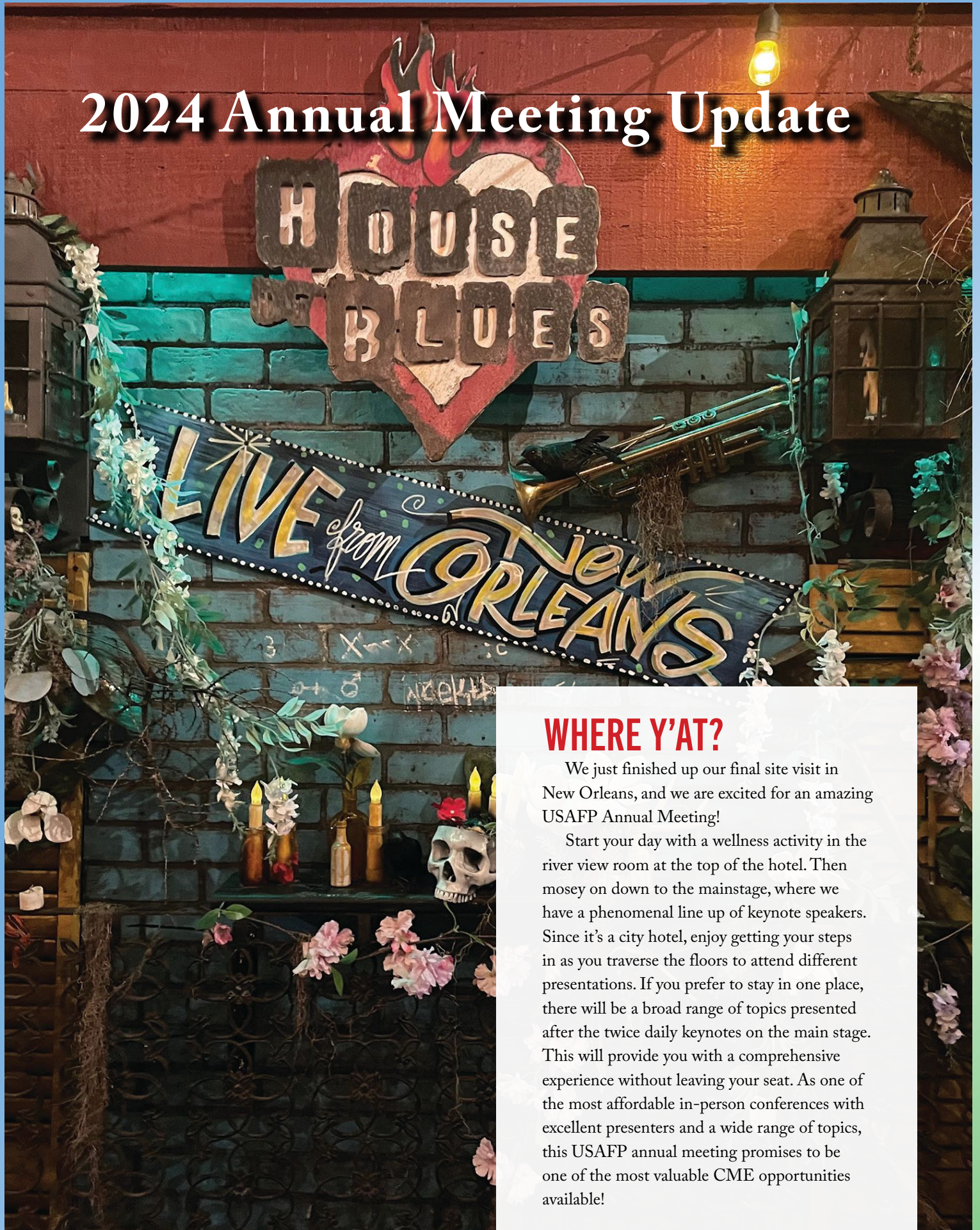
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## PROMOTING RESEARCH IN THE MILITARY ENVIRONMENT

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

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

# 2024 Annual Meeting Update



## WHERE Y'AT?

We just finished up our final site visit in New Orleans, and we are excited for an amazing USAFP Annual Meeting!

Start your day with a wellness activity in the river view room at the top of the hotel. Then mosey on down to the mainstage, where we have a phenomenal line up of keynote speakers. Since it's a city hotel, enjoy getting your steps in as you traverse the floors to attend different presentations. If you prefer to stay in one place, there will be a broad range of topics presented after the twice daily keynotes on the main stage. This will provide you with a comprehensive experience without leaving your seat. As one of the most affordable in-person conferences with excellent presenters and a wide range of topics, this USAFP annual meeting promises to be one of the most valuable CME opportunities available!



The hotel itself has a state-of-the-art gym (equipped with Peloton bikes if that's your style), a spacious outdoor pool and a new M Club lounge which is open 24/7. Just a few steps from the front door lies the riverwalk, French Quarter as well as spectacular shops and restaurants. Exploring the surrounding area will help you work up an appetite for the amazing New Orleans cuisine at every corner.

The all-attendee party at the House of Blues promises to be an experience you won't forget. The decor is amazing (you really must see it to believe it) and the location will have indoor-outdoor seating, a 3-piece band, and delicious cuisine. It's the perfect place to celebrate our last night of the conference while catching up with friends or enjoying a night out with your family.

The unforgettable city of New Orleans will have great CME, excellent accommodations, and incredible people. Register today—workshops and rooms are going fast!



LAISSEZ LES BON  
TEMPS ROULER!  
Andy and Kerry  
USAFP 2024 Co-Chairs



# Revolutionizing Healthcare: Optimizing EHRs for Enhanced Patient Care and Workflow Efficiency

Electronic Health Records (EHRs) have evolved from mere documentation tools to integral patient care tools that enhance individual and population health. The key to this transformation lies in their ability to offer augmented evidence-based decision support and program analytics. However, the effective utilization of these capabilities hinges on adopting standardized workflows, which clinical communities further improve through warranted variances and subsequent workflow development. These updates are typically captured through site informatics steering committees, leading to accurate, centralized reporting and subsequent policy adjustments.

EHRs contribute to improved healthcare quality by offering quick access to patient records, both from inpatient and remote locations. This access enables more coordinated and efficient care. Additionally, EHRs enhance decision support, clinical alerts, reminders, and the availability of medical information, which significantly aids in performance improvement and real-time quality reporting. The interface with labs, registries, and other EHR systems further ensures safer and more reliable prescribing, thus elevating the standard of patient care.

Optimizing clinical workflows is vital for effective EHR use. Healthcare

organizations face the challenge of accessing and analyzing extensive amounts of data from their EHR systems to gain insights into opportunities for improved utilization, promoting data transformation into wisdom through contextualization and process analysis. This process supports the National Security Strategy and the recently published DoD Data Strategy. This process is crucial for realizing the expected value of these systems. Practical analysis of data from core technologies in use is often the key to identifying gaps and inefficiencies. Understanding the data provides the foundation for impactful action plans and maximizes the outcomes.

## Join our Family Medicine Team at Penn State Health

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[awinters@pennstatehealth.psu.edu](mailto:awinters@pennstatehealth.psu.edu)

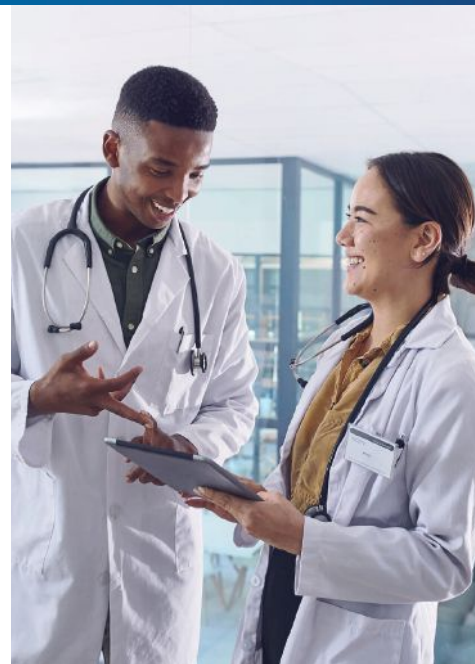
### Current opportunities include:

- General family medicine opportunities in the academic or community-based settings located in south central PA (Berks, Cumberland, Dauphin, Lancaster, and York counties)



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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.



In clinical informatics, competencies such as data management, information technology, system design, and project management play a pivotal role. Professionals in this field work to improve care through policy, analysis, and front-line care delivery, optimizing EHR use by tailoring it to fit the specific workflows of different specialties and care team members. This optimization is not just about inputting and retrieving patient information; it's about seamlessly integrating technology into clinical workflows. The education of clinical users about new workflows and technology integration to make a seamless experience are crucial steps in this process. Regular education and enablement are necessary to adapt to future changes with greater ease and confidence.

Joining and actively participating in the USAFP Informatics Committee, the Practice Management Committee, or the Operational Medicine Committee at the upcoming annual meeting in New Orleans is a unique and invaluable opportunity for members to substantively contribute to making our practice better, for us and our patients, which includes the Commands we support. The Informatics Committee is at the forefront of exploring and advocating to implement cutting-edge informatics solutions that are revolutionizing patient care across all specialties of medicine. Your involvement will not only enhance your professional development but also significantly contribute to the advancement of healthcare through technology.

As a committee member, you collaborate with like-minded professionals passionate about improving systems and outcomes. This experience offers a platform to exchange ideas, learn from experts in the field, and contribute to impactful projects that leverage electronic health records (EHRs) and other technologies to improve clinical workflows and patient outcomes.

Moreover, the annual meeting in New Orleans promises to be an engaging and enlightening event packed with workshops, seminars, and networking opportunities. Your participation in the

Informatics Committee activities will provide insights into the latest trends and innovations in health IT and how these can be applied in your practice to enhance efficiency, accuracy, and patient care.

Committee participation is more than just an opportunity to expand your professional network; it's a chance to be part of a community shaping the future of family medicine through technology. We encourage you to seize this opportunity to grow, contribute, and

make a tangible difference in healthcare informatics. Successful implementation and optimization of EHRs requires a deep understanding of technology and clinical workflows, a task best informed by those delivering care daily. The continuous education and training of healthcare providers in the effective use of EHR systems are fundamental to achieving better patient outcomes and realizing the full potential of these technologies.



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# Prioritizing the Emerging Scholars of Family Medicine

The national leadership of Family Medicine has recently attempted to reframe and prioritize research in the field. The clinical investigations committee is excited to introduce a pilot program for the upcoming 2024 USAFP Annual Meeting called “Emerging Scholars”. Family Medicine has always been a countercultural specialty, with a focus on clinical work rather than basic science research. However, the breadth of depth of Family Medicine research has grown significantly over time with an emphasis on clinical application and population health. Despite this, many individual departments of internal medicine have more research funding and publications than the entire specialty of Family Medicine.<sup>1</sup> The same disparity exists in the Military Health System, with departmental research portfolios exceeding those of Family Medicine despite the latter’s overrepresentation in clinical care delivery.

There is a clear need to emphasize research relevant to Family Medicine to advance the specialty and to recruit students into Family Medicine. One way to achieve this is by exposing prospective students and residents to Family Medicine research environments throughout their medical education. This should start early during their preclinical training and continue throughout their undergraduate and graduate medical education.

A 2022 study on the Informal Curriculum surrounding Family Medicine at 16 US Medical Schools showed that positive perceptions of Family Medicine research were the most significant association with matching into a career in Family Medicine.<sup>2</sup> The Clinical Investigations Committee hopes to use this evidence to encourage student participation in Family Medicine research throughout their medical education. During the 2024 USAFP Annual Meeting, there will be a special Emerging Scholars Section for students to showcase their scholarly work. Students will share their research in a low-stakes environment while networking with colleagues, faculty, and residents. This early exposure will help students connect with our specialty, bolster their residency application, and reinforce the importance of research in Family Medicine.

When asked why they do not participate in research, medical students frequently cite lack of knowledge, lack of time, and lack of mentorship. A research mentor can help the undifferentiated learner on a path to Family Medicine by demonstrating curiosity and fostering an environment of inquiry. Many students assume that research must be longitudinal or that they need to have an original research idea. They may not recognize that a smaller project is also considered “research” such as a case report or a poster. A research mentor can plant the seed and help a student get involved in research as a gateway into the specialty of Family Medicine. Our hope is that the Emerging Scholars program will promote mentorship opportunities within USAFP and make it clear to student attendees that research is an essential and dynamic part of our specialty. We need more Family Physicians and more Family Physicians interested in research. We also need to frame the scope, effort, and applicability of research within the context of our clinical specialty for the next generation of Family Physician Scholars. If you are joining us in New Orleans for the 2024 Annual Meeting, please come and support the students participating in the Emerging Scholars program. They are the future of Family Medicine!

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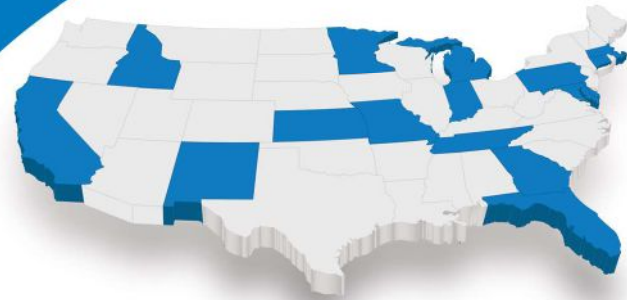
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# committee report

## EDUCATION

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Thank you to all who joined the Education Committee's virtual KSA on Care of Children in December 2023. Congratulations to our Jeopardy winners Wayne Schirner, Katy Garner, Timothy Huber, and Peter Purrington! We hope everyone enjoyed the camaraderie, learning, and friendly competition. We'd like to extend a big thank you to Drs. Emily Buck, Jennifer Chang, and Meghan Lewis for preparing and facilitating the session. For those attending the USAFP Annual Meeting, we hope to see you at the Behavioral Health KSA on Saturday, March 24!

As 2023 comes to a close, we wanted to summarize some medical education articles that we (the Education Committee Chairs) found particularly interesting from the year.

### ARTICLE 1

*Kohan, M., Changiz, T. & Yamani, N. A systematic review of faculty development programs based on the Harden teacher's role framework model. BMC Med Educ 23, 910 (2023).*

In 2009, the International Association for Health Professions Education published an AMEE guideline outlining the twelve roles of medical educators. In this 2023 article, Kohan et al. conduct a systematic review of faculty development programs' focus on eight of the twelve roles (Fig. 1).<sup>1</sup> Kohan suggests that using these roles as a competency-based framework for medical education can improve content and delivery of faculty development programs. The article cites multiple prior reviews of articles from 2003 to 2018, all recommending more research into the impact of faculty development programs and identifying the lack of a more structured approach across educational institutions.

This review searched international databases for all medical education studies related to faculty development from 1990 through 2020. They excluded any studies that did not include a specific intervention or lacked pre- and post-intervention data, as well as articles in languages other than English and Persian, leaving 119 studies reviewed, 86 (72.27%) of which were from United States universities, including medical, pharmacy, nursing, and dental schools. They then evaluated each for its intervention type and duration, educator roles covered, outcome level based on Kirkpatrick model (Fig. 2), and overall study design.

While there was significant heterogeneity amongst the interventions studied, the majority of studies looked at formal group-based interventions and focused primarily on educators as information providers; a significant number of studies also

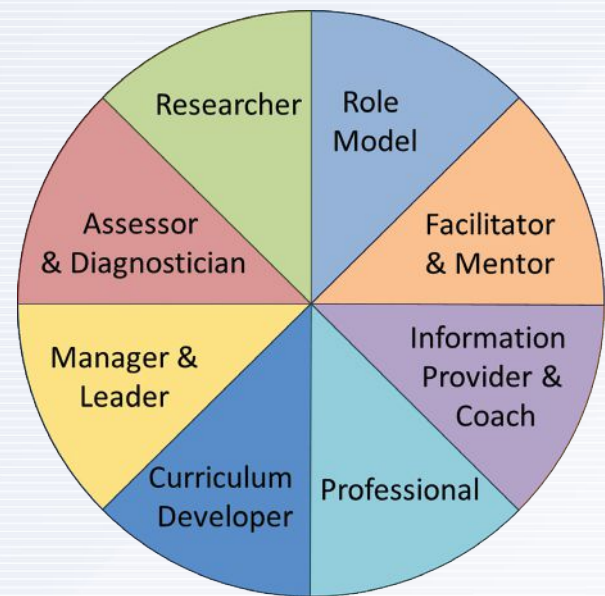


Figure 1. Harden's 8 roles of an educator.<sup>1</sup>

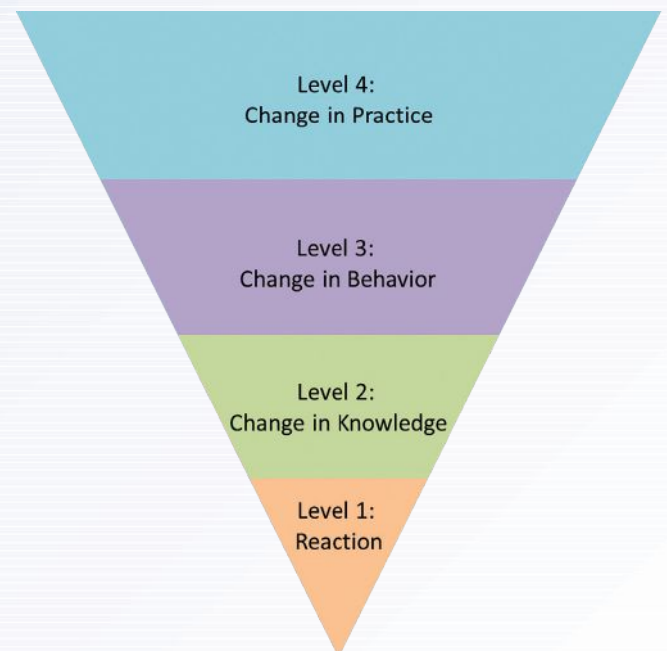


Figure 2. Kirkpatrick Model: 4 levels of training evaluation.<sup>1</sup>



looked at the facilitator/mentor and assessor diagnostician roles, with fewer studies on the remaining domains. Most of the studies used self-reported outcomes at Kirkpatrick levels 1 and 2, showing subjective changes in knowledge, skills, and attitudes, but no definitive improvements in behavioral or organizational practices.

While this review does not offer particularly novel information, it does highlight potential opportunities in future faculty development practice and research. While many programs in the studies focused on the educator as teacher, the educator roles laid out by Harden can help broaden the scope of faculty development programs and provide the basis for a competency-based framework. Most of the studies focused on group-settings, but many of the domains are more individualized, suggesting a need for more one-on-one development. Finally, there is a significant lack of evidence regarding the impact of faculty development programs and intervention; finding opportunities to evaluate Kirkpatrick Level 3 and 4 outcomes can improve institutions' ability to help faculty better develop their own professional identities, as well as build a more cohesive organizational identity.

## ARTICLE 2

*Abdollahi M and Nabavi FH. Mentoring as an Appropriate Strategy for Medical Faculty Member Development in Higher Education: A Systematic Review. J Adv Med Educ Prof. 2023;11(1):3-14.*

The ideas surrounding mentorship often come up as leaders work to identify ways to develop faculty in higher education. In this study, Abdollahi et al. reviewed articles over the last two decades that implemented mentorship programs and reported their findings.<sup>2</sup> The authors evaluated a total of 16 reviews that met their inclusion criteria.

When evaluating these studies, they discovered that the majority of mentorship programs have three stages that make the program successful. The first stage is “targeting

and familiarization with implementation of the mentoring program.” The second stage is “the process of implementing the mentoring program” and the third is “evaluating the mentorship program”.

### Stage 1: Targeting and familiarization with implementation of the mentoring program.

The key components of planning these programs include:

1. Identify qualified mentors and mentees.
2. All faculty can benefit from mentoring programs.
3. Initial meetings between mentors and mentees should be used to introduce the relationship prior to fully implementing the program.
4. Goals for the program should be based on the needs of the mentees. Which typically included the something like:
  - a. Research
  - b. Management Skills
  - c. Leadership Development
  - d. Work Life Balance
  - e. Time Management
  - f. Career Enhancement

### Stage 2: The process of implementing the mentorship program.

The most common forms of implementation found in this review are described as:

1. Traditional one-to-one mentoring.
  - a. Formal time frame in a formal program.
  - b. Focus is career building, relationship building, and work life balance.
  - c. Usually, these programs include a guide for participants to follow.

*continued on page 18*



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#### 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.

2. Peer mentoring programs.
  - a. Can be a mentor and mentee in the same relationship.
  - b. Can also be a group mentoring session.
  - c. Usually supervised by more experienced faculty member.
  - d. Helpful for internal team development.
3. Distance education mentoring program.
  - a. The two parties are in different locations.
  - b. Utilize virtual platforms to facilitate meeting times.
  - c. Helpful for career and professional development.

### Stage 3: Evaluating the mentorship program.

This review identified multiple aspects of evaluating mentorship programs.

1. Demonstrated the effectiveness of different types of qualitative, quantitative, and mixed-method evaluations (mixed-method evaluations seemed to be more accurate).
2. Some programs utilized measures such as faculty promotion, research publication rate, job burnout, and employee satisfaction.
3. Mentee feedback is useful in making the program better.

The findings in this review were not groundbreaking. We found the focus on spending time planning for the program before implementing it to be a good reminder. We also thought the encouragement to utilize peers and mentors from outside the institution to be helpful. We appreciate the emphasis on evaluation and the ideas to use multiple methods to obtain better data.

### ARTICLE 3

Bridges KM, Rampon K, Mabachi N, et al. More Than Half of Family Medicine Clerkships Do Not Address Systemic Racism: A CERA Study. *Fam Med.* 2023;55(4):217-224.

Curricula that focus on systemic racism as a root cause of health inequities is essential to prevent student misconceptions that health inequities are naturally occurring or caused by genetics or behaviors from those experiencing them. A study by Bridges et al. sought to investigate the presence and features of curricula related to systemic racism in North American medical schools by surveying family medicine clerkship directors as part of the 2021 Council of Academic Family Medicine's (CAFM) Educational Research Alliance (CERA) survey.<sup>3</sup>

Data was collected on the following items: (1) the existence of systemic racism curricula and how long ago they were developed, (2) the framework used, (3) student and faculty training hours related to structural racism/bias, (4) faculty and institutional attitudes toward teaching about systemic racism, (5) the

appropriate academic setting for teaching about structural racism, (6) available resources for teaching about systemic racism, (7) student interest and engagement with existing clerkship racism/bias content, and (8) level of importance assigned by the director to expanding clerkship content.

Here is what the study found:

- As expected, clerkship directors almost universally agreed (n=68, 97.1%) that teaching about racism is appropriate at all levels of education: premedical, preclinical and clinical, and in both required and elective settings. However, 60% (n=42) reported having no formalized racism or bias curriculum.
- Most perceived they had institutional encouragement to teach about systemic racism (n=57, 81%) but of those, only about half (n=30, 53%) reported availability of significant resources to do so. One of the main factors was identifying qualified faculty to teach it.
- 72% reported their clerkship curriculum contained only 1 hour or less of education on racism or bias for their students, despite being identified as a top priority for a majority of directors.
- Three quarters of clerkships developed their curriculum within the past 5 years suggesting recent progress in these initiatives.
- Systemic racism curricula were more likely to be present in the clerkship at institutions where directors reported that faculty receive 5 or more hours of training in racism and bias. There was no significant difference when comparing medical school class size, region, or clerkship directors who are underrepresented in medicine.

The authors concluded by recommending the creation of a national clerkship curriculum on systemic racism, which would standardize content across institutions. They also argued that faculty development is needed, in addition to curriculum development, to promote and develop high quality curricula.

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## Pacific Partnership 2023: PERSPECTIVES FROM A FAMILY MEDICINE PHYSICIAN



*Pacific Partnership 2023 US and Partner Nation Personnel pictured aboard the USS Pearl Harbor*

**Disclaimer:** *The author is a family medicine physician within the Department of Defense. The opinions and assertions contained herein are the private views of the author and are not to be construed as official or as reflecting the views of the Department of Defense or any other U.S. government entity. This document was created free of branding or market affiliations. The author is operating solely as contributor.*

Global Health Engagement is a rapidly expanding framework recognizing the link between global health care and national security<sup>1</sup>. The Department of Defense has established policies to help stabilize fragile states using DoD medical assets to foster productive communication and partnership amongst the DoD, other US Government agencies, and partner nations' military and civilian authorities. This instruction outlines goals of building trust and confidence, sharing information, coordination of mutual activities, and achievement of interoperability in support of US national security policy and strategy<sup>2</sup>. For military healthcare professionals, participation in global health whether through deployments, overseas duty locations, or elective coursework and training are commonplace and provide excellent

opportunities for both personal and professional growth.

Pacific Partnership is the largest annual multinational humanitarian assistance and disaster relief preparedness mission conducted in the Indo-Pacific by the U.S. Navy. Now in its 18<sup>th</sup> year, the mission began in 2004 in response to a tsunami that devastated parts of South and Southeast Asia, however, has since evolved to focus on bringing nations together during periods of calm to better respond in times of crisis. Deployments such as Pacific Partnership offer Navy health professionals unique opportunities to develop skills and expertise in global health and humanitarian assistance. For those who have had the opportunity to participate, the experience often remains a lasting career highlight.

Concluding in December 2023, Pacific Partnership 2023 (PP23) provided tailored medical, dental and veterinary care as well as humanitarian and civic preparedness activities in areas of engineering, disaster response, public health, and community outreach. This mission featured nearly 1,500 personnel from multiple partner nation militaries

*continued on page 22*

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*US Navy Family Physicians and Dietician pictured alongside Fijian Department of Health Physicians, Nurses, and Dieticians at the Diabetes Centre in Suva, Fiji*

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to include Australia, Canada, Chile, Japan, South Korea, New Zealand, the United Kingdom and the United States. Traveling aboard the USS Pearl Harbor (LSD 52), the team conducted 492 events across 7 countries over a 5-month period.

Through a rigorous planning process, PP23 medical leadership identified host nation needs and capabilities in order to develop a tailored approach to deliver high quality health services and trainings to host nation partners, which included local healthcare workers, host nation militaries, nursing and medical schools. As a family medicine physician deployed with PP23 for the entirety of the mission, my primary duties included providing medical care to community members alongside local healthcare workers, conducting lectures on a wide variety of primary care topics, and leading various training courses such as basic and advanced life support, neonatal resuscitation, pediatric life support, and basic trauma care.

Particularly meaningful for me as a uniformed family physician were the experiences providing medical care alongside host nation colleagues. In each of our country stops we conducted Community Health Engagements where PP23 medical personnel provided medical, dental and optometry services to local community members, many of whom do not have easy access to medical services or treatment. These events provided an opportunity to conduct side-by-side medical care to treat common ailments ranging from dermatologic and musculoskeletal complaints to chronic conditions such as diabetes and hypertension, as well as less commonly seen conditions in the US such as malaria and tuberculosis. These collaborative efforts allowed for PP23 medical providers to better navigate the nuances of foreign health care systems and medication formularies, while also helping to ensure appropriate follow up and support for patients with more complex medical needs.

*continued on page 24*

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# Clinical Pharmacology Fellowship Program



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- Applying pharmacogenomics to evaluate risk to warfighter readiness 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.

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## FOR MORE INFORMATION CONTACT:

LTC Jesse P. DeLuca

[jesse.p.deluca.mil@health.mil](mailto:jesse.p.deluca.mil@health.mil)



*continued from page 22*

These experiences and collaborative efforts provided significant insight not just into the common health problems affecting local populations, but also the innovative strategies employed by local health professionals who are often working with significant resource limitations when compared to the US and Military Health systems.

A particularly notable example of this was in Fiji, where the burden of metabolic disease, particularly diabetes, is very high and end stage complications of diabetes (specifically foot sepsis) is one the most common initial presentations of diabetes<sup>3</sup>. To combat these statistics and promote earlier diagnosis and access to preventive services, Fijian Department of Health workers have developed a national diabetes outreach program. Their headquarters, across the street from the nation's largest public hospital, houses a multidisciplinary clinic complete with physicians, nurse educators, wound care nurses, and dietitians. This multidisciplinary clinic provides free walk-in, appointment-based, and even outreach-based services for thousands of patients each year, resulting in significant improvements in health outcomes.

As a family physician, navigating encounters with a diverse subset

of patients of different ages, cultures, and backgrounds across multiple countries highlights the scope and breadth of practice afforded to family physicians, and demonstrates the importance of these skillsets in austere environments. This experience has left me feeling fulfilled and inspired by the passion, innovation, and commitment to holistic patient care performed in resource limited settings, as well as a renewed sense of appreciation for the services available within our health systems.

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*United States, Partner Nation, and Host Nation medical personnel pictured at a Community Health Engagement in Suva, Fiji*





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## Personalizing Genesis to work smarter, not harder.

The nationwide rollout of MHS Genesis was completed in June 2023 and is expected to be fully implemented OCONUS by March 2024 (ref A). This transition has significantly shifted the way we interact with our electronic health record. While we've adapted to using MHS Genesis stateside, many of us are still trying to find the most efficient ways to navigate the record and reduce unnecessary clicking. In Genesis, we sometimes find ourselves adapting Dori's mantra (from *Finding Nemo*) "Just keep clicking. Just keep clicking, clicking, clicking. What do we do? We click, click." Thankfully, MHS Genesis offers a wealth of embedded tools that empower physicians to not only overcome these challenges but to excel and reduce their overall chart burden.

In this article, we will delve deeper into these tools and provide practical tips to help both seasoned and new users of our electronic health record. We'll discuss personalizing the Primary Care Workflow page, harnessing the power of Data tokens and optimizing the use of the Favorites and Quick Visits. These enhancements allow us to streamline our workflows, deliver exceptional patient care and go home on time more often.

Just as a modern smartphone can be customized to suit your idiosyncratic preferences, Genesis offers ways to optimize the physician experience. For instance, you can tailor the Outpatient Primary Care Workflow to make work actually flow. The key to achieving this outcome is intentional planning. Begin by mapping

your sequence of steps in a patient encounter. Do you start with verifying medications through the medication reconciliation? Perhaps, you read your technician's shared HPI first? Or do you prioritize by reviewing vitals signs first? Once you identify your preferred personal sequence, you are ready to optimize the Outpatient Primary Care Workflow page. Simply drag and drop the modules in the order you perform them, creating a personalized workflow that reflects your natural work rhythm. Don't hesitate to relegate modules you use infrequently, such as "Pathology" or "Procedure Narrative," to the end of the list to avoid clutter. Personalizing these elements has significantly accelerated my workflow. For example, completing the "Medication Reconciliation" module early on in my workflow sequence enabled me to avoid unnecessary order messages and simplifies renewing medications when completing your A/P portion. Similarly, I also realized placing the "Problem List" at the very top promoted my agenda setting. With the "Problem List" first, I could then frame the entire note as a story supported by the various note elements. Personalizing these elements significantly sped up my work, enabling me to chart in near real time.

MHS Genesis introduced another innovative feature: "Auto Text". While we, on the Practice Management committee have begun creating "templates" to boost your productivity (Under user DAVID.GARCIA.0005 check out .usafpuri for a quick common cold A/P or .usafppsch for a mental health exam or .usafpbaby for

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a well-baby exam), many family docs are unaware of the potential Data Tokens functionality. A data token is an important data element extracted from the patient's chart. For example, the data token [ PHQ9 Only ] seamlessly inserts the complete questionnaire with patient's technician administered PHQ9 answers and scores. Similarly, you can also use Data Tokens to write out Growth percentiles with [ Growth Chart Newborn ]. You'll find examples of these data tokens embedded within the aforementioned Auto Texts. To further explore the powerful, personalization possibilities click the Insert Templates/Tokens button when creating a new Auto Text. The additional beauty of the Auto Text feature is the ability to copy and save these templates as your OWN so that you can customize and use the Auto Text as your individual practice pattern requires. Sharing/borrowing from colleagues is encouraged!

"Order favorites" offer an additional avenue to enhance productivity and avoid frustration. These personalized folders provide greater flexibility and versatility through improved organization and diverse order set inclusion. Unlike AHLTA, you can incorporate procedure codes and Evaluation and Management codes to streamline billing and coding processes. This further reduces clicking. Additionally, you can effortlessly create and manage a comprehensive portfolio of order sets. This empowers you to unlock valuable time for patient interaction by enabling quicker at-your-fingertips ordering.

One final way that MHS Genesis shines is through the use of premade "Quick Visit" which combine the Review of Systems, Physical Exam, ICD10 codes and billing codes into a convenient standardized note package. This feature dramatically reduces typing time by allowing you to swiftly select from prefabricated charting options. Ideal for routine, well defined, appointment types such as a pediatric health surveillance visit, these Quick Visits make charting effortless. However, they do require exploration and experimentation to identify the most suitable options for your practice. Once you've discovered your preferred Quick Visits, you can add them to your favorites for easy access and future utilization.

Taken together, this combination of personalization of the primary care workflow pages, utilizing data tokens, optimizing favorites and quick visits enables physicians to spend less time charting and more time talking to patients. The initial set up may require some time investment. Instead of dedicating hours to build up these tools, we recommend that you instead create or edit one tool each day, gradually building a robust repository. We wish you well on your personalization and optimization journey.

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## Self-Care for the New Family Medicine Intern

Congratulations to our newly matched Family Medicine interns and residents! We look forward to welcoming you all to our programs soon.

In learning new skills and responsibilities as a family medicine trainee it can be easy to put our own wellness on the backburner. It is important, however, to fill your own cup during this time in order to maintain your own health and happiness. Below are a few tips to help you during this exciting period of transition into residency.

- 1. Assess Financial Wellness:** For many HPSP and USUHS graduates, the transition into residency comes with military promotion and a pay increase.
  - Take time to educate yourself on saving and investing: The White Coat Investor or CAPT Joel Schofer's blog are great places to start learning about the Thrift Savings Plan (TSP) and Individual Retirement Account (IRA) options.
  - Be prepared for June: You may need extra cash on hand to cover unexpected expenses related to moving, down payments or security deposits, and waiting for payroll enrollment (which may take a few months to process)
  - Autopay and chill: It's easy to miss payments when you're working long hours; make sure you're keeping track of expenses with autopay and a budgeting app. The same goes for savings. It is easier to save if you auto-deposit before you see it.
- 2. Consider a Roommate:** Choosing to live with a roommate (or partner) may reduce loneliness, which can be a big deal for an overworked resident! However, be sure to be upfront with a potential roommate about expectations. Splitting chores, hosting guests, and picking up slack on each other's busier rotations are good starting points for conversation. Consider buying time back; will

a house cleaning or lawn care service prevent needless friction? Think about tools like FairPlay to help divide tasks among roommates.

- 3. Plant Community Roots:** Most of us match into programs that are far from home. Use this opportunity to grow roots where you are planted. Be intentional about introducing yourself to your neighbors, joining a gym, finding a faith community, and taking time away from the hospital to decompress and explore your new location. Find an activity, location or ritual that fills your cup so that you can lean on that during your more difficult months of training.
- 4. Learn about Military Medicine:** Take the opportunity this Spring to familiarize yourself with military medicine. Reach out to your new colleagues with questions, utilize your service's human resources website, and consider reading a book from your service's professional reading list. If you're free in March 2024 we would love to meet you in New Orleans at the USAFP Annual Meeting!
- 5. Take Your Own Advice:** Schedule your workouts, meal prep, and get your 8+ hours of sleep as often as possible. Take a break during your workday and each lunch outside every once in a while. Find your "why" and remind yourself of it often. Practice gratitude daily.
- 6. Seek Help Early and Often:** Feelings of imposter syndrome or burnout are common during medical training. When you're feeling overwhelmed, seek help from a colleague, mentor, advisor, therapist or counselor. Family Medicine is a team sport. Let's help each other navigate the system to find appropriate resources and to reduce barriers to care during training.

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## *Eat food, not too much, mostly plants.* — Michael Pollan

The Wellness and Resiliency committee would like to continue sharing information on well-being that might be helpful for you and your patients. In the winter months we are all prone to more comfort-seeking behaviors, especially with the holiday barrage of full tables and snacks galore. Nourishing our bodies and cognitantly making healthy choices is a form of self-care. The new year is a wonderful opportunity to embark on a new tradition and embrace healthy habits. As most of us can attest, there is not a huge emphasis on nutrition education in medical school and the available information on the “best” diet can often be overwhelming. Below we share some information about nutrition that we hope will help you feel more confident in your own journey and in sharing advice with patients.

Nutrition (as taught in the Lifestyle Medicine realm) is focused predominantly on plant-based eating and nourishing the body to fuel it optimally. To reap the benefits of plant-based eating, it is often best adapted as “flexitarian” with about 80% of foods being plant-based. In reality the best food routine is one that you will adhere to, so making small but impactful changes should be the goal. For instance, try swapping out an animal-based protein for one that is plant-based in one meal each week as a start - and from there explore adaptations to some of your favorite recipes. We challenge you to note how different you feel eating more plant-

based - in particular your energy levels, mental clarity, and sleep quality.

Fear not - there are many plant-based protein sources that are wholesome and can be adapted in numerous ways to suit any taste. Our favorites are beans (most often crafted into creative homemade hummus varieties, lentils (can be made into burgers), and bean pastas (even picky-toddler approved). There are also many pea-protein based powder supplements that can be added into smoothies, pancake mixes, or oatmeal. There is also the tried and true tofu, seitan, or tempeh which can be added to meals and cooked just like animal protein. We have included a multitude of resources on page 31 for how to incorporate more plant-based meals into your day as well as several that are excellent resources to share with patients.

There are numerous reasons to promote plant-based eating. It has been shown to be anti-inflammatory which helps alleviate chronic pain, improve mood and promote recovery from athletic endeavors; it has been shown to essentially stop and even reverse the effects of chronic inflammatory states in many diseases such as diabetes and atherosclerosis.<sup>1-3,5-8</sup> Another important aspect to consider and one that we try to emphasize to patients is the importance of limiting any ultra processed foods, simple sugars, and refined carbohydrates. These have been shown to have addictive qualities, lack necessary fiber, and are

a prime source of pro-inflammatory cascades, poor blood sugar regulation, and gut dysbiosis.<sup>4-5</sup>

Over the years, we have enjoyed experimenting with different types of foods and creating delicious recipes. There are many excellent resources you can access via the QR code on page 31. Be on the lookout for a recipe book put out by the Air Force Lifestyle and Performance Medicine working group full of delicious plant-based nourishment. Our challenge to you is to try something new to fuel your body before coming together at USAFP in March. Some suggestions include: trying a new recipe, a new plant based protein, a new grain you’ve never made before, or go big and go meatless for a week and see how you feel.

Cheers to healthier living!

Brie and Becca  
USAFP Wellness and Resiliency  
Committee

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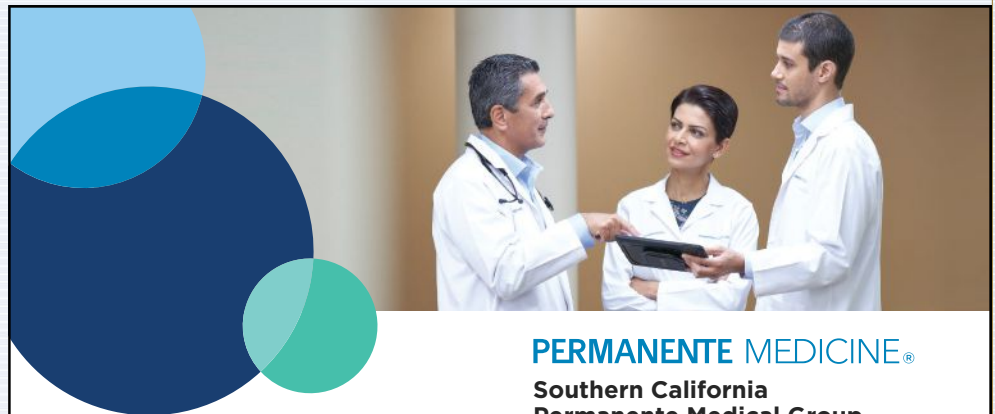
## RESOURCES:

HPRC  
 Oldways – Cultural Pyramids, Recipes  
 AF Nutrition Kitchen  
 Kids Eat In Color  
 Forks over Knives  
 Game Changers  
 Running on Real Food  
 Nora Cooks  
 Universal Meals  
 Full Plate Living

Providence Community Teaching Kitchen

AICR: How to get enough protein on a plant-based diet  
<https://danishealthyeats.com/category/recipes/>

Apps: Mealime, Anylist, MyFitnessPal



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# Head & Heart: The Art of Modern Leadership

BY: KIRSTIN FERGUSON

When you hear the title “leader”, who pops into your head? What are the characteristics of this person? Why do you call this person a “leader”? So often, when I think of a leader, they are in a position of authority. They are people who take charge, lead with power, and never seem to struggle with deciding. Many times, I look at leaders and think to myself, I am not outspoken or wise enough to be able to lead others. My strengths come from personal relationships, empathy, and compassion. How does this apply to leadership? Kirstin Ferguson, an Australian leadership and culture expert, challenges the Great Man Theory of leadership from the mid-nineteenth century, that all great leaders are born with certain traits entitling them to lead. This theory has impacted how we view leaders. Through her research and interviews, Kirstin demonstrates the need for modern leadership and she breaks this down into head and heart attributes. These attributes shape the modern leader to lead irrespective of context or situation. She emphasizes that leadership is a series of moments, and **“a leader is anyone who can influence and impact others through their words, actions, and behaviors. A modern leader understands the most effective way to lead is by using their head and their heart.”**

The book is organized into two sections: leading with our head, and leading with our heart. Each section has four attributes explaining their importance for the modern leader. She introduces each attribute with a relevant story and reflective questions about our current leadership. Then, she dives into what it means to lead with the attribute and what stops us from leading with it.

Before diving into the book, I recommend taking the Head & Heart Leader Scale at <https://headheartleader.com/> or scan the QR code below. This will allow you to assess if you lean more toward a head-based or heart-based leadership style. Knowing your ranking of attributes will provide you with a framework to reflect and grow into a modern leader.

## LEADING WITH OUR HEAD

As physicians and military officers, I assume many of us feel comfortable leading with our heads. This is the rational, cognitive, decision-making part of our brain that focuses on the work produced. Kirstin argues that to be a better modern leader who leads with their head, they need four head-based attributes – curiosity, wisdom, perspective, and capability.

*Curiosity* is how we fill in gaps in our knowledge. Having a willingness to open our minds and hear diverse points of view, ask questions, challenge ideas, and overcome the fear of not knowing. Curiosity makes us less likely to have confirmation bias and stereotype

entire groups of people. This leads to a better flow of information and group dynamics.

*Wisdom* is listening to others, evaluating what was said, and deciding on the best path forward. In uncertain times, we recognize the limitations in our knowledge and welcome diverse perspectives. By including diverse viewpoints, we acknowledge our cognitive biases and consider alternative solutions. Kirstin mentions four fallacies that well-educated people are susceptible to that inhibit wise choices or actions, Table 1. Being self-aware and having team members around you to recognize when you may be falling into one of these fallacies is essential to being a wise modern leader.

**Table 1.** Four Fallacies that Inhibit Wise Choices and Actions - adapted from *Why Smart People Can Be So Stupid* by Robert Sternberg

<b>Egocentrism Fallacy</b>	We believe the world revolves around us, or at least it should. We act in ways that benefit ourselves regardless of how that behavior might impact others.
<b>Omniscience Fallacy</b>	We believe we already know everything there is to know and, therefore, we don't need to listen to the advice or counsel of others.
<b>Omnipotence Fallacy</b>	We believe we are so intelligent and educated that we possess gifted power that surpasses all others.
<b>Invulnerability Fallacy</b>	We believe we can do whatever we want, and no one will ever be able to hurt or expose us. We believe we have no vulnerabilities.

*Perspective* is likened to the French military word *coup d'oeil*, “with a single glance, see things clearly.” This leadership attribute helps us interpret events, stimuli, data, and situations we encounter daily to understand our context. Connection is another essential skill of perspective. By connecting with others, you better understand the environment you are leading in and what is happening within your sphere of influence.

*Capability* reflects your ability as a leader to use the knowledge, expertise, and mastery you have developed with a growth mindset to ensure you are developing a new generation of capable leaders. A barrier that may hinder our capability is having to be the most intelligent person in the room. To build capable leaders, we must allow them autonomy and share their viewpoints. This means we need to enable them to speak first and ensure that when we do speak, it is value added. Kirstin coins this as a word-to-wisdom ratio. This ratio is the number of words it takes to add something of value to a conversation. We need to speak less and encourage the people around us to contribute and share for them to grow.

*continued on page 34*



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## LEADING WITH OUR HEART

Leading with your head is never done in isolation. How we engage with others, regulate our emotions, and develop our values impacts the team around us; this is when we need to lead with our hearts. To lead with our heart, four attributes are essential – humility, self-awareness, courage, and empathy.

*Humility* allows us to understand things out of our control, be open to new ideas, and be eager to receive contributions from those around us without viewing it as a weakness. Humility allows us to be aware of all that we are and are not. Leaders with intellectual humility are comfortable living in the grey area. They understand that it is unlikely to have a single definitive answer for a problem, but you need to aim for progress, recognize you will make mistakes, learn from them, and press forward. Being honest about our limitations and attributing credit where credit is due will improve our humility.

*Self-awareness* is our ability to understand our emotions and their impact on those we lead. To become more self-aware, we must receive candid feedback, reflect on our feelings, and engage in self-assessment. Feedback allows us to understand how we are perceived as leaders and helps us to understand the situation more accurately. Next, we need to understand the triggers that cause certain emotions. By reflecting on the scenarios with the following questions, you will be better positioned to respond in the future.

- What was the trigger – was it an event? A situation? A particular person?
- What did you feel in your body?
- What thoughts or feelings did you have about the event, situation, or person?
- How did you respond to the event, situation, or person?

Lastly, we need to perform our own self-assessment. A tool that can be used for yourself or those you lead is the Four L's of Self-Assessment. This allows you to evolve continuously.

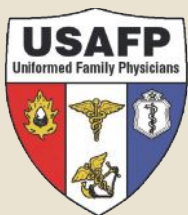
**Table 2.** Four L's for quarterly self-assessment

Love	What did I do in the last quarter that I loved?
Long for	What do I wish I had done?
Loathe	What didn't I like doing?
Learn	What did I learn and experiment with that I can take into the next quarter?

*Courage* is our ability to lead with authenticity and integrity by committing to our principles in the face of obstacles. This also means creating a culture where others dare to speak up, make mistakes, and be willing to take risks. Courage is providing peer feedback, pursuing professional growth, or sacrificing personal security by being vulnerable.

*Empathy* is an essential attribute for a modern leader. Leading with empathy is positively associated with greater job satisfaction, performance, psychological well-being, and overall performance and is a strong predictor of leadership effectiveness. Research has shown that our empathy diminishes as we gain more rank and power and it becomes more difficult for us to understand the perspective of those we are leading. We can improve our empathy skills through asking questions and listening generously to the stories of others. This, in turn, will help build relational bonds.

As Family Physicians, we have the opportunity and obligation to lead despite title, rank or positional authority in a wide range of environments. We can use the Head and Heart attributes framework presented in this excellent book to reflect, grow, and become effective modern leaders.



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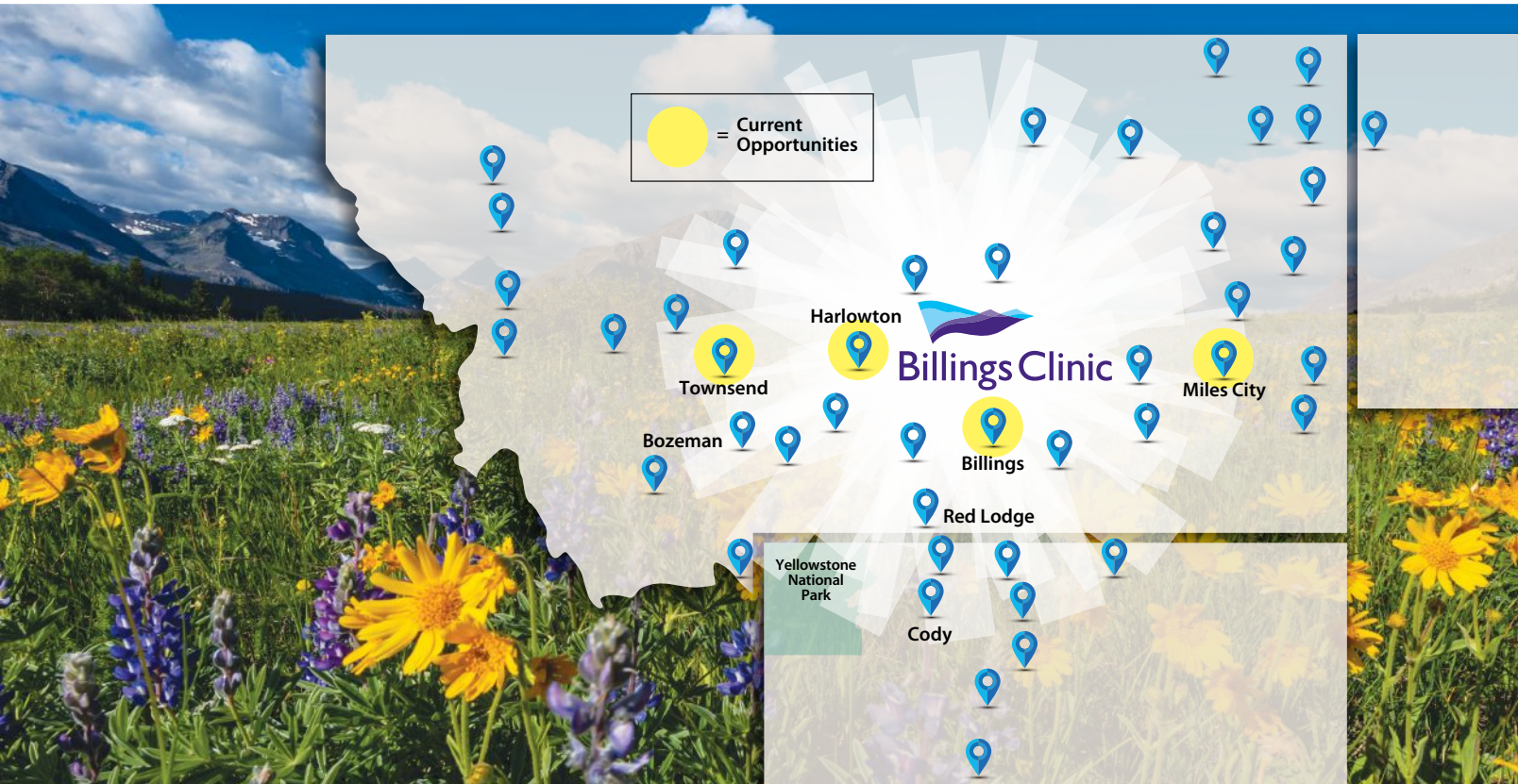


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## USAFP Career Center

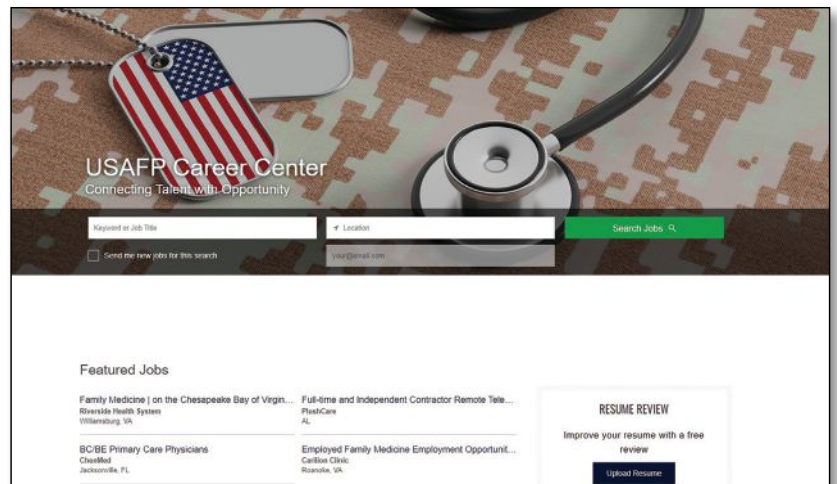
*Your Hub for Physician Employment Opportunities Across the Country*

The career center is a 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](http://www.usafp.org) and utilize the Career Center



link on the home page or visit [www.usafp.careerwebsite.com](http://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](mailto:mschulte@vafp.org).



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## new members

THE USAFP WELCOMES THE FOLLOWING NEW MEMBERS...

### ACTIVE

William Anderson, DO  
Jorge Cabrera, MD, PhD  
Natasha Leidholt, MD  
Scott Mitchell, MD

### RESIDENT

Matthew Adair, DO  
Joseph Bell, MD  
Christina DeInnocentiis, MD  
Jason Ellwood, DO  
Erik Heine, DO

### STUDENT

Jordyn Albert  
Holland Arnold  
Catherine Bassett  
Alexandria Bates  
William Bornt, Jr  
Hailey Brenner  
Jezreelyn Bulaklak  
Katherine Byrnes  
Nathaniel Campbell  
JP Cartier  
Madeline Chaput  
Justin Chu  
Danielle Cross  
Gloria Crump, MPH  
Alexis Dettrich Felgentrager  
Christina Dudzik  
Michelle Everly  
Haley Folmar  
Emilia Friedman  
Natalie Goggins  
Jordyn Huecker  
Sullivan Hughes  
Hannah Hunsaker, MPH  
Daniel Hutchinson

Rimzhim Kashikar  
Matthew Kim  
Ryan Knowlton  
Marisa Kuhn  
Emory Latimer  
Nikita Lee  
Andrew Lithen  
Heather MacEwen  
Augusto Mädke Brenner  
Pallavi Malladi  
Frank McConnell  
Megan McCoy  
Natalie McDaniel  
Paul McQuillen  
Madison Milbert  
Rachel Milia  
Madelaine Mills  
Debashree Mitra  
Vijay Nair  
Vi Nguyen  
John Nowell  
Ricardo Ocampo  
Hannah Ortiz  
Jessica Oudakker  
Taylor Parker  
Ryan Peacock  
Kaylah Pinkney

Steven Pong  
Va Raty  
Morgen Ricketts  
Angela Rubino  
Amanda Samuel  
Ryan Sanborn  
Riley Seay  
Megan Shenk  
Alexander Slabaugh  
Lillian Slaughter  
Valorie Smith  
Cody Steed  
Hunter Stutz  
Grace Tanguilig  
Austin Udy  
Edgar Villaruel  
Rohan Walawalkar  
Jillian Walsh  
Jacob Warner  
Erika Willis  
Taehwan Yoo  
Yevgeniy Zhivotovskiy

Get Involved With

## USAFP Committees



USAFP committees are charged with contributing to the overall mission of the USAFP by focusing on the strategic goals of the organization, communicating information to the Board of Directors, and assisting leadership in the decision-making process for current and future initiatives. The primary function of a USAFP committee is to involve members in their areas of interest and expertise. USAFP members are encouraged to participate on a committee(s). Participation on a committee(s) is a great way to enter the leadership pipeline of the USAFP. Each committee page has "Committee Interest Form" to inquire about joining.



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