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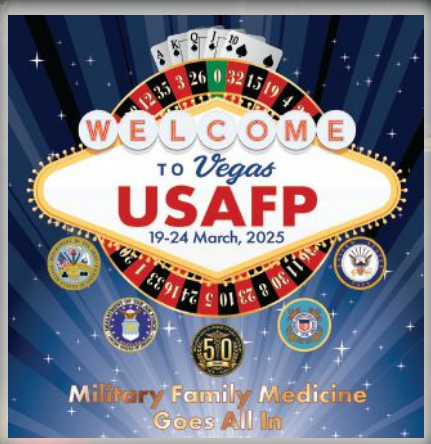

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Journal of The Uniformed Services Academy of Family Physicians

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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.

Edition 69

your academy leaders
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Greetings Family Physician Colleagues!

I'm writing from Phoenix, Arizona, after the AAFP Congress of Delegates (CoD). Our chapter was well-represented, including Drs. Marcus Alexander and Kevin Bernstein as delegates, Dr. Janelle Marra and myself as alternate delegates, Drs. Sterling Brodniak and Eileen Tatum as member constituency delegates, and Dr. Tegan Koski as a resident physician alternate delegate. For more information about the CoD, its function, and the work of the reference committees, visit the AAFP website under "2024 Congress of Delegates."

A highlight of the event was attending a leadership luncheon featuring Col (ret) Nicole Malachowski, the first female Thunderbird pilot and keynote speaker at the subsequent FMX conference. Her message included three points that resonated with me, which I believe can help our members find joy in our work:

1. **Remember that you are a role model.** Each of you, from students to DHA leaders, inspires others through your dedication, service, and perseverance. Your journey in family medicine and military service is remarkable and you never know who you are inspiring – keep it up!
2. **Believe those who believe in you.** Your mentors, colleagues, patients, and leadership have invested their trust in your abilities. Many of us have experienced imposter syndrome as junior officers in senior roles. Know that you're meant to be where you are, and that even at the most remote locations, you are never alone. Reach out to colleagues and consider USAFP mentorship resources if you need support.
3. **Embrace work-life harmony.** I love seeing the creative ways our members address this. Some involve family in military life as appropriate, like lunch at the hospital on a weekend call shift. Some pursue professional development strategically (one of our members does inpatient in Hawaii to maintain skills, others have brought their infants and a caregiver to conferences). Personally, having a support network with colleagues who understand unique job challenges helps me do this, whether that comes from a bolus at USAFP or more of a drip with colleagues over a MS Teams call (shout out to my fellow PDs out there).

At the board meeting following the Congress of Delegates, our Wellness and Resiliency Committee Co-Chairs embraced my request to prioritize physician wellness. In response, they've developed an exciting initiative: a **half-day virtual Wellness Symposium scheduled for 10 January 2025 from 10:00-16:00 EST,** complete with **AAFP CME credits**. This event represents a unique opportunity to invest in your well-being and professional growth. This symposium offers you valuable tools and strategies to enhance your personal wellness and professional satisfaction. By attending this symposium, you'll take a proactive step towards a more balanced, fulfilling medical career, while working on your own work-life harmony. Participants will gain practical skills to navigate the stresses of our profession, connect with colleagues who share similar challenges, and contribute to a culture that values physician wellness as much as patient care.

I'd like to close with a reflection on joy. Thank you to those who provided input to this year's Member Survey. I enjoyed reading about what brings you joy in what you do every day for your patients, your communities, and each other. This issue of Uniformed Family Physician showcases some of our members' sources of joy in their work. Working with each of you, our amazing USAFP staff, hearing your stories, and serving as your President this year brings me immense **joy and gratitude**. I see each of you as incredible role models and hope you believe in yourselves as much as I believe in you. I look forward to seeing you in Las Vegas for our 50th USAFP Annual Meeting!

Sincerely,
Mimi Raleigh

GET INVOLVED WITH A USAFP COMMITTEE

> "What brings you joy in military medicine?
>
> Accomplishing the mission as a team."

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RESPONSIBILITY - TO SUPPORT THE UNIFORMED FAMILY PHYSICIAN MAGAZINE EDITOR IN REVIEW OF MAGAZINE CONTENT.

SPECIFIC FUNCTIONS:

1. PROMOTE ADHERENCE TO THE GUIDELINES FOR AUTHORS AS PUBLISHED ON THE USAFP WEBSITE.
2. REVIEW ARTICLES AS REQUESTED BY THE EDITOR.
3. ENGAGE, IF NEEDED, WITH AUTHORS DURING THE REVIEW AND REVISION PROCESS.

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editor's voice

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

Greetings!

I am writing this article to you at the end of a particularly frustrating day. As some of you know, I'm not home these days and am counting down the months, weeks, and days until I return. I thought I knew what working in a joint operational environment meant, but this tour has given me a small taste of what that actually means. It means that sometimes, the Army commander looks you in the eye without understanding your bottom line when you thought you had given an excellent brief. Sometimes, the Navy DECOM (Deputy Commander) makes you squirm in your seat when you're delivering bad news. And sometimes the Air Force Judge Advocate skewers you during a senior leaders' sync for something your most junior, 18-year-old corpsman did. It can get old.

At times like this, I think back to some of the advice my senior leaders gave me: Don't fall on every sword. Save my silver bullets. Have my five conversations with my boss (The First Ninety Days by Michael Watkins). Get the right people on the bus. Learn to say no. Finally, all things come to an end.[1]

This advice seems like a pat on the back and the invisible shoulders that have raised me up while I've been here. But it's not just that. We find that battle buddy to bond and commiserate with during these long days. For me that is my fellow one-of-one Psychologist. She's a battle buddy that joins me in cheering for unit volleyball games, warrior Olympics, and rucks. We laugh about our too frequent room inspections, and we roll our eyes about all the acronyms field grade (line) officers use. But I've branched out from just Navy medicine and learned how our joint counterparts in other fields conduct business. I've learned how Intelligence and Operations officers critically think about no-fail missions—and discovered new ways to prioritize and get things done. I've tapped into the NCOIC/Chief network more than ever before to be proactive about combatting external risks. I've gone from just relying on my small, much beloved Family Medicine community to the broader medical community, and now extending out to everyone here who steps up to serve.

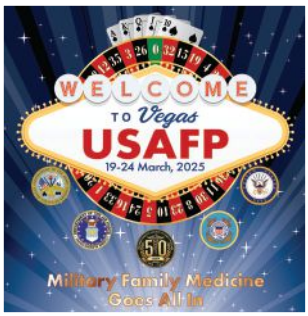
When you are away from home, it can be easy to think that you are riding solo. I've learned that this is furthest from the truth. I feel like I'm a small (5'2") Seales team in action. My network here is much broader and more diverse than at home. Support has come from the unlikeliest sources. My support network has managed to get me to work out almost daily. If you know me at all, you are probably rolling on the floor laughing. I've dusted off briefing skills I learned at USUHS many years ago. I've learned to enjoy my own company. I've coached and mentored more junior enlisted (and future physicians!) than in the past 5 years.

I miss being home. I miss my family. But I am grateful to have this experience. I'm thankful to flex the military family medicine muscles I've gained since medical school. I'm learning on the job and I'm loving it. When you read this article, I hope you also feel more hopeful about an upcoming tour or deployment. I hope you experience these silver linings and learn from them as I have. Until then, hug your loved ones this holiday season for me and I'll see you when I get back.

[1]Adapted from Saguil, A. The Uniformed Family Physician. Fall, 2019, Vol 12, 6-10.

Don't Miss Out on Complimentary 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 cmodesto@vafp.org so your e-mail address can be added to the distribution list.



USAFP 2025 Annual Meeting & Exposition

19-24 March, 2025
Westgate Las Vegas
Las Vegas, NV

Las Vegas, here we come! Thank you to everyone who has submitted lectures, research, and activity ideas. With your help, we were able to build an exciting and broad scope program full of high yield CME, procedure skills training, and military specific topics. Congratulations to everyone who has already been selected to present their knowledge, ideas, and research!

We hope you'll join us at the annual meeting for CME, fellowship, and fun. Las Vegas has so much to do - world-class restaurants, can't miss entertainment, and unique attractions. There's no better place in the world to celebrate the USAFP 50th Anniversary!

Be on the lookout for information on annual meeting registration! Hotel reservation information can be accessed using the QR code below. Can't wait to go "ALL IN" with you in March!

Catherine Delaney, MD & Matthew Noss, DO

Co-Chairs, 2025 USAFP Annual Meeting

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2024 AAFP Congress of Delegates

LEADERS ELECTED, RESOLUTIONS DEBATED AND A NEW NOMINATING PROCESS DEEMED SUCCESSFUL

The Congress of Delegates aimed to improve the health care landscape for family physicians and their patients met in Phoenix September 23-25 and considered more than 40 resolutions addressing a broad range of issues. The USAFP was well represented by Past Presidents Kevin Bernstein and Marcus Alexander, President Mimi Raleigh and Director Janelle Marra. In addition to the USAFP Delegation, our Academy also had three representatives of AAFP constituencies including member constituency delegates Eileen Tatum and Sterling Brodniak and resident constituent USAFP Resident Board Representative Tegan Koski. It was amazing to have so many USAFP members at the Congress representing military family medicine!

The Congress of Delegates (COD) is the American Academy of Family Physicians' (AAFP) policy-making body. Its membership consists of two delegates and two alternates from each constituent chapter and from the member constituencies including new physicians, residents, students, and other constituency groups represented at the AAFP Leadership Conference. The Congress of Delegates meets annually to address resolutions brought forward by constituents on topics that are of interest to physician members and the patients they serve.

The Congress elected new officers and members to serve on the Board of Directors during the meeting. The Officers and Board Members elected are noted below.

- Sarah Nosal, MD, New York, NY – President-Elect
- Russell Kohl, MD Stilwell, KS - Speaker of the Congress
- Daron Gersch, MD Avon, MN - Vice Speaker
- Elisabeth Mock, MD, Bangor, ME – Director
- Kathleen Mueller, MD, Windsor, CO - Director
- Shannon Dowler, MD, Marshall, NC - Director
- Cynthia Chen-Joea, DO, Lakewood, CA - New Physician Board Member
- Aerial Petty, DO, New York, NY - Resident Board Member
- Mikala Cessac, Columbia, MO - Student Board Member

2023-24 AAFP President Steven Furr, MD, Jackson, AL, assumed the role of AAFP Board Chair and Jen Brull, M, Fort Collins, CO, was installed as Academy President.

The Congress of Delegates agenda included addresses from AAFP officers, resolutions from chapters, and reports from the Board of Directors. AAFP members were invited to participate in virtual reference committees on Advocacy, Organization, Finance & Education, Health of the Public and Science and Practice Enhancement. Reference committees consider business (resolutions) items referred to them for recommendation to the COD for debate and action. The Delegates and Alternates representing the AAFP constituent chapters, and the member constituencies reviewed 40 resolutions in the reference committees. The wide array of topics included Coverage for Diabetes Prevention and Self-management,

Reforming the Medicare Annual Wellness Visit, Pain Management of Office-based Gynecologic Procedures, Flexible Timing for Annual Physicals, Workforce, Physician Unionization, and the Medicare Primary Care Exception just to name a few.

If you are interested in learning more about the AAFP Congress of Delegates check it out here.

USAFP Past President Kevin Bernstein, MD chairs a reference committee during the AAFP COD

USAFP Past Presidents and AAFP Delegate Marucs Alexander, MD; USAFP President Meghan (Mimi) F. Raleigh, MD, FAAFP; AAFP Member Constituency Delegate Sterling L. Brodniak, DO, MBA, FAAFP; USAFP Director, Janelle M. Marra, DO, FAAFP; AAFP Member Constituency Delegate Eileen D. Tatum, MD; USAFP Resident Director Tegan N. Koski, MD; and USAFP Past President Kevin M. Bernstein, MD, MMS, FAAFP

USAFP Past Presidents Marcus Alexander, MD and Kevin M. Bernstein, MD, MMS, FAAFP represent USAFP at the AAFP Congress of Delegates

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).

MEMBERS IN THE NEWS

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

NEWSLETTER SUBMISSION DEADLINE

REMINDER: The deadline for submissions to the Winter Magazine is 10 January 2025.

RESEARCH GRANTS

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

RESEARCH JUDGES

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

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USAFP Members Attending AAFP's FMX and the Fall USAFP Board Meeting Enjoy a Complimentary Reception in Phoenix

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Raising My Voice: A Transformative Journey as Alternate Resident Delegate at the AAFP Congress of Delegates

Tegan Noonan Koski, MD
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As an alternate resident delegate at the American Academy of Family Physicians (AAFP) Congress of Delegates (COD), I embarked on a transformative journey that significantly shaped my personal and professional development. My initial motivation to engage in this role stemmed from my desire to advocate for my fellow residents and positively impact the field of Family Medicine. This opportunity allowed me to meet incredible people and gain invaluable experiences I would like to share with current residents and medical students.

This year, one of the most notable changes to the COD process was the pre-emptive resolution process. Prior to our arrival in Phoenix, student and resident delegates met multiple times to discuss and prepare for the resolutions that would be addressed at the congress. This early engagement enhanced our understanding of the issues at hand and fostered a collaborative spirit among delegates. It was inspiring to witness the dedication and passion of my peers, all committed to improving Family Medicine.

Another significant change was in the nominating process for the AAFP Board of Directors. This year's approach encouraged broader participation and ensured a diverse selection of candidates for consideration. I had the opportunity to observe this process closely, which deepened my understanding of the leadership dynamics within the AAFP. The experience highlighted the importance of representation and inclusion in our professional organizations, reinforcing my belief that diverse voices lead to better decision-making.

During the congress, I was actively involved in discussions surrounding various resolutions that directly affect residents, including the resolution regarding the Primary Care Exception. This resolution advocated for the Centers for Medicare and Medicaid Services (CMS) to expand the Primary Care Exception to include all commonly used primary care CPT codes, with a specific emphasis on the 99214 office visit code. This change is crucial for residents, as it would allow for greater independence in providing patient care while recognizing the competencies we develop throughout our training. The discussions around this resolution emphasized the need for educationally driven supervision requirements and highlighted the value of competency-based approaches to resident training.

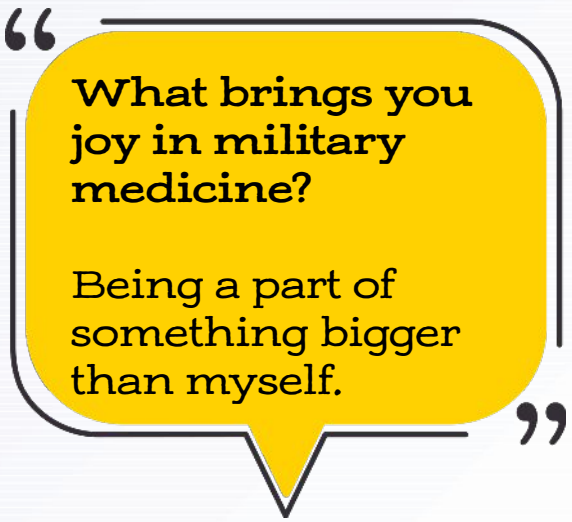
We also discussed the resolution addressing student loan forgiveness for family medicine physicians in health professional shortage areas. This resolution seeks to advocate for additional programs to repay student loans for family medicine graduates, which is particularly relevant for many residents facing significant debt while pursuing careers in underserved communities. Although HPSP students and residents often have less burden from medical school loans, they may still carry outstanding debt from other schooling, such as undergraduate education. Engaging with these topics allowed me to represent the interests of family medicine residents and contribute to meaningful dialogue on issues that directly affect our practice and our patients.

A key focus of our resident and student caucus was the importance of engaging with candidates running for board and president-elect positions. We emphasized the need to interview and ask questions in informal settings, seeking leaders genuinely interested in addressing the growth and issues that mattered most to residents and students. We aimed to identify candidates with actionable plans for our future involvement in the AAFP and who were committed to elevating our voices within the academy. This intentional approach to candidate engagement ensured that we advocated for leaders who would prioritize the needs and aspirations of the next generation of family medicine professionals.

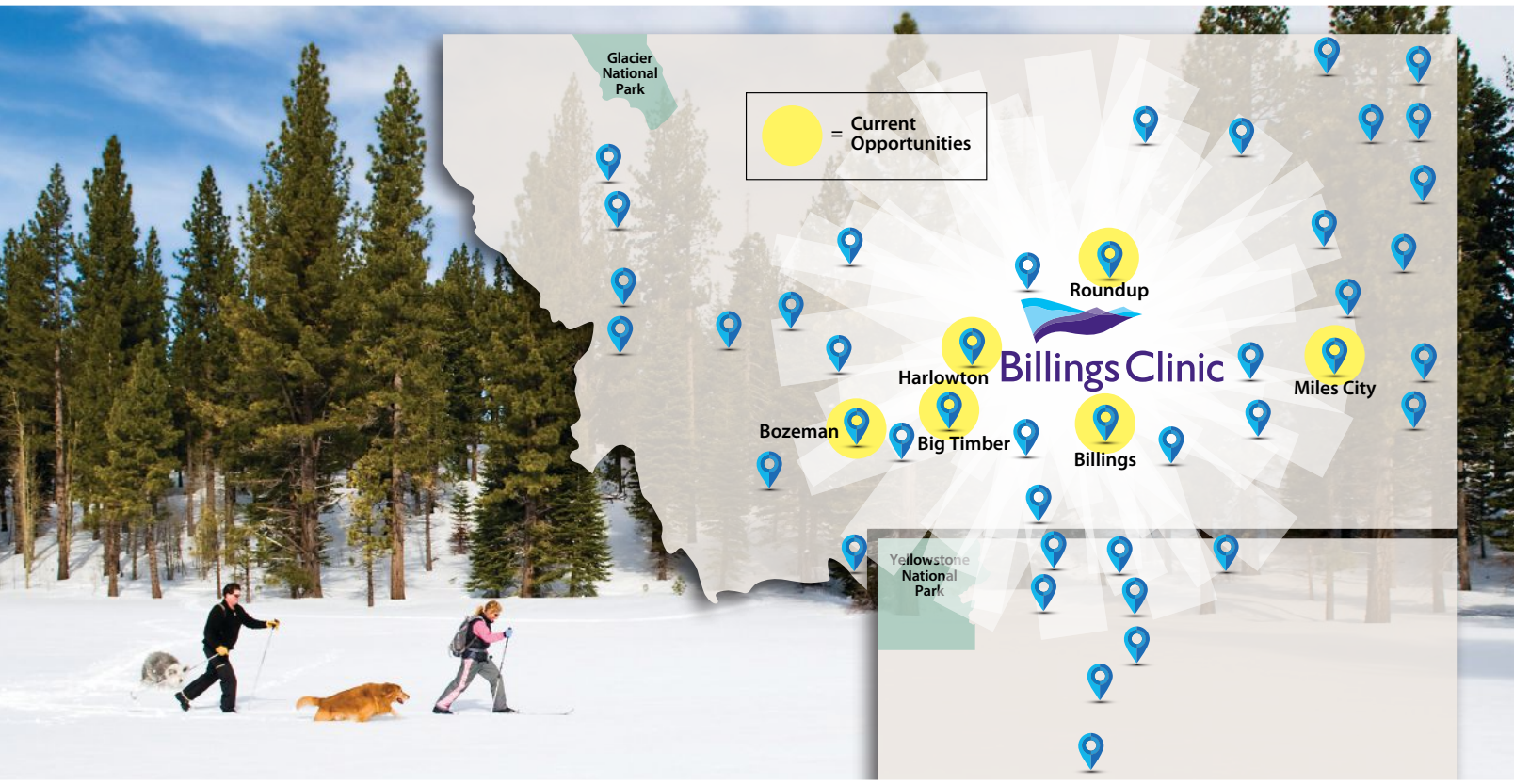
The people I met during the congress were among the most valuable aspects of this experience. Connecting with fellow residents, experienced physicians, and influential leaders in family medicine broadened my professional network and provided insights that will guide my career moving forward. The relationships I built and the stories I heard reinforced my commitment to family medicine and the importance of advocacy within our profession.

I want to encourage all future residents and medical students to not shy away from involvement in organizations like the AAFP. It can be intimidating to raise your hand and take a chance, but I assure you, the rewards are immense. Participating in the COD has been one of the best decisions I have made for my personal growth and professional trajectory. The experience solidified my passion for family medicine and my dedication to advocating for our field.

My time as an alternate resident delegate to the AAFP Congress of Delegates was pivotal in my medical career. It equipped me with the tools to be an effective advocate for my peers and deepened my understanding of the complex landscape of family medicine. I urge you all to consider taking on similar roles and contributing your voice to the future of our profession. Together, we can make a difference.



Physician-Led Medicine in the Rocky Mountains



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- Nationally recognized for clinical excellence
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Stephen D. Cagle, MD, FAAFP
Offut AFB, NE
scaglejr@gmail.com

The Impact of a Military Physician Researcher

Military physicians continue to significantly impact on the dissemination of scientific information. In nearly every issue of the American Family Physician journal, at least one article is authored by military physicians. This is a simple but effective demonstration that our small segment of Family Physicians has a disproportionate impact on advancing medical understanding through our specialty.

For this article, we want to highlight the accomplishments of a military physician researcher. But how do we determine who represents our contribution to the scientific community? Do we prioritize the impact of a single article or authoring multiple articles? Should we restrict ourselves to the past 12 months or a career? Highlighting a physician who embodies the mission and purpose of the USAFP research committee would be a good start.

One of the missions of the research committee is to encourage and support Uniformed Services Academy of Family Physicians through research. We support local research coordinators and mentor colleagues through the research process. The annual research competition is a major element of this process, and last year's competition was distinguished by a record 191 submissions and the first-ever session highlighting medical student research in a stand-alone session. The novel USAFP medical student session at our last meeting reflects our goal to encourage medical students to start their research engagement early so they can build on this foundation throughout their careers.

A research coordinator serves as the first contact many residents have when conducting research. Coordinators are often new faculty members with research experience or interest leading to selection by the program director. While some coordinators serve in the role for a few years and move on, others serve as research mentors throughout their careers. Highlighting a family physician who started as a local research coordinator and continued to influence colleagues throughout their career embodies the purpose of the research committee. Col (R) Paul Crawford is a family physician with a career influence that has rippled through Air Force Family Medicine and Military Family Medicine.

Dr. Crawford initially served as a research coordinator at Eglin AFB Family Medicine residency from 2004 to 2007. As Eglin research coordinator, he increased scholarly output by 1200% over the previous standard. During his research coordinator term, he supported 38 physician colleagues as authors and co-authors on peer-reviewed articles and letters to editors. In 2007, he transferred to the Nellis AFB Family Medicine Residency.

At Nellis AFB, he again served as the local research coordinator and developed a residency curriculum until taking over as program director in 2013. Here, his efforts again dramatically increased scholarly activity and captured several research awards for the program. At Nellis, Dr. Crawford became a nationally recognized researcher, leading to a full Professor ranking. During that time, he delivered nine international presentations and twelve national presentations.

His efforts were never alone - he supported 41 residents and colleagues as co-authors on original research and many more as co-authors for review articles. Many of his prior mentees remain active in research and are now disseminating their own scholarly activity. Much of his scholarship focused on teaching individuals how to do research and develop scholarship opportunities.

After retiring from the U.S. Air Force in 2019, Dr. Crawford continued to be heavily involved in military Family Medicine research and USAFP research committee. He is now the Vice Chair for Research at Uniformed Services and the Vice Chair of Military Primary Care Research Network. The Military Primary Care Research Network aims to promote physician inquiry, discovery, and improvement to enhance patient care. Dr. Crawford also continued to serve as Director of the Clinical Investigation Program at Nellis AFB, from 2011 to 2023 and now serves in an advisory role to the current Director. Both organizations focus on supporting military physicians to conduct research, a passion of Dr. Crawford. While serving in these positions, he secured over 24.4 million dollars in grant funds with 28 different co-investigators targeted for projects and topics impacting the military community.

EVERY DOC CAN DO RESEARCH

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

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

Tools Available:

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

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

What brings you joy in military medicine?

Camaraderie

Dr. Crawford's personal research focus includes treating chronic pain related to combat injuries, combat stress, mental health of the military child, and obesity in military members and their families. By supporting co-investigators in obtaining grants, he increases the likelihood that they will be able to submit and obtain grants independently in the future.

Dr. Crawford has been a powerhouse in disseminating scholarship. In addition to the original research he has supported and personally completed, he has helped co-author 31 review articles, numerous letters to the editor, book chapters, and committee position papers. He has been an active member of national committees and organizational boards dedicated to building the research capacity of Family Medicine residencies throughout the nation.

The USAFP research committee wanted to highlight the impact a military physician or physicians can have on research and the advancement of medicine. Dr. Crawford meets all of our high standards. In addition to a long history of impactful articles, he continues contributing with several publications in the last year.

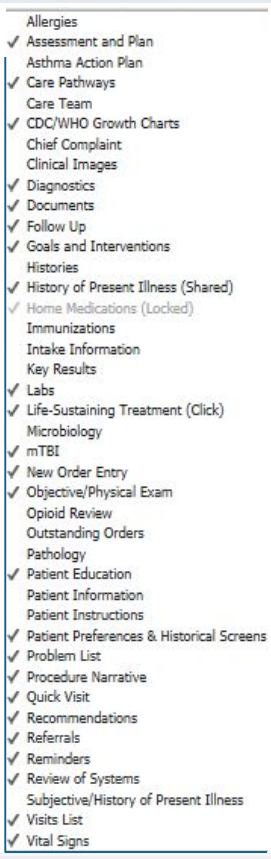
His impact extends much further than his personal accomplishments. Dr. Crawford has been and continues to be a mentor and enabler for those interested in pursuing research. He has served in USAFP as a research mentor since 2011, supporting members in developing and disseminating scholarly works. Dr. Crawford was also a research judge from 2015 to 2018 and served on several organizations devoted to advancing research. Dr. Crawford embodies the goals of the USAFP Research Committee - to support our colleagues and their teams through scholarship and research.

The Research committee wants to continue to support and develop physician researchers. If there is any way we can help or you want to know what we can do, please reach out to us. We can help with grant funding and publication funding. We can help find mentors for you. Our goal is to support you through your journey, whether you are an individual, a team, or a research coordinator, and your research is an idea or an active multi-site protocol.

Barrett Campbell, MD, FACHE, FAAFP
Chair, Clinical Informatics Committee
Madigan Army Medical Cetner
barrett.h.campbell@gmail.com

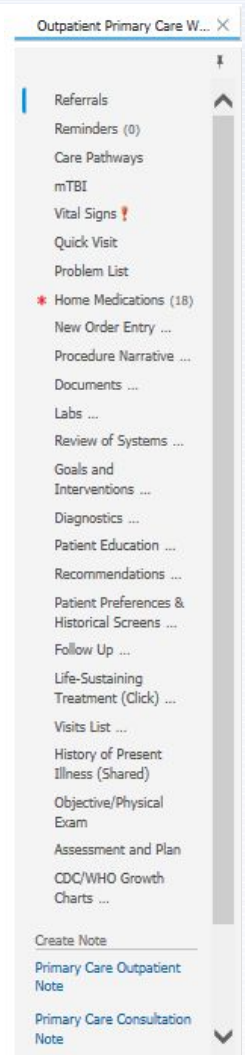
Help Me Help You

Many people have and continue to work on designing the workflow within MHS GENESIS (MHSG) for efficiency and ensuring that the EHR works for you, not the other way around. If you choose to use the system in a way other than designed, it will not provide this efficiency for you or those who come behind you. Here's a breakdown of how you can increase your efficiency within the system, increasing your effectiveness in improving health while decreasing the amount of time you spend doing so.



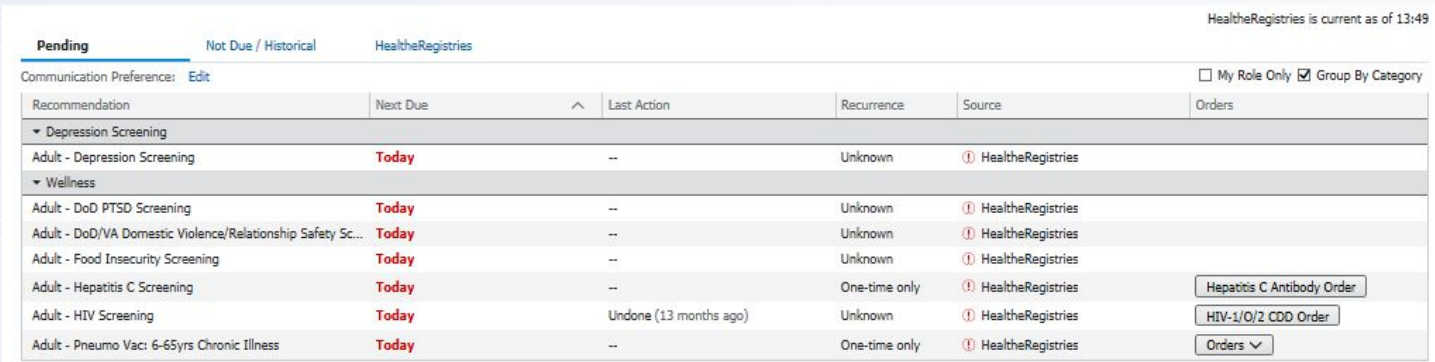
1. **Customize Your Workflow Menu**: The key to speeding up your documentation is to arrange the workflow menu so the most important items are at the top. Avoid scrolling whenever possible. Make sure you can generate a note with one click by limiting menu items to those you use. Streamline your documentation by placing frequently used sections like the "Objective" and "Plan" in a second column. I think of the left column as what I do and the right as what I say. Simple adjustments like this can save significant time during a busy clinic day.

2. **Streamline Your Menu Modules**: MHSG allows you to customize your menu by selecting the modules you use. By pruning the list and moving sections like ROS, HPI, Objective, and Plan over to your main workflow using the black arrows, you can stack these items in the order you prefer. Remember that reordering isn't drag-and-drop, so the order in which you move them will be the order in which they appear.



3. **Focus on APSO for Documentation**: The shift to the APSO (Assessment, Plan, Subjective, Objective) format is deliberate. It puts the most important information—your assessment and plan—at the top. Please don't waste time writing the HPI at the top of the assessment section so it shows up first. When you're reviewing a previous note, what do you care about? The decisions. If you want to know the reasoning, scroll down. Maintaining clean, structured notes helps when future data analytics or AI integration gets involved, making the whole system more efficient for everyone.

4. **Recommendations Reduce Clicks**: Use established care pathways to streamline documentation and reinforce decision-making. These pathways give you quick access to evidence-based items, which can help you move through documentation faster. Within reminders, if you click a button to order something or open a form, it's based on



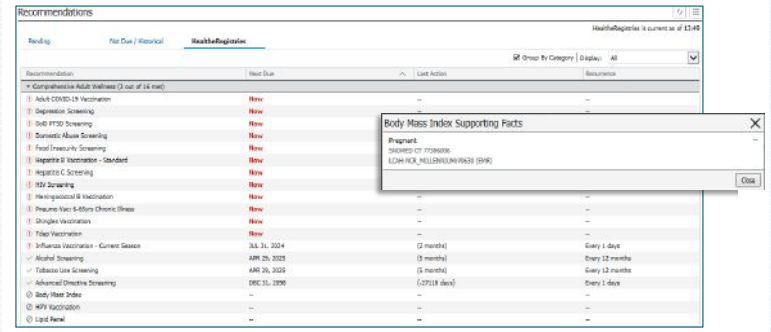
clinical guidelines and reduces the number of clicks needed to meet the item.

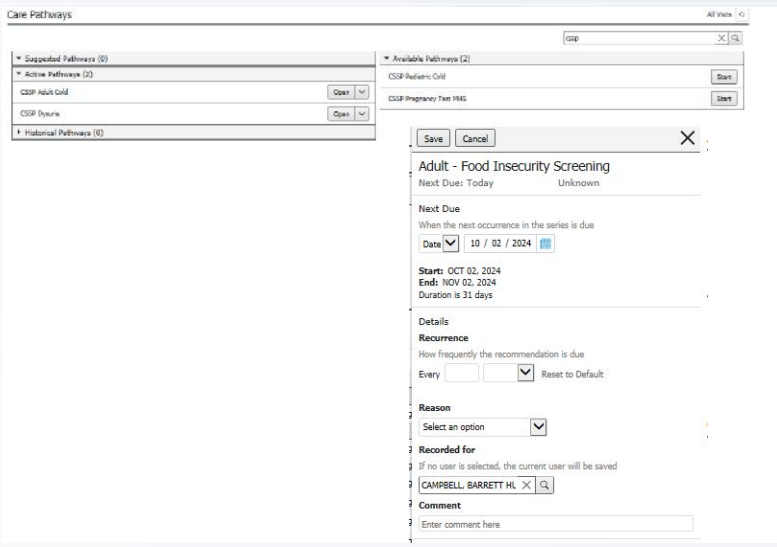
The HealtheRegistries tab shows what's due or missing, including immunizations. Clicking on any item provides supporting facts.

This speeds up your visit and ensures you address the right items.

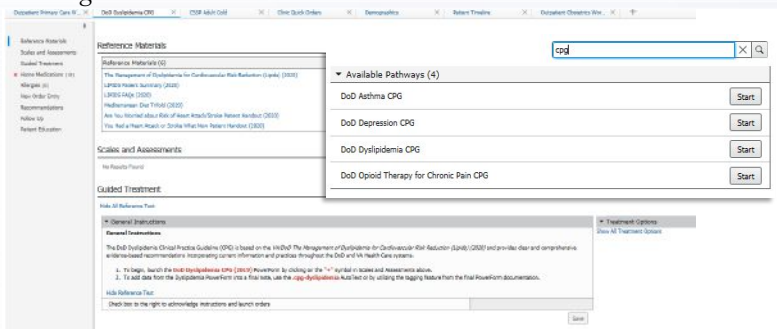
5. **Care Pathways.** Documentation of all these items is available on milSuite. Care pathways offer evidence-based histories, documentation, and ordering. Clinical Support Staff Protocols (CSSP) can be nurse visits.

The HealtheRegistries tab shows what's due or missing, including immunizations. Clicking on any item provides supporting facts.

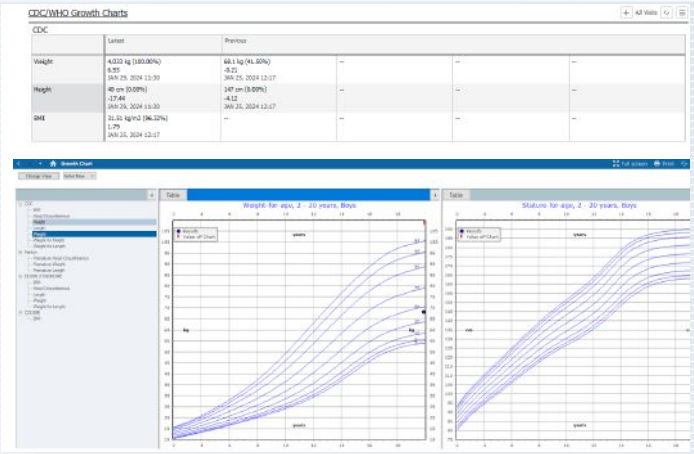




CPG pathways mirror the AHLTA items, providing education, resources, and orders along the approved guidelines.



6. **Clickable Modules**: Remember, some modules are clickable links. For example, clicking "Growth Charts" opens the charts, letting you quickly get into the visualization. This feature provides easy access to relevant information without the need to search for it, saving you time and improving the flow of patient assessments.



7. **Collaborate and Stay Updated**: Don't keep what you know to yourself. Be open to frequent updates and share tips with your colleagues. If your local Informatics Steering Committee isn't making the system work for you, join the committee. By getting involved, you can help shape the system and make it better for everyone around you.

Shared Experiences with the ABFM Family Medicine Certification Longitudinal Assessment (FMCLA)

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Starting in 2021, The American Board of Family Medicine (ABFM) approved an alternative option to recertification as a longitudinal assessement. Certified diplomates in January of the tenth year after their last successful examination, are given a choice between the historical one-day 300-question test or instead completing 25 timed questions every quarter over 3 to 4 years at your convenience. You must complete at least 75 of the 100 questions in each year (hence it takes 3-4 years). While some prefer the one-and-done approach, we felt it would be beneficial to discuss this new longitudinal approach to help you make a more informed decision. We also give some guidance on how those currently within the longitudinal assessment are navigating this new path. We are all triaging our limited time as physicians and different perspectives can help us visualize the unknown to help us gain confidence in our decision. Call it the ABFM board certification Yelp review.

We both teach our residents that knowledge isn't knowing everything, but rather it is knowing where to find it fast and apply it to patient care. Medicine is constantly changing and having a longitudinal examination that allows physicians to use point-of-care resources similarly to how they practice medicine is helpful. The longitudinal assessment challenges us with clinical questions and provides real-time teaching pearls.

Here are some reasons for why we are both happy with the new process:

1. **Flexibility to complete the questions**. Some of us are too old to want to put our brains through 420 minutes of answering questions in one day. 5 minutes

per question is more than enough time. Also, life happens, and you can miss a quarter each year and still comply if you complete the 300 questions in 4 years.

2. **Elimination of stress over failing**. These questions are not extremely complicated when evidence-based point-of-care resources available. If you do not meet the minimum passing standard, then you must take the one-day test. In addition, you can decide to take the one-day test at any time should you determine this is not the best path for you.
3. **Cost Savings**. This method avoids the time and cost from taking board prep courses and from traveling to take the actual test. There is no additional fee or cost for participating in the longitudinal assessment.
4. **Improved learning and retention** from immediate feedback, critiques, and references provided with the answers to better align with adult learning principles.
5. **Free CME**. Once completed, you are awarded 30 CME and 10 certification points to help with additional ongoing certification requirements.

NICK'S APPROACH TO THE TEST:

- I spend 30 minutes a few times every 3 months in the morning of my typical day of work answering the questions.
- While I could answer the questions on my phone, I choose to have my 2 screens for questions and looking up answers.
- I verify most questions with quick UpToDate searches that provide 90% of my answers.
- I occasionally use other point-of-care resources like Sanford Guide or a simple Google search.
-

TYLER'S APPROACH TO THE TEST:

- I have chosen a night when on call to sit down and do all 25 questions for the quarter at once.
- I also use dual monitors to look things up just as I would when doing patient care or precepting residents.
- For answers I am unsure of, I log into the AAFP site and search their clinical resources and AFP journal articles.

continued on page 20

What brings you joy in military medicine?

Being able to care for those who serve and give them the time and care they deserve.

continued from page 19

I also google search guidelines or reference UpToDate as well.

- Additional tip: Do not copy and paste anything from the question as you will be flagged for cheating. I found this out the hard way after I copied part of a radiology report into a test question that I wanted to search what it meant. I did not think anything of it as I do this routinely in patient care. I got a warning that I may be terminated if I do it again.

DRAWBACKS:

- The fact that it isn't a one-and-done task and it remains another thing on your to-do list every quarter. However, it is up to 2 hours per quarter, and for the 300 questions, the math adds up to no more than 25 hours over 3 years. We both suspect we would spend more time preparing for and taking a one-day test than this commitment.
- There are surprisingly excessive emails. They do too good of a job reminding you that you are nearing the quarterly deadline for completing the questions.
- Since this is new, the actual pass rates of the test are unknown or at least not published at this time.
- If

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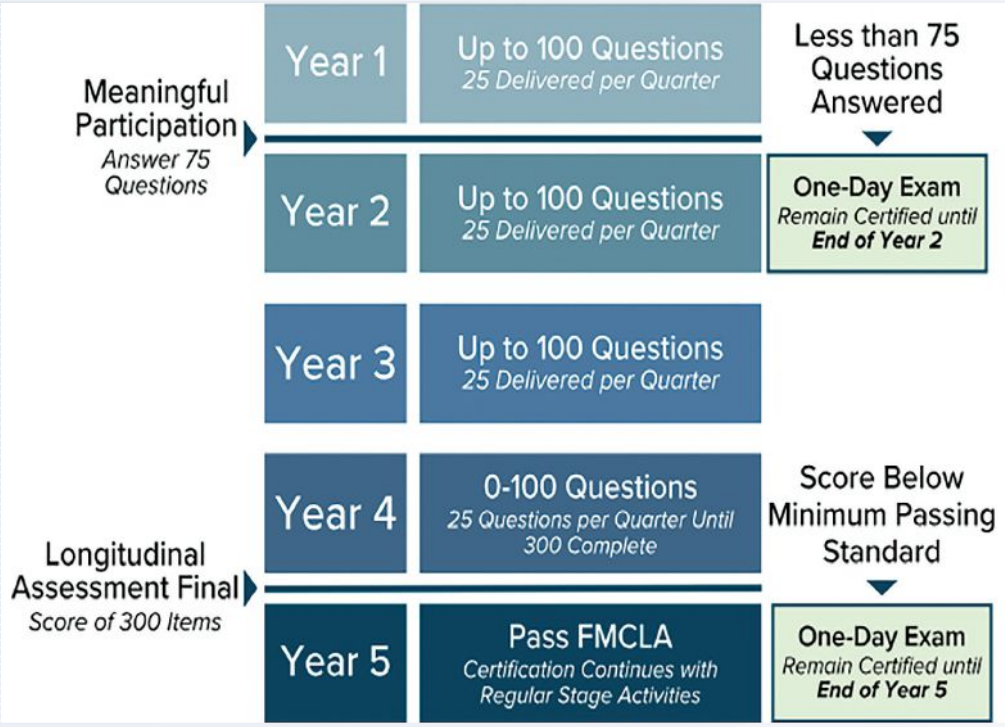

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continued from page 20

you decide to take the one-day test, you cannot opt back into the longitudinal assessment.

CHANGES COMING IN 2025!

The ABFM has recently announced that they are switching to a 5-year cycle starting in January 2025.[1] This was news to us as we wrote this article. We suspect this will result in many more physicians electing the longitudinal assessment. Here are the new requirements every 5 years:

1. Certification Exam: Answer 25 quarterly exam questions (longitudinal assessment) or opt to take the one-day exam.
2. Certification Activities: Earn 60 certification points through Self-Assessment and Performance Improvement activities.
3. Continuing Medical Education: Earn 200 AAFP or AMA approved CME credits.
4. Professionalism and Licensure: Continuously comply with ABFM's Guidelines for Professionalism, Licensure, and Personal Conduct, which includes maintaining active, valid, and full license(s) to practice medicine in the United States or Canada.
5. Annual Fee: Submit annual certification fee.

How to apply? In January of the tenth year, you will have an option on the ABFM website to select either path. You must submit and approve of the online application on time, or you will be defaulted to the one-day test.

Bottom line, the new FMCLA offers an alternative approach for those reaching their recertification period. When weighing whether you should opt out of the traditional one-day test structure, we hope the perspectives of current participants can highlight the reality of this unknown path and help you make the wisest decision that is best for you.

BENEFITS OF FMCLA FROM THE ABFM WEBSITE[2]

- It minimizes your time and expense spent in preparation for the examination and the inconvenience of the test center.
- It can be completed when and where is best for you – increased flexibility and less stress than is often associated with the one-day examination.
- It provides you with immediate feedback after each response, with a critique explaining reasons for the right or wrong answers. References are provided with each item for further reading and learning.
- Learning is more continuous, allowing you to immediately apply information to your practice.
- There is no additional cost – your certification fees remain the same as with the one-day examination.
- Receive up to 30 Division I CME credits and up to 10 certification points upon completion!

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1. The American Board of Family Medicine. Introducing Certification 2025 [Website]. Available at: https://www.theabfm.org/introducing-certification-2025/. Accessed October 3, 2024.
2. The American Board of Family Medicine. Longitudinal Assessment [Website]. Available at: https://www.theabfm.org/continue-certification/exam/longitudinal-assessment/. Accessed September 29, 2024.

What brings you joy in military medicine?

Everyone gets what they need regardless of rank, pay, color, race, duty status, etc

Two-Year Accredited Fellowship Program Starting July 1

Clinical Pharmacology Fellowship Program

What is Clinical Pharmacology?

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

Fellowship Eligibility Requirements:

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

FOR MORE INFORMATION CONTACT:

COL Jesse P. DeLuca
jesse.p.deluca.mil@health.mil

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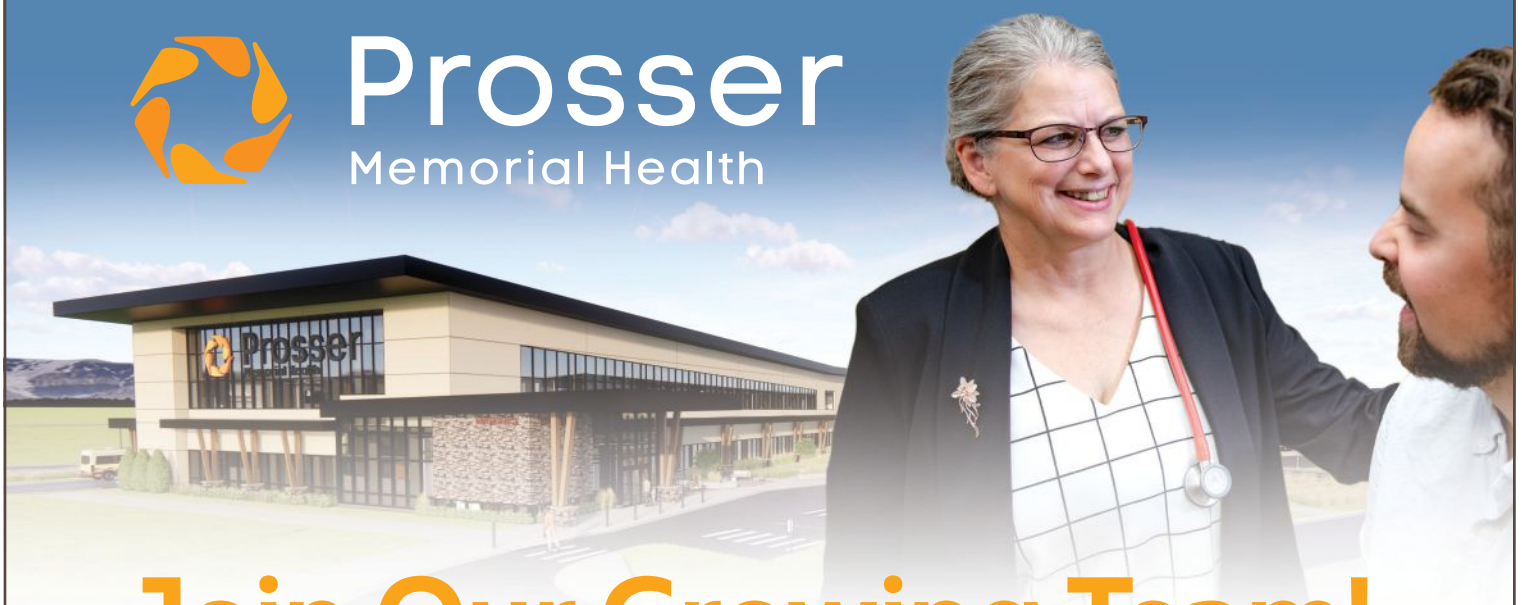

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NOMINATE YOUR PEERS!
USAFP Academy Awards

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

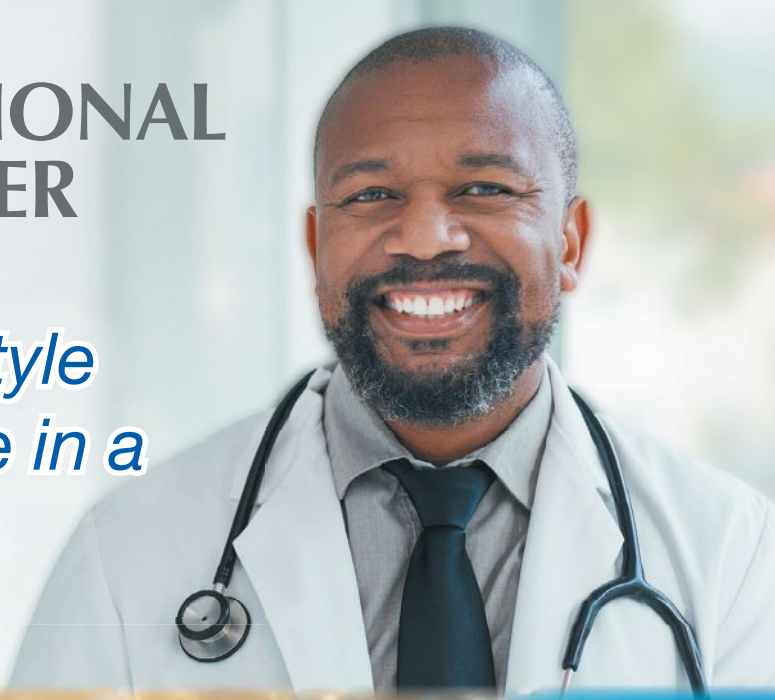
This honor is bestowed on a Uniformed Family Physician who exemplifies the tradition of the family doctor and the contributions made by family physicians to the continuing health of the people in the Uniformed Services.

OPERATIONAL MEDICINE AWARD

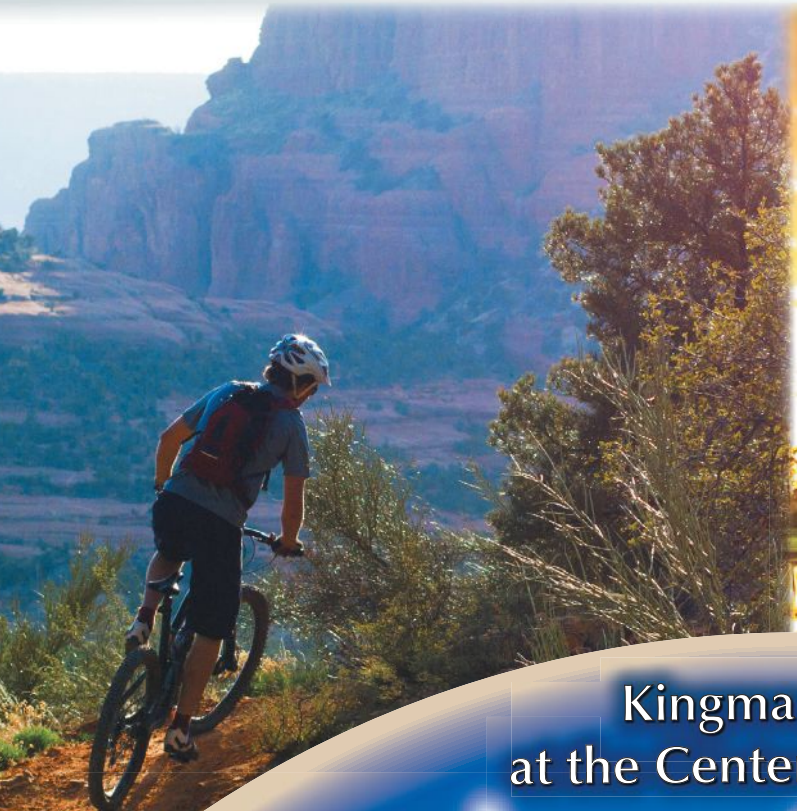
This honor is to recognize a Uniformed Service Family Physician that has exhibited outstanding achievement in the provision, promotion, or research in operational medical care.

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.

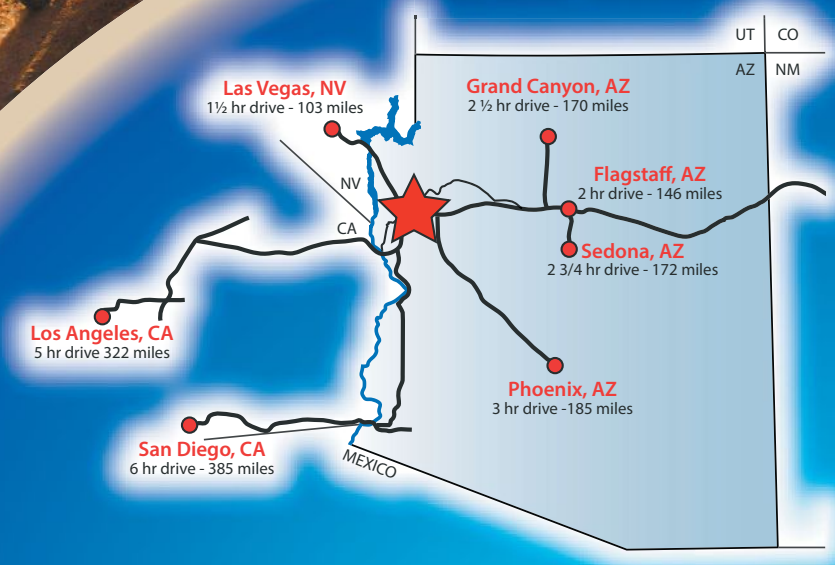
KINGMAN REGIONAL MEDICAL CENTER



Enjoy an active lifestyle and make a difference in a rural community.



Kingman, Arizona at the Center of Everything.



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Medics Advancing Community Healthcare for Readiness (MACH-R)

Disclaimer: The views expressed are those of the authors and do not reflect the official guidance or position of the U.S. Government, the Department of Defense, the U.S. Air Force, or the U.S. Army.

The Family Physician is the most versatile and utilized deployed provider within the Department of Defense. We span the battle space in a wide array of capacities to include base operational support roles, far-forward medical elements, casualty evacuation teams, and medical expeditionary forces. We must be able to provide world-class medicine despite the tactical and logistical challenges of the deployed environment. A broken arm that requires conscious sedation for reduction becomes much more complex on a forward-operating base in Africa. Treating a young, healthy service member with a fever is much more concerning in a developing nation with a limited supply of antibiotics. Of course, we shall not forget that you might be the only advanced provider for any combat-related injuries within the AOR.

Regardless of the role or environment you find yourself in, the one absolute truth is that we must be excellent physicians first! We must provide up-to-date and evidence-based healthcare to our service members. We do this by practicing our craft regularly and sharpening it against the harms of complacency and unpreparedness. The Defense Health Agency and subsequently the individual service components have given us a set of readiness standards that come in several flavors (i.e. USAF-CMRP requirements, USARMY – ICTL requirements, etc.), however, these often fall short within the reality of administrative burden that an active-duty family medicine provider experiences. These medical readiness programs can also be difficult for providers who are separated from robust medical treatment facilities such as in operational billets or OCONUS duty stations.

> **What brings you joy in military medicine?**
>
> Caring for families and active duty members

In 2021, medical readiness and competency were identified as key areas of improvement for the Air Force Medical System (AFMS) to meet National Defense Strategy objectives. At that time, the Air Force Surgeon General (SG), Lt Gen Robert Miller, started a working group under the Disruptive Innovation Initiative to accelerate a change in how we approach medical readiness. He approved a pilot program that provided additional options to Commanders to meet readiness objectives. The program allowed for issuing a 4-day permissive leave pass for certain Air Force Service Codes (AFSCs, MOS-equivalent) to participate in Off-Duty Employment (ODE) that would bolster medical skills. It was initially rolled out for surgical AFSCs and data was collected that showed not only were these participants operating at higher rates (i.e. gaining and maintaining more skills), but their participation had no negative impact on their host Military Treatment Facility (MTF) duties to include rates of off-base deferment, missed clinical appointments, and Operating Room case volumes.

A program expansion was approved in December 2022 by the Air Force SG to include all advanced provider and medic AFSCs now. It has since been renamed as the "Medics Advancing Community Healthcare for Readiness" program and is active across several AFMS installations. My experience with this program started in January 2024 when I was able to integrate its effectiveness into our medical team. I currently serve as the Medical Director for a small Air Force Special Operations Command (AFSOC) unit based out of Fort Liberty, NC. Our team has rapidly expanded over the past 2 years to 4 advanced providers and 8 Independent Duty Medical Technicians (IDMTs)/Paramedics. We quickly identified that there are simply not enough daily hours to achieve our medical readiness requirements. We also found that the typical Flight Medicine patient

is not diverse enough to maintain proficiency in our core AFSCs and the skills necessary to provide world-class care in support of our deployed mission. We have used the MACH-R program to integrate our paramedics into the local civilian EMS system and some advanced providers into civilian Emergency Departments/Urgent Cares. This program allowed us to rapidly boost our clinical encounters and see a diverse patient population with a higher acuity than we would otherwise not see if relying on our internal patient population at the local MTF. Overall, we believe this is not only fulfilling the AFMS medical readiness requirements but also ensuring we are more well-rounded physicians and medics who can provide evidence-based care to our service members.

This program serves as a new and innovative way for the AFMS to improve medical readiness at the local level. It allows members to maintain their primary role within their host MTF. It does not require participants to use leave for readiness or currency and does not require out-of-pocket expenses for readiness. Most notably, it affords scalability and flexibility to commanders across different AFSCs with no negative impact on the host MTF. One of the ways this program ensures its sustainability is by providing the necessary objective data that documents its effectiveness. All participants must use the MCART application (compatible with most smart phones, tablets) that allows for consistent reporting of activity to include specific readiness requirements for all medical AFSCs. This data can be exported at the local unit level and routed through AFMRA/SG9 at the AFMS and the J9 office of the Defense Health Agency. All necessary Off-Duty Employment approval requirements still must be met at the unit level before a participant can enroll in the program.

Comprehensive medical readiness across all levels of medical providers has never been more critical than it is today. We are in a rapidly evolving near-peer arena that harkens back to the large-scale combat operations of the Great Wars. As we continue to glean lessons learned from Ukraine and posture for the First Island Chain, the opportunity to hone our skills and sharpen our craft is paramount. The MACH-R program provides an innovative and tangible way to ensure that, above all else, we are excellent providers first!

What brings you joy in military medicine?

Connection and Community

Dave Garcia, M.D., FAAFP
Kayla Watson, M.D.

Boots on the ground at a DHA Venture site

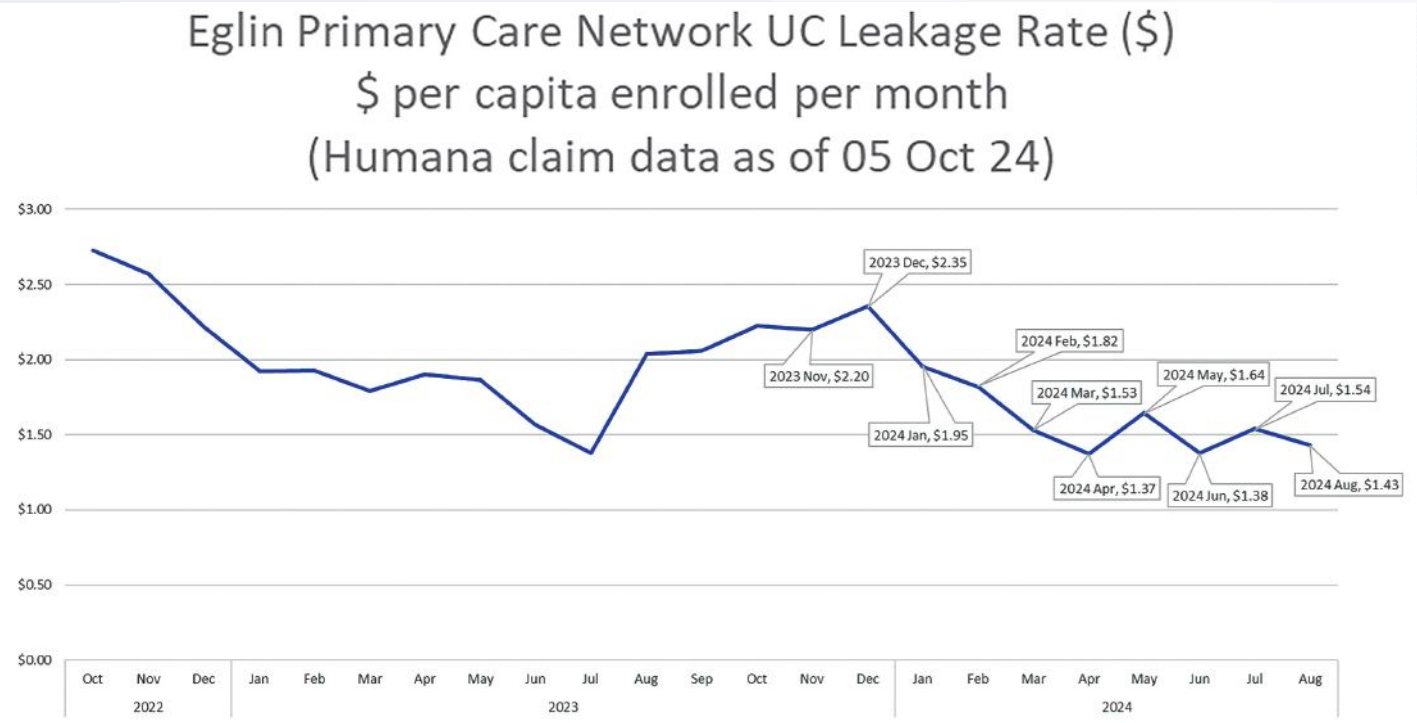
"Accelerate, change or lose"
– General Charles Q. Brown, Jr. Current Chairman of the Joint Chief of Staff

We stand at an important crossroads as a Military Health System. Our current operating model is unsustainable in terms of defense dollars, patient outcomes and satisfaction. Recognizing this, on Dec 6th, 2023, the Deputy Secretary of Defense, the Honorable Kathleen Hicks directed stabilization through a tripartite goal of reattracting patients, improving access and increasing readiness training opportunities[1]. As part of possible solutions, DHA selected five MTFs to explore transformative practice models. One of these sites selected was Eglin. At Eglin, we developed a revolutionary practice model that rewards efficiency, sets priorities, and empowers teams. We did this through challenging long-held assumptions about what military primary care should look like. It began with the idea of extreme primary care manager ownership of their empanelment.

The DHA Accelerator facilitates extreme PCM ownership by allowing more freedom to actively manage patient needs in dynamic templates while prioritizing virtual care. This approach drastically improves access and continuity. While structured appointments continue, untemplated time creates opportunities for patients to utilize the right level of care at the right time, often with same-day or next-day appointments filling the untemplated "white" space. We tailored these white-space appointments to the patient's needs as opposed to the 20-minute standard appointment time. In these face-to-face slots, primary care managers accomplish acute care, chronic disease management, and preventive medicine all during the same face-to-face visit. In the post-pandemic era, patients typically desire virtual care when available to fulfill their healthcare needs because it avoids the inconvenience of a face-to-face visit. The DHA Accelerator prioritizes virtual care and helps meet patient needs without requiring office visits.

Practically, on a day-to-day basis, the 96 Medical Group prioritizes patients to see their PCM. If their PCM is not available, the PCM must decide how to get the patient care, whether handing it off to another team member, a virtual visit, or seeing the patient in their untemplated white space. Urgent care utilization when the patient's needs are known is often avoided by a simple physician phone call or other team member

Figure 1



communication. Cross-booking between PCM teams is not permitted except in specific, individual PCM-approved cases. This extreme ownership model creates continuity and enables a trusting relationship to form organically between PCMs and their patients. Additionally, it fosters efficient workflow practices as the individual PCM benefits or suffers based on their resourcing decisions. This approach has the further benefit of lowering healthcare costs while improving patient satisfaction. For example, see Figure 1, which shows our down-trending urgent care leakage rate beginning in January 2024 as we began our journey. Despite inflation, we realized a 34% year-over-year decrease in network Urgent Care visits with a corresponding 12% decrease in network Urgent Care costs, while keeping Emergency Department leakage unchanged. This suggests that our approach significantly reduces direct costs and likely saves indirect costs as it avoids the need to follow up with a patient after they visit off-base urgent care.

Figure 2

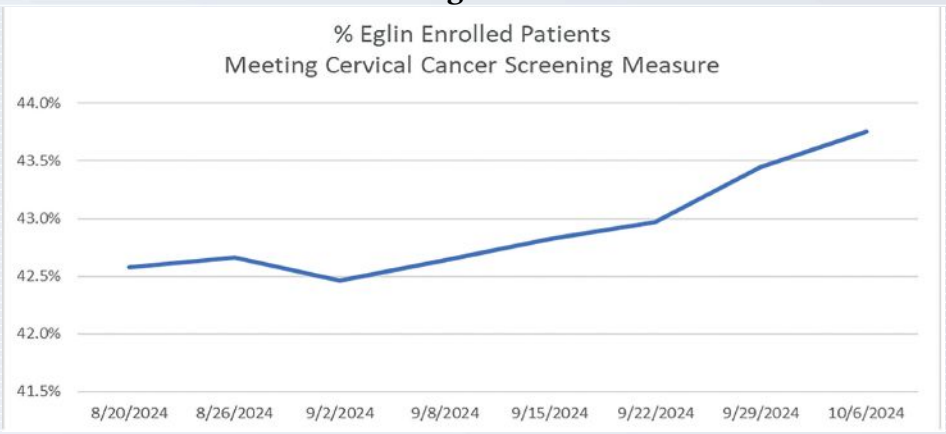
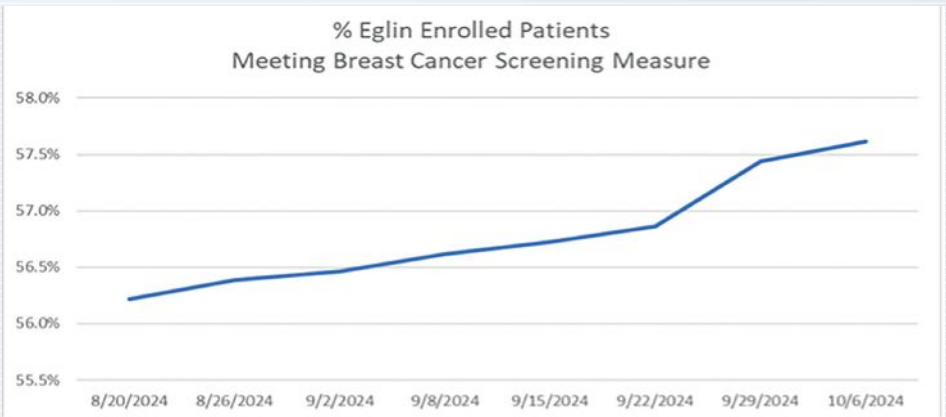


Figure 3



The main difference in this new approach is the freedom from template-based appointment throughput as the primary objective. The team sets priorities for preventive health by scrubbing their schedule forward and pre-identifying health maintenance needs. Moreover, the team works more cohesively through expandable access tactics, including Nurse Refill protocols, Vaginitis CSSPs, and other novel non-privileged provider-led care clinical algorithms. This approachempowers the whole healthcare team to meet the patient's needs at the right time with the right level of care.

As the primary care teams solidified this approach, we improved our focus on breast and cervical cancer screening rates (see Figures 2 and 3). When not booked with on demand appointments, the previously described white space, permits physicians and their teams to proactively manage their patient population. Based on preliminary data, there appears to be an emerging acceleration of an underlying positive trend to quality improvement. To be clear, we lack comparable pre-intervention data to evaluate statistical significance. Additionally, the underlying improving trend predates our paradigm shift, and thus, we cannot attribute this trend to the Accelerator program. With these caveats understood, this preliminary data suggests our approach is achieving the Quadruple aim by improving quality, decreasing cost while improving staff and patient satisfaction.

In the GME environment, this is a realization of Gupta et al.'s Clinic First: 6 Actions to Transform Ambulatory Residency Training[2]. In this article, they recommended designing resident schedules that prioritize continuity of care as well as increasing resident time in primary care clinics to improve access. Outside of GME, there has been substantial improvements noted in access to care. We are more than hopeful for the future as we continue to iterate and innovate while surviving the summer underlap. Interested in learning more? Contact Capt Kayla Watson at kayla.s.watson2.mil@health.mil or Lt Col Dave Garcia at david.s.garcia36.mil@health.mil.

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committee report
RESIDENT AND STUDENT AFFAIRS

AAFP National Conference: Commitment, Collaboration, and the Military Perspective

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This August, we, the Resident and Student Directors of the Uniformed Services Academy of Family Physicians, had the honor of attending and representing our chapter at the 50th Annual American Academy of Family Physicians (AAFP) National Conference in Kansas City. For those unfamiliar, the National Conference is a three-day event designed to inspire, connect, and promote the careers of Family Medicine residents and students. Our experience at the conference was energizing and affirmed our dedication to leadership, advocacy, and the future of Family Medicine.

SHARING MILITARY MEDICINE: BUILDING AWARENESS AND COMMUNITY

As a team, one of the most meaningful aspects of our experience was the opportunity to introduce military medicine to curious medical students and fellow attendees. Wearing our uniforms during the conference sparked conversations that allowed us to showcase USAFP and the unique aspects of military Family Medicine. Many of the medical students we encountered were unfamiliar with USAFP, which gave us the chance to highlight the incredible opportunities and career paths available to them in military medicine. These interactions opened new doors for future collaboration and mentorship, within USAFP and the broader AAFP community.

ADVOCACY IN ACTION: A RESOLUTION FOR HEARING THE RESIDENT AND STUDENT VOICE

One of the highlights of our time at the conference was participating in the AAFP Resident and Student Congresses, where we joined forces with fellow residents and students to advocate for critical issues in Family Medicine. Together, we crafted and submitted a resolution that addressed childhood obesity as both a public health crisis and a national security concern. Our resolution called for a united approach between AAFP and government agencies to tackle this issue, emphasizing the importance of preventive health for our nation's youth.

Writing and defending this resolution was an empowering experience for all of us. It demonstrated the importance of advocacy, the power of collaboration, and the value of representing the unique perspective of Uniformed Family Physicians within AAFP. We were proud to see our resolution accepted as an official AAFP resolution, underscoring our role in shaping the future of Family Medicine.

USAFP: A UNIQUE PERSPECTIVE IN AAFP LEADERSHIP

Throughout the conference, it became clear how vital USAFP's voice is within AAFP. While we share many of the same values as our civilian Family Medicine colleagues, our experiences as military physicians bring a unique and valuable perspective. We were encouraged to see how this perspective contributes to the diversity of thought in AAFP leadership, particularly during the Resident and Student Congress sessions. Our presence reinforced the importance of collaboration across different sectors of medicine to achieve common goals, and we left with a renewed sense of pride in our role as uniformed physicians.

As part of these sessions, one of our co-chairs, Dr. Tegan Koski, was nominated and elected to a leadership position within the Resident Congress of Delegates, ensuring that USAFP's voice is heard at the highest levels of AAFP governance.

EMBRACING LEADERSHIP: STEPPING UP FOR FAMILY MEDICINE

Attending the National Conference also inspired many of us to take on greater leadership roles within Family Medicine. Seeing the dedication and passion of the residents and students around us pushed us to consider how we could further contribute to the future of our specialty. Several of us even stepped forward to run for leadership positions within AAFP. While the process was daunting sometimes, the support and encouragement we received from our fellow USAFP members reminded us that we belong in these spaces and that our voices are needed.

Through this experience, we realized that leadership and advocacy are not just for senior physicians but are integral parts of our professional journeys, even as residents and students. The lessons we learned at the conference—whether in crafting resolutions, engaging in congress debates, or simply connecting with like-minded colleagues—have given us the confidence to continue pursuing leadership opportunities in Family Medicine.

LOOKING AHEAD: A COMMITMENT TO LEADERSHIP AND ADVOCACY

Our experience at the AAFP National Conference was a defining moment for us as representatives of USAFP. It reaffirmed our commitment to Family Medicine, within the military and beyond. We left Kansas City energized, inspired, and ready to continue advocating for our patients, our colleagues, and the future of our profession.

We are excited to bring the lessons we learned and the connections we made back to our residency programs, medical schools, and military communities. As we continue to grow as uniformed Family Physicians, we are eager to strengthen the relationship between USAFP and AAFP and encourage more residents and students to get involved in the leadership and advocacy efforts that will shape the future of Family Medicine.

Disclaimer: The views expressed in this material are those of the authors and do not reflect the official policy or position of the U.S. Government, the Department of Defense, the Departments of the Air Force, Navy, or Army, the Uniformed Services University or Dartmouth College.

BECOME AN AAFP FAMILY MEDICINE CHAMPION!

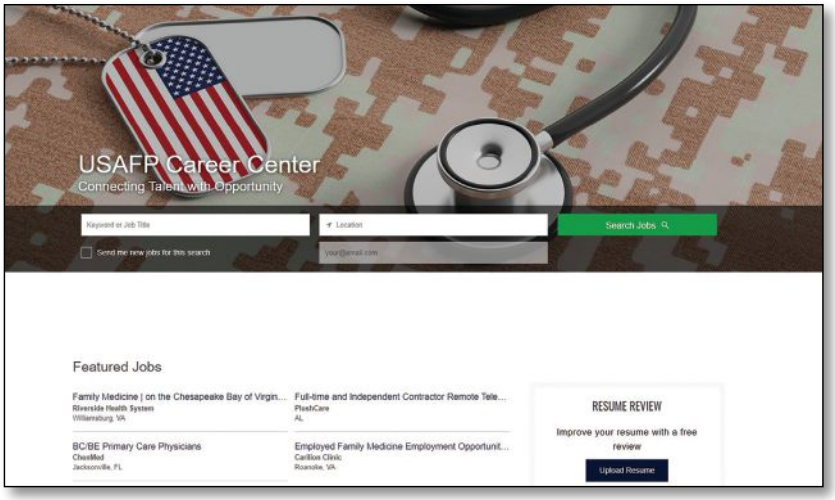
Connect with your passion, your community, and your purpose and help shape the future of family medicine! This certificate-granting program prepares participants to educate aspiring health care workers about the bright future of family medicine.

Family Medicine Champions will receive education and access to an exclusive community of individuals who support and guide students. Participants will be equipped to address misconceptions and uncover the facts about what family medicine is, and the myriad of opportunities available to family doctors.

More information!

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.

new members

THE USAFP WELCOMES THE FOLLOWING NEW MEMBERS...

ACTIVE

Tyler Agnew MD
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Sean Bacha DO
Dominique Baker DO
Terry Beal DO
Zachary Beavis MD
Charles Bergdolt DO
Timothy Binkley MD
Ashley Bissaillon DO
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Rachel Egbert DO
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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).

Adriana Ibanez Deleon MD
Xavier Jacques MD
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Mackenzie Woodhouse MD
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Kyle Beeler
Diarra Bender
Kyle Bergfalk
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Ellis Bronstein
Lauren Brown
Hallie Bruton
Toan Bui
Gonzalo Cacho
Rider Calhoun
Nathaniel Camaret
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Ashley Kim
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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.

LTC Bryan Malavé
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Developing relationships with US partner forces is vital to our military's success and the US government's overall influence. These relationships improve the understanding, communication, and competency of involved military units and personnel. Combined military exercises are excellent opportunities to share and build capabilities and experience. The breadth of information and experience that family medicine physicians gain from residency and on-the-job training is unmatched, making our specialty the best suited for operational leadership roles. Operational physicians must take advantage of multinational training events to build cohesion and influence. The following article highlights an Army SOF physician's experience.
- LTC Matthew R. Noss, Group Command Surgeon, US Army 7th Special Forces Group (Airborne)

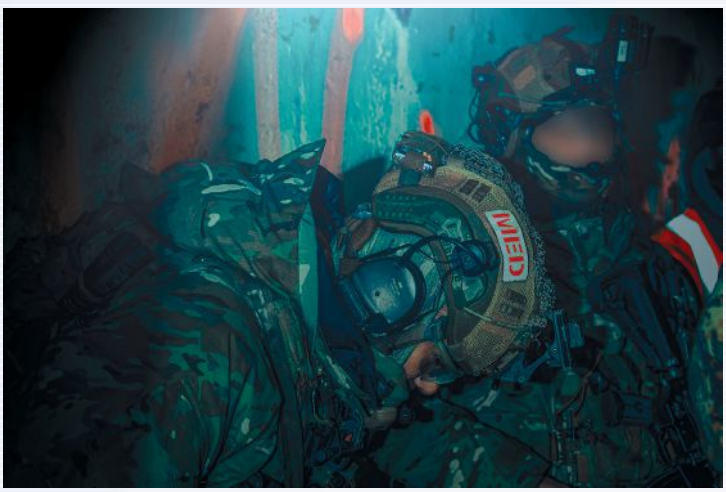
Partnerships through Military Exercise: One SOF BN Surgeon's Experience

As 1st Battalion Surgeon, 7th Special Forces Group (Airborne), I have deployed twice to Punta Arenas, Chile's militarily and economically strategic region. Located on the Strait of Magellan in the southern cone, our missions under Operation Southern Star 2023 and Pacific Dagger 2024 were to create a combined Special Operations Task Force (SOTF) with our Chilean Special Forces counterparts. Based on previous intents by the Chilean and SOCSOUTH leadership, we had two primary lines of effort for the exercises.

Our primary focus is the partnership between the United States and Chile. We aim to highlight Chile's importance as a crucial ally for the US in the region. The Chilean Army, with its exceptional professionalism, is a strong partner, and this collaboration allows both nations to learn from one another, reinforcing our shared values and commitment to excellence.

Unique to our experience, about half of the Americans and Chileans participated in both exercises, showcasing an excellent example of generational partnerships and building on previous investments. I worked with Chilean Army physicians, nurses, and medics daily, creating and validating the real-world medical emergency plan and the scenario MEDEVAC plans for several missions within each exercise. These relationships have endured since Southern Star 2023, and I continued to share TCCC material, seeing adaptations to their medical plans in Pacific Dagger 2024 based on that knowledge sharing. Throughout the initial force integration training (FIT) and special operations, our units were fully integrated medically, and the contributions of our Chilean counterparts were invaluable, enhancing our understanding of what our Special Forces Medical Sergeants and their Chilean trauma operators were capable of and how to integrate maximally.

The second line of effort was training. When we invested a SOTF HQ in this austere location, we worked to improve our capability to conduct expeditionary deployment and command and control Special Operations Forces. These exercises were essential in our training and validation pathway, as our battalion was recently ordered to maintain a state of readiness at the battalion level for a crisis deployment. During FIT, I conducted TCCC training for over 60 personnel, which comprised US and Chilean units of action. They gained invaluable experience and a foundational understanding of TCCC basics, which can be adapted and incorporated into their doctrine and permissions.



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Regarding SOTF Surgeon tasks and functions, I shared what we did doctrinally and gained an understanding of how they execute tasks without a SOTF Surgeon. The Chilean J2, J3, and J4 split and share many roles performed by US SOTF Surgeons and Medical Sergeants. As culminating exercises, I planned, coordinated, and executed MASCAL scenarios to provide an opportunity for evaluation and validation of the battle drills to include quick reaction force (QRF) activation, MED Plan, patient tracking, MEDEVAC, and unit KIA in addition to TCCC.

These two deployments were great opportunities for me to refine our SOTF TACSOP, including MEDEVAC and MASCAL SOPs, and focus on our AOR now that the Afghanistan Campaign is over. We conducted all operations during temperatures in the mid-20s to mid-30s Fahrenheit with ample snow and ice to complicate TCCC and MEDEVAC/CASEVAC planning and operations. I coordinated efforts with their paramilitary Air MEDEVAC unit, the Carabineros, and even conducted medical cross-training on a Chilean Navy offshore patrol vessel while crossing the Magellan with Navy SEALS. I learned a lot about preparing and succeeding medically in a Combined Multinational Special Operations Task Force, and I am thankful for my experiences in Chile.

Disclaimer: The views expressed are those of the authors and do not reflect the official guidance or position of the U.S. Government, the Department of Defense, the U.S. Air Force, or the U.S. Army.

USAFP MENTORSHIP PROGRAM

Looking for a mentor? Interested in mentoring others?

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

HOW DOES IT WORK?

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

WHAT AM I SIGNING UP TO DO?

Participant responsibilities are as follows:

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

WHEN AND HOW WILL I GET MY MATCH?

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

IS THERE ANYTHING I CAN DO TO HELP?

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



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