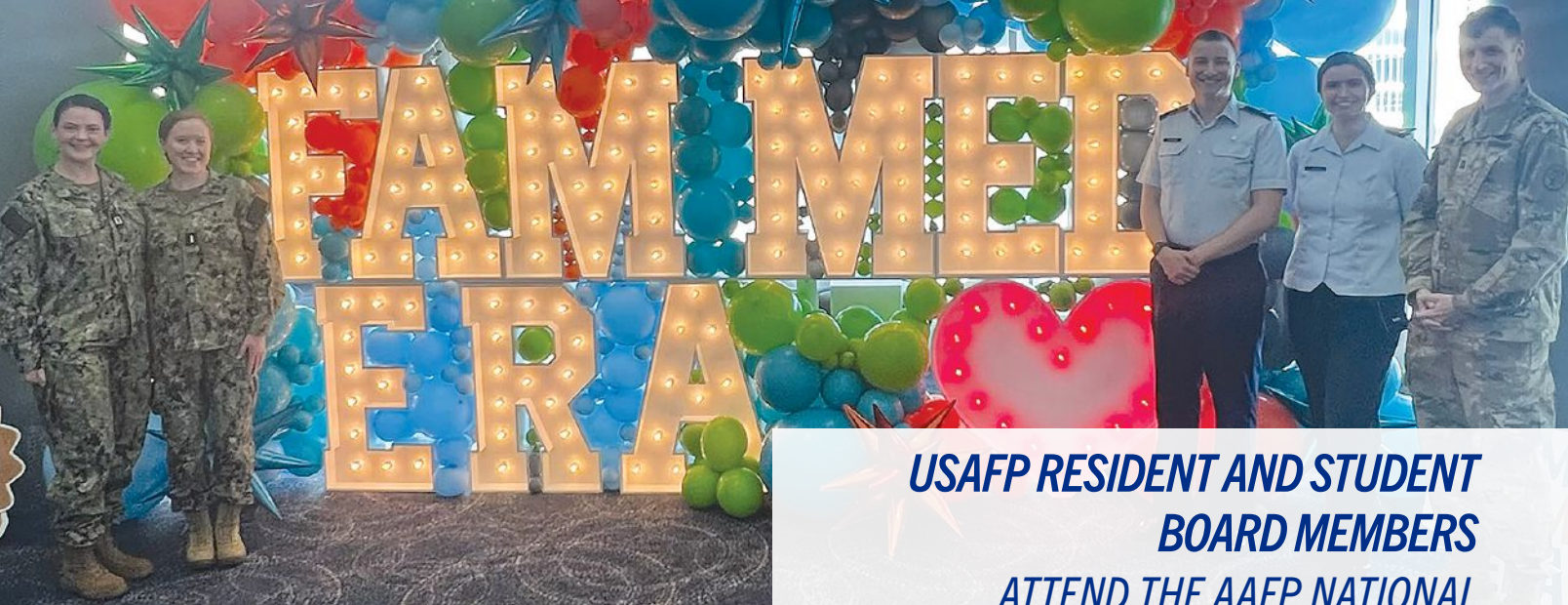


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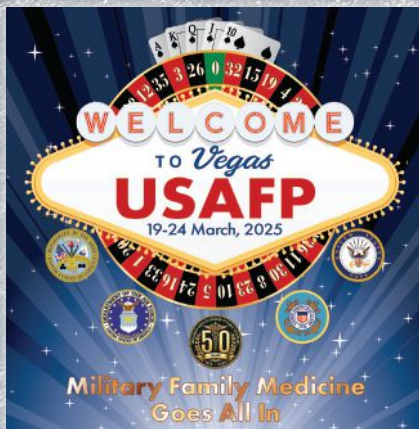
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The USAFP will be the premier professional home to enhance the practice and experience of current and future Uniformed Family Physicians.

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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.

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

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president's message

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Greetings Family Medicine Colleagues!

I write this message to you shortly after July 1, after many of our sites welcomed new Family Medicine PGY-1s. I love the beginning of the academic year as we get to know new interns, watch newly minted senior residents take on leadership roles within the residency, and spend time with medical students interested in a career in Family Medicine. It's always bittersweet to see our recent graduates move on to their first assignment, and I wish all of them the best as they do so!

This season in military life is full of transitions, with PCS cycles, retirement or exiting Active Duty for some, summer underlap, professional military education, deployments, and taskers. Those of us in uniform (and our civilian colleagues) who continue in the same location are not immune to the stressors of these changes, as the workforce around us constantly changes with new leadership, staff members, colleagues, and policies. While some love the adventure and excitement of change, the unknown is anxiety-provoking for others.

Frequent military transitions are one thing that makes our Uniformed Services chapter unique compared with others in the AAFP. Technology adds an additional layer. Herminia Ibarra, of the London Business School, writes, "the accelerated pace of technological change and, most recently, the advent of AI are reshaping jobs and organizations in ways that call for constant

career reinvention. So we all need to learn how to get better at making the most of the frequent transitions that will constitute a long working life."¹

As we continue this year's journey focusing on the 7th goal of our chapter, Wellness and Resiliency: **to assist members in achieving well-being to enjoy meaningful work-life integration**, I'd like to acknowledge the challenges that various transitions may bring and suggest some ways to navigate them together.

1. Prioritize connection with others.

We know that peer connection is essential for professional well-being, and sometimes that peer group is built-in (i.e., in GME) and other assignments (including retirement) are more isolating from a professional standpoint. No matter where you are in the world, you are not alone! Whether you work in a large MEDCEN or are the sole physician in a remote location, regardless of your time zone, rank, or deployment status, your USAFP family is standing by to support you through the formal mentorship program which you can learn about at usafp.org/mentorship. If you prefer an informal connection and don't know how to reach out, consider contacting your USAFP service director or board member to help make connections.

2. Set realistic expectations. It's

normal to have an adjustment period and allow yourself time to acclimate to change. Check in with yourself and reflect on your strengths and growth areas, and what you want to achieve in your new job (or with your new team or how you see yourself best serving under new leadership). Remember that while setting high standards is commendable, it's also important to be patient with yourself during transitions.

3. Maintain routines where possible.

The ability to have consistency and control provides stability during change. Routines are calming by removing the stress of needing to make a decision. While this is different for everyone, it might look like regular exercise, meditation, participation in weekly religious services, or listening to a podcast on your way into work or exploring a new location. A morning routine can help take away stress by putting the beginning of the day on autopilot and arriving to work having already accomplished whatever is part of the routine.

4. Have a growth mindset (also, bloom where you're planted). Transitions are opportunities for learning and development. Perhaps the skills needed at the last job or the requirements for your last boss are vastly different from what's needed for the next position or the next leader. Our training

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continued from page 5

as full-scope family physicians means that we have the foundation to do almost anything. The potential to learn and grow from change is huge and family physicians are outstanding at doing this. While uncomfortable, the reward from change is growth- embrace it! Ibarra writes, "Instead of closure, the prize is learning: What we learn about ourselves when we embrace, rather than resist, the loss... will give us access to more options in the long term."¹ These options in the long-term open the doors for future roles and are part of what makes prior uniformed family physicians so desirable in the civilian workforce.

5. Take care of yourself. Robin Arzon says that "self-care is not selfish." Do your best to prioritize getting adequate rest, even during busy periods. Maintain physical health through movement and eating healthy foods. Consider practicing mindfulness or meditation. Fill your cup with something that's important to you. Smile. Laugh. Get outside. Plan meaningful leave time when you can do so.

These suggestions are not all-encompassing, and I'd love to hear what has helped each of you through transitions. Thank you for reading and being part of USAFP. Your experiences and insights are valuable to our community, so please don't hesitate to share them!

REFERENCE:

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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/



Greetings!

As we venture into this summer's PCS and operational work-up season, I have reflected on the stressors these moves and deployments put on our military medicine community. Maybe you are finishing up residency and heading out to your first duty station, or maybe you are an intern about to embark on GMO life. You might be changing duty stations for the umpteenth time, or you are taking on that next unknown operational billet. In all these situations, the pressure on service members and families to be resilient can be daunting. While we frequently cite "readiness" as our benchmark for suitability for these assignments, it is not synonymous with "resilience." Readiness focuses on the resources and state before individuals experience stress. The DoD has many definitions for resilience, but at its core, resilience is "a process that focuses on the outcome of experiencing stress," and family (or individual) resilience is "the ability to respond positively to an adverse situation and emerge from the situation feeling strengthened, more resourceful, and more confident than its prior state."¹ Cultivating resilience to these upcoming stressors requires forethought, resources, and support in many forms. For the service member, it may come in the form of command programs, medical care, financial management plans, social support of family and friends at home, and the military medicine community when you move or deploy. While the uncertainty and often unreliability of the military lifestyle can compound an already stressful medical career, we owe it to ourselves to devote time and energy to create as healthy and supportive of an environment as we can.

We also know that the whole family serves when one person joins the military. Military family members far outnumber service members, and families face the same, as well as unique challenges such as single parenting during deployment cycles, navigating relationship dynamics among family members, school systems and homeschooling, and overcoming healthcare and mental health barriers. Frequently, military spouses feel pressure to "do it all [alone] and put others' needs first."² The transient nature of the military lifestyle makes it difficult to maintain support networks that non-military spouses might cultivate. It can also make maintaining healthy diet and exercise habits difficult when parenting falls to one parent. Like military members themselves, there is also the emotional burden of being strong for others and the loneliness of living apart from your partner.

I encourage all of us to use these days before the start of the fall season to develop our environmental mastery, our "sense of control over decision-making [that is] conducive to positive mental health and advancement."³

In a sphere where "control" is frequently ceded to the needs of the military, this may seem impossible, but feeling competent and prepared when handling external challenges is still possible in an often uncertain military lifestyle. Devoting extra and intentional effort to finding a sense of community, whether through your local command or the USAFP community and other networks such as Military Family Readiness Centers, counseling services, and peer support groups, offer resources and a support system for members and families. Programs designed to help children of military families, such as those through school liaison officers and youth centers, can provide additional support. Build resilience through proactive mental health care, maintain open communication within your family, and grow your support network at your command and outside of it. Prioritize your health and know that YOU MATTER. I encourage you to start or continue self-care practices, and don't be afraid to seek professional help. Heal thyself. Last but not least, find joy – at home, at work, in solitude, and among friends and family.

We often perceive military life through a lens of duty, mission-readiness, and service, but beneath the uniform lies this complex web of stressors that can profoundly impact us as service members and physicians and, in turn, our military families. I hope you take the opportunity to shore up to these stressors this summer and can rely on our USAFP resources and membership for support. Check out the website for committee resources, mentorship opportunities, and book clubs. Learn about ways to join our USAFP communities. Reach out to your board members if you have ideas for empowering our constituency to support each other. We also have a brand-new column called Spouses Spotlight to help us communicate and serve our valued partners who have been with us through this uniformed journey. I hope your moves, deployments, and changes go smoothly (or as smoothly as they can) this summer, and I look forward to hearing from you!

Best wishes,
Jules

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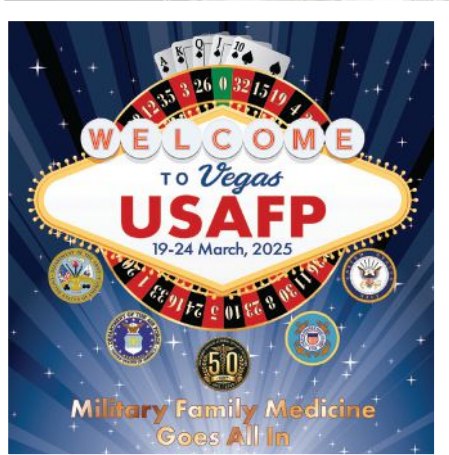
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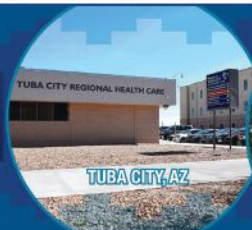


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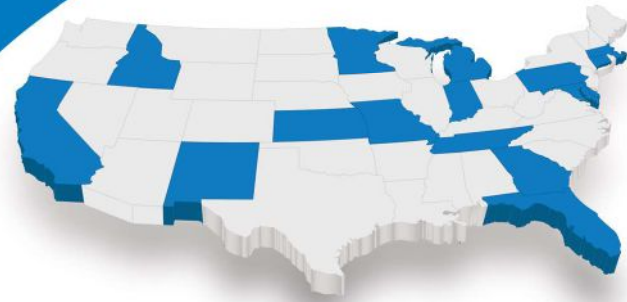
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2. Fostering a culture that attracts, prepares, motivates, and retains the next generation of Military/Uniformed Family Physicians by supporting programs which assist Students, Residents, and young Medical Corps Officers on their journey.
3. Supporting USAFP and its members to ensure their success and the success of future Military/Uniformed Family Physicians in serving our nation.
4. Capturing the history of Family Medicine in the Military and in the Uniformed Services; sharing our legacy; honoring our past; and inspiring our future.

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Omnibus in 2024 – What’s New?

In 2013, the Clinical Investigations Committee (CIC) launched the Omnibus Survey to develop new research for our members regardless of their experience level. Importantly, the CIC integrated the survey into the USAFP Annual Meeting rather than an email sent out to the abyss, increasing the response rate dramatically and making the results publishable. Since then, Omnibus Survey researchers have consistently served up posters and podium presentations at the annual research competition and publications in peer-reviewed journals to further the field of military family medicine. We proudly showcase operational physicians, residents, and medical students accomplishing original research. The last newsletter update about the Omnibus Survey was in 2020, where the history, as well as the nuts and bolts, were laid out for you.¹ Now we are excited to update you on how we are growing!

In the past, the Omnibus Survey would open for submissions in the late summer / early fall and have a deadline of mid-November before the Omnibus Committee reviewed the submissions. We heard your feedback loud and clear – if you had thought of a great research question for military family physicians, you want to get it in while the interest and motivation (and of course, sometimes the availability) are fresh and at the forefront of your clinical minds before the inevitable business of our clinical practice and residency lives take over. Fear no longer – the Omnibus Survey now has an open rolling application! That means if you have a great research question, don’t wait any longer, just go ahead and submit to the Omnibus Committee! At the usual mid-November timeframe, we will gather all the submissions from the year and include them for running in the following year’s USAFP Annual Conference. Interested and want to learn more? We recommend you visit <https://www.usafp.org/research/survey-question/> for details on submitting a new idea and examples from prior years. Reach out to the Omnibus Committee for any questions!

New for 2024 and beyond, the Omnibus Committee is now building upon the strength of its success. We are opening previous Omnibus Survey results over the years to new researchers who wish to analyze these findings or generate new research questions by harnessing the power of multiple researchers and their surveys each year. The original Omnibus Survey authors are allowed 1-year exclusive rights to the results of their survey results, but after this period, any member is welcome to access this data.

We are proud of all of our researchers but especially of authors who have contributed to the body of knowledge by publishing the results of their research – and there have been many!²⁻⁶ Similar to case reports or research projects in the USAFP research competition, some Omnibus Survey results are “orphaned” as the original researchers have moved on to other passions. Sometimes, we cannot see potential new research questions that have been there all along.

Do you want to ask a new research question harnessing our vast existing data set over the years? What an amazing way to harness the power of the Omnibus to generate research without going through an entire Institutional Review Board of your own *and* be provided with a mentor to get you through to publication. One of my favorite examples is a group of researchers who used the data from two separate projects in 2017, one on burnout in military family physicians and another on acupuncture practices. They looked at the data and asked a new research question using the existing data by investigating the relationship between acupuncture training and physician burnout and published their findings!⁷

Do you want to look at our data and ask a new question? Just reach out to your friendly Omnibus Committee Chair, Dr. Mike Arnold @ michael.arnold@usuhs.edu, to be connected with an Omnibus Committee Member to guide you through the possibilities!

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USAFP Shines at the 2024 AAFP National Conference!

Student, Resident and Active USAFP representatives attended the AAFP National Conference for Family Medicine Residents and Students held 1-3 August in Kansas City, Missouri. The National Conference is a place for residents and medical students to learn more about family medicine including student and resident specific main stage sessions and procedural skills workshop.

In addition to the excellent educational offerings targeted at future family physicians, USAFP residents and students participated in the National Congress of Family Medicine Residents or National Congress of Student Members, submitting resolutions on a variety of topics that will hone their advocacy skills and help shape the future of the specialty of family medicine. The purpose of a resolution from NCFMR and NCSM may be to establish AAFP policy, request the investigation or implementation of an AAFP program, address issues of concern, or request the elimination of non-essential AAFP activities.

USAFP Student and Resident Members in attendance included: Chase Ballard, MD, Austin Barnhardt, Mikel Berria, Victoria Fonzi, MPH, Connor Hebert, Luke Hesse, DO, Clare Huang, Rakiyah Jones, Tegan Koski, MD, Joshua Law, MD, Sean Luong, Andrew Marino, Sam Ockerhausen, Meaghan Raab, Ross Stanton, MD, JD, MPH, Cody Steed, DO, Blair Stewig, and Eliseo Torres DO.

Our active USAFP family physicians in attendance represented the Army, Navy, and Air Force with a focus from their exhibit booth on engaging with HPSP and other medical students on the benefits of serving in the military as family physicians and introduced them to the benefits of membership in the USAFP. Thank you to James Koch, MD, Madelyn

Nelson, MD and Michael Kim, MD!

Looking ahead, the 2025 National Conference is now FUTURE—a new name to capture the energy of family medicine residents and medical students. Mark your calendars for next year's event – 31 July – 2 August in Kansas City, MO.



AS BEST SAID BY THE USAFP RESIDENT DIRECTORS!

Greetings from the Resident Directors of the USAFP Board! We had a successful AAFP National Conference and had a great time; we encourage everyone to attend FMX in September if they are able. During our time in Kansas City, we took part in a USAFP hosted recruiting event and shared some career mentorship with military medical students interested in Family Medicine - some of whom had not heard of the USAFP before and have since joined! The USAFP delegation to the AAFP Congress of Residents nominated Dr. Tegan Koski (USAFP Resident Director of the Navy) as the AAFP Resident Delegate to the full AAFP Congress for 2024/25! We also authored a resolution for the AAFP to urge all relevant branches of government (such as the Departments of Defense, Education, and Public Health) to create a single easy to use resource for nutrition and physical fitness, especially in austere or low socioeconomic areas – as the DoD already has plenty of research about staying fit when you do not have a gym. The resolution was referred to an AAFP Commission for further review.

We hope to see you at FMX in Phoenix in September! Please reach out if you have any questions, comments, or anything you would like us to advocate for!

Drs. Tegan Koski, Joshua Law, and Ross Stanton

Seeing the World through Family Medicine



I recently was asked by one of my residents, Dr Coble, how can you do global health and operational medicine in academics. And I simply replied, why not?



My dedication and passion for medicine was found in a small orphanage in Malawi caring for the thousands of children orphaned by HIV. That volunteer work motivated me to become a physician despite having to apply numerous times for acceptance.

Upon entering medical school at Texas A&M; I continued my dedication to global health with the local Christian Medical Association seeing thousands of patients over one week in rural Lima Peru. My love for family medicine was discovered on the

rooftop of a rural church with a family medicine mentor, Dr Hagen, who helped me see my love for family medicine while seeing geriatric, pediatric, prenatal, and sports medicine patients in an austere environment with limited supplies other than what I could carry in a backpack. I assisted with surgeries and minor procedures in a small closet in Port au Prince, Haiti. I carried this passion for family medicine into a rural clinic in Navasota, Texas and that solidified my decision to dedicate a life to full-spectrum family medicine.

During the routine strains and stresses of residency through Eglin Family Medicine Residency, I found my determination for obstetrics and built a women's health clinic through the rotation in Lima, Peru, where I could teach medical students pediatric and obstetric care in the austere environment.



During my residency, I assisted in a medical humanitarian mission to Belize through Beyond the Horizon. Our team evaluated over 10,000 patients for full spectrum care to include dental for which I removed my tooth.





I was blessed to be selected to Fort Hood Obstetrical Fellowship, which taught me surgical and high-risk obstetrical training.

I was able to continue my global health work in Lima, Peru for which I diagnosed a new twin gestation and managed a postpartum hemorrhage in the back of a pickup truck in Ecuador.



I continued my global health dedication at Eglin AFB with a medical mission to the Dominican Republic through Texas A&M. We saw 500 patients from Haiti, as the government of Haiti was overtaken during our time there.



Over the past several months, I was given an opportunity to lead a global health engagement in La Ceiba, Honduras with three

US residents with a focus to embed ourselves in the Honduran medical system with a focus on obstetrics and trauma medicine.

In response to my resident's question, I have reflected on the past ten years of global and wilderness medicine and continue to look back with pride. I was able to complete all these accomplishments through integrity first, service before self, and excellence in all we do. And I challenge you to find your passion for family medicine and strive to continue throughout your career.



After starting a faculty position at Scott AFB, I was deployed at the start of the COVID pandemic. I was awarded the Bronze Star for my efforts to reduce rates of COVID in Kabul, Afghanistan. I attribute my successes to the leadership I learned from Eglin AFB and the austere training I received through global health. My passion for global health drove my interest in wilderness medicine.



Through leadership support, I was able to achieve a dream to summit Mt Kilimanjaro in Tanzania with the support of my expedition team Wild Med Adventures who trained us to manage and extract patients at high altitudes. The ability to maintain appropriate patient care despite hypoxia and freezing temperatures was life changing.



What Can We Do Tomorrow?

Greetings from the Practice Management Committee! I was reflecting on the Annual Meeting and during one of the presentations, Dr. Paul Crawford asked, “What can we do tomorrow when we go back to clinic?” It was in response to a discussion about the changing financial landscape over the next few years. He called on the whole audience and no one had an answer. His question has been nagging at me for a while, so I thought I would share some of my ideas. I hope it will be helpful.

STAGES OF GRIEF RELATED TO DHA

I retired in 2022 and lots of people ask me what I am doing now. When I say I am at the Defense Health Agency (DHA), the looks I get have surprised me. I view myself as an advocate for the specialty of Family Medicine and all primary care but when I say I work at DHA, I get a wide range of responses. I have come to realize the transition of the MTFs to DHA created a sense of loss among many, and what I am experiencing seems to align with Kubler- Ross’ stages of grief.¹ We know the stages- denial, anger, bargaining, depression, and acceptance. I am not asking you to jump to acceptance, but to stop and consider how you feel about DHA. As leaders, we are not supposed to vent downward. It seems we have vented all the way to the patients on the changes that are from DHA or blamed on DHA. Instead, let’s focus on how we can leverage our leadership and joy, objective data evidence, and negotiating skills to make a better today and lasting tomorrow.

LEAD

Just lead. Lead with your patients by putting them at the center of the care. Lead your teams by checking in with them to see how people are doing, rewarding them for their hard work, and by simply appreciating their daily efforts. I was inspired by Dr. Kelly’s method he shared in his talk about a 3-2-1 at the end of the meeting. Three people get called out and thanked, then two claps, and finally ‘one team.’ I think it is fantastic. Dr Kelly built a way to reframe the team’s mindset to positivity, no matter what was discussed in the meeting. We need more positivity in our lives. Lead in your hospitals and clinics. Lead in your Service. Lead in your community. This message was carried in several presentations and in Dr. Bernstein’s final address. We need family docs at the table. Push away your imposter syndrome concerns and put yourself out there. Throw your name in the hat. Compete for leadership positions. Advocate for your people and drive the change you want to see.

FIND JOY!

Dr. Raleigh challenged us to find the joy in what we do, and this year’s All Member party exceeded expectations. Our tribe danced through the streets of New Orleans as one team, laughing, smiling, and singing. It was joyful! You can find joy in many places. I often drive to work as the sun rises and it is majestic. Literally, stop and smell the roses. Find the things that make you happy- going for a run, reading, making pasta, teaching residents, yoga- the options are endless.

You can do that now. There are many initiatives starting at DHA in support of provider and patient satisfaction. We must take care of ourselves and each other to be able to care for our patients. Administrative burden continues to plague medicine. You may not know, but some locations have piloted different ambient dictation programs, which is a potential game changer for medicine. We are looking at industry for best practices to drive a more patient-centric model of care that accounts for staff satisfaction. We all need to find joy in our personal lives and joy in medicine.

DATA DRIVEN DECISIONS

I love data. You can drive change with data. In the absence of data, everyone assumes everything is fine. As I grew in my clinical leadership roles, I used data to show my clinic was over-enrolled, that Family Medicine had too many weeks on the inpatient service compared to Internal Medicine, and too many nights on Labor and Delivery (L&D). I used data to level the playing field. Based on data, 2000 patients were transferred from Family Medicine to Internal Medicine. FM physicians stood less L&D call and shared the wards equally with Internal Medicine. After using data to drive change for the FM Department, I looked at driving change for patients. How do you do this? You can get a Financial Management Information System (FMIS) account², use Carepoint, or visit the Near Real Time Dashboard³. When someone says you don’t have enough appointments in the system, go back and look at your own data. Are there

providers in the data who should not be there? Is there more you can manage virtually? Are you using nurse run protocols? Have you maximized visiting providers availability? Who are your highest utilizers, and can you drive their usage down with regularly scheduled virtual appointments? Do you need more appointments later in the day? If the average utilization is 4 visits per year, do you put enough appointments in to meet your patients' demand? While data is not a magic wand to solve every physician burnout, patient satisfaction, and metric-driven requirement issue, data offers objectivity to present your case.

HONE YOUR NEGOTIATION SKILLS

You are both a physician and a leader, so you need to know how to negotiate for your patients, clinic or hospital using data. You need to be able to present the rest of the story to decision-makers and stakeholders. You also need to balance risk because we have competing demands (such as budget, GME, and mission). LTG Crosland answered a question about Graduate Medical Education (GME) and metrics during the Annual Meeting. I am paraphrasing, but she said if you must take risk in what you are doing (when mission exceeds capability), do not take risk in GME or in quality and safety. Data-driven decisions may become risk-based decisions when aided by data. Having data to support your negotiations is always helpful and if you are missing information, reach out to your healthcare business offices, your data quality teams, your Chief Medical Officers or others. There are also many good books on negotiation, like Fisher and Ury's *Getting to Yes*. I use principled negotiation almost every single day.

In closing, thank you for what you do every day as Family Physician Leaders. Each of you leads every day – with your

patients, your staff, and your colleagues. Raise your hand and volunteer for the next job, even if you do not think you are qualified. Join the USAFP Practice Management Committee, or any of the USAFP Committees. Teach, learn, and share your experiences as we are better together. Thank you!

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Transitioning to a Senior Resident

You made it, congratulations! Finishing intern year is something to celebrate. I know there were days when it would never end, but here you are. Starting second year has a mix of emotions. You have learned so much and you are feeling confident about your medicine. At the same time, there are many new challenges to overcome as you transition to the role of senior resident. As I reflect on this past year as a new senior resident, there are several things that I wish I knew earlier.

CONTINUE TO BUILD CLINICAL KNOWLEDGE

You have learned so much this past year. You learned how to diagnose and manage complex diseases, place orders, counsel patients, and navigate the hospital system.

However, there is still so much to learn.

As a senior resident, it is easy to fall back on what you already know. Continuing to push the boundaries of your medical knowledge is hard. However, I implore you to take ownership of your medical education. Finding ways to build your medical knowledge will make you a better physician for your patients and a better teacher to junior learners. Potential examples include reading medical journals, listening to podcasts, or doing board review questions to expand your knowledge. Don't forget the knowledge that also comes from striving to provide the best care you can to your patients. All these things can help you grow in your learning and can help guide your interests within family medicine. This is also a great time

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IT'S OKAY TO SAY "I DON'T KNOW"

Transitioning from being the intern to the senior resident was exciting. I remember feeling like I could accomplish anything. That confidence is shaken when a new intern asks a question and you look around for the senior, only then to realize that they are looking at you for the answer.

It's important to remember that you don't know everything. Becoming a senior resident doesn't magically grant you with perfect medical knowledge and decision making. Remember you are still a resident and are learning. I challenge you to feel comfortable being uncomfortable. Now is the time to practice feeling uneasy about medicine while you still have supervision. Practice what you know, try to push what you don't know, and ask for help when you need it. That's what residency is all about.

BALANCING LEARNING AND TEACHING

It can be challenging to be a learner and a teacher simultaneously. As you start to teach others, it's important to reflect on different teaching styles that you have seen over the last year. Think about the strengths and weaknesses of your senior residents. What did you like? What didn't you like? The helicopter resident that watched your every move was annoying, but the one that said, "I'll be in the break room, you are on your own," was equally frustrating. It's a tricky balance to figure out how to be helpful and approachable while also being a little hands-off to allow others to grow. It may take some practice, but over time, it will become easier.

CLOSING THOUGHTS

You can do this! Have fun, continue learning, strive to follow the example of the senior residents that you looked up to, and before you know it, you will be that powerful example to a new class of residents. Thank you for forming the next generation of future physicians!

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Where Are My People?

As I stood in the hotel hallway and watched it flood with people exiting the sessions that had just ended, I was surrounded by uniforms, uniforms, and more uniforms. Even those without uniforms were adorned by very official-looking lanyards hanging from their necks, marking them as insiders.

As a young physician spouse, I had no uniform, lanyard, or anything else that indicated I belonged among the conference attendees. I was a spouse at a USAFP conference. A spouse with minimal medical knowledge. A spouse with no uniform. A spouse without a lanyard. I remember looking around and thinking, “Where are my people?”

You may be wondering why I attended that first USAFP conference in New Orleans back in 2012. In short, I thought it would be a great opportunity to spend quality time with my husband in a vibrant vacation venue. But I was sorely disappointed. My husband was in educational sessions throughout the day and spent time at the many social events in the evenings. Even though he tried to include me, I just didn't feel connected to the others in attendance and opted out of most of those events. I left the meeting disappointed. I mean, as fun as it is to sit in a hotel and get brief spotting of my spouse between day-long meetings followed by networking dinners and activities, it's not really what I would call a “family vacation” or a romantic marriage retreat.

So why was I there? Part of the reason was to find a brief respite from our three young children at home. But the main reason I went was that I hoped to find other physician spouses who shared the same journey that I was on. Somehow, I thought this would be a time to find and connect with my people. Up until that time, I had found life as a military medical spouse to be, at times, isolating and lacking in a support system. While I had found support and community with other non-medical military spouses, I was still seeking to establish connections with other military medical spouses. The problem, I discovered, was that few spouses attended USAFP, and, for the few there, there were no mechanisms to bring us together.

Fast forward to 2023 in New Orleans and my USAFP experience was very different. My people were there. Spouses' events that connected spouses who had spent decades in the military with those young resident spouses just starting off. Spouses played an active role in

organizing, planning, and leading sessions designed just for us. In those sessions, new and seasoned spouses shared their military experiences as we explored topics like PCS'ing with young children and pets, finding the best schools, and the merits of on-post vs. off-post housing. We reviewed tips on how to best use the Post-911 GI bill to pay for college. We learned about military culture and how to communicate with those around us more effectively. Sometimes, the sessions went off on tangents where we vented about military life, discussed the challenges of moving so frequently, and had difficulty interpreting the unending flow of acronyms that often felt like learning a foreign language. The experience extended beyond the formal spouses' program. We bonded together and ventured around New Orleans. We went to local museums, traversed Bourbon Street, and met for Happy Hour at the end of the day. We forged new friendships and slowly built a deeper, more connected Family Medicine spousal community. Unlike my first trip to USAFP, I left New Orleans with renewed energy and connection to the military Family Medicine community and all it represents.

So, if you are a spouse new to military medicine or a seasoned spouse who has never attended a USAFP conference, I'd ask that you get your calendar out to block off March 19-24, 2025, so you can join us in Las Vegas. If you have kids and want to bring them, do it. The hotel where the conference will be is family-friendly and offers several great amenities focused on children of all ages. If you want an adults-only vacation, that's great, too! Either way, register for the spouses' track, which includes numerous sessions designed specifically for spouses like you. Attend sessions. Meet some people. Or don't. Sit by the pool with a cool refreshment and relax.

I would be remiss if I didn't give a huge shout-out to the USAFP Staff and Board Members who saw the benefits of welcoming spouses at the conference and who have worked tirelessly to create and support the “Spouses and Family Member Track” so that spouses and family members could truly be a part of the conference – and get their “official” lanyards!

To all my people out there: I look forward to meeting you or seeing you again in Vegas!

Calling all Spouses!!

The USAFP is looking for authors to write an article for the “Spouses Spotlight” in future Uniformed Family Physician editions. If you are interested or would like to nominate a spouse to author an article, please email Cheryl Modesto (cmodesto@vafp.org) and Jules Seales, MD (phedre.e@gmail.com).

Two-Year Accredited Fellowship Program Starting July 1



Clinical Pharmacology Fellowship Program



What is Clinical Pharmacology?

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

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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 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.

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:

LTC Jesse P. DeLuca

jesse.p.deluca.mil@health.mil



In this series, the Operational Medicine Committee will highlight uniformed physicians who have served in operational assignments.

A Lil Update/Reflections on Time Out Here at Sea



By the end of residency, I was the definition of burned out. Getting to 1650 felt like a crawl to the finish line, and as I talked to more of my co-residents I found out that no one leaves residency unscathed.

When I had my own cancer scare that required abdominal surgery, some friends looked at me with envy at my time off. Looking back on it, the volume wasn't the sole culprit to my burn out. Rather,

it was a sense that no matter what you did, no matter how long you spent with a patient, that ultimately all of the counseling, therapy, and interventions wouldn't make a difference. At the end of the day, if someone didn't like what you had to say, they'd either tattle to the Hospital Director or go doctor shopping.

The future was looking a bit bleak in my future career as a primary care physician. I even toyed around with the idea of going BACK to residency just so I could escape the horror that is sometimes primary care clinic. However, the answer to my burn out plea wasn't an obvious one. The key to healing the moral injury came to me in the present of a PCS to a ship as its senior medical officer (SMO.)

The PCS itself was fraught with miscommunication, missed orders, pet travel, and all of the other tough things that come with a PCS. I had thought I would be flying with my husband and pets to be able to gently walk into my new role as the senior medical officer. However, that wasn't the case. Two weeks after graduation I flew out to the Southern Pacific sea to meet up with my boat while they were on deployment. Honestly it doesn't feel like I ever stopped running after getting here.



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Nicole Laroche, CPC, CERS
Physician Development
Riverside Medical Group
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WHAT TO BRING TO YOUR FIRST OPERATIONAL TOUR

- 1) Some sort of tablet with offline UpToDate downloaded – the internet is not reliable on the ship and you will want that for reference.
- 2) Fracture Management for the primary care and emergency physician – if you have an X-ray, you'll be the ones who read it as sometimes there are issues sending them off for official reads
- 3) Sports Medicine Advisor
- 4) Some sort of therapy worksheets – Mind over Mood is a good one but there are many others
- 5) Atlas of Anatomy – again, patients like to know what's wrong with them and the internet will not work if you want to show your patients why their knee hurts all the time
- 6) Red Book – for when your internet AND offline UpToDate isn't working – can help with your management of antibiotics

Boundaries have their time and place, but as the ship's doctor, I felt them blurring. They were becoming my family – not the sweet close knit tribe that is the result of spilling blood, sweat, and tears (that's for my co-residents) – more like cousins and in-laws, but family nonetheless. There was no escaping that I lived and breathed and ate right next to my patients. I started giving them my personal contact info, and in turn they trusted and appreciated me. Each patient was so grateful for someone in authority to just listen. I have sailors who want to start crying because I cut off a skin tag for them or prescribe an acne cleanser.

Residency prepared me for all of the odd curveballs but also for the routine behavioral health and muscle sprains and strains. During the first week here, I had to do an irrigation and drainage on a scrotal abscess and down an LCAC (landing craft air cushion) operations which got the attention of the Admiral. I've had to MEDEVAC someone with acute appendicitis during the first month, and I just saw someone a few weeks ago with

acute non-traumatic compartment syndrome (which no one believed until they opened him up during emergent fasciotomy and saw muscle necrosis...again, lack of pulses, poikilothermia, and color changes are too late!!) Additionally, there is no ER to turf all your patients with SI to, so try to actually handle the clinic bomb when it comes. If every patient with passive SI was flown off, there would be no crew.

Being the ship's doctor has healed my heart in more ways than one. It satisfies the savior complex that is very common within medicine. I don't have the 20 patient days, but each patient I see is so grateful for the limited amount of time you have with them. All of the academics experience has helped too with teaching the corpsman how to do an EKG, start an IV, or write a SOAP note. Before coming here, I couldn't imagine not having OB in my practice. Although I still really miss delivering babies, these past few months have been really professionally rewarding. And like Dr. Leonard once said, there is no wellness without professional satisfaction.

NOMINATE YOUR PEERS!

USAFP Academy Awards

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

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

OPERATIONAL MEDICINE AWARD

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

To nominate your peers for these outstanding awards, please send a letter of support to Matt Schulte (mschulte@vafp.org) no later than 15 January 2025.



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FAMILY MEDICINE: Contact Bianca Canales at: Bianca.Canales@kp.org or 510-421-2183

INTERNAL MEDICINE: Contact Michael Truong at: Michael.V.Truong@kp.org or 510-625-5917

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*Monday, November 4, 2024, 8:00 am - Wednesday, December 4, 2024, 11:59 pm.
Earn 20.00 hours, AOA Category 1-A credits.*

The goal of the 2024 Virtual Primary Care Update is to provide primary care providers with the latest in practice guidelines over a wide variety of frequently encountered topics and disease processes. Program participants will then apply the knowledge gained back to their existing rural, suburban or urban practice allowing them to bridge the gap between previous therapies and the current best practices.



VIRTUAL

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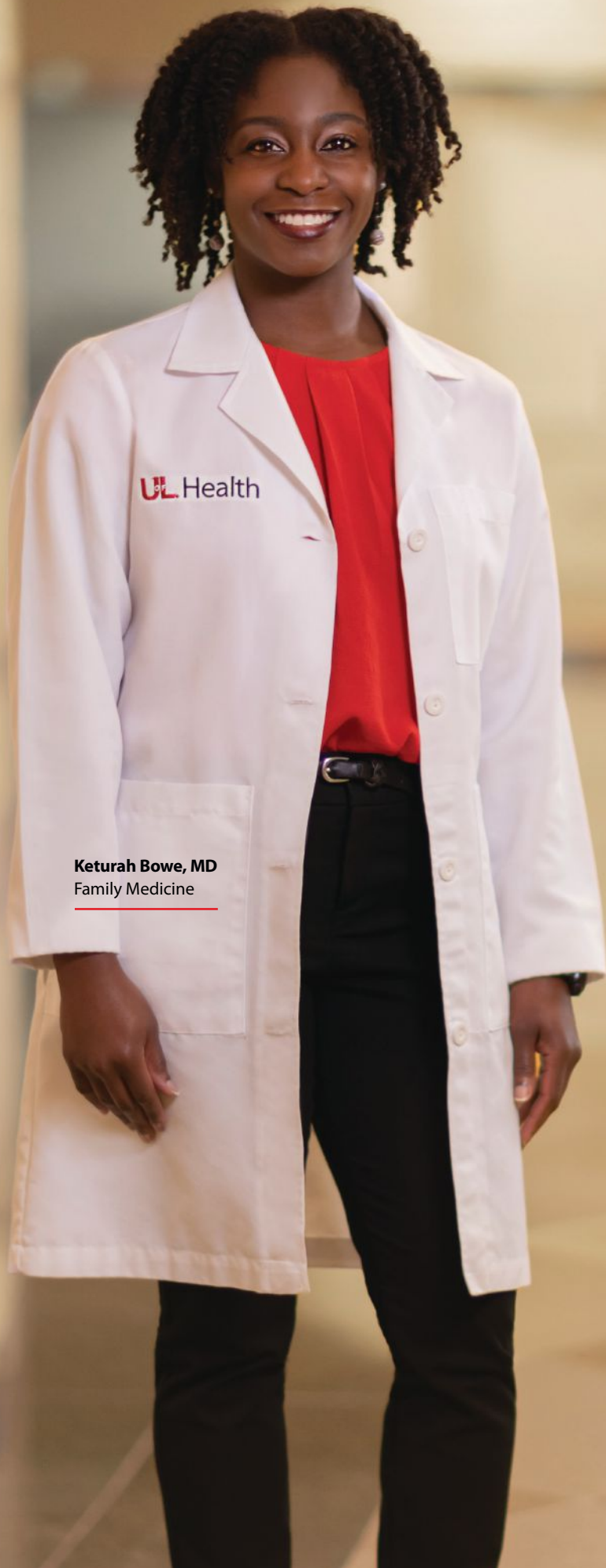
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OSU Center for Health Sciences



Keturah Bowe, MD
Family Medicine

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Shannon Markegard, DO



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Provider Recruiter
PhysicianRecruiting@valleymed.org



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new members

THE USAFP WELCOMES THE FOLLOWING NEW MEMBERS...

ACTIVE

John Corletto, MD
Jude Momodu, MD

RESIDENT

Antonio Amaya, MD
Caleb Aultman, MD
Jacob Baehman, MD
Breana Barnes, DO
Keenan Barr, DO
Alex Belongy, MD
Meaghan Brophy, MD
Patrick Buckman, DO
Danielle Cain, MD
Daniel Califano, DO
Patrick Castro, DO
Hyeveen Cho, MD
Andrew Chrystman, MD

McKenna Cook, MD
John Coomes, MD
Brandon Emonds, DO
Robert Goldin, MD
Jack Gomperts, DO
Charles Goodman, MD
Jacob Hathaway, DO
Brandon Hoffman, DO
Emily Hudspeth, DO
Cody Jackson, DO
Chandler James, DO
Marlee Kastner, MD
Kaylyn Kato, DO
Emily Lin, DO
Kyle Marshall, MD
Jackson Martin, MD
Alexi Mason, DO
Asad Moten, MD
Anthony Mueller, DO
Philip Nordstrom, MD
Allison Osborne, MD
Julian Quesada, MD
Dalton Reid, DO
Jordan Rigby, DO
Charles Ross, MD
Christopher Santarlas, MD
Nathan Seigris, DO
Srijoni Sengupta, MD
Nathan Steadman, IV, DO
Kaleb Todd, DO
Anna Todd, DO

Dane Tyler, DO
Philip Van Arsdale, MD
Teresa Whetstone, MD
Mackenzie Wright, MD
Claire Wright, MD

STUDENT

Jerry Andrews, II
Savannah Bahls
Prashanth Balaraman
Angela Benton
Ryan Blank
Christian Brayman
Mark Brooks
Jessica Burckhard
Kyle Carr
Kayla Mishelle Cartwright
Stephen Christensen
Emily Coffey-Noriega
Garret Coleman
Joseph Danford, III
Bridget Elder
Norma Espinoza
Josiah Farley
Megan Freitas
Joseph Gardner
Katherine Germann
Isabel Goetz
Laura Goldsmith
Emerald Goranson
Andrew Goulian MPH

The USAFP Foundation would like to memorialize those current and prior USAFP members that pass during the year at the annual meeting. If you are aware of a peer's passing, please send a note to Cheryl Modesto in the USAFP Headquarters office (cmodesto@vafp.org).

April Hall
Connor Hebert
Benjamin Honey
Sami Housami
Belle Houston
Hallmon Hughes
Bailey Keith
Yujin Kim
Anne Laird
Abigail Lanz
Haley Lucas
Bennett Lucas
Allison Myers
Ethan Naylor
Zhuri Nisseau-Bey
Evan O'Berg
Sam Ockerhausen
Nozimakhon Omonullaeva
Samantha Orié
Molly Oroho
Eleanor Park
Kyungnam Park
Amber Paski

Joseph Paturzo
Amy Pearson
Jordan Peoples
Benjamin Pfeiffer
James Pike
Jason Ramirez
Caroline Reckart
Camille Rich
Justin Richel
Victoria Rodi
Ella Schultz
Shruti Sinkar MSPH

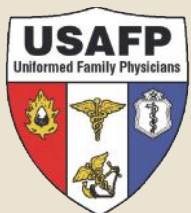
Amanda Strong
Andre Taylor
John-Paulo Torre
Rebecca Waugh
Patricia Weinstein
Aidan Welsh
Baylee Wiechecki
Dylan Young
Winnie Zhang

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.



Don't Miss Out on Complimentary USAFP Membership Benefits



DAILY INFOPOEMS

The USAFP is pleased to continue providing as a membership benefit a free subscription to Daily POEMs from Essential Evidence Plus. Daily POEMs (Patient Oriented Evidence that Matters) alerts and 3,000+ archived POEMs help you stay abreast of the latest and most relevant medical literature. Delivered directly to you by e-mail every Monday through Friday, Daily POEMs identify the most valid, relevant research that may change

the way you practice. Monthly, the complete set is compiled and sent for additional summary review. Ongoing since 1996, their editors now review more than 1,200 studies monthly from more than 100 medical journals, presenting only the best and most relevant as POEMs. The acclaimed POEMs process applies specific criteria for validity and relevance to clinical practice. If you want to subscribe, please e-mail the USAFP at cmoesto@vafp.org so your e-mail address can be added to the distribution list.

USAFP Career Center

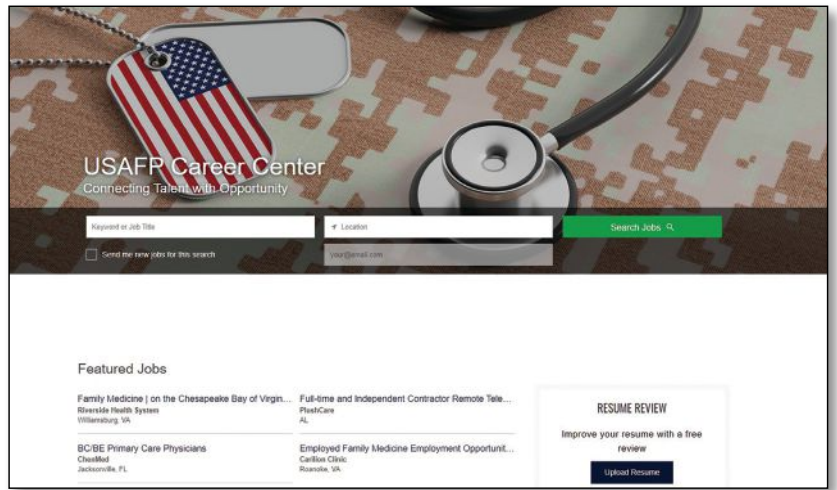
Your Hub for Physician Employment Opportunities Across the Country

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 and utilize the Career Center



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



**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.

USAFP Virtual KSA Sessions

Join the USAFP Education Committee and complete your KSAs

USAFP Members - \$50
Non-Member - \$100

Heart Disease KSA
24 September, 2024
1700-2000 EST

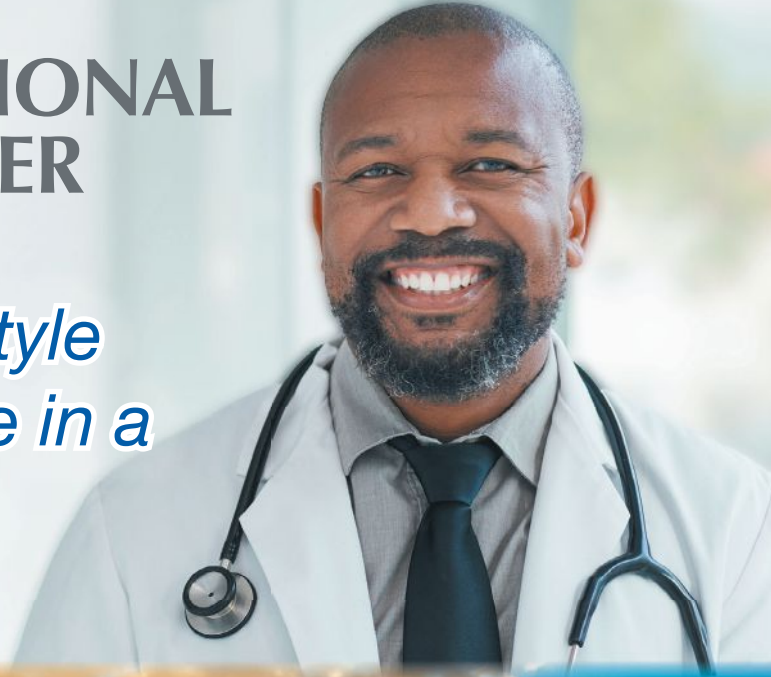
Musculoskeletal KSA
10 December, 2024
1700-2000 EST



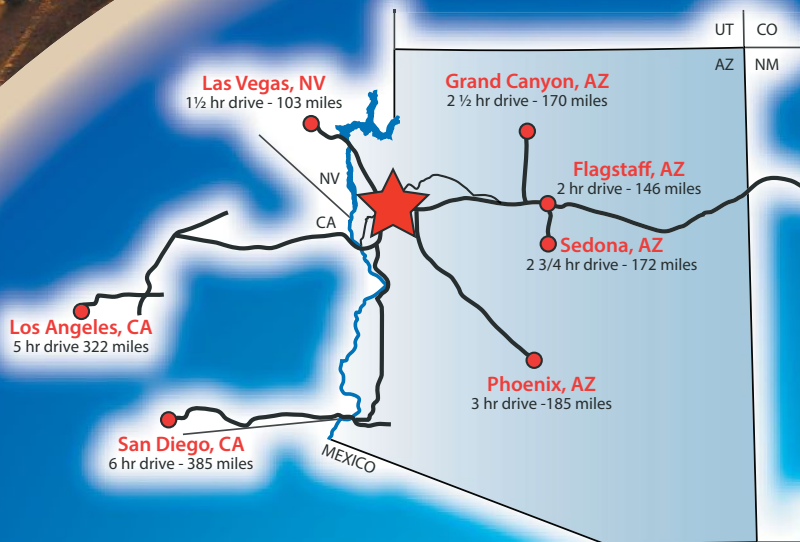


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