THE UNIFORMED FAMILY PHYSICIAN

Spring 2025 ▪ Vol. 16 ▪ Num. 1 ▪ Ed. 71

JEANMARIE B. REY, MD, FAAFP
INSTALLED AS 2025-2026 USAFP PRESIDENT

– SEE PAGE 10

Journal of The Uniformed Services Academy of Family Physicians

Family Medicine Opportunities, Flagstaff, Cottonwood and Sedona

Want to join an exceptional organization? If you value quality, go above and beyond in making patients a priority and want to help cultivate a positive, healthy, work environment, we want to talk to you. We are focused on assembling an outstanding team who will work together to maintain our stellar reputation and build a strong brand for **Northern Arizona Healthcare** as we expand our services.

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THE UNIFORMED FAMILY PHYSICIAN

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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.

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Edition 71

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president's message
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Aloha Mai Kākou (warm greetings),

It is an absolute honor and privilege to write my first column as your newly installed USAFP President. I want to begin by expressing deep gratitude to my family, especially my husband, Peter, who is a fellow USAF officer, and my son, Jonathan, who both continue to support and encourage me every step of the way. Like many of you, I was fortunate to attend our 50th Annual Meeting in Las Vegas, and I was reminded of how blessed I am to work with such an amazing group of people. I want to give a big mahalo (thank you) to our USAFP staff, our installing officer (Dr. Ada Stewart) and the 2025 co-chairs (Dr. Matthew Noss and Dr. Catherine Delaney) who organized an outstanding annual meeting. I also want to thank my predecessor as USAFP President (Dr. Mimi Raleigh) for leading our organization with tremendous skill, courage and compassion this past year. Being selected as your leader is one of the greatest honors of my professional career and truly a privilege. In this Spring newsletter, I would like to share a portion of my speech at the installation luncheon with you.

Facts alone do not have the power to inspire action. ***Stories*** *are the language of the heart, the currency of humanity, the drivers of change.* - Annie Brewster, MD

I would like to share a few stories about my parents with you because without them, I would not be the person I am today. I want to thank my parents because they both (in their own way) inspired me to put on the uniform and choose family medicine. In many ways, their story also weaves into our story, the story of Uniformed Family Medicine.

I believe that we are uniquely trained for both storytelling and story listening; it's part of our culture in family medicine. In her work, Dr. Brene Brown explores the power of storytelling in fostering human connection and personal growth.[1] She talks about *story stewardship* which means *"honoring the sacred nature of story – the ones we share and the ones we hear – and knowing that we've been entrusted with something valuable."*[1]

So as we say in my home state of Hawaii, **Let's Talk Story**….

My father was born into poverty in the dust bowl of America amidst the great depression. After high school he enlisted in the Navy and later attended the US Naval Academy. He completed pilot training and then served 3 combat tours in Vietnam flying his beloved A4 Skyhawk. He would talk often about the thrill of being catapulted off the deck of an aircraft carrier and the challenge of landing on a very small, moving runway in the middle of the ocean at night. He would tell me "Gigi, takeoff is the easy part. It's after you have been flying for hours and you are tired and hungry that you must do the most difficult part - the night carrier landing; this is when you have to **Focus on the Mission, Trust your Training, and Find your Courage**."

A Naval officer to the core, my dad taught me from an early age to sail a boat, tie various knots and conserve water by taking a Navy shower. What I treasure the most, however, is that he taught me to appreciate all of the people it took to get an airplane into the sky. My dad wanted me to understand that successful flight was NOT just about the pilot, it involved the effort of an entire team to include the people who cooked and cleaned galleys as well as the flight engineers, air traffic controllers, loadmasters, maintainers, and MEDICS. His courage, heart of service, and spirit of adventure were contagious, and he encouraged me to join the **profession of arms** so that I could experience the joy of being part of something greater than myself.

On the other side of the world, amidst the backdrop of the second world war, my mother was born in the Philippines in 1942. She was born at an American Mission hospital during the Japanese invasion. Thanks to the heroic response by the medical team at the American

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Hospital, my mom (who was breech) was successfully delivered. She grew up, completed medical school and then came to the United States in 1964 as an International Medical Graduate. After completing her pediatric residency, she met my dad in Las Vegas (a story for another day), and they eventually got married. As a DOD civilian and physician, she worked all over the world. In fact, she returned to Asia as a military spouse and worked at Military Treatment Facilities in Hawaii, Japan, and the Philippines. Her passion for military medicine (especially the care of military children and families) was deeply inspiring to me as I grew up. She encouraged me to join the **profession of medicine** so that I could serve the needs of our community. She often told me that if she had to do it again, she would become a family physician.

These are the stories I heard growing up that shaped and inspired me to become a Uniformed Family Physician. I wonder what stories have shaped and inspired each of you.

As Family Physicians, we specialize in stories. We are entrusted with stories of our patients and communities. We bear witness to the joy, pain, and suffering of so many who come to us seeking hope and healing. We encourage individuals to own their stories and to write brave new endings. Stories help us understand who we are and why we do what we do. Stories teach us lessons, articulate our values and bind us together as a community.

E malama pono i na mo'olelo ohana (translation: take care of your family stories)

The Origin Story of Family Medicine is one that connects all of us. Following World War II, medical advancements led to a surge in specialized medicine which resulted in fewer doctors practicing comprehensive primary care. This resulted in multiple problems for the U.S. healthcare system: Escalating cost, Lack of access to care, Increased fragmentation of care, and Increased depersonalization of care.[2]

To address these problems, Family Medicine emerged, and it was officially recognized in 1969 as a distinct medical specialty in the United States. It is important to remember that our specialty was designed specifically to meet the needs of patients within the context of their communities.[2] In our demanding roles, it is easy to lose sight of the profound impact we have as family physicians. But every day, we make a difference. The data shows that family physicians lead to Improved health outcomes, Reduced healthcare costs, and Increased patient experience.[3]

Over the years, my family has benefited from the outstanding care provided by this community of uniformed family physicians. This community provided my dad with compassionate care during the final years of his life. I am forever grateful to my colleagues who took the time to sit at the bedside with my dad in the hospital and listen patiently to his Navy stories.

This community continues to care for my mom who benefits from frequent home visits by family medicine residents training at Fort Belvoir. During these visits my mom

will share stories from her medical career and reflect on the challenge of being a retired physician who is now a patient and approaching the end of life. After a home visit, I will often get a phone call from the resident who visited my mom, and they will share how my mom's story impacted them personally. I will also get a phone call from my mom who will express deep gratitude for the opportunity to share her story and to help train the next generation of family physicians.

It has been wisely said that "**the shortest distance between two people is a story**" (Patti Digh). I couldn't agree more. Let us cherish the stories that connect all of us as uniformed family physicians. Let us practice "story stewardship" and honor the sacred nature of story with our patients and with each other.

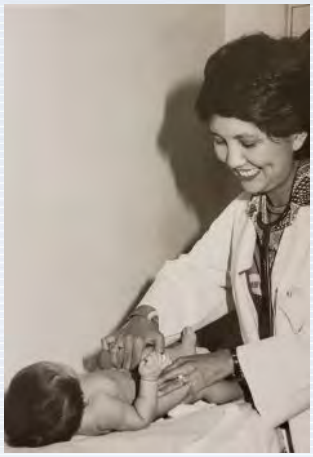
Many of us join the uniformed service because of the opportunity; but we stay because of the community. Let us continue to build and strengthen our community by harnessing the power of story. It has been said….

Tell me the facts and I will learn. Tell me the truth and I will believe. But tell me a story, and it will live in my heart forever. (Native American Proverb)

We are Family. We are Family Medicine. As we celebrate our 50th meeting and look ahead to the next 50 years, let's remember to focus on the mission, trust our training and find the courage to lean into our unique identity as military medical officers. Let us remember that it is our sacred duty to care for the health needs of all members of our community. Let us continue to write our story together and make the next 50 years of USAFP the best it has ever been!

Me Ka Mahalo Nui (with gratitude),
Gigi

Hawaiian word of the Quarter:
Mo'olelo *(meaning: stories)*



Mo'olelo are stories, myths, legends, and part of the cultural fabric of Hawai'i. The word mo'olelo itself is a combination of the word mo'o, meaning a series or succession, and 'ōlelo, *meaning words. Originally an oral tradition, mo'olelo can be entertaining, but also relay important lessons about the values and traditions of the Hawaiian people.*[4]

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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-NEWLSETTER/**

Teasers for the Spring UFP!

Thank you for reading the Spring Edition of the Uniformed Family Physician! I am thrilled to serve as your Vice President and Editor of the UFP for the 2025-2026 year. For those of you who couldn't attend the Las Vegas Conference, a HUGE THANK YOU for continuing the mission of military healthcare to allow your 650 peers to obtain excellent CME, present lectures and research, network, mentor, and see Vegas! Hopefully, you will get a chance to attend next year in San Diego!

I hope you read the President's Message by Gigi. We are striving for the Uniformed Family Physician Newsletter to be a source of education AND stories for you to connect with when you find a chance to read. This year we will be featuring some stories from Students, Spouses, Retirees, and more members!

I love stories, and my children love stories. Somehow in the bustle of life, we have found a rhythm in our house for reading stories out-loud together on most nights of the week. My older three children and I are finishing the Chronicles of Narnia series (with Harry Potter next!), and my younger three and I rotate through an assortment of short books (one always has a story about an excavator!). I have discovered the joy of watching my children connect something from a story with their lived experience (especially all the excavators that my five-year-old sees along a local road we drive on regularly!).

As we share and listen to each other's stories, may we continue to find our own love of Family Medicine embedded deeply to help restore us on our hard days.

I wanted to highlight a few of the excellent articles and stories submitted for you to seek out as you peruse:

- Tips for new graduates: look in both the Air Force Consultant section with QR codes for resources and the Education Committee Update!
- AMAZING abstracts from our Clinical Investigations Competition Winners!
- The use of acupuncture in Operational Aviation Medicine to treat both mental health and musculoskeletal conditions, among many others
- A critical article by Dr. Bob Marshall on how to use MHS Genesis to navigate Transitions of Care within our military healthcare system
- POCUS Pearls with a helpful guide for faculty teaching POCUS

Remember that the UFP is open for anyone to submit, and we are always looking for practice-changing, impactful articles and stories of life as a Uniformed Family Physician to provide our members!

Happy reading!
Mary Alice

AI in Family Medicine:
Transforming Your Practice

Free Online CME

This 3-part course is designed to teach you how to use the emerging technology of artificial intelligence (AI) to support and enhance your practice. Technological innovations can reduce administrative burden, improve payment models, and protect the scope of family medicine. AI can process data to predict health-related outcomes important to your patients, such as opioid use, emergency department visits, and death. As AI use increases, family physician participation is essential to shape this technology into a patient-centric tool.

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

Please write to me...
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JOHN LAY, MD
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Jeanmarie B. Rey, MD, FAAFP Installed as 2025-2026 USAFP President

Over 600 attendees took part in the 2025 Installation of USAFP Officers and Directors on March 23, 2025 at the Westgate Resort in Las Vegas, Nevada. AAFP Past President Ada N. Stewart MD, FAAFP installed 2025-2026 USAFP President Jeanmarie B. Rey, MD, FAAFP and the other Officers and Directors of the USAFP Board of Directors during the luncheon.

Jeanmarie B. Rey, MD, FAAFP being installed as 2025-2026 USAFP President.

2025-2026 USAFP President Jeanmarie B. Rey, MD, FAAFP presents USAFP 2024-2025 President Meghan "Mimi" Raleigh, MD, FAAFP with the outgoing President's plaque.

Dr. Stewart installed the 2025-2026 USAFP Board of Directors

Pictured left to right are David Shahbodaghi, MD, MPH, FAAFP, Reserve Liaison; Zachary Ryan, HPSP Student Director; Catherine Bensken, USU Student Director; Joseph L. Perez, MD, MBA, FAAFP, Public Health Service Director; David S. Garcia, MD, FAAFP, Air Force Director; Mary Alice Noel, MD, MBA, FAAFP, Vice President; Catherine A. Delaney, MD, FAAFP, Army Director; David P. Kuckel, MD, FAAFP, Navy Director; Jacob Steins, MD, Air Force Resident Director; Andrew C. Collyer, DO, Army Resident Director; Erin E. Lucero, MD, Navy Resident Director. Not pictured: S. Jules Seales, MD, MPH, FAAFP, President Elect; Brooke M. Sciuto, MD, Guard Liaison

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 Mary Alice Noel, MD (maryalicenoelmd@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 Summer Magazine is 12 July 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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PROMOTING RESEARCH IN THE MILITARY ENVIRONMENT

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

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

2025 Annual Meeting & Exposition

Over 650 family physicians and other health care professionals attended the 2025 USAFP Annual Meeting & Exposition at the Westgate Resort in Las Vegas, NV. The photos and comments show the success of the conference!

- Thank you for a great learning and wholesome time!
- So grateful for USAFP and to come together every year to see all my military family friends.
- Thank you! This was an amazing event. The notebooks were a great welcome gift!
- Thanks to all of you for all your hard work. Amazing job as always!
- Fantastic, USAFP!!!! Paid out of pocket but glad I did; well worth it!
- The roulettes were a perfect way to get lots of short informative presentations and give residents and medical students an opportunity to present.
- The USAFP Annual Meeting and Exposition is my medical conference of choice to get all my annual CMEs and updated/pertinent clinical information. There simply is nothing better for a family medicine physician (military or not).
- The USAFP staff is simply amazing. They are always helpful, thoughtful, proactive, and anticipate challenges to resolve issues before they cause any problems. Kudos!!!
- Thank you for a wonderful meeting and all of your time planning!
- Great event ! Thank you to the staff for all the hard work.
- Great venue, Excellent program
- Everything was wonderful. Thank you!!
- Spectacular job, as always!
- Fantastic meeting!
- Best annual meeting I've ever attended! Great venue and the all attendee celebration was so much fun. Excellent CME as always.
- As always, the USAFP Staff made the meeting a great success. Thank you so much for all you do. The setting and organization was just flawless to the attendees, no matter what may have happened in the background. I look forward to next year.
- Great conference, thank you!
- Greatly appreciate the healthy food options. Venue was very good with great support. USAFP staff is amazing as always.
- Thanks for a great conference!


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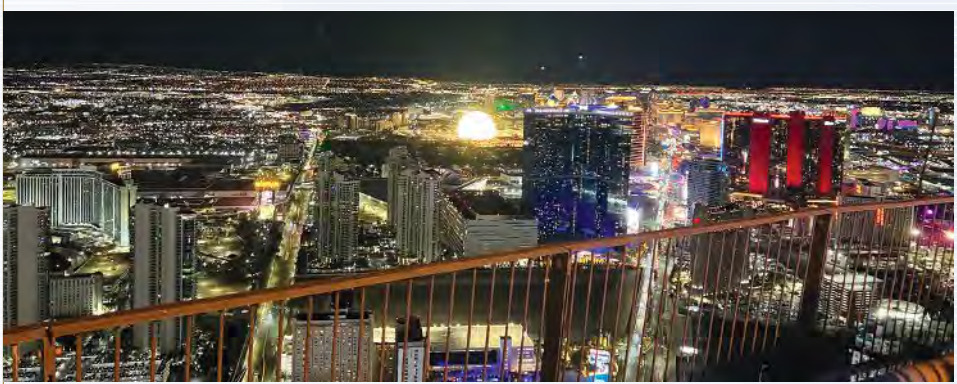


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A Special Thank You to the 2025 USAFP Annual Meeting Exhibiting Organizations

The following organizations exhibited their products and services at the 2025 USAFP Annual Meeting. The Academy is fortunate to have such great support from these organizations.

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US Got People
USAFP Foundation
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Two-Year Accredited Fellowship Program Starting July 1

Clinical Pharmacology Fellowship Program

What is Clinical Pharmacology?

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

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

Fellowship Highlights:

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

Current Research Interests:

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

Fellowship Eligibility Requirements:

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

FOR MORE INFORMATION CONTACT:

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

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USAFP 2025 Academy Awards

Michael J. Scotti, MD, Family Physician of the Year Award
Christopher E. Jonas, DO, FAAFP, CAQSM
COL, MC, USAF

Dr. Jonas' award reads: "With deep admiration and sincere recognition, you embody the ideal of a uniformed family physician—one to whom all should aspire. You are professional, competent, reflective, faithful, caring, and compassionate, consistently demonstrating genuine humility in all that you do. Your ability to lead by example—as a role model for medical students, residents, and peers—while serving as a quiet servant-leader is truly remarkable. You have excelled in operational, academic, leadership, and clinical settings, all while providing empathetic, comprehensive medical care. Your dedication exemplifies what it truly means to be a uniformed family physician and reflects great credit upon you, the uniformed services and the specialty of family medicine." Congratulations Dr. Jonas!

Operational Medicine Award
Ezella N. Washington, DO, FAAFP
COL, MC, USA

Dr. Washington's award reads: "In sincere recognition and deep admiration for your strategic leadership, medical expertise, and genuine compassion for others. You helped to drastically improve the INSCOM Vigilance Wellness programs, the health and welfare of Soldiers, and the primary and behavioral health care access within the Military Treatment Facilities. Your care for soldiers is evident in all you do, working tirelessly with leaders to prepare them for missions, developing Holistic Health and Fitness programs, and increasing overall medical readiness within the Army Medical Department. Your outsized impact and consistent selfless service will serve well into the future." Congratulations Dr. Washington!

President's Awards
Catherine A. Delaney, MD, FAAFP & Matthew R. Noss, DO, FAAFP

Their award reads: "In recognition of your creativity, dedication, passion, and outstanding service to the Uniformed Services Academy of Family Physicians as Program Co-Chair for the 2025 USAFP Annual Meeting & Exposition. Your innovative, comprehensive, and dynamic program focused on the theme "All In For Military Medicine" exceeded the educational needs of the USAFP's diverse membership against a backdrop of fiscal uncertainty. Through your unwavering excitement and tireless efforts, you have helped your friends and colleagues in all services grow professionally as clinicians and leaders." Congratulations Drs. Delaney & Noss!

President's Award
Melinda Stackle

Mrs. Stackle's award reads: "In sincere recognition of your exceptional achievements, extraordinary vision and leadership in establishing the Military Spouse Track at the USAFP Annual Meeting. Recognizing a critical gap in professional development opportunities, you pioneered a comprehensive program that empowers military spouses, families, and support systems to pursue meaningful engagement at the meeting while navigating the unique challenges of military life. As the Academy celebrates its 50th Anniversary, your "All In for Family Medicine" vision has fundamentally transformed how future generations of military spouses, families, and support systems can thrive within the military healthcare system."
Congratulations Melinda!

President's Award
Christina M. Kelly, MD, FAAFP

Dr. Kelly's award reads: "In recognition for your commitment to advancing Family Medicine through prolific academic contributions, meaningful educational initiatives, and excellence in clinical practice all while embracing the unique challenges faced as a military spouse. Your ability to build bridges between military and civilian healthcare communities and foster enduring professional relationships, despite geographical transitions, serves as an inspiration to military spouses and physicians alike. You are to be commended for your dedication to excellence in patient care, medical education, and leadership development which reflects the highest ideals of Family Medicine and brings great credit upon you and the Uniformed Services Academy of Family Physicians."
Congratulations Dr. Kelly!

To learn more about the USAFP Academy Awards

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.

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Spangdahlem AB, Germany
rnewman1116@gmail.com

Learning from Other's Experience:
HOW TO EXCEL AS A NEW ATTENDING

Congratulations to all the graduating residents and good luck as you start the next phase of your medical career. This is an exciting transition for which you have been well trained and are ready. However, I remember that it can also feel intimidating and even a bit scary. A few months prior to my residency graduation, one of my prior chief residents, Dr. Kacey Gibson (Eglin FMR Class of 2010) visited the program and presented practical tips for success after residency. She explained how to lead your team by helping your nurses and techs work to their full capabilities. Also, she discussed creating templates to streamline clinic efficiency and shared how to complete minor procedures within a regular clinic schedule. One tool she shared was a binder made for her techs with team expectations and individual supply lists needed for all clinic procedures. I took her template and made it my own. As an attending, this binder became my team's daily reference. After huddle, they would use it to prepare for the day's clinic schedule, maximizing efficiency while meeting our patient's needs. This included completing procedures within routine appointments. By setting expectations with my team on day one and proactively managing my patient empanelment, I quickly learned that I could enjoy clinic each day, which is very important to being an effective and fulfilled PCM. I witnessed for myself the lessons from Dr. Gibson that when all members of my team were able to contribute to their maximum potential, they felt more connected to the mission and performed better. Also, by completing needed procedures within regular clinic appointments, I was able to maintain my skills and have happier patients who had their needs met with fewer appointments.

As residency faculty, I have had the opportunity to share some of these tips with my residents, including my clinic expectation and procedure binder. One former resident, Dr. Rocky Newman (Nellis FMR Class of 2022) took my binder and made it her own as well. Additionally, she started a fantastic trend at Nellis FMR where recent grads share an electronic copy of the binder as well as best practices with the class behind them prior to their graduation. At the 2025 USAFP annual meeting, Dr. Newman delivered an excellent presentation for new attendings, "Things I Wish I Knew…" which covered key clinician roles, template management, and how to best utilize your techs. I asked Dr. Newman to provide a summary of her lessons learned.

Additionally, she created QR codes with digital copies of the clinic expectation binder, SM Injection Prep Chart, and acupuncture supply chart to help all new attendings thrive.

DR. NEWMAN'S FOUR LESSONS TO EXCEL AS A NEW ATTENDING

Graduating residency is the culmination of literally decades of hard work. I remember feeling like I was on the pinnacle just as much as I was on a precipice. Some of you may be feeling that way too. As a resident, you put your head down and grind, enduring long days that turned into short months, which eventually became three quick years. Graduation brings increased expectations as a military officer, too. I certainly did not understand how I fit and exist within a system that has heavy and evolving expectations of me as a provider. So, when I set off for my first assignment in the Republic of South Korea at Kunsan Air Base, it was a whirlwind to say the least. Before my PCS, I gathered as many clinical resources as I could think of to try to ease the transition: my Program Director's "Clinic Expectations" and "Procedure Binder," handouts, old emails, didactic presentations, supplies lists, and more. However, there were still many things I wish that I knew.

Being a new attending in some ways might feel like being an intern all over again. Like PGY-1 year, you simply don't know what you don't know. You go very quickly from faculty oversight, support, and the inherent insulation that GME provides to, potentially, being the only medical authority in sight.

1. **Clinic Template Management** - You must learn the rules of your MTF and DHA as well as who to talk to in order to successfully advocate for your clinical practice and self. The Group Practice Manager is your friend. Create a template proposal, send it to them early, and ask questions. Actively manage your clinic. For example, pre-order labs, prepare consent forms, and build procedures into your schedule.
2. **Clinical Efficiency** - If you did not master clinic efficiency in residency, then do it now. Simplify your days by refining your templates and "dot phrases", scrubbing your clinic ahead of time, and setting clear expectations of your team. Provide feedback consistently and make corrections often. Feedback should be bidirectional; help foster an environment for improvement for everyone. Learn about your technicians and nurses. Elevate those around you and they will do the same for you.
3. **Knowledge of Clinical Operations** - Learn how the clinic operates and leverage the resources available to you. For instance, if there is a medication that your pharmacy does not carry, consider proposing it

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as an addition at the next Pharmacy & Therapeutics (P&T) Committee meeting. If you seem to run out of certain supplies often, identify the Supplies Custodian and request an adjustment to the order frequency/quantity. As a rule of thumb, our enlisted leaders and clinic staff have been in the military for much longer than you have. For the most part, you can lean on them for guidance and should allow them to help develop you as an Officer and leader. Ask them to help you understand the instructions, review your MFRs to make sure you are using the correct letterhead and ensure items are routed appropriately.

4. **Find a Mentor:** If you don't have a mentor, find one. Foster relationships at each assignment and seek opportunities to engage with officers outside of your field. Never stop learning. Seek opportunities to take courses, earn certificates, and participate in unique trainings. Hold yourself and your counterparts accountable to remain up to date on evidence-based practices. At the end of the day, your job is to be the best Family Medicine physician you can be.

As a physician and officer, many eyes will be on you. Carry the weight of your new responsibilities with both confidence and humility. Trust your training, but never stop seeking wisdom, for in that balance lies the true strength of a military physician. As recent graduates, your sole purpose has been to achieve clinical competency and practice the skills of your profession for the last three years. You have earned the shiny "Attending" title and the status that comes due. The journey from resident to attending is not an endpoint, but a threshold. Remain a student of medicine, a leader among peers, a servant to those in need, and your potential will be limitless.

Figure 1. Clinic Expectations & Procedure Binder

Figure 2. Sports Med Injection Preparation Chart

Figure 3. Acupuncture Supply List

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 Defense Health Agency, or the Department of the Air Force.

NOW RECRUITING: **FAMILY MEDICINE PHYSICIANS**

Owensboro Health is seeking board-certified/board-eligible physicians who have a passion for quality care and serving patients. Opportunities in Madisonville, Kentucky, located 1.5 hours north of Nashville, TN.

Opportunity Details

- Competitive base salary (guaranteed for three years); plus RVU bonus potential
- 4-day or 5-day work week options
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- Excellent clinic support staff
- Teaching opportunities available through Family Medicine Residency Program

APPLY BY CONTACTING

Megan McKay

Physician Recruiter

Cell: 270-315-8411

Submit your CV to Megan.McKay@owensborohealth.org

Discover more about Owensboro Health and our beautiful community, visit **OwensboroHealth.org/Opportunities**.

Michael J. Arnold, MD, MHPE, FAAFP
Naval Undersea Medicine Institute
michael.j.arnold4.mil@health.mil

Navy Specialty Leader Report

Greetings, Navy Family Medicine colleagues! It was amazing to see so many of you at the USAFP Meeting! By the time you read this, the promotion boards will all be over and we'll be awaiting results. I'm looking forward to that, since I believe that all in-zone FM's have a great chance for promotion.

MORE OPERATIONAL BILLETS

As many of you realized this detailing season, Navy FM physicians are being asked to fill more operational billets. Some of these are former GMO billets that we are finally converting as GMOs become more scarce. All of our graduating FM residents went either to Operational FM billets or Operational Medical Officer billets.

At the same time, efforts are underway to increase the number of us in the MTFs. The Navy has paid for 51 new FM billets, 49 of which are in the MTFs. These include residency faculty billets in the MTF that are not tied to an Expeditionary Medical Force (EMF) to give them more stability from deployment.

USAFP NAVY MEDICINE BREAKOUT – RDML BROWN

Our USAFP Navy breakout at the Las Vegas meeting featured our Corps Chief and FM colleague RDML (sel) Kevin Brown, who currently serves as Commander of Naval Medical Forces Atlantic and will soon be transferring to Naval Medical Forces Pacific while maintaining the Medical Corps Chief Role.

RDML Brown reiterated that FM is a critical wartime specialty and the "Swiss Army Knife" that Navy Medicine relies on. During our preparation for the next war, the Navy is going to need Family Medicine physicians who are ready to provide prolonged care in environments with limited resources. He then responded to many questions, a summary of which was sent out.

CALLING FOR COLLEAGUES INTERESTED IN RESIDENCY FACULTY

One of the first FM billets we will fill are the residency faculty positions. These positions are competitively selected by the Program Directors, due to the importance of ensuring that we are training the next generation of Navy Family Medicine. If you have possible interest in a faculty position, please reach out directly to either myself or the Program Directors:

- NH Jacksonville
  - CDR Dustin Smith/CDR Dan Kuckel (dustin.k.smith16.mil@health.mil/ daniel.p.kuckel.mil@health.mil)
- NH Camp Pendleton
  - CAPT John Laird (john.e.laird8.mil@health.mil)
- NMC Camp Lejeune
  - CDR Dan Hwang (daniel.s.hwang.mil@health.mil)
- ATAMMC at Fort Belvoir
  - CAPT Franchi Cimino (francesa.m.cimino.mil@health.mil)

PROMOTIONS – GOING STRONG

There are several reasons that promotions will continue to be better this year:

1. Staffing – When there are less physicians, promotion rates go up and zones come faster. We promoted or lost many of our above zone folks, so there are fewer above zone people compared to previous years. Watch the zones over the next few years – promotion opportunities could come sooner than expected.

2. Rule Changes – Remember last year's important changes:
   a. Any officer separating within three months are taken out of the in-zone pool.
   b. Those who separate more than 3 months after the board will be considered unless they submit a "Do Not Pick Me" letter.
   c. LCDR in zone promotion rate is back to 99%.

3. Promotion Rates – In Zone Promotion Rates remain as high as they have ever been – 90% for O-5 and 95% for O-6. FM is doing very well compared to other specialties.

4. One-of-One Fitreps Valued –Operational tours used to be limited by the common 1-of-1 Fitness Reports. Board Precept letters emphasize operational tours despite 1-of-1 Fitreps and I've seen more and more promotions of primarily operational colleagues. Soft breakouts are essential, and line COs tend to be outstanding at this.

BONUSES

I believe that most of you understand that I have neither input nor insight into future bonuses. My role is limited to advocacy, and this is one tent they don't let me in. Our bonuses are currently strong, and the Corps Chief reports a 13% increase in people taking the bonus in 2024 after the increase and ability for yearly renegotiation. The FM proportion has not yet been provided.

We now have the 6-year bonus back and it won't be going away. Mike Arnold's suspicion is that after 3 consecutive years of bonus increases for FM, we may not get another this year. While in the past I have suggested that it might be worth waiting from June to October to renegotiate, now I suggest earlier might be better.

APPRECIATION

Thank you for all your daily actions in service to our patients, our Navy and our nation.

I continue to be honored by the opportunity to provide a voice for our community and advocacy for my colleagues, especially as I recognize my time is getting short as I will turn over in the fall. Please reach out to me whenever I can be of help with questions or advice or connect you with other colleagues who can. Enjoy your summer.

Thanks, Mike

The views expressed are those of the author and do not necessarily reflect the official policy or position of the Naval Undersea Medical Institute, Uniformed Services University of the Health Sciences, US Navy, US Department of Defense, or US government.

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NAVY DETAILER UPDATES

Greetings Family Medicine Community!

It was great to see so many of you in Las Vegas! For those who couldn't be there, please feel free to reach out to me if I can help with your career. Please communicate with me early and often – I work so much better when I know your desires and concerns. I'm also happy to advise you on billets, promotion and service record issues and what's next for your career.

I want to thank all who worked with me through the 2025 detailing process. It sure felt like jumping into the deep end since I was coming up to speed during a very interesting Navy Medicine detailing cycle.

No rest for the weary, though. The 2026 detailing process will begin soon so be on the lookout for key opportunities included in Dr. Arnold's emails. The BUMED Milestone and Command screening opportunities will be published soon. I encourage senior FM physicians to apply – we need your leadership!

Most of my work is with the Family Medicine and Non-Specialty Specific opportunities. In early summer, I will send FM ranking lists and the Non-Specialty Specific opportunities for those planning to PCS in 2026. I will start putting orders in once I have seen everyone's input for next duty station though I will wait until late fall for those applying to BUMED Milestone, Command screen or Non-Specialty Specific opportunities.

As we start the 2026 detailing cycle, please remember that operational billets will continue to be the top priority followed by OCONUS and then CONUS duty stations. FM is the best fit for many of these gaps, and a step up for the line commanders. If you have not been in an operational billet (Fleet or Fleet Marine Forces), I strongly encourage you to consider these opportunities to learn about the Navy you serve in and refresh from the MTF. Those who can navigate in both environments tend to do better in both leadership and promotion.

Please note that all operational orders will now be written as 36-month tours and the majority will serve 36 months prior to transfer.

For those colleagues who are planning to retire or separate in 2026, please let me know. The NSIPS process gets to me late, and it will always help in my planning to know who will no longer be with us.

John Ewing, MD
john.t.ewing6.mil@us.navy.mil

Call for Speakers

2026 USAFP Annual Meeting & Exposition

Town & Country Resort
San Diego, CA
9-14 March 2026

GATHER - GROW - GO

Thank you for your interest in presenting at the 2026 USAFP Annual Meeting and Exposition in San Diego!

We are excited to gather together, grow in our knowledge and community, and go back to share all that we have learned. We invite you to propose your presentation ideas, whether you are an experienced speaker, or this is your first conference, whether you are in a GME program or operational, or a spouse/support/family member with knowledge to share. We believe we ALL have valuable lessons to impart!

You may submit up to three topics via this form. If you have additional topics for submission, please submit another form or e-mail kreynolds@vafp.org. If you have any questions or suggestions, please reach out to us at usafp2026@gmail.com.

Submission Deadline: 31 May 2025

Chloe Shea, MD & Afsoon Anvari, MD
Co-Chairs, 2026 USAFP Annual Meeting

USAFP FOUNDATION

USAFP FOUNDATION UPDATE

Your USAFP Foundation has been incredibly busy since its inception in the fall of 2023, specifically focusing on the four key functions noted in Section 1. The actions of the Foundation included approval of updated bylaws, corporate donor guidelines, policies and procedures for Board of Trustee nominations, a Financial Reserve Policy, and individual donor tiers. (See Section 2) In January 2025, the Foundation Board created and approved a nomination and selection process for "USAFP Legacy Leaders Hall of Honor". The initial group of Legacy Leaders includes the founding physicians of the USAFP as noted in Section 3.

Future actions of the Foundation will include finalizing corporate donor tiers and recognitions, publishing individual donor tiers and recognitions, promoting individual fundraising drives and events, soliciting corporate and industry donations, collecting and consolidating the history of the USAFP and publishing the process to recognize our family physicians deserving nomination into the "USAFP Legacy Leaders Hall of Honor".

2023-2024 USAFP President Kevin Bernstein, MD completed his year of service on the Board of Trustees and 2024-2025 USAFP President Mimi Raleigh, MD now serves on the Board of Trustees for her one-year term.

The 2025 donations exceed the 2024 donations in both the number of donations and amount total donations all thanks to the incredible support from you, our members. From May 2024 through the 2025 annual meeting, the Foundation received 93 donations totaling $14,414.00. These generous donations supported 20 medical students' attendance at the 2025 annual meeting in Las Vegas. The USAFP received many notes of thanks from the medical student attendees. A sampling of their notes of appreciation are on pages 27-28

SECTION 1

1. **RAISING FUNDS** to advance uniformed family medicine programs within USAFP in Education/Academics, Research, Communication, Continuing Education, Operational Medicine, Sponsorship, Mentorship and Leader Development.
2. **FOSTERING OUR CULTURE** that attracts, prepares, motivates, and retains the next generation of Military/Uniformed Family Physicians by supporting programs which assist Students, Residents and Young Physicians 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.

SECTION 2

INDIVIDUAL DONOR TIERS

Diamond Donor: $3,000 or greater
Platinum Donor: $1,500 - $2,999
Gold Donor: $1,000-$1,499
Silver Donor: $500 - $999
Bronze Donor: $100 - $499
Donor: <$100

SECTION 3

The First Induction of the Legacy Leaders Hall of Honor are the Pioneers & Creators of USAFP from 1972-1975 (* Denotes deceased)

*Dr. Jim Baggett USN
*Dr. Charles Belisle USN
*Dr. Dave Doane USA
*Dr. Albert Gore USA
Dr. Rodney Hich USA
Dr. Robert Higgins USN
*Dr. Luke Howe PHS
Dr. Sarah Linde PHS
Dr. Chris Marquart USAF
Dr. Clay Reister USA
Dr. Jerry Telles USAF
Dr. Ted Turner USAF
Dr. Jerry White USAF
*Dr. Tom Wolfe USAF

Thank you to those that donated from February 2025 – April 2025!

Sarah Arnold MD
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Brian Keene DO
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Doug Maurer DO
Dana Nguyen MD

Mary Alice Noel MD
Matthew Noss DO
Kevin O'Connor DO
Michael Oshiki MD
Demian Packett MD
Michael Place MD
Arwyn Raina MD
Mimi Raleigh MD
Kenneth Reinert MD
Caitlyn Rerucha MD
Jeanmarie Rey MD
Fernando Rios MD
Kimberly Roman MD
Haroon Samar MD
Jeremy Schroeder DO
Mitchell Selco DO
David Shahbodaghi MD
John Steely MD
Ada Stewart MD
Wes Theurer DO
Philip Volpe DO
Maggie Wertz MD
Ashley Yano MD

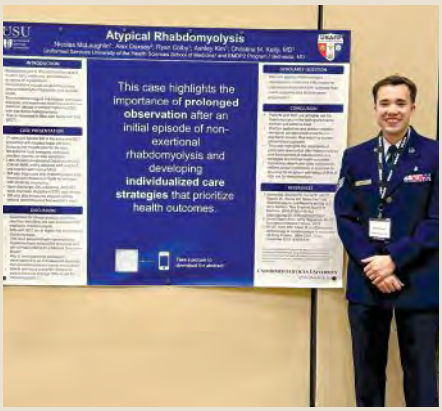
NOTES OF APPRECIATION

The conference was a wonderful experience, and I am so glad I was able to participate. I gained a lot of meaningful connections and learned a lot from my time at the conference. Thank you! - *Labonita Ghose, MPH, ENS, USCG, USA, Coast Guard Medical Student, Class of 2028*

I am one of the medical students from USUHS who was fortunate to be able to attend the USAFP conference this year. I am reaching out to thank you for all your efforts in including students in the conference.

Abigail M. L. Husten, 2LT, MS, USA, Army Medical Student, Class of 2027

Dear Mrs. Reamy - I am unsure if we had the chance of meeting during this year's USAFP conference. However, I was made aware that you were a key player and worked incredibly hard as the research poster and research competition



coordinator. Hence, thank you for arranging it and allowing us to show our work. I truly enjoyed presenting my poster, and I felt very comfortable with the structure of the presentation. I am looking forward to returning to the conference next year. I have also attached a picture of me with my poster, where I presented a case report on Atypical Rhabdomyolysis.

- Alex Doxsey, SSgt, USAF, Cohort 11, EMDP2

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Dear Mrs. White - I had the opportunity to present my research at this year's USAFP conference. I wanted to thank you for the support with funding my participation in the conference – this was truly an enriching experience that augmented my learning in medical school and gave me the opportunity to better connect with the Family Medicine community. I would not have been able to have this opportunity without your support and I wanted you to know that it is very appreciated. Thank you again!

- Sabrina D. Harms, 2d Lt, USAF, MSC, Air Force Medical Student, Class of 2025, Uniformed Services University

Dear Matt Schulte - I'm excited to share that during the USAFP Conference, the sale of "Dogtor Visit with Dr. Scrubs" raised $400 for the Navy-Marine Corps Relief Society! It was an incredible opportunity to connect with fellow military medical professionals

while supporting a great cause that provides vital assistance to service members and their families. Thank you to everyone who stopped by, purchased a copy, and contributed to this effort. Your generosity helps make a difference in the lives of those who serve. Looking forward to more opportunities to give back in the future as a first-year resident at Naval Hospital Camp Pendleton!

- Sarah Zumwalt ENS, OMS-4, Kentucky College of Osteopathic Medicine

I had a great time at the conference this weekend, and what I learned about the military match was extremely timely and valuable.

- Zackary Sheperd, MS3, Class of 2026, Loma Linda University School of Medicine

I just wanted to reach out and say I had an amazing experience getting to network with Family Med professionals from all over the US and across all branches. I learned a ton; specifically getting to interact with residency programs and learning about the application process was incredibly useful for me. I would love the opportunity to thank whoever provided the grant funding for me to attend.

- 2LT Colton Schlag, University of Utah School of Medicine

SCAN QR CODE TO DONATE TO THE FOUNDATION

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, communication 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.

SUPPORT THE USAFP FOUNDATION AND THE USAFP'S 50TH ANNIVERSARY!

Onsite at the 2025 USAFP Annual Meeting, the Foundation promoted a 50th anniversary poster fund raiser. For those not in attendance or if you did not get your 50th Anniversary poster, all you need to do is donate $25.00 via the QR code on Page 28 selecting the option 50th Anniversary Poster as your donation designation. The USAFP staff will mail you the poster upon receipt of your donation. If you have questions, please e-mail mlwhite@vafp.org.

Bob Marshall, MD, MPH, MISM, FAAFP, FAMIA
Madigan Army Medical Center
fpnet@msn.com

Care Transitions:

HOW TO DO IT THE EASIEST AND BEST WAY

Have you ever been frustrated when you got a patient back from a consultant and they did not have any usable (or any at all) information to care for the patient? What about from ED visits, inpatient stays, or even from your practice partners? If you have, and I think we all have at one time or another, this article will interest you for many reasons.

WHAT IS THE REASON TO DO CARE TRANSITIONS WELL (I.E., WHY SHOULD YOU CARE?)?

- Poorly coordinated care transitions from the hospital to other care settings cost an estimated $12 billion to $44 billion annually.
- Poor transitions also often result in poor health outcomes.
- The most common adverse effects associated with poor transitions are injuries due to medication errors, complications from procedures, infections, and falls.
- Care transition interventions have the most significant impact on high-risk patients, especially those with modifiable risks like diabetes and obesity.

WHAT ARE CARE TRANSITIONS?

- The Centers for Medicare & Medicaid Services (CMS) defines a transition of care as the movement of a patient from one care setting to another
- Transitions increase the risk of adverse events due to the potential for miscommunication as responsibility is given to new parties
  - Hospital discharge is a complex process representing a time of significant patient vulnerability.
  - Safe and effective transfer of responsibility for a patient's medical care relies on effective provider communication with patient comprehension of discharge instructions

KEY ASPECTS OF CARE TRANSITIONS

1. **Coordination and Continuity**: Care transitions involve actions designed to ensure coordination and continuity.
2. **Settings and Providers**: Patients may transition between various settings, such as moving from an acute, inpatient setting to an outpatient care environment. Patients with chronic conditions, organ system failure, or frailty are particularly at risk during these transitions.
3. **Temporary and Long-Term**: Care transitions can be temporary (to manage a brief illness) or long-term (due to a permanent change in health status). Effective transitions are essential for patient safety and well-being regardless of duration.

Properly managed transitions enhance patient outcomes and reduce the risk of adverse events. Poorly managed transitions can result in significant patient harm, care team time, and care team frustration.

WHAT ARE EXAMPLES OF CARE TRANSITIONS THAT WE CARE ABOUT?

- Ambulatory
  - ED (Emergency Department) to PCP (Primary Care Provider)
  - Consultant to PCP
  - Inpatient (IP) to PCP
  - Non-PCP to PCP
- Acute/Inpatient
  - ED to IP
  - IP to PCP
  - Consultant to IP Physician/ARNP/PA
  - Shift Change Handoff
- Operational
  - Between Roles
  - MEDEVAC/CASEVAC Handoff
  - Theater to Role 4 (transitions between all Roles)
  - Triage to Operational ED/Surgery

HOW DO YOU MAKE A GOOD CARE TRANSITION OCCUR?

- Use MHS Genesis (any electronic health record – EHR) capabilities to their fullest extent
- Include the information needed for the "receiving" party to understand the problem/diagnosis, plan, and needed follow-up
- Remember, the EHR is as much a communication tool as a patient care tool: be complete and succinct
- Go back to "old style" if no capabilities exist within the EHR…phone calls, emails, secure chat, face-to-face
- Most of the research has focused on Acute (IP) to Ambulatory/PCP care transitions

- For the Operational setting, Joint Operational Medicine Information Systems (JOMIS) is still being finalized and is pending adoption by the Services
- For now, it is still the operational EHR, which may include AHLTA-T and its variants, as well as the "old-school" paper methodology for communications

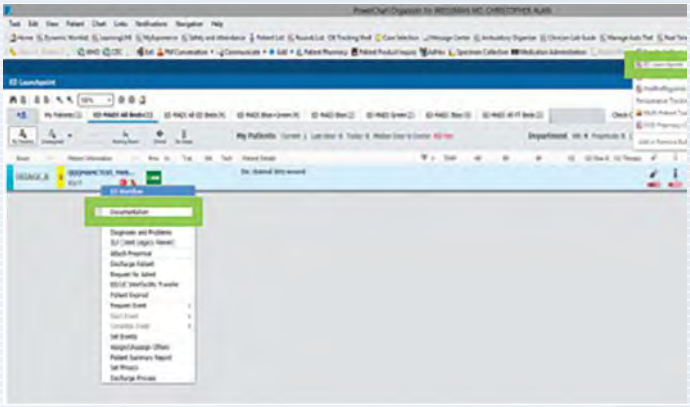
MEDICATION RECONCILIATION

- In care transitions, one of the most important activities to perform both before and after the transition is medication reconciliation
- This can be accomplished automatically via the EHR and/or manually with the patient and/or a caregiver.
- Within the same EHR, the median percentage intersection when comparing active medication lists ranges from 94.1 to 100%, according to a 2023 study.
- Unfortunately, across different EHRs, the median percent intersection was only 29.4 to 35.0%, using RxNorm (MHSG uses both NDC and RxNorm; VA uses only RxNorm)
- The most important care transitions during which to perform medication reconciliation include…ED to PCP, IP to PCP, and new patients transferring in from civilian or other non-DoD systems

MHS GENESIS AND CARE TRANSITIONS

Making MHS Genesis work for you – ED to PCP

- Suggested items and times to communicate to the PCP
  - Injury requiring F/U
  - Illness requiring F/U
  - Diagnostic testing +/- results requiring F/U
  - Admission of patient or transfer
  - Everything should be included in the discharge summary
- The ED LaunchPoint board is accessible in Power Chart. Finalized documentation from the ED provider would be in the documents tab.



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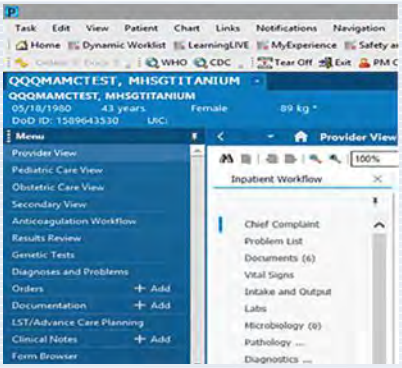
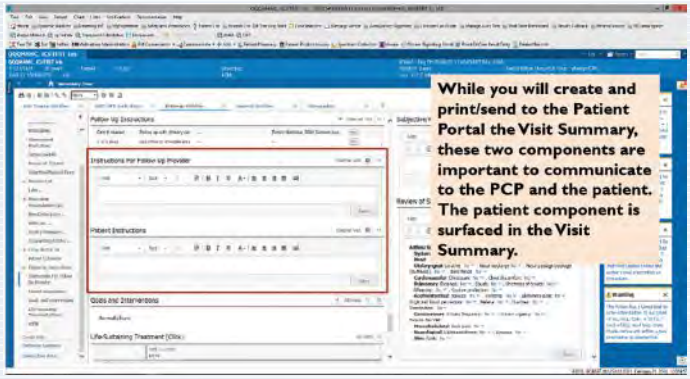
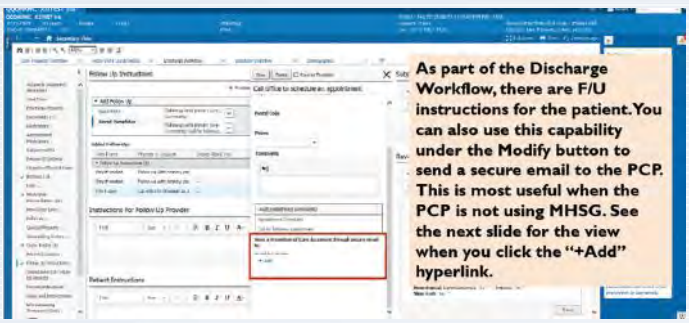
- When anyone from the OP team opens the chart on an ED patient – brings them to the Primary Care Provider MPages Workflow (light menu) or the TOC (dark menu), whichever is your default.

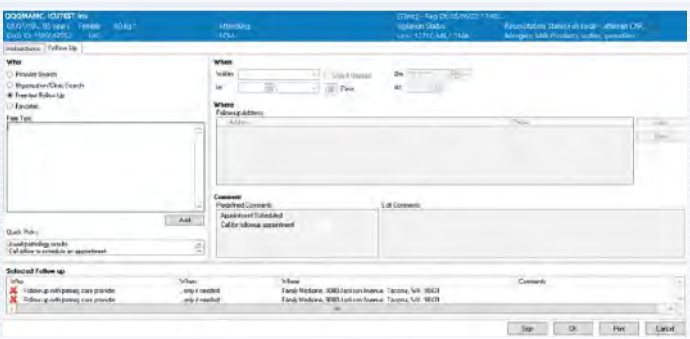


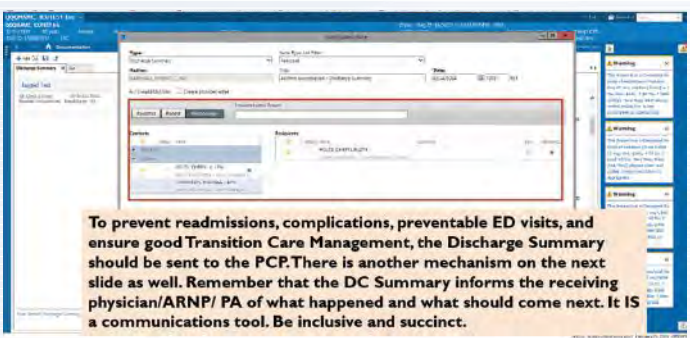


Making MHS Genesis work for you – IP to PCP

- Suggested content for discharging physician/ARNP/PA to provide
- Notification of admission – done at admission (often by the ED)
- IP Discharge Summary
- Acute illness requiring F/U
- Diagnostic testing that requires F/U
- Transition Care Management
- Pending results
- What was included in the AVS for follow-up
- Anything else you would like to have as a PCP yourself

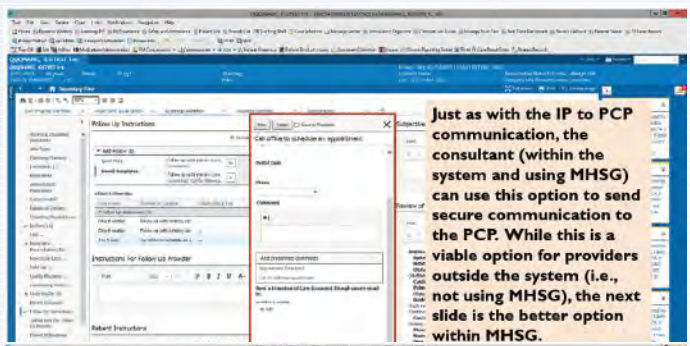


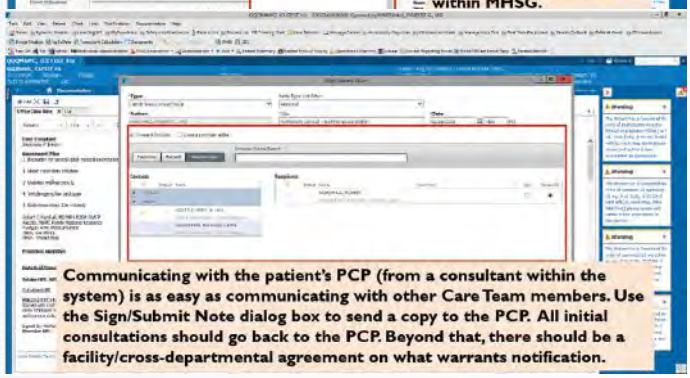




Making MHS Genesis work for you – Consultant to PCP

- What content should the consultant send to the PCP?
  - Notification consult completed
  - Consultant note
    - Any new medications, new diagnoses, expected f/u
- Anything else you would like?





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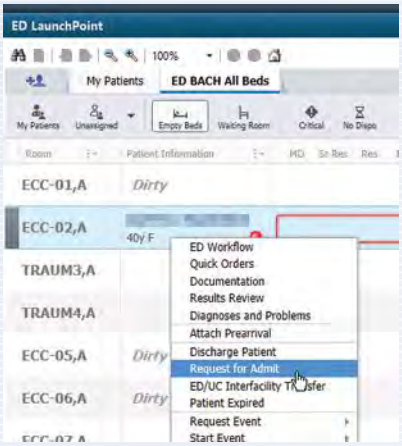
Making MHS Genesis work for you – ED to IP

- What should be included in the transition
  - Triage note
  - Nursing notes
  - HPI/PE
  - Diagnostic testing results
  - Presumed diagnosis/diagnoses
  - Any interventions performed in the ED and the results of those interventions
  - If the ED provider note is completed, this is easy. However, that is often not the case in a busy ED.
  - As a result, this transition of care is often done F2F

The Common Scenario

- A patient needs to be admitted. ED Provider discusses with Inpatient provider and places the Request for Admit order
- Right-click on the patient's name in ED LaunchPoint to see the Admit/Discharge/Transfer orders

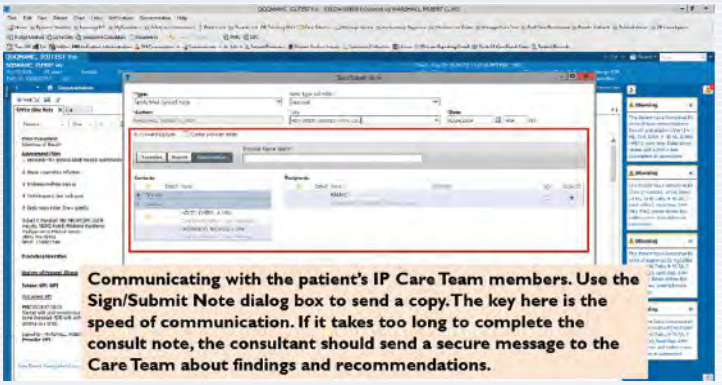


- On the LaunchPoint board, in the "Status" Column to the right, there will be a grey box with a white bed and the level of care selected (e.g., Med/Surg) in the Request for Admit order

- The ED provider will talk directly with the Admitting Provider, who should have access to the ED Tracking Board, where 80% of the information is available.
- The inpatient provider will place the Patient Status Order (PSO). They fill out the required fields and then click **Initiate Now**, do not Plan this order. The patient flips from ED to IP. The FIN (encounter number) will stay the same.

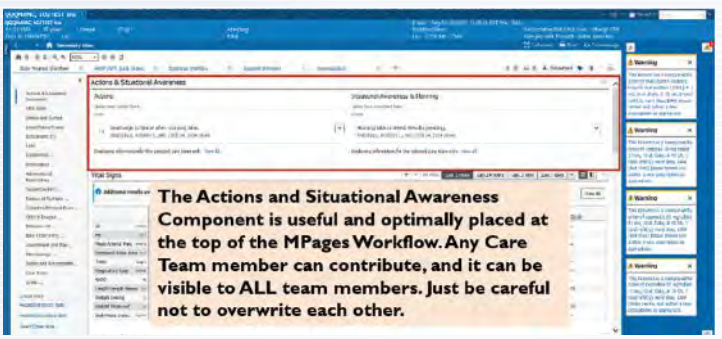
Making MHS Genesis work for you – Consultant to IP

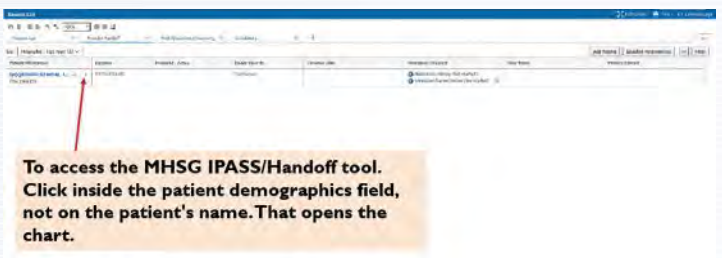
- Notification consult complete
- Assessment and Plan/Recommendations
- HPI/PE by Consultant
- Diagnostic testing results
- This can be accomplished simply by sending a copy of the note to any member of the inpatient care team for the patient (if that feature is working in MHSG)

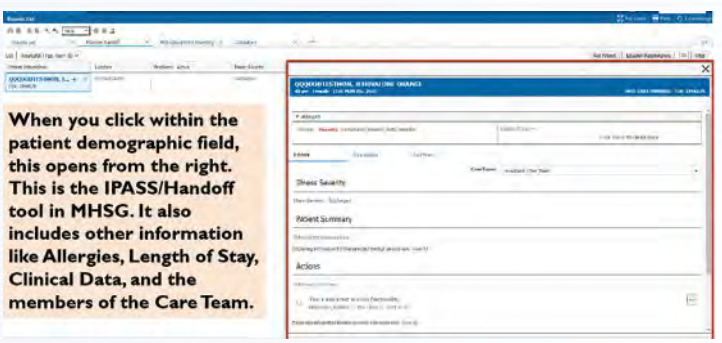


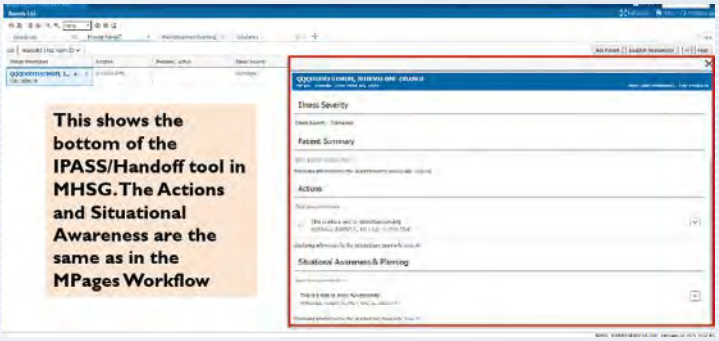
Making MHS Genesis work for you – IP Handoff

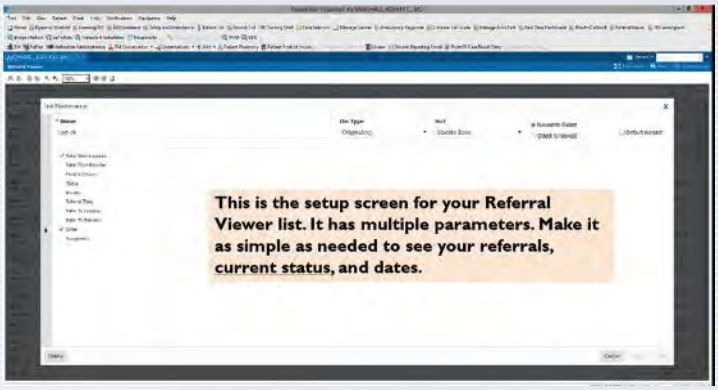
- Things to include in the handoff, all of which are available in MHSG (more or less)
  - SBAR info
  - IPASS info
  - Things to do
  - Nursing notes
  - Objective data



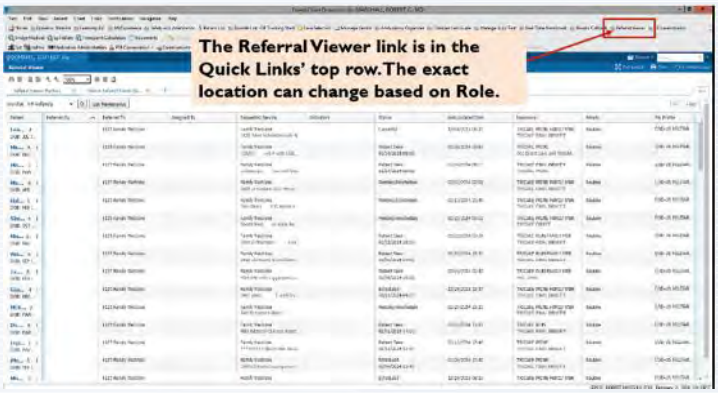


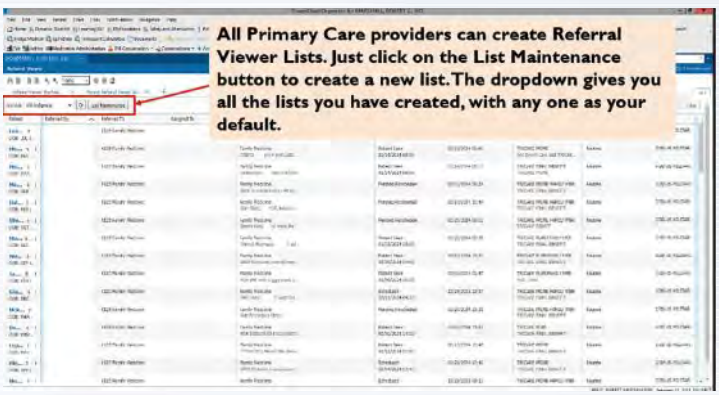






REFERRAL VIEWER





Operational Transitions of Care

Multiple Settings

- CASEVAC
- MEDEVAC
- Between Roles (anywhere within the Roles 1-4)
- Triage → FRSS/FST
- Anything you can think of Multiple Settings – Desired/needed information in the transition
- SBAR info
- Presumptive diagnoses
- Any treatment provided and outcomes
- Any diagnostic data – imaging/labs
- Formal CASEVAC/MEDEVAC content and format

As noted previously, an electronic format within JOMIS is still being developed.

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 Defense Health Agency, or the Department of the 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.

Michael J. Arnold, MD, MHPE, FAAFP
Naval Undersea Medicine Institute
mkcarnold@gmail.com

2025 USAFP Research Competition Recap!

This year came up aces in research! Our Research Competition at the USAFP Las Vegas meeting amazed me by stepping up from a baseline that was already so high.

We broke our own record with the numbers of submissions – 208 instead of our previous high of 192. The quality was simply incredible, with so many impressive contributions including two outstanding studies of contraceptive practices in the military.

Of the new record 208 abstracts submitted, we only had the space to allow 39 to compete in the research competition, including 19 presentations at the podium for a conference of more than 630 uniformed family medicine physicians and another 20 presenting juried poster presentations. We present the abstracts of all the winning presentations below. We are confident that these members will inspire another step forward in San Diego in 2026.

I also want to mention the Clinical Investigations Committee workshop at the conference. Our workshop on Grant Applications prepared attendees to apply for funding as they completed an application for the USAFP large research grant. Since we have up to $5,000 of funding available, we are hoping to be able to provide that money to teams who are ready to put that money to use in a project that is important to them.

This year, three research teams presented their Omnibus Survey projects in the research competition. Thanks to many of you, we were able to get 295 responses to this year's Omnibus Survey, so next year we will learn about how military FM physicians' approach pediatric behavioral health, pre-conception counseling, mentoring our enlisted colleagues and fertility awareness-based methods. Last year, we changed the Omnibus Survey submissions so that you can submit a proposal for a study at any time throughout the year. On November 15, 2025, we will judge the submissions to date for the Omnibus Survey in San Diego, but later submissions will be carried to the next survey.

We are still committed to the goal of publishing as much research from posters and presentations as possible. We know the research teams poured intense energy and time into their projects, and we are hoping to get them into journals and build the fine reputation of military Family Medicine! The paper required for the presentations is meant to be a rough draft for publication.

Our submissions for the research competition for San Diego 2026 open on **July 15, 2025**!

Thanks, Mike

The views expressed are those of the author and do not necessarily reflect the official policy or position of the Naval Undersea Medical Institute, Uniformed Services University of the Health Sciences, US Navy, US Department of Defense, or US government.

MEDICAL STUDENT CASE REPORT COMPETITION

Case Report – First Place Medical Student
2d Lt Sabrina Harms
Uniformed Services University
Tough Pill to Swallow: Case of Statin-Induced Myopathy

Case Report – Second Place Medical Student
ENS Kathryn Clulo[1], 2d Lt Kelly Yoon[1], MAJ Brian Lee[2]
[1]Uniformed Services University; [2] US Army Health Clinic Ansbach, Germany
Catching the Zebras: A Rare Case of Effort Thrombosis and Paget-Schroetter Syndrome in a Healthy Cadet

RESIDENT CASE REPORT COMPETITION

Case Report – First Place Resident
Capt Ana Capati
Travis AFB, CA/David Grant Medical Center
Silly Rabbit, PE's Aren't for Kids!

Case Report – Second Place Resident
Capt Nana Amma Sekyere
Travis AFB, CA/David Grant Medical Center
Needling Away at Tinnitus Revisited: A Case Series

Case Report – Third Place Resident (tie)
Capt Lindsay Matus[1], LCDR Emily Lipsky[2], LT Koren Schroeder[2]
[1]99th MDG, Nellis AFB, NV [2] Naval Hospital Camp Pendleton, CA
Stuck in a Bind: A Case Series on Uterine Incarceration

Case Report – Third Place Resident (tie)
CPT Paige Williams[1]
[1]Fort Cavazos, TX/Darnall Army Community Hospital
Non-invasive Prenatal Testing Caught That! Placental Mosaicism's Functional Consequences and the Tests that Catch it

MEDICAL STUDENT CLINICAL INVESTIGATION COMPETITION

Clinical Investigation – First Place Medical Student
2LT Nathan May
Uniformed Services University
The Prevalence and Impact of Adverse Healthcare Events Among Family Physicians: Is Peer Support a Critical Resource

RESIDENT CLINICAL INVESTIGATION COMPETITION

Clinical Investigation – First Place Resident
CPT Lisa Cruz
Joint Base Lewis-McChord, WA/Madigan Army Medical Center
Preventing Unintended Pregnancy and Meeting Contraceptive Needs in U.S. Army

Clinical Investigation – Second Place Resident
CPT Cora Blodgett
Fort Benning, GA/Martin Army Community Hospital
Practice Patterns Among Family Physicians Managing Weight Loss

Clinical Investigation – Third Place Resident
Capt Mary Swinton
Travis AFB, CA/David Grant Medical Center
The Incidence and Prevalence of Polycystic Ovary Syndrome in Active-Duty Service Members

STAFF CLINICAL INVESTIGATION COMPETITION

Clinical Investigation – First Place Staff
Maj Shelby Takeshita[1]
[1]Offutt AFB, NE/University of Nebraska
Factors Associated with Contraception Use Among Active - Duty Service Members at a Large Military Base

MEDICAL STUDENT CASE REPORT POSTER COMPETITION

Poster Case Report – First Place Medical Student
2LT Emma Gromacki[1]
[1]Uniformed Services University
Longitudinal Biometric Data Mapped to Heart Failure Functional Recovery

Poster Case Report – Second Place Medical Student
ENS Hannah Ortiz[1], ENS Stephen Scholl[1], LT Jeremiah Woods[2]
[1]Uniformed Services University [2] Naval Hospital Camp Pendleton, CA
Wheely Uncomfortable: A Nodular Pain in the Perineum

RESIDENT CASE REPORT POSTER COMPETITION

Poster Case Report – First Place Resident
Capt Luna Tsang
Travis AFB, CA/David Grant Medical Center
Too Much of a Good Thing: A Case Study of Metformin-Associated Lactic Acidosis

Poster Case Report – Second Place Resident
CPT Karen Zhu, CPT Cora Blodgett
Fort Benning, GA/Martin Army Community Hospital
Too Hot to Handle: Elevated Troponin in the Heat of Duty

Poster Case Report – Third Place Resident (tie)
Maj Cherie Ann Richards
Travis AFB, CA/David Grant Medical Center
Isolated Adrenocorticotropin Deficiency with Neuropathy: an Atypical Addition to an Atypical Ailment

Poster Case Report – Third Place Resident (tie)
CPT Marlee Kastner
Fort Benning, GA/Martin Army Community Hospital
Labor Dystocia and Bandl's Ring

STAFF CLINICAL INVESTIGATION POSTER COMPETITION

Poster Clinical Investigation – First Place
Capt Meghan Lewis, Megan McLaughlin, Elizabeth Kinnard, Zoe Soloman, Hongyan Wu, Tracey Koehlmoos, Dr. Paul Crawford, Lt Col Jeanmarie Rey, Elizabeth Lee
Joint Base Andrews, MD/need other locations
Missed Opportunities? Screening for and Diagnosis of Fetal Alcohol Spectrum Disorders by Family Physicians

Research Award Abstracts

Case Report 1st Place

SILLY RABBIT, PULMONARY EMBOLISMS AREN'T FOR KIDS!

Ana Capati, Capt, MD, 60th MDG Travis Air Force Base, California 94533

Luisa Sandoval, Maj, MD 60th MDG Travis Air Force Base, California 94533

Introduction: Current research indicates a significant underdiagnosis of pediatric pulmonary embolisms. This case portrays a 12-year-old female with a pulmonary embolism (PE) that initially presented with pneumonia and effusion.

Case: A stable 12-year-old female presented to the emergency department with a cough and pleuritic chest pain. A chest radiograph revealed pneumonia with effusion, and she was hospitalized with IV ampicillin-sulbactam. Although symptom improvement was seen, 2 weeks after discharge the pleuritic chest pain returned prompting a second visit to the ED. CT angiogram revealed a right lower lobe PE. The patient began low-molecular-weight heparin (LMWH), followed by 3 months of rivaroxaban. Two weeks later, her pleuritic chest pain returned, and imaging revealed a persistence of her PE, which prompted an additional 3 months of LMWH therapy. Hematology and rheumatology work-up revealed a diagnosis of triple positive antiphospholipid syndrome, necessitating long-term warfarin therapy.

Discussion: Pediatric PEs reported incidence is 0.3-1.4 per 10,000 children per year. However, current literature reveals this is underestimated as autopsy results show a 4% incidence. In a recent study, physicians considered the differential in only 15% of children with true PEs, as children typically exhibit overlapping symptoms with more common diagnoses. Currently, no validated tools exist to evaluate the risk for pediatric PEs and management is extrapolated from adult data. Whether our patient's PE was concurrent with pneumonia or developed during hospitalization, this case exemplifies a delay in diagnosis which could have life-threatening consequences.

Scholarly Question: What are the elements needed to develop a reliable pediatric-specific clinical scoring system for PE risk stratification?

Conclusion: This case highlights the complex presentations and underdiagnosis of PEs in children and the lack of a validated risk tool. Further research is necessary to identify key differences between initial presentation of pediatric and adult PEs to create accurate assessment tools for diagnosis.

Case Report 1st Place Medical Student

TOUGH PILL TO SWALLOW: CASE OF SEVERE STATIN-INDUCED MYOPATHY

Sabrina Harms, 2d Lt, Uniformed Services University of the Health Sciences, Bethesda MD 20814

Melissa Roberts, MD, A.T. Augusta Military Medical Center, Fort Belvoir VA 22060

Introduction: Statin-induced necrotizing autoimmune myositis (SINAM) is a rare but serious complication of statin use. While the hallmark symptom of SINAM is rapidly progressive proximal muscle weakness, it can present with extra-muscular manifestations or concurrently with other autoimmune conditions.

Case Presentation: A 69-year-old man with hyperlipidemia on atorvastatin presented with 2 weeks of progressive dysphagia, dysarthria, and weakness in proximal left-sided extremities. Labs were notable for transaminitis (AST/ALT 1230/562) and elevated creatinine kinase (CK 12,468). Brain imaging, abdominal ultrasound, and lumbar puncture were unremarkable. Swallow evaluation showed severe oropharyngeal dysphagia. MRI c-spine and chest demonstrated diffuse myositis; electromyography supported acute myopathy, especially in the proximal upper extremities. Autoimmune antibody panel showed elevated HMG-CoA reductase antibodies (114), antimitochondrial antibodies (177), and anti-smooth muscle antibodies (92), confirming a diagnosis of statin-induced necrotizing autoimmune myositis (SINAM) and raising suspicion for concurrent autoimmune hepatitis (AIH).

Discussion: Despite being widely used and largely well-tolerated, approximately 2-3 in 100,000 patients taking a statin will develop SINAM annually after developing antibodies to HMG-CoA reductase, the enzyme target of statins. Onset can occur days to years after statin initiation, most commonly with atorvastatin. SINAM typically presents with diffuse progressive muscle weakness, and SINAM patients are more likely to present with significant dysphagia than patients with other immune-mediated necrotizing myositis syndromes. Additionally, while patients commonly have extra-muscular manifestations, including significant transaminitis, only two prior reported cases confirmed concurrent SINAM and AIH.

Scholarly Question: How often does SINAM occur concurrently with other autoimmune processes?

Conclusion: Family Medicine physicians often encounter patients with unclear presentations, necessitating extensive work-up. This case highlights the benefits of a multidisciplinary approach when treating rare and complex diseases, especially when multiple concurrent disease processes overlap. SINAM should be considered in all patients taking a statin who present with progressive proximal muscle weakness and dysphagia.

Case Report 2nd Place

NEEDLING AWAY AT TINNITUS REVISITED: A CASE SERIES

Nana Amma Sekyere, Capt, MD 60th AMW, Travis Air Force Base, California, 94535

Xenia Gonzalez, Capt, MD 60th AMW, Travis Air Force Base, California, 94535

Melinda Ng, Capt, MD 60th AMW, Travis Air Force Base, California, 94535

Brent Feldt, Col, MD 60th AMW, Travis Air Force Base, California, 94535

Introduction: The prevalence of tinnitus is estimated to be between 10% to 15% in the United States. It is the most common service-connected disability among veterans (8%) with an increasing incidence among active-duty members. We present a case series of treating tinnitus with auricular acupuncture after promising results in our 2024 case report.

Case Presentation: Four patients including retirees and dependents completed our auricular electroacupuncture protocol involving placing acupuncture needles in the ears bilaterally, filling the outer ear with saline, and applying electrical stimulation. All patients reported at least a five-year history with tinnitus. Three of the patients were treated with once weekly sessions over four weeks. One patient had more time between treatments but did receive all four. Three of the patients decreased from moderate (38-56) to mild (18-36) on the tinnitus handicap inventory (THI). One patient decreased from severe (57-77) to moderate (38-56).

Discussion: This case series demonstrates improvement of tinnitus using our auricular electroacupuncture protocol as seen in the 2024 case report. Compared to current literature, patients showed categorical decreases in THI scores after 4 weeks versus 8 weeks or more, suggesting a less frequent treatment schedule may be effective. This protocol can be accomplished within a 30-minute appointment by an acupuncture physician with low adverse effects and cost. The mechanism of tinnitus is unknown, making the treatment difficult. We present a possible strategy which may aid future research in elucidating a mechanism and further treatment options.

Scholarly Question: What study protocol should be used in a randomized clinical trial that evaluates the efficacy and safety of this novel electroacupuncture treatment?

Conclusion: Tinnitus is a debilitating chronic condition with a growing incidence in the military community. Treatment options are limited and not always effective. This auricular electroacupuncture protocol may have potential, but further research is needed.

Case Report 2nd Place Medical Student

CATCHING THE ZEBRA: A RARE CASE OF EFFORT THROMBOSIS AND PAGET-SCHROETTER SYNDROME IN A HEALTHY CADET

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Introduction: Paget-Schroetter syndrome (PSS) is a rare form of effort-induced thrombosis (yearly incidence of 1-2 per 100,000 people), arising from compression of the subclavian vein at the thoracic outlet. We report a case of PSS in an otherwise healthy cadet after an acute, atraumatic episode of compression, resulting in the development of an upper-extremity thrombosis.

Case Presentation: A 21-year-old male cadet presented to sick call with two days of left arm swelling, redness, and mild discomfort which he attributed to an unusual sleeping position. On exam, the left arm was unilaterally cooler with subtle swelling and discoloration but with equal pulses bilaterally and no neuromuscular deficits. An urgent contrasted chest CT revealed left subclavian artery stenosis, concerning for thrombosis. The patient was hospitalized and diagnosed with PSS requiring anticoagulation therapy and mechanical thrombectomy. He later underwent definitive treatment with a first rib resection. He recovered well, returned to full duty, and commissioned on time.

Discussion: Paget-Schroetter syndrome is a serious condition where missed or delayed diagnosis can lead to permanent disability. Literature review shows PSS in a military setting is rare (<5

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case reports) and is initially misdiagnosed. This case was initially misdiagnosed during sick call as a shoulder sprain through Algorithm Directed Troop Medical Care (ADTCM) but fortunately referred to a physician for further same-day evaluation. Since many military units utilize standardized clinical protocols, continuous education and avoiding provider fatigue in a primary care setting is essential.

Scholarly Question: How can serious diagnoses with subtle presentations be integrated into military medical triage to ensure appropriate medical decision making?

Conclusion: PSS is a rare diagnosis which requires a timely diagnosis to avoid potentially medically-disqualifying and fatal outcomes. In the military, a provider may not always be available during initial evaluation. Increasing awareness and updating military treatment algorithms will improve patient outcomes through prompt diagnosis of PSS.

Case Report 3rd Place

STUCK IN A BIND: CASE SERIES ON UTERINE INCARCERATION IN PREGNANCY

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Introduction: Uterine incarceration is a lesser known, but important, obstetric complication occurring approximately 1 in 3,000 pregnancies.1-5 This report presents two compelling cases of pregnant women diagnosed with uterine incarceration, offering valuable insights into its presentation, diagnosis, and treatment.

Case Presentation: A 30 year old G2P1001 with a prior cesarean delivery presented at 12 weeks gestation with symptoms of acute urinary retention. Bimanual exam and transvaginal ultrasound confirmed an incarcerated uterus. Passive and manual reduction were attempted in office but were unsuccessful. External manual reduction was achieved in the operating room (OR) under anesthesia. Similarly, a 22 year old G1P0 at 16 weeks gestation presented with pelvic pain and difficulty urinating. Exam and pelvic ultrasound revealed marked anterior displacement of the cervix and a large lower uterine segment fibroid measuring 9.3cm. She was taken to the OR for successful manual reduction with transvaginal probe and pessary placement by the OB/GYN physician.

Discussion: The lack of standardized protocols complicates uterine incarceration diagnosis and treatment. These cases highlight the challenges in diagnosing and managing uterine incarceration during pregnancy, particularly in patients presenting with urinary retention and pelvic pain. Early intervention, including manual reduction, is critical for preventing complications, as conservative measures may not always be effective.

Scholarly Question: What potential risk factors may predispose a pregnant woman to the development of uterine incarceration?

Conclusion: Uterine incarceration is a rare but serious condition that requires prompt intervention. While risk factors like uterine anomalies and prior surgeries contribute, its occurrence likely involves a combination of factors. Family medicine physicians can play a crucial role in early detection and management, particularly in settings with limited access to obstetric specialists.

Case Report 3rd Place

NON-INVASIVE PRENATAL TESTING CAUGHT THAT! PLACENTAL MOSAICISM'S FUNCTIONAL CONSEQUENCES AND THE TESTS THAT CATCH IT

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Introduction: This case report highlights an antenatal course after a chromosomal mosaicism was found on expanded non-invasive prenatal testing (NIPT), how this guided antepartum monitoring, what was discovered through surveillance testing, and delivery timing.

Case Presentation: A 37-year-old Dutch native G3P0020 female with history of two previous early spontaneous abortions and hypothyroidism underwent aneuploidy testing that was negative in first trimester. An expanded NIPT completed in the Netherlands showed a chromosome 7 trisomy. Subsequent amniocentesis indicated normal fetal testing but a confined placental mosaic chromosome 7. Surveillance ultrasounds showed placental abnormalities in early third trimester including a placental hematoma and umbilical vein varix (UVV). Pre-term delivery occurred when a UVV thrombosis was discovered.

Discussion: Expanded NIPT allowed for a chromosomal aneuploidy to be discovered triggering follow-on diagnostic testing (amniocentesis) to better understand origin—fetal vs placental. Current literature shows confined placental mosaicisms are often implicated in fetal structural abnormalities and growth restriction, specifically chromosome 16. However, chromosome 7 has not been implicated in placental anomalies as highlighted in this case. We postulate that expanded NIPT avoided adverse fetal outcomes in this patient's course as earlier surveillance ultrasounds occurred due to confined mosaic placental aneuploidy which ultimately led to discovery of UVV varix and subsequent thrombosis.

Scholarly Questions: Does a confined placental mosaicism in chromosome 7 cause placental and/or umbilical cord abnormalities as suspected in this case? Should the Department

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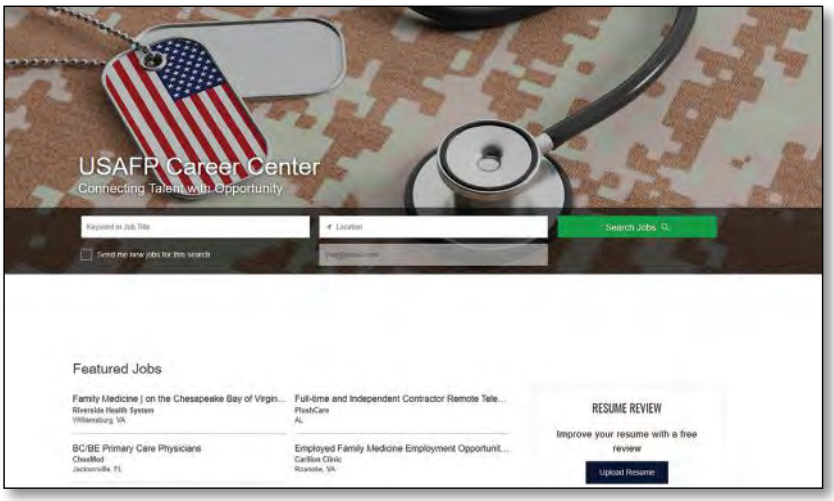
USAFP Career Center

Your Hub for Physician Employment Opportunities Across the Country



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

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

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

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

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of Defense (DoD) consider expanded NIPT in all patients requesting genetic screening?

Conclusion: Family medicine physicians are utilizing NIPT for genetic screening across the DoD, but use of expanded NIPT is uncommon. Therefore, we believe this case report to be a vital example of how this new technology may not just be for discovering typical fetal aneuploidies and carrier status, but for monitoring of placental state to ultimately guide delivery timing.

Clinical Investigation 1st Place Medical Student

THE PREVALENCE AND IMPACT OF ADVERSE HEALTHCARE EVENTS AMONG FAMILY PHYSICIANS: IS PEER SUPPORT A CRITICAL RESOURCE?

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CO-AUTHORS: ABSTRACT: MAJ Elyse Fiore Pierre, MD CAPT Monica Lutgendorf MD Jeffrey L. Goodie PhD Jeanie Kim MPH

Introduction: A 2013 systematic review reported 10-43% of clinicians have experienced secondary trauma symptoms after adverse healthcare events, and 90% of physicians report being inadequately supported after an event. This survey assessed secondary trauma symptoms among uniformed Family Medicine physicians after adverse healthcare events. It examined prevalence, impact, and the effectiveness of post-event peer support and other resources.

Methods: a. Design: Cross-sectional survey. b. Setting: 2024 USAFP Conference. c. Study Populations: 318 of 622 uniformed Family Physicians (USAFP members) at the conference (51.1% of target population). d. Intervention(s): No interventions were made.

Main Outcome:

Measure(s): (1) Prevalence of secondary trauma symptoms following an adverse healthcare event; (2) Effectiveness of peer support and other resources on symptoms. f. Statistical Test(s) Used: Descriptive statistics for categorical variables. Chi-square test and Odds Ratio for non-parametric group comparisons.

Results: Among the 318 respondents, 211 (66.3%) reported experiencing an adverse healthcare event that resulted in secondary trauma symptoms, and 63.5% reported using informal peer support more than other resources. Respondents who reported that peer support was among the resources they accessed had 4.45 times the odds (OR = 4.45; 95% CI: 2.34, 8.46) of reporting that the resources they used resulted in symptom improvement, compared with those who used resources other than peer support. ($\chi 2(1, N = 207) = 22.15$; $p<0.0001$). Respondents agree they would be more likely to offer peer support if they had completed peer support training (64.2%), and that they would more likely seek peer support from a peer who had training (56.9%).

Conclusions: Secondary trauma symptoms are common after adverse healthcare events among uniformed Family Physicians. Implementation of standardized peer support training across the MHS could optimize peer support among physicians and healthcare workers who would offer and seek it after adverse healthcare events.

Clinical Investigation 1st Place Resident

PREVENTING UNINTENDED PREGNANCY AND MEETING CONTRAPCETION NEEDS OF THE U.S. ARMY

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Introduction: Effective contraception is essential for Active-Duty Service Women (ADSW), most of whom are of reproductive age and at risk for unintended pregnancy. In this study, we use the Periodic Health Assessment (PHA) to identify contraception needs within the Military Health System (MHS). Methods Design- Retrospective cohort from August 31, 2021 to August 31, 2023 Setting- MHS Study Populations- ADSW completing two PHAs during the study period (N=23,015). Inclusion criteria: female sex, 18-46 years, and need for contraception (N=10,679). Need for contraception was defined as sexually active women with a uterus, who do not plan to conceive over the following 12 months. This was further divided into a "met" or "unmet" need. A met need was defined as use of sterilization, long and short-acting reversible contraceptives, or barrier methods. An unmet need was defined as those not desiring pregnancy and not using contraception.

Outcomes: Data was analyzed from PHAs, electronic health records, and pharmacy records.

Main Outcome Measure: Prevalence of reproductive-aged ADSW with need for contraception who are on (needs meet) or not on (needs unmet) contraception. Statistical Tests Used- R statistical software was used. Univariable and multivariable logistic regression analyses were performed based on individual demographics.

Results: Overall prevalence of unmet needs was 18.3%. Junior Officers were 2.24 times (95% CI: 1.89–2.64) more likely than junior enlisted to have contraception needs met after adjusting for other factors. Black/African American ADSW had significantly lower odds (0.57; 95% CI: 0.50-0.65) of having their needs met compared to their non-Hispanic White counterparts. An unmet need was associated with increased risk of unintended pregnancy (adjusted OR=2.46, 95% CI=2.10-2.88).

Conclusion: One in five ADSW had gaps in contraception over 12 months. The military may consider using the PHA and other proactive strategies to address this issue.

Clinical Investigation 1st Place Staff

FACTORS ASSOCIATED WITH CONTRACEPTION USE AMONG ACTIVE DUTY SERVICE MEMBERS AT A LARGE MILITARY BASE

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Introduction: Active duty service members (ADSM) experience higher rates of unintended pregnancies than the general population. The military has implemented programs to improve access to sexual and reproductive health services (SRH) but barriers to care persist. This study sought to identify factors that influence use of SRH among ADSM.

Methods: Design: Anonymous survey, Setting: Large Air Force Base, Study Population: ADSM, Interventions: None

Main outcome measures: Contraception use, SRH outcomes and barriers

Statistical Tests: Descriptive statistics, logistic regression analysis

Results: Of 1,077 participants (72% male, 61% <25y), 49% reported intercourse that could result in pregnancy in the past 3 months, 53% reported they or their partners used any type of contraception in the past year, and 22% reported they or their partners used emergency contraception (EC) in the past year. Overall, 51% of those who sought SRH reported barriers, such as feeling judged, lack of knowledge of available services, difficulty booking appointments, or work schedules. Female ADSM were more likely to seek SRH (OR=4.29, 95%CI 3.13-5.87) and experience barriers receiving SRH (OR=1.79, 95%CI 1.25-2.55) than male ADSM. ADSM who experienced barriers getting SRH (OR=1.64, 95%CI 1.10-2.46) or believed receiving SRH could harm their careers (OR=3.68, 95%CI 1.88-7.20) were more likely to have used EC than those who did not.

In multivariable logistic regression analysis of those with history of sexual intercourse, adjusting for race, ethnicity, use of a military clinic, and current contraceptive use, EC use by an ADSM (or partner) during the last year was associated with being <25 years old (aOR=2.83, 95%CI 1.68-4.75), believing that seeking SRH could negatively impact their career (aOR=4.26, 95%CI 1.51-12.02), and reporting barriers to SRH (aOR=1.65, 95%CI 1.01-2.74).

Conclusions: ADSM commonly perceive judgment and systemic barriers when accessing SRH. ADSM may benefit from efforts to destigmatize SRH and facilitate access to patient-centered SRH.

Clinical Investigation 2nd Place Resident

PRACTICES PATTERNS AMONG FAMILY PHYSICIANS MANAGING WEIGHT LOSS

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Introduction: Obesity is a leading contributor to chronic disease and prevalence continues to increase. Although behavioral interventions for obese adults have been encouraged, studies indicate that long-term weight loss from lifestyle interventions alone is limited. Evidence suggests combining pharmacological and surgical management with lifestyle intervention improves short and long-term outcomes. Family medicine physicians are vital to managing obesity; thus, it is crucial that family physicians provide comprehensive, evidence-based weight loss management plans. This study assesses practice patterns and barriers to weight loss management in military family physicians.

Methods: Design and Setting: Cross-sectional study using voluntary, anonymous data from the 2024 USAFP Annual Meeting Omnibus Survey ; Study Population: USAFP meeting attendees; Intervention: None

Main outcome measures: Level of training and current practices of military family physicians

Statistical analysis; Descriptive characteristics and chi-square tests

Outcomes: The response rate was 63.2% (n=387). Only 38% of respondents discuss all lifestyle, pharmacological, and surgical options during obesity management visits. Respondents who discuss all options for weight loss are 3 times more likely to offer medications at an initial visit compared to providers who rarely discuss all options ($p<0.01$). Medical school graduates after 2014 are more likely to discuss medications at initial visits for weight loss and more likely to offer medications before patients mentioned them than pre-2014 graduates ($p<0.001$, p-0.015). Only 17% of respondents correctly chose all qualifying characteristics for anti-obesity medications according to the ACC/AHA/TOS guidelines; there was a statistically significant association between history of dedicated training on weight loss medications and ability to choose appropriate candidates ($p<0.001$).

Conclusion: Majority of military family physicians do not correctly identify patients for guideline-based anti-obesity pharmacological management. Approach to obesity treatments varies among physicians, and practice patterns continue to favor lifestyle interventions alone, despite evidence against this practice.

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Clinical Investigation 3rd Place Resident

THE INCIDENCE AND PREVALENCE OF POLYCYSTIC OVARY SYNDROME IN ACTIVE-DUTY SERVICE MEMBERS

Mary Swinton, DO 1; Megan N Parker, MS 2; Jennifer A. Thornton, PhD 3,4; Kevin W. Sunderland, PhD 3,4; Rick Brydum 5; Wendy Funk, MS 5; Veronika Pav, MS 5,6; David A. Klein, MD, MPH 1,7,8

Affiliations:

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Introduction: Polycystic ovary syndrome (PCOS), the most common endocrinological disorder in people who menstruate, is a chronic condition that can affect the health of active-duty service members (ADSM) and negatively impact military readiness, deployability, retainability, and career progression. This study aims to describe the incidence and prevalence of PCOS in ADSM females.

Methods: Design: Retrospective cohort study of TRICARE Prime insurance records with a PCOS- related ICD-10 code accessed from the Military Health System Data Repository.; Setting: Military Health System, 2018 to 2022.; Study Populations: ADSM females enrolled in Tricare ≥6 months/year. Interventions: None.

Main Outcome Measures: Incidence, Prevalence.

Statistical Tests Used: Descriptive statistics, Jonckheere–Terpstra test for trend.

Results: During the 5-year surveillance period, 11,776 ADSM received a diagnosis of PCOS (White 55%, African American 30%, Hispanic/Latina 16%; 41% aged 22-27; 86% enlisted, 12% officers). A total of 4,007 cases were Air Force, 3,518 Army, 3,590 Navy, 545 Marines, and 364 Coast Guard. The crude overall incidence rate ranged from 0.61% in 2018 (61 cases/10,000 person-years) to 0.84% in 2022 (84 cases/10,000 person-years). The change in incidence rate was not statistically significant (p=.14). The prevalence of PCOS increased from 1.9% in 2018 (1.9 cases/10,000 person-years) to 3.6% in 2022 (3.6 cases/10,000 person-years). The increase in prevalence rate was statistically significant (p=.01).

Conclusion: Approximately 4% of female ADSM received a diagnosis code indicating PCOS. During the study period, about 1% of female ADSM received a new diagnosis of PCOS each year. Management of PCOS and its well-established associated health conditions (e.g., obesity, type 2 diabetes) may be difficult in the context of military stressors (e.g., lack of leadership understanding, weight management expectations, and military physical standards). Future research is needed to determine the health status of ADSM with PCOS to guide resource allocation, improve health, and boost military readiness.

Spouse Spotlight

NAME: VALERIE HU

CURRENT DUTY STATION: FORT BRAGG, NC

SPOUSE/CHILDREN: COLLIN HU, ISABELA (5), SOFIA (3)

When did you start dating seriously/get married to your family physician in their career?

Collin and I met and started dating during his 3rd year in medical school. We got married during his 2nd year in residency. We had a quick weekend honeymoon, and then it was right back to work for him!

What is one of your greatest joys in being a spouse?

Aside from being Collin's wife, my greatest joy has been being a part of this fantastic military community. There are challenges, but when we decided when we got married that we were going "all in" and trying for retirement, our attitudes shifted from "have to" to "this is an opportunity." I think our family has a tighter bond because every move or change we make has one constant—each other.

Being able to talk to new spouses about the difficulties and uncertainties that I remember at each stage has also brought me joy. I want spouses to be excited to support their partners but also to find fulfillment in participating and contributing in their own way.

What is one of the biggest challenges you've faced?

Finding friends. After deciding to leave my career as a nurse and become a stay-at-home Mom for 5 years, I was surprised at how difficult it would be to find friends! Despite this, the friends we have made have truly become family, and now we have family across the world!

Most fun/unique experience?

Moving to the West Coast was such a great experience for our family. I had only ever imagined myself living on the East Coast. Coming from a tight-knit family, I was worried about moving across the country, but because of modern technology, it didn't feel like we were so far. It also made seeing our families more special during holidays and vacations.

What advice would you give to future spouses/supporters?

Find something good in every duty station and every season of life. Also, getting plugged into the local community as quickly as possible is a game-changer in feeling like we belong.

committee report
EDUCATION

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THE YEAR AHEAD

The days and weeks following the Annual Meeting always remind me of the start of a new year. We've celebrated the hard work and dedication of the prior year, and now it's time to set our resolutions for what's to come.

As the Education Committee prepares for the year ahead, we want to solidify our commitment to providing quality USAFP members with Continuing Medical Education opportunities, as well as resources and materials to improve members' ability to teach and train others.

To this end, we will be continuing to offer three Knowledge Self-Assessments (KSAs) though American Board of Family Medicine (ABFM) throughout the year – two virtually in the fall and winter and one at the next Annual Meeting. Registration information will be shared in the next newsletter and put out through USAFP communication channels. Our goal is to make the ABFM recertification process fun and educational while giving members a chance to gather and commune with some friendly competition, despite our geographic distances. We will also be looking for ways to increase our offerings to include military skills sustainment and life support trainings.

Quarterly newsletter articles will rotate their focus on board certification tips, evidence-based medicine resources, and faculty development topics, as well as pearls from our new Point-of-Care Ultrasound Chairs, MAJ Alix Farmer and MAJ Aaron Jannings. See MAJ Jannings' first POCUS Pearls in this newsletter!

TIPS FOR UPCOMING RESIDENCY GRADS

Graduation season is soon upon us, with a new cohort of graduating residents ready to begin the next step in their careers. Whether you will be moving on to an operational position, clinic job, or faculty role, there will be new hurdles and challenges to prepare for. Below are a few simple reminders to ease that transition regardless of your next step:

1) **Know your resources.** This is two-fold. First, know the people you can look to as resources. Keep in touch with your faculty, peers, and mentors so that you can ask them for help when needed. Also identify who your best local resources will be. Which NCO can help you get what you need and keep you squared away on your military bearing? Which nurse can make sure you know the processes and policies? Who from IT or scheduling can help answer those questions no one else can? Making yourself useful to them can only help you in the long run.

   Similarly, know where to find your Service, MTF, or clinic policies that will serve as your clinical and operational resources. Keep your Service-specific medical readiness policies on your desktop. Know where to look to find current SOPs, phone numbers, and community offerings. If you'll be faculty, familiarize yourself with ACGME requirements and milestones. The list goes on. While you await your credentials, use your time wisely to sort out your resources.
2) **Manage your plate.** Everyone is excited for the next new person to arrive so that they can start unloading the additional tasks they've been covering. That will only increase as you get settled and people recognize you as competent and capable. Learning how to manage your plate is a skill. While people frequently say that "no is a complete sentence" (and it is), that doesn't always feel true, especially in the military. Two recommendations: (1) Task a trusted mentor with helping you to identify what opportunities you can and should say no to. (2) Develop your "no" scripts – ways to say "no" in a way that's easier for others to swallow; for example, "Ma'am, I can absolutely be the POC for that project. It looks like the timing may conflict with this other task. Which would you like me to keep as the top priority, and which would you like to assign elsewhere?"
3) **Keep your own tracker(s).** Between being a Military Officer and a physician, your list of trainings, certifications, and due dates will feel endless. You likely had someone sending you reminders throughout residency, but that may not be the case in your next job. Be prepared to set the example. Create a tracker to stay up to date on your military trainings, your own medical readiness, life support trainings, credentials, licensing, and board certification. Ensure you have a process that works for you. Ask your mentors what works for them to see if you want to adopt their methods. Managing your own readiness is one of the easiest ways to gain the trust and confidence of your unit.

These subtle tips may seem obvious, but as you start getting inundated with tasks and overwhelmed with being suddenly "on your own," pause to prioritize these elements to get yourself back on track.

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 Defense Health Agency, or the Department of the Army.

POCUS Pearls

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Point-of-Care Ultrasound (POCUS) can be a daunting subject for a Family Medicine Educator who had limited experience during training. Never fear! Teaching POCUS is very different than actually doing POCUS. Most of the technical details, required images, and pathological findings are available from inexpensive or free textbooks and online resources. As an educator, the majority of my input to learners is on HOW to acquire the best image to allow for accurate assessment rather than WHAT we're looking at.

A recent article from our Emergency Medicine colleagues describes a simple framework that closely mirrors what I do when teaching and can be used as a prompt to guide learners in acquiring high quality ultrasound images. The Directed Image Review Technique (DIRT) framework utilizes the mnemonic "WORMS," reminding us to consider Window, Optimization, Relevant Anatomy, Maladies, and Synthesize when teaching POCUS.[1] The first three – Window, Optimization, and Relevant Anatomy – require minimal skill with an ultrasound machine (by my count, no more than six buttons/knobs!!), so throughout the next several newsletters, we'll focus on those. Using W-O-R, we can prompt our learners to acquire high quality images by identifying the following in a systematic way: Probe, Preset, Window, Depth, Gain, Focal Zone, Target Anatomy, and Artifacts. You can look forward to this POCUS Pearls series as we'll delve more deeply into each, hopefully providing you with more tools to guide your POCUS learners!

REFERENCE

1. Broadstock AT, Baez J, Minges PG, et al. Directed image review technique (DIRT): A framework for ultrasound image assessment and interpretation. *AEM Educ Train.* 2024 Oct 22;8(5):e11063.

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USAFP Mentorship Program is LIVE!

As promised, the USAFP Mentorship Website is live! This project started with CAPT Adam Saperstein and his team almost a decade ago, and we have revitalized this website with the help of the USAFP staff!

We advertised at the Annual Meeting, and we need **more junior members (including medical students)** who desire mentorship to sign up so we can match them with the amazing mentors who have signed up!

How does it work? Simply scan the QR Code and fill in your information on the website. The website also has resources for mentorship on the main page (for the Mentee, the Mentor, and A Guide to a Mentoring Relationship).

The website will "match" mentors and mentees based on the input, and the service-specific mentorship director will confirm the match. You will then receive a confirmation email!

When will I hear back? We have a team of representatives from each service who will be monitoring for input for both mentee and mentor requests. Please reach out to mentorship@gmail.com if you want a status update!

How long does this mentoring relationship last? The goal is for the mentoring relationship to last until the next annual meeting. If you would like to continue the relationship on your own, you are welcome to; otherwise, you can mentor or mentee someone new the next year!

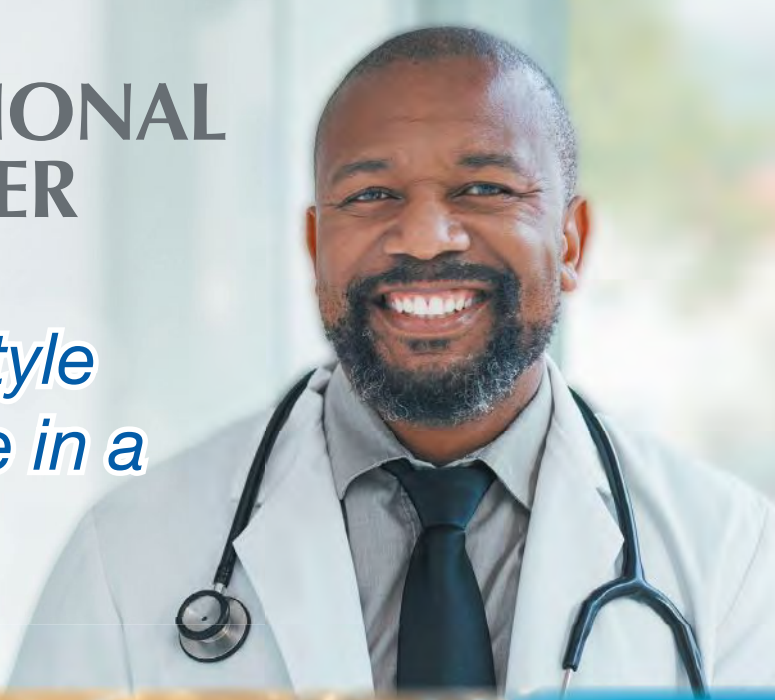
What are you waiting for? Pull out your phone and get mentored!

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 Defense Health Agency, or the Department of the Army.

Figure 1. USAFP Mentorship Website

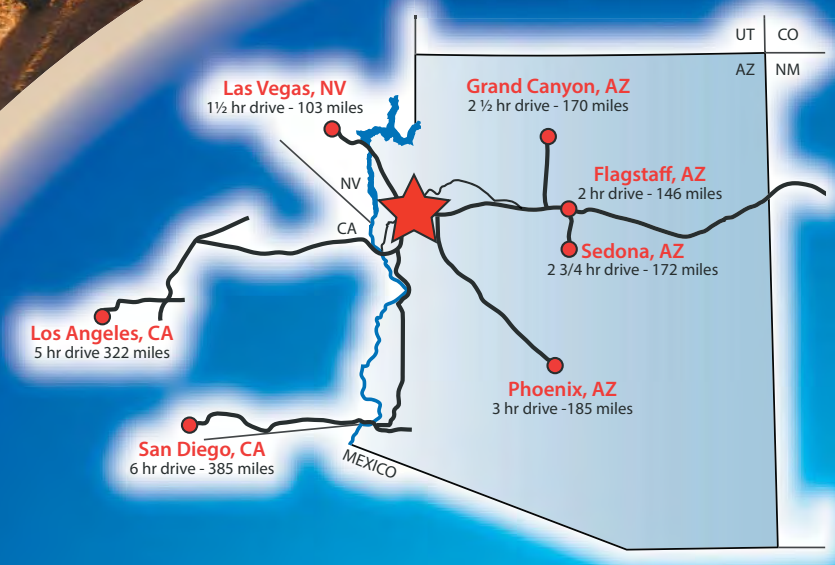
Figure 2. USAFP Mentorship Website

KINGMAN REGIONAL MEDICAL CENTER



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

Kingman, Arizona at the Center of Everything.



azkrmc.com/careers

Maximizing Alternative Treatment with Acupuncture in Operational Medicine

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Roselyn Clemente Fuentes, MD, FAAFP
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Acupuncture has been around for hundreds of years, and yet there is still so much unknown about this form of Eastern medicine within our Western medicine training. "Voodoo", "witchcraft", "magic": that's usually the feedback we receive from patients, but they continue to come back for repeat treatments because it can work. As flight surgeons, acupuncture has a unique role for treatment in flyers and those in special duty status. Our job as flight surgeons is to ensure safety of flight. This can be interpreted broadly to include underlying conditions, medications, procedures, personal circumstances, etc. In medicine we are fluent with medications, but nothing in medicine is benign. Considering side effects from pharmacotherapy is important and critical in the aviation world. When a flyer sits on the exam table and asks for other options for treatment besides medication, the physician has a perfect segway for discussing acupuncture. While including acupuncture as an adjuvant option for most conditions, there is a certain level of buy-in required from patients before suggesting stabbing them with needles.

After completing initial acupuncture training (about 300 additional hours while in residency), both authors were honestly skeptical, but we have grown to use it more and more throughout our practice as flight surgeons. The first author sees flyers on both fighter and cargo air frames while the second author cares for special operators and has tailored treatments to what can be squeezed into clinic time with maximal efficacy. It is important to note that acupuncture should be used after the appropriate medical workup has been completed for a condition. For example, if someone presents with acute low back pain, acupuncture can be discussed after red flag symptoms have been excluded and a good physical exam is completed to rule out the need for further imaging or specialty care.

Treatments are limited to clinic space, scheduling and provider availability. As the only Flight Surgeon offering full-scope acupuncture through the Flight Medicine clinic spanning two bases and five Major Commands, Major Berberich finds herself in high demand. She is fortunate to have the flexibility to maximize and make her own schedule, working directly with the patients. Obtaining appropriate training is critical to understand needle insertion technique, how to find points, and when a protocol is indicated or not indicated. There are over 300 somatotopic points in the ear and knowing where certain points are and how to find them can make the difference between an effective treatment and an ineffective treatment, potentially rendering patients in more pain that when they presented (see Figure 1).

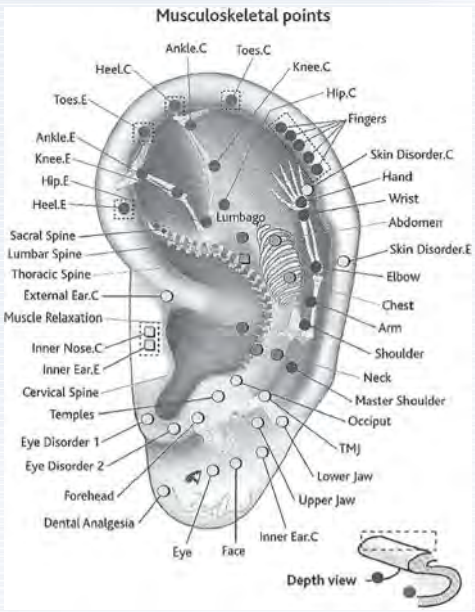

Figure 1. Example of Auricular Acupuncture Chart with Common Points[1]

Over the past years we have developed relationships with our flyers, and they have felt more comfortable sharing emotional and traumatic experiences, as well as becoming more receptive to the idea of acupuncture. Not all trauma is combat-related, but this does not negate the indication for potential treatment. Musculoskeletal injuries prominent amongst loadmasters and fighter pilots constitute a majority of indications for acupuncture along with emotional changes and trauma experiences. Below is a list of the most common treatments performed:

- Periosteal: sacrum (sacroiliac joint pain), shoulder (acromioclavicular joint pain), hip (osteoarthritis pending hip replacement)
- KB1: s/p anterior cervical discectomy and fusion of C4-5/5-6 w/ median nerve neuropathy
- GV-26: acute low back pain
- 2-needle technique: trigger points/trapezius spasms
- Kaufman cocktail: anxiety
- Internal and External Dragons: Trauma Protocol for Post Traumatic Stress Disorder and trauma processing
- Auricular w/ Auricular Semi-Permanent (ASP) needles: somatotopic and nicotine addiction

New Medical Standards guidance requires a 2-hour ground trial, and depending on aviation duties, auricular needles may not be approved. Otherwise, acupuncture can be another "tool in the tool chest" for flyers, controllers, and any active-duty member.

Patient education is important. It is easy for the non-medically trained to assume that all acupuncture is dry-needling, and ensuring patients know the difference in treatments and who can provide them is critical for efficacy of everyone's time and appropriate treatment of the condition. Battlefield Acupuncture (Fig. 2) is a great resource but has certain treatment and training limitations; once trained, this is an easy option for Independent Duty Medical

Technicians and Flight and Operational Medical Technicians to offer patients on a walk-in basis, removing additional patient load from Flight Surgeons, Aeromedical Physician's Assistants, and Aeromedical Nurse Practitioners.

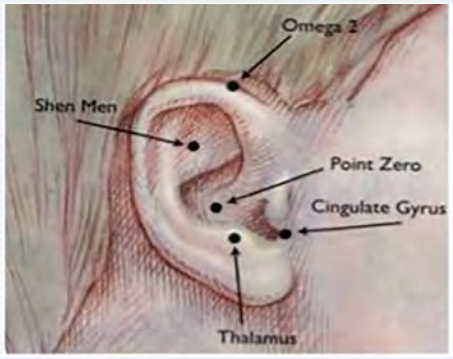

Figure 2. The five ear points used in battlefield acupuncture. (Illustration courtesy of Niemtzow, et al.)[3]

Acupuncture equipment can be tailored to each flight surgeon, but if newly trained and looking for basic equipment and supplies (Fig. 3), below is an example of what can be used as a small, portable, yet effective starter kit:

Acupuncture Starter Kit
Acupuncture E-stim device (2 – some protocols will require multiple different frequencies requiring multiple cables per device)
Point Finder Plus (regular point finder will do, but the Point Finder Plus can tonify certain points)
Spring-10 Needles
40mm needles (no plastic for stim use)
60mm needles (no plastic for stim use)
KB needles (longer needles to reach KB-1 and KB-2 points)
Gold ASP needles (Gold is preferred over Silver for optimal chi)
Acupuncture references: homunculus card, common protocol acupuncture point maps, phone applications

If interested in taking a military medical acupuncture course, contact your Program Director or Chief Medical Officer. The most common course that has an annual call for scholarships in the Air Force is the Helm's medical acupuncture course (https://hmieducation.com/). Ensure enough hands-on practice, and with the training and enough time, you could earn a Special Experience Identifier code in the Air Force as well! Acupuncture is an easy and efficient complementary treatment option to help increase return to fly and return to duty rates, while simultaneously decreasing medication use.

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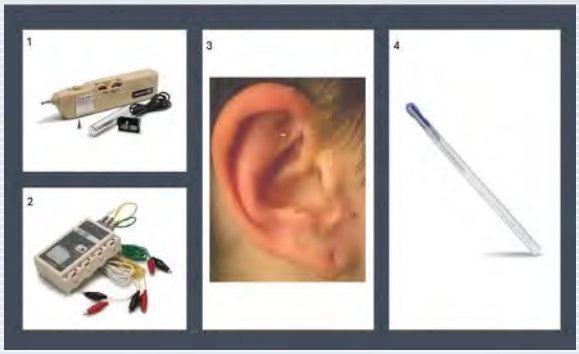

Figure 3. 1) Acupuncture E-stim device, 2) Point Finder Plus, 3) Gold ASP needles, 4) Spring-10 Needles from https://www.lhasaoms.com/[4]

The views expressed herein are those of the authors and do not reflect the official policy or position of the Department of the Air Force/Army/Navy, the Department of Defense, or the U.S. Government. Products shown are meant to be examples and not to be considered an endorsement of specific products. There are no financial disclosures or conflicts of interest for the authors.

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Join Our Team

Greetings from the Practice Management (PM) Committee! Our commitment to patient care led us to Family Medicine. Over time, we recognized that the essential components of quality medical care extend beyond basic and clinical sciences and involve navigating the intricate healthcare delivery system.[1] Initially, in undergraduate and graduate medical education, some key aspects of providing care to patients in our complex system may not be overtly identified. The submerged parts of the iceberg of healthcare delivery, as depicted in the illustration below (Figure 1), are the key elements of practice management.[2] As new leaders and clinicians, it can be overwhelming to balance healthcare value with health system integration, system improvement, team-based care, patient-centered care, and population health.

As you encounter various challenges and changes in your daily practice, I invite you to be part of the solution. Please use the QR code on page 53 to engage in the PM Committee's initiatives. Our members are transforming primary care practices across all areas of the Military Health System for the better. We can harness this collective knowledge to enhance patient care. The Committee aims to support our members through practical solutions that simplify and improve healthcare delivery. We hope to achieve this by sharing lessons learned, valuable tips, and stories of doctors and patients whose lives have been positively changed despite limited resources. We know physician burnout is closely tied to a lack of control over the factors that matter to you as a Family Physician and your ability to provide quality and timely patient care.[3] Through the committee's initiatives, we aim to equip our members with the knowledge and support necessary to exert better control over the domains important to you and your patients.

At the recent USAFP Annual Meeting in Las Vegas, an enthusiastic group of members gathered to discuss what matters most to them in their clinical practice. They shared their challenges and triumphs in caring for Servicemembers, military families, and retirees. As a result of these discussions, over the next year, the PM Committee will concentrate on identifying resources to enhance clinical practice and support USAFP's goal of leadership development. In the Fall 2023 issue of the Uniformed Family Physician, Dr. Debra Manning eloquently stated, "Being able to negotiate on behalf of your clinic (and yourself) is one of the key leadership skills for Family Physician Leaders."[4] Many of you volunteered to lead your clinics and departments, while for others, leadership in your clinical practice was unexpectedly thrust upon you. Regardless of how you arrived at a position of influence, we can continuously improve our practice through USAFP and the PM Committee for the good of our patients and staff. So, join our team!

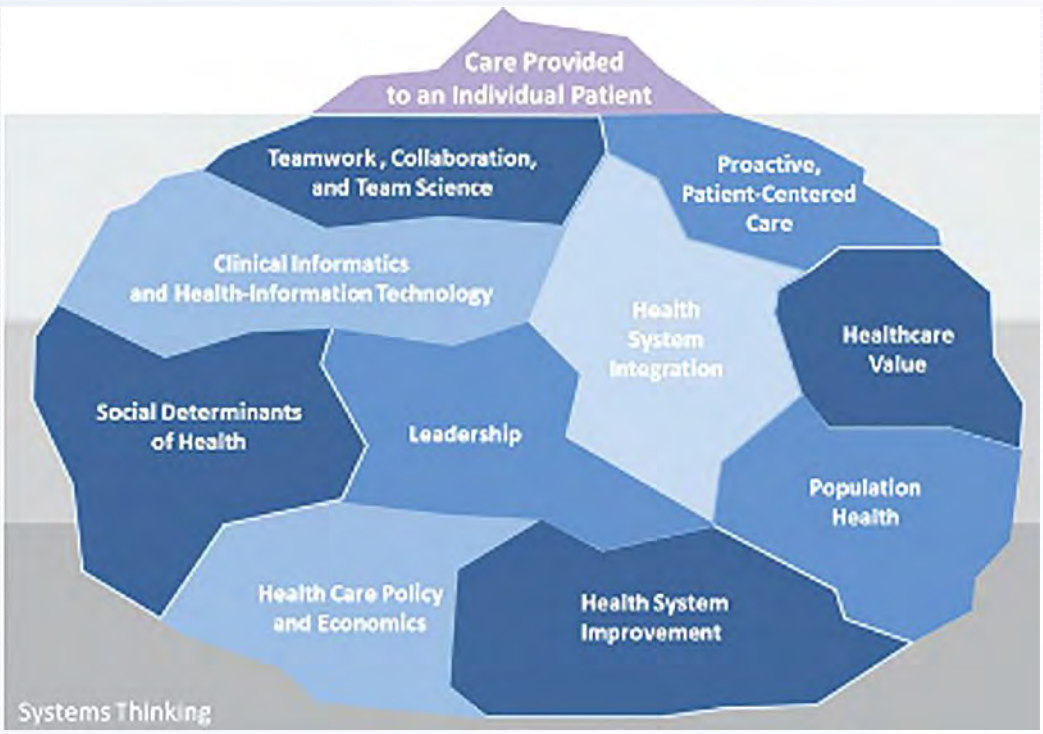

Figure 1- The "Iceberg" of Healthcare Concepts Impacting Health.[2]

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Join The USAFP Practice Management Committee

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committee report
WELLNESS & RESILIENCY

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Wellness: A Year in Review

Depending on where a person is in their life journey, career plan, or chaotic military ride, wellness may look different. The eight domains of personal well-being are physical, emotional, social, intellectual, occupational, spiritual, environmental, and financial. To best serve the members of the Uniformed Services Academy of Family Physicians (USAFP), the Wellness and Resiliency Committee is striving to provide opportunities in each of these domains throughout each year.

What did we do this past year? Let's break it down:

- Physical: Yoga and Dance at the annual meeting! There were even some brave runners on the streets of Vegas!
- Emotional: What other chapter has an entire lecture on the neuroscience of happiness? An annual workshop on Life in Medicine?
- Social: USAFP loves social events, from starting the mornings with breakfast together to every break with exhibits, to a guest happy hour this year, members were constantly getting together to catch up with old friends and make new ones.
- Intellectual: Five live CME credits were offered at the Virtual Wellness Symposium, and over 45 live CME credits were offered during the Annual Meeting!
- Occupational: The Virtual Wellness Symposium in January 2025 emphasized occupational stress and how we can cope with institutional causes of burnout.
- Spiritual: Stories of USAFP's rich history shared at the annual meeting links us all together into a higher purpose.
- Environmental: Breathtaking views at the All-Attendee Party in Las Vegas helped to highlight the awe-inspiring natural environment even within and around a busy city.
- Financial: Multiple financial lectures at the annual meeting helped members tackle taxes, post-911 GI bill, and college planning.

If there is a domain that you are interested in helping others go from surviving to thriving, please reach out at Ashley.s.yano.mil@health.mil. This can be in a newsletter article, an event at the annual meeting, or a lecture at the Annual Wellness Virtual Symposium – which will be in November this year!

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committee report
RESIDENT AND STUDENT AFFAIRS

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

Our Future Family Physicians!

Welcome back to all who attended the 2025 Annual Meeting in Fabulous Las Vegas! We had some truly outstanding continuing medical education, development of mission readiness, and building of crucial relationships. Hopefully you also found some time to get to know the city of neon lights and its rich history as well. The conference was a unique opportunity for students, residents, and family physicians to learn together how to best serve our joint force! We thank all who were involved with the planning, preparation, and execution of the annual meeting and extend a special thank you to our outgoing Resident Directors, Tegan Koski (USN), Joshua Law (USA), and Ross Stanton (USAF), and Student Directors Clare Huang (USU) and Meaghan Raab (HPSP) for a truly outstanding year of service on the board. Also, congratulations to our new Resident Directors Andrew Collyer (USA), Erin Lucero (USN), and Jacob Steins (USAF) and Student Directors Catherine Bensken (USU) and Zachary Ryan (HPSP).

In this issue, we are pleased to report the following updates on our committee's efforts to further the strategic aims of the Uniformed Services Academy of Family Physicians following the annual meeting.

MEMBERSHIP

The committee was able to engage with some of our full-time out of service (FTOS) residents and invite them to attend the annual meeting. It was a great experience to get to talk to these residents and better understand the challenges they face while training outside of the military health system. Our goal for this year is to continue to expand this outreach in order increase their involvement in the USAFP, increase their attendance at and contributions to the annual conference, and share information on military specific curriculum with them to best prepare them for active-duty service after graduation.

With regards to student and resident membership, we continue to see a strong presence within the academy with 670 students and 421 resident members, which is an astounding 31% of our total membership. Trust me when I say that you are the future lifeblood of our profession, and we want to make sure your voice is heard.

OPERATIONAL

This year's annual conference did an exceptional job of teaching leadership and readiness in military medicine. As a committee, we strive to continue to provide students and residents the chance to learn about operational medicine experiences. The operational medicine committee held a forum with several family physicians from operational areas of the uniformed services that was engaging and incredibly informative for those students and residents interested in operational medicine opportunities. We thank Dr. Deinnocentiis (USAF), Dr. Kingston (USAF), Dr. Ball (USN), and Dr. Ziemke (USN) for their commitment to build and maintain our repository of operational rotations for current medical students and residents.

EDUCATIONAL

At the national meeting we had a record-setting 52 student attendees with 40 receiving scholarships to help pay for attendance. We are tremendously grateful to all of the USAFP members who donated to the scholarship fund to make attending possible for so many students. We also had 138 residents attend the conference, and we witnessed some exceptional presentation of case reports, posters and research.

Finally, congratulations to Team Army for taking home the win this year at the "Doc, You Don't Know Jack" quiz bowl! Dr. Campbell and I have enjoyed hosting this event for the last 9 years, and the spirit and spunk all three teams bring to the table are exceptional. We were honored to have a special visitor this year, Ken Franklin, the creator and original host of the "Doc" quiz bowl. As unpredictable as ever, Dr. Campbell and I were caught off guard when Dr. Franklin swiftly delivered Elvis-approved banana pies to our faces, and then to his own. Again to Dr. Franklin, thank you, Sir, and we salute you.

SCHOLARSHIP

The quality of the research and presentations this year was outstanding. We had submissions from all 15 programs this year! Again, the Army, Navy, and Air Force resident directors will be working with their services' chief residents to push out timelines and dates for submitting scholarly activity so that we can continue to have increased involvement. Stay alert for potential case reports, possible quality improvement projects within your institution, or faculty who are engaged in and passionate about scholarly work and can serve as a mentor to help get you started--research submissions open on July 15, 2025!

LEADERSHIP

Our Resident and Student Leadership Seminar at the USAFP annual meeting was well attended by 36 participants, and we set a record of residents and students awarded the leadership certificate by Chapter President Mimi Raleigh at the Installation and Awards Ceremony. This certification is a great way to identify those students and residents who have additional training that would prepare them

to assume roles of leadership in their institutions. We hope to see even more residents and students next year at our highly productive and engaging seminar!

We have also a new leadership position within the committee and are excited to work with Dr. Tema Fodje as the Student Director Mentor. Dr. Fodje herself was the HPSP Student Director 2 years ago and has continued to play an active role in our committee since that time. She will help provide mentorship and continuity to our Student Directors over the next 2-3 years.

ADVOCACY

We continue to encourage military membership through our presence at the AAFP FUTURE Conference every summer. We are grateful to our Resident and Student Directors, as well as the staff physicians who accompany them to represent the USAFP at the conference, staff recruitment booths, and execute a welcome dinner for fellow residents and students at the meeting.

We are still building relationships with Military Interest Groups (MIG) at various medical schools and AMOPS to increase our reach to current and potential HPSP students across the country. If you have an MIG at your school, please consider sending us their contact information so we can support their efforts as well.

We are also grateful to our resident and student members who volunteer their time to share their own personal stories in our quarterly newsletter. Believe it or not, I can still remember being a student myself. It was at the annual meeting that I really started to envision a future in military family medicine when I met other students and residents, was able to ask questions, and heard their stories.

WELLNESS AND RESILIENCY

The committee is always looking for ways to champion wellness and build resiliency in our resident and student members. If there are any members who share our passion, please shoot our committee an email. We hope to be able to coordinate activities for our members each year to bring folks closer together when so often we are geographically far apart.

We are looking forward to a great year! It's never too early to start thinking about the 2026 USAFP Annual Meeting! The "Call for Speakers" is open now, and the Research Submissions open on July 15!

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, or the Department of the Air Force.

The following Resident's and Student's received participated in the Leadership Seminar at the USAFP.

Shayla Amos, MD
Trevin M. Ball
Cora A. Blodgett, DO
Michael Bogert
Celina A. Garcia Brinker, MD
Andrew C. Collyer, DO
Christina Hardin
Paul Kasunic, DO
Samantha E. Keefer, MD
Anne M. Knierim, MD
Patsy Kremsreiter, MD
David Park
Austin M. Parsons, MD
Sean M. Rogers, DO
Nathan Seigrist, DO
Ross C. Stanton, MD, JD, MPH
Ansley Ulmer, MD
Karen A. Zhu, MD










USAFP Leaders Attend the AAFP's Annual Chapter Leadership Forum and National Conference of Constituency Leaders

Over 400 family physicians met in Kansas City 23-26 April for the AAFP's Annual Chapter Leadership Forum (ACLF) and the National Conference of Constituency Leaders (NCCL). Members from across services represented the USAFP at ACLF and NCCL.

USAFP Vice President Mary Alice Noel, MD and USAFP Treasurer KJ Jaboori, MD attended ACLF, which is the AAFP's leadership development program for chapter-elected leaders, aspiring chapter leaders, and chapter staff.

USAFP members Brea Gawrys, DO (Woman), Aaron Griffin, MD (LGBTQ+), Taylor James, MD (BIPOC), Brian Neese, MD (IMG), and Kathryn Gouthro, MD (New Physician) attended NCCL to represent the USAFP. NCCL is the AAFP's leadership and policy development event for underrepresented constituencies. NCCL serves as a platform for different perspectives and concerns of AAFP members to help bring about change. The five constituencies with representation include: Women, BIPOC (Black, Indigenous, People of Color), New Physicians (in the first seven years of practice following residency), International Medical Graduates (IMG), from schools outside the U.S., Canada, and Puerto Rico and Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ+) physicians or physician allies.

At NCCL, physicians develop skills to advocate for issues that are relevant to specific constituencies, practices, the specialty, and patients. It also provides an opportunity for the constituencies to advocate for change in medicine by proposing resolutions for the AAFP to act on through legislative agenda, funding, policy statements and other formats. The member constituencies can submit up to 50 resolutions at NCCL regarding opportunities to support their constituency, their practice, their patients, or the specialty of family medicine.

On April 23rd, the attendees of NCCL and ACLF were invited to attend pre-conference sessions on Advancing Leadership, Health Advocacy, and Tackling Leadership Challenges. The ACLF delegation attended two days of sessions focused on Board Governance, Structure, Strategy, Culture and Ethics. The NCCL constituency delegates attended their opening plenary titled, "Anger to Advocacy: Practical Tips for Advocating for Yourself and Others" and then divided out into working groups and drafted resolutions to forward to the reference committees including advocacy, education, health of the public and science, organization and finance, and practice enhancement. USAFP Delegates assisted in drafting resolutions on access to maternity care, OB training, and prior authorizations.

If you have an interest in attending the 2026 ACLF/NCCL events, please e-mail mlwhite@vafp.org so the USAFP can include your name for consideration. For more information on AAFP ACLF/NCCL, please visit https://www.aafp.org/events/aclf-nccl.html.

USAFP ACLF/NCCL meeting attendees enjoy an evening out with the Virginia Academy of Family Physicians ACLF/NCCL meeting attendees and the military sports medicine physicians who were in Kansas City for their annual meeting.

Retiree Spotlight

NAME/RANK: *RUSS S. KOTWAL, COL, MC, U.S. ARMY (RET.)*
LAST DUTY STATION: *JOINT BASE SAN ANTONIO-FORT SAM HOUSTON, TEXAS*
SPOUSE: *BARI, RETIRED CIVIL ENGINEER, HUMAN FACTORS AND SAFETY ENGINEER*
CHILDREN: *ASH (39) AND DAUGHTER-IN-LAW HILLARY; AARON (36); KIRSTYN (35)*
GRANDCHILDREN: *KENDRA (8); LEELA (6)*

Highlights of Career in Army:
Medical Platoon Leader, 1st Battalion, 35th Infantry, 25th Infantry Division (Light)
Medical Platoon Leader, 4th Battalion, 27th Infantry, 25th Infantry Division (Light)
Division Medical Supply Officer, 25th Infantry Division (Light)
Family Medicine Physician, Martin Army Community Hospital
Battalion Surgeon, 3rd Battalion, 75th Ranger Regiment
Aerospace Medicine Physician, Naval Operational Medicine Institute
Regimental Surgeon, 75th Ranger Regiment
Deputy Surgeon, U.S. Army Special Operations Command
Strategic Projects, Joint Trauma System, Defense Health Agency

What were some of your "joys" of being a uniformed family physician?

My undergraduate experience at Texas A&M University, my prior service in an infantry division, and my medical school training at the Uniformed Services University provided me with a solid foundation for a career as a military physician. The family medicine and aerospace medicine residency programs that I completed broadened my expertise and improved my ability to provide both individual and population healthcare. My degree in public health with courses in biostatistics and epidemiology facilitated my understanding and utilization of documentation, data collection and analysis, performance improvement systems, and publication of lessons learned.

It was truly an honor and a privilege to provide full-service care for military service members and their families. It was also profoundly meaningful to deploy in service to our Nation and provide care for those who were sick or injured during combat and other military operations. I deployed twelve times with the Rangers to Afghanistan and Iraq as a medical provider and as a medical director for prehospital care. Most often at night and through airborne, fast rope, air assault, and ground assault infiltration methods, I participated in hundreds of combat missions and treated numerous casualties. Deploying to combat is a unique and key difference between military and civilian providers. Realistic training and being ready to provide battlefield care will save lives. Being ready to provide population care on the battlefield as a medical director for a casualty response system based on performance improvement will save even more lives.

What job(s)/projects are you currently working on?

I am mostly retired as of this past year. However, I do continue to assist part-time with the very important mission of the Joint Trauma System, which is to improve trauma readiness and outcomes through evidence-driven performance improvement. Efforts by personnel at the Joint Trauma System help to ensure that those who are injured during combat or other military operations will be provided with the optimum chance for survival and maximum potential for functional recovery. Providing battlefield care is a critical and essential core mission for all military medical providers.

What are some surprising parts of retirement that you enjoy?

My wife and I enjoy traveling and spending more time with our family. Our role as grandparents is especially enjoyable and fulfilling. It takes more time to travel on back roads, country roads, and scenic routes; however, the journey is much more enjoyable. It has also been significant and meaningful to maintain contact with military colleagues, especially relationships solidified through shared service, deployments, and combat experiences.

What do you wish you could have told yourself when you were a medical student about your future career?

Live through faith. Live in service to family, friends, and others. Remain committed and passionate about military service and medical service. Continue to serve and volunteer for efforts greater than yourself. God has a plan, stay the course.

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New Mexico and Colorado Scenic Railroad, August 2024

new members

THE USAFP WELCOMES THE FOLLOWING NEW MEMBERS...

ACTIVE

Heather Hornbacher, DO
Pavan Palepu, MD

RESIDENT

Meera Cheerharan, MD
Jacob Ziemke, DO

STUDENT

Anthony Achille
Nina Armstrong
John Balke
Trevin Ball
Julia Ballweg
Labika Baral
Jacob Barnett
Brandon Bounds
Ashley Bredehoeft
Brice Bulotovich
Marco Cardone
Frank Chacon
Sofia Chapman
Catalina Chesney
Jennifer DeLacey
Maria Betzabe Diaz
Alejandro Esparza
Alexander Finney
Domenico Francis
Tyler Fuller
Tracey Gartner
Alejandro Gonzalez
Hansel Haase
Ashley Ho
Brock Jones
Max Jones
Lucas Kaliszak
Arash Kamali
Mohamed Khan
Isaiah King
Dominic Kubas
Anjali Kubli
Allison Kwon
Sarah Kwon
Kaitlyn Maniscalco
Mathew Mattamana
Kirk Mattern
Emily McCulley
Anton Meyer
Trinity Myers
Baleigh Norman
Nathan Ostermann
Everett Pannkuk
Ian Perdue
Adam Plotkin
Jon Reid
Katelyn Rook
Amanda Sakyiwaa
Spencer Sawyer
Andrea Shammas
Daniel Song
Michael Tran
Marc Tudon
Bradley Vander Zanden
Joshua VanZant
Alec Weest
Justin Wei
Elizabeth Whetstone
Liam White

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).

Student Corner

Medical Students "All In" for Family Medicine

Catherine F. Bensken, MSIII
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Elyse M. Bobczynski, MSIV
Racheal A. Lee, MSIII
Labonita Ghose, MSI
Brian Y. Park

Welcome to the first edition of the Student Corner for the UFP newsletter! We're excited to provide insights, resources, and stories relevant to medical students interested in or already involved in military family medicine.

My name is 2d Lt Catherine Bensken. I am a third-year medical student at the Uniformed Services University of Health Sciences (USU), and I am deeply honored to be a Student Director to the USAFP Board of Directors. I recently returned from the annual USAFP conference in Las Vegas, where I was absolutely overwhelmed by the incredible opportunities to learn, network, and get motivated about military family medicine! This was my first USAFP conference, and I certainly hope it won't be my last.

My most memorable experience during the conference was the powerful stories uniformed family physicians shared about their experiences in military healthcare - both the triumphs and pitfalls. Their stories demonstrated the importance of collaboration between members with differing training levels, work experiences, and service branches. It was truly awe-inspiring. The research posters and presentations showed how invested uniformed family physicians are in patient care and lifelong learning.

Stories at USAFP highlight how military family medicine offers aspiring physicians unique and fulfilling career paths. Attending the conference provided opportunities for students to network, find mentors, and make new friends from different schools, bases, and branches.

Going forward, we hope the Student Corner article in each UFP issue will allow USU and HPSP students to share their stories and inspire a new generation of military family physicians!

Now that I have shared my story, I would like to highlight other student stories from the USAFP conference. There were over 50 medical students in attendance! Let's first learn a little bit about our storytellers:

ELYSE BOBCZYNSKI

- **Class:** 2025
- **First-time attendee:** Yes
- **A little about me:** I am a Coast Guard medical student at USU, and I will be graduating this May. I matched at Nellis AFB for Family Medicine.

From the left: 2d Lt Catherine Bensken and ENS Elyse Bobczynski

RACHEAL LEE

- **Class:** 2026
- **First-time attendee:** No
- **A little about me:** I am a current third-year medical student attending the USU and will be pursuing Family Medicine during this next application cycle. The breadth and variability of Family Medicine as well the potential for operational medicine in my future are the aspects that drew me towards the specialty.

From the left: 2LT Racheal Lee, 2d Lt Julia Asada, 2d Lt Taryn Cates-Beier

LABONITA GHOSE

- **Class:** 2028
- **First-time attendee:** Yes
- **A little about this author:** I am a first-year medical student at USU and one of the few Coast Guard students in my class. I am not prior service and completed my Bachelor's degree and MPH at Northwestern University in Chicago. I worked in breast cancer research and health education before joining USU in 2024.

ENS Labonita Ghose

BRIAN PARK

- **Class:** Enlisted to Medical Degree Preparatory Program (EMDP2) Cohort 11
- **First-time attendee:** Yes
- **A little about this author:** I hail from Washington state and have been serving active duty, enlisted for 8 years. I am currently a Staff Sergeant in the United States Marine Corps. My MOS is 0621, Field Radio Operator, and I am in EMDP2 to become a military physician.

Staff Sergeant Brian Park

I asked them some questions to learn about their stories, and here are their responses:

Question 1: How was your experience at the 2025 USAFP Annual Conference?

- **Elyse Bobczynski:** I had a fantastic experience at USAFP. This was my first one and I felt right at home.

- **Racheal Lee:** I thoroughly enjoyed my time at the USAFP conference, and I am grateful that my medical school schedule afforded me more time to attend the various sessions and events. I appreciate that medical student sessions were prioritized and that we are welcome to attend any discussion that we found interesting; it was a welcoming and inviting environment.

- **Labonita Ghose:** As I am not prior service, coming to the USAFP Conference was one of the best experiences to understand what it is like to be a military physician in practice. It was a bit surreal when my team's abstract was accepted, and I was chosen to present our poster at the conference. In fact, just a year prior, I was attending the NCBC Breast Cancer Conference in Las Vegas and imagining what it would be like to present at such a conference as a medical student.

- **Brian Park:** I had a very memorable experience in that it was my first time presenting a case report in front of so many physicians. It was a huge challenge intellectually to prepare for this conference, but overall, it was extremely rewarding.

Question 2: What was your most meaningful experience of the conference?

- **Elyse Bobczynski:** My most meaningful experience was networking. It's not often I get to see other physicians who are in the Coast Guard. It was amazing getting to see a handful of them in one place to connect with and ask questions.

- **Racheal Lee:** The operational session was the most impactful session that I attended because as a medical student I was unaware of the four, distinct pathways and opportunities that military physicians can pursue after completing training.

- **Labonita Ghose:** The leadership lectures and various research presentations were as interesting as I hoped they would be, but the experience that was most surprising and impactful was the ability to network with military physicians. In fact, I was able to meet and get to know numerous Coast Guard physicians, an opportunity I would not have received otherwise, probably in my whole medical student career! I was able to learn about their career paths, gain mentorship, and be even more excited about my journey as a future Coast Guard military physician.

- **Brian Park:** The experience of taking part in research and presenting in front of so many people was a unique and powerful experience. As an aspiring physician, it was important for me to witness so many different research ideas, as well as getting my name as a representative of the EMDP2 program out there. I strongly believe that this is one of the best conferences to network and create strong, professional relationships with folks who, without a doubt, will help individuals like myself in every step of the way in becoming a military physician.

Question 3: What advice would you give to another student who would like to attend next year?

- **Elyse Bobczynski:** My advice is to go! It is a great opportunity to connect with residency programs, whether you have matched or are hoping to match!

- **Racheal Lee:** I would highly recommend submitting a case report or research study for the potential of presenting the findings or a poster related to the topic. Even if you are not accepted for a session, I would still recommend attendance to increase your exposure to all the unique aspects family medicine offers. It also grants you the opportunity to build connections with fellow medical students and faculty.

- **Labonita Ghose:** Don't be afraid to grab opportunities as they present themselves to you! When I expressed my interest in working on a Case Report with a Family Medicine physician and fellow USU medical students, I never imagined I would get to attend such a fantastic conference and meet so many physicians I know will be impactful to my career. Take a leap of faith and put yourself out there.

- **Brian Park:** Be enthusiastic to dive into a research topic that piques your interest. This is an opportunity to turn your passion in medicine and research into a reality. The EMDP2 program is extremely challenging, and you may not feel like

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you have the time to take part in research, but the benefits of participating in this conference are huge. Give it a try and enjoy every step of the way; this will likely not be the only time you'll partake in research and presenting in front of a group of extremely knowledgeable people.

Question 4: Are you planning to attend next year? It's in San Diego!

- **Elyse Bobczynski:** Maybe! (Intern year!)
- **Racheal Lee:** Maybe!
- **Labonita Ghose:** Yes!
- **Brian Park:** Yes!

Overwhelmingly, the medical student consensus was that the USAFP conference was an impactful experience. Opportunities for networking and mentorship were among the most impactful aspects, and many left the conference with a new or deeper interest in family medicine than before!

Medical school is a grueling, albeit necessary, part of our journey to military medicine, and opportunities to speak to and learn from such an amazing group of family physicians give us students a chance to return to our studies and clinical rotations with renewed inspiration and motivation. I am grateful for the opportunity, as I know many of the students were. Thank you for a great conference, and we look forward to seeing you all at the next one!

Disclaimer: The views expressed in this article are those of the author and do not necessarily reflect the official policy or position of the Uniformed Services University of the Health Sciences, Department of the Homeland Security, Department of Defense or the U.S. Government."

MEMBERS IN THE NEWS

CONGRATULATIONS TO THE USAFP MEMBERS THAT RECEIVED THE AAFP DEGREE OF FELLOW

The Degree of Fellow recognizes AAFP members who have distinguished themselves among their colleagues, as well as in their communities, by their service to Family Medicine, by their advancement of health care to the American people and by their professional development through medical education and research. Fellows of the AAFP are recognized as Champions of Family Medicine. They are the physicians who make family medicine the premier specialty in service to their community and profession. From a personal perspective, being a Fellow signifies not only 'tenure' but one's additional work in your community, within organized medicine, within teaching, and a greater commitment to continuing professional development and/or research.

Congratulations to the following USAFP members!

Lauren Alderson MD, FAAFP
Marcus Alexander MD, FAAFP
Alexis Aust MD, FAAFP
Sarah Avila MD, FAAFP
Jim Brooks II, MD, FAAFP
Sarah Carroll DO, FAAFP
Andrew Gaillardetz MD, FAAFP
Gregory Hamilton
Ariel Hoffman MD, FAAFP
Taylor James MD, FAAFP
Jeffrey Kiser MD, FAAFP
Charles Mounts DO, FAAFP
Thomas Peterson MD, FAAFP
Anna Rayne MD, FAAFP
Benjamin Roberts DO, FAAFP
Christopher Rock DO, FAAFP
Maggie Wertz MD, FAAFP
Mark Woodbridge DO, FAAFP

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Here's why we successfully attract new clinicians to primary care:

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RESOURCES
As Patient-Centered Medical Homes, our clinics offer community resources, labs, xrays, and specialty care services to patients.

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Our Specialists, on same EMR (Epic), include optometry, podiatry, dental, dermatology, nephrology, rheumatology, and asthma-allergy.

REWARDING WORK
We make a difference every day caring for underserved communities in a meaningful way.

INNOVATION
We continually trial and add new technology to make primary care more accessible to patients and easier on providers.

Tina Duarte, MD Family Medicine | Tenesha Lisbon, APRN Family Medicine | Erick Soria Galvarro, MD Internal Medicine

For info on Primary Care careers in Providence, Rhode Island, email Anny Naya anaya@ProvidenceCHC.org

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