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- IAFP Annual Conference Moves Virtual
- PhD instead of MD: Why Mentorship Matters in Diversifying the Medical Workforce
- Editorial: Education is Vital

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SWISS ARMY KNIFE OF MEDICINE

By Lonny Miller, M.D.

This past year has shown that an Iowa family physician is truly the “Swiss Army Knife” of medicine. You have been at the forefront of our state’s pandemic response, all the while providing consistent primary care to our communities. Whatever the challenge has been, you all have risen to meet it. I am proud to be amongst a group of colleagues, and it has been an honor to serve as your academy president for the past year.

In this, my final article, I wish to commend our academy staff on their nimble response to workplace and organizational challenges that COVID-19 chaos has thrust upon them. Despite such challenges, there has been no change in the level of dedication and member support they have provided. We are lucky to have such a dedicated staff. If you get a chance, please take the time to thank them for their years of committed service.

I invite all of you to join us virtually for the IAFP Annual Conference October 28-30. The decision was made in the middle of August to turn what was supposed to be an in-person event into a virtual event. We will be offering a full program and you can earn up to 12 LIVE CME credits. This event will be followed by a virtual KSA on Behavioral Health in November. We hope you will join us for both events.



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EDUCATION IS VITAL

By Jason Wilbur, M.D.

Welcome to another autumn magazine edition, in which we focus on education. The whole idea is to harmonize with IAFP's annual meeting, typically featuring a host of continuing medical education topics. This year will have another asterisk associated with it: IAFP 2021* (* = virtual programming will replace the in-person conference). While virtual formatting can replace many things and may even be preferable at times, we miss making important connections and sharing stories when we don't meet in person. This observation only scratches at the surface of an issue that has worried me for the entire pandemic: education for our children.

As primary care physicians trained in the biopsychosocial model of disease and who care for communities, family physicians know first-hand what happens to kids who do not get a good education. When children suffer, the entire community suffers. Health suffers. Opportunities are lost.

Despite the tremendous efforts of teachers and parents, kids missed out on a lot last year. According to several studies, at the end of the 2020-21 school year, kids were significantly behind where they historically should be, most noticeably in math and reading.¹ The contrast was worse for the children who were underachieving to start with, and children from some minority backgrounds fared worse than average. Even the average kids were 4 to 5 months behind where kids typically have been in the past. That's half a year of school lost. But it might be worse than that. In a well-done Dutch study, remote learning resulted in "little or no progress."²

That's bad enough when you think about the roughly 1.5 years of instructional loss,

but now let's extrapolate. We don't know how these losses will affect this cohort of children years down the road, but some projections estimate that this generation stands to have cumulative lifetime income losses in the *trillions* of dollars.³ I don't even know how to process information like that, but I understand that the world we will all inhabit in the future is likely to be poorer and more stressed than it otherwise would have been.

I have a personal anecdote to share that illustrates this learning loss. Last year, my younger son had all his high school classes online for the entire year. Mostly, this was necessitated by scheduling issues, as he could not get his desired classes in what was called "hybrid" school (that's another story for another time). Always a straight-A honors student, he seemed fine until all-of-a-sudden he was failing most of his classes in his third trimester. Despite having every advantage one could imagine and being an intrinsically motivated and responsible young man, remote learning ultimately did not work for him. The school failed him as much as he failed his classes. He was able to withdraw from one class and salvage the rest, but I cannot say he learned much calculus or chemistry.

For kids like my younger son – but even more importantly, for the kids of disadvantaged backgrounds – we must do better this year. I am encouraged that in-person school seems to be the norm in most communities. We need to keep schools open, and we need to do it safely. On the one hand, I applaud our state's push to keep kids in school. On the other hand, state government overreach in outlawing local mask mandates is self-defeating when the goal is to keep kids in school and to limit absenteeism.



What can we as physicians do to keep our community schools busy with learning and safe for everyone? Encourage vaccination for everyone 12 years old and up. Soon, we should be able to say that for everyone 5 years old and up.⁴ Booster shots are right around the corner, too. We need to continue educational discussions with patients to counter misinformation about the safety of Covid vaccines. As community members, we can set good examples and teach others with mask-wearing and hand hygiene. This pandemic will end, and we just need to finish the race.

As always, email me with comments or thoughts about what could make this magazine better at jason-wilbur@uiowa.edu.

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adventure awaits

Virtual

AAFP NATIONAL CONFERENCE FOR FAMILY MEDICINE RESIDENTS AND MEDICAL STUDENTS

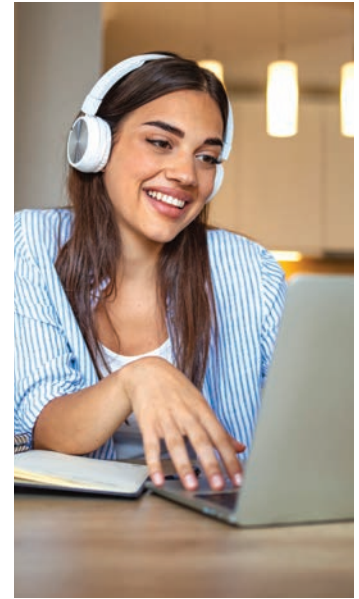
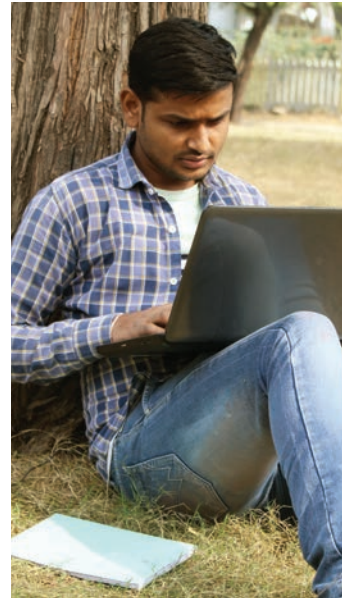
The AAFP National Conference for Family Medicine Residents and Medical Students took place July 29-31. For the second time- it was virtual! The conference featured main stage sessions, where attendees could experience inspiring insight from passionate family physicians, sharing what it means to be in the full-scope of family medicine. The conference featured live workshops, main stage sessions, on-demand access to all education, a virtual expo hall and networking opportunities. Attendees really enjoyed the experience. IAFP offered scholarships to medical students. Here is some of the great feedback we received.

I thoroughly enjoyed my time at the 2021 AAFP National Conference. One of the best parts was working with other medical students and residents on topics to present and advocate for at the AAFP congress. I loved meeting the other medical students, many residents and personally getting to know program directors. It helped me feel more connected with programs and I think that will be important, especially with most, if not all, interviews being virtual this year. Overall, this was a great experience, and I would recommend it to anyone considering Family Medicine.

Emily Trudeau | University of Iowa

Family Medicine is such a broad residency that at times it can be difficult to figure out your interests and how those align with a residency. The National Conference is the perfect opportunity for students to network with residents and other programs to begin the residency process. This year, I enjoyed networking and visiting the expo hall to talk with residents and learn more about their programs. By talking to residents, I was able to see what they enjoy about their program and if it lines up with my hopes and goals. The workshops are also very important to see where Family Medicine is going and how students can actively be a part of that future. I would recommend the AAFP National Conference to any medical student as the first stepping stone to learning about Family Medicine.

Neely Atamaniuk | Des Moines University



The AAFP National Conference was an awesome 3-day virtual experience that allowed students to learn more about family medicine as a specialty, the avenues for further education within family medicine, and the experiences of residents and attendings. I went into the conference already decided that I wanted to pursue FM as my specialty, but I left even more excited about my decision. One of my favorite workshops was called "A Day In The Life". Though I've seen what FM looks like through my many rotations, this workshop allowed me to gain insight into what family medicine can look like throughout my future. We heard from first year residents, third year residents, attendings who were still working inpatient, and physicians who had chosen to solely focus on outpatient care. Additionally, the conference gave us the opportunity to meet with residency programs that we were interested in. I think this is one of the most valuable aspects of the conference, because networking is immensely important. Overall, I am grateful to have had the opportunity to attend the conference and am beyond excited about the path that I have chosen to pursue.

Sanam Desai
| Des Moines University

I thought attending the conference was a great chance to cement my excitement about Family Medicine and the diverse areas of care that it encompasses. I was especially excited by the practical sessions on LGBTQ+ care and social determinants. I thought it was helpful to attend the loan repayment and application to residency sessions as well. I think it was important for me as a 4th year student to attend because it was great to have access to so many programs I had already been thinking about but it would have been great earlier in my career as well to start thinking about and getting excited for family medicine. Thank you for helping me attend!

Jenna Mullins | University of Iowa

I loved attending my first AAFP National Conference this year! It gave me a great chance to explore residency programs and meet residents before I send out my applications this fall! I also loved all the information sessions ranging from student loans, to applications, to life after residency! I think all students should attend this to help with networking, as well as opening their eyes to all aspects of a Family Medicine career!

Grant Henning | University of Iowa

I attended the AAFP Conference as a 4th year, and I wish I had attended it in person during my 3rd year (COVID consequence). The speakers were engaging, eager to help, and many shared their personal contact information - this was a really great opportunity to network and share my interests with others who share my passions. I would encourage attendance at this event even if you aren't fully committed to Family Medicine. I did not realize until later in medical school that there were so many options available in the field of family medicine. In addition, I benefited from events I initially had not planned on attending - for example, an excellent review lecture on EKG interpretation and a residency application workshop where someone shared an incredibly valuable article on personal statement writing. One of my favorite workshops was on the topic of Direct Primary Care, which was followed by an interest group discussion. I was provided so many resources and now have a much better idea of what my future can hold!

Sara Huhn | Des Moines University

A Huge THANK YOU to all of our members that contributed to the medical student scholarships! With your help, we were able to provide financial support to the 25 students that attended!

THE GREAT PRETENDER

By Sarah Costello, MS2, University of Iowa Carver College of Medicine

During our first year of medical school, my classmates and I memorized entire textbooks to understand the fascinating and incredibly complex systems that interplay within and around the bodies of the people who will one day seek our care. Next, we will leave the classroom and begin to learn from patients, who are of course not merely a collection of nerves, muscles, and miniscule cells, but unique human beings seeking care in their time of need. I know I should listen to the patient's story, and listen for heart and breath sounds, fill out the template and check off the lists. But I still feel like I am jumping in the deep end. I will drown. I'm not supposed to be here. No one taught me how to swim.

Medical students want to talk about imposter syndrome. We have interpreted its descriptive name, so we think maybe we have caught it, but we don't fully know what it is. We hadn't heard of it before medical school. Is it an ailment unique to medical students? Seeking answers, like any good medical student, I googled it. I was surprised to learn that in a large US pilot study, almost a quarter of male medical students and nearly half of female student's experienced imposter syndrome.¹ They characterized imposter syndrome as chronic feelings of self-doubt and fear of being discovered as an intellectual fraud.

Hang on. This is starting to sound a lot like shame. I am a mother of three, and I am familiar with shame. I have felt it deeply when I decided to go to medical school rather than stay home and care for my kids during the pandemic. Shame tells me, "You don't care about your children. You are so selfish. You don't deserve to be a mother." I have survived the last year of medical school and the pandemic by embracing vulnerability and

attempting to become resilient to shame. In her book *Daring Greatly*, Brene Brown defines shame as "the intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and belonging."² Imposter syndrome is less studied in the literature than shame, but they are related. I Couldn't we then use our understanding of shame management

“Medical students want to talk about imposter syndrome. We have interpreted its descriptive name, so we think maybe we have caught it, but we don't fully know what it is. We hadn't heard of it before medical school.”

to help prevent imposter syndrome in our medical schools? If I were shame, where would I hide?

I am suspicious of the hidden medical school curriculum. I notice that the hidden curriculum creates the ideal environment to cultivate shame. Brown says "...there are three things shame needs to grow exponentially in our lives: secrecy, silence and judgement."² The hidden curriculum is a powerful socialization process that shapes our identities and our expectations of professionalism in medicine. It is

made up of a myriad of personal and environmental interactions which form the morals, norms and social hierarchies which define the culture of medicine. However, it is hidden because NO ONE TALKS TO US ABOUT WHAT WE LEARN THERE. Sounds pretty secrete and silent to me. Please don't lose heart, as I said before, the hidden curriculum is made up of personal, human interactions. It depends on all of us, always connecting and changing. If we change as individuals, the culture shifts, too.

So how do we change the hidden curriculum of medical school to emphasize empathy, vulnerability, mindfulness, and compassion? We bring it out of hiding! We bring ourselves out of hiding. We tell our stories truthfully; they have the power to inspire solidarity in their imperfections. We ALL deserve to be here. We got this.

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WE WANT YOU! JOIN A COMMITTEE

*Committees meet once a year.
This year, the meetings will be virtual.*

EDUCATION COMMITTEE: Responsible for all continuing education programs of the Academy that includes the Clinical Education Conference and the Winter/Summer meeting.

MEMBER ADVOCACY COMMITTEE:
Duties include serving as an advocate for family physicians and their patients in matters relating to the delivery of health care, and promotes the image of family physicians in the state of Iowa. In addition, the committee seeks members to serve on committees and boards for government and other health care related organizations, and assists in the legislative activities of the Academy including grassroots lobbying (Key Contacts). The committee is also responsible for the annual legislative coffee on February 1, 2022.

MEMBER SERVICES COMMITTEE:
Oversees the production of the Iowa Family Physician magazine and the Membership Directory. In addition, the committee recommends public relations projects to the board of directors. Current projects include TAR WARS, FP of the Year, Educator of the Year, Lifetime Achievement Award, and numerous public relations efforts. The committee reviews all membership applications, relocations, delinquent CME records and members delinquent in dues payments. The committee also conducts membership surveys.

To get involved: email Kelly at kscallon@iaafp.org or fill out form online at: www.surveymonkey.com/s/IAFPvolunteerform

IT'S IN OUR NAME

By Taylor Johnson, D.O., R2 / Broadlawns Family Medicine Residency Program / Des Moines, IA

To teach. It's in our name.

We have earned and now wear the title of doctor. The term "doctor" originates from the Latin phrase "doc re," which means "to teach." While our everyday job responsibility is patient care, we have an obligation to teach others. Educating ourselves, colleagues and trainees, and our patients is an equally important part of practicing medicine.

During our training as medical students, we educate ourselves by looking up to our interns and residents for knowledge on bridging the gap between board exam

material and applying our knowledge in the clinical setting. As we progress to the next stage and finally become physicians, we take careful notes about how our senior residents determine treatment plans and handle patient loads. As senior residents, we analyze our attending physician's decisions even closer as we move toward graduation and practicing on our own.

As we grow in our medical training, it is imperative to look back and help those who are following in our footsteps. July 1 signals a changing of the guard in medical training programs. We advance to the next stage in training, further developing our

skills and problem solving. Meanwhile, we must never lose sight of how we arrived at that point.

As a new second-year resident, I can attest to this dynamic shift that occurs annually on the first of July. I had completed an entire calendar year of full-spectrum training and was looking forward to our new class of physicians. When the day finally came, I now received the "senior" admission pages and naturally assisted our new doctors in navigating a busy inpatient service and the never-simple EMR. During our sparse downtime, our inpatient service recently came together



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for a brief five-minute discussion on heart failure. Even though it was a quick teaching session, such interactive sessions are invaluable to our education.

Education means more than just furthering our own medical knowledge. With our physician title, we should feel obliged to also teach our patients, not just treat them. I was treating a young forty-year-old man when he was hospitalized for shortness of breath and heart failure exacerbation. He had stopped taking medication and continued alcohol consumption – he thought his diagnosis was a death sentence. I educated him on

the pathophysiology of heart failure and the mortality benefit of his medications. After a moment, he raised his head with a questionable stare, in awe of the information I just shared. He thankfully replied, “Nobody has ever taken the time to explain that to me before. I didn’t think I could make my heart any better. I thought it was all downhill from here. I’ll do anything you recommend.” This short ten-minute conversation during my morning pre-rounds may have truly changed this man’s life. In going beyond just treating this patient, by taking the time to also educate him, I drastically improved his care.

Throughout our careers, we must never lose sight of our responsibilities. As physicians, we practice in one of the most highly respected fields. We advocate and care for patients daily, while also teaching, whether we realize it or not. To be a great doctor is to advocate, treat and educate not only ourselves, but all those we interact with.

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PHD INSTEAD OF MD:

Why Mentorship Matters in Diversifying the Medical Workforce

By Danielle D. Jones, PhD MPH, AAFP Director of Diversity and Health Equity

Credit: California Family Physician magazine; Winter 2019

I can remember the moment I chose to forgo applying to medical school quite clearly. It was the fall of my senior year in undergrad, and I had just failed a histology lab final. I rushed that same day into the professor's office ready to argue for every bit of partial credit I could get to raise my grade enough to pass the class. After about an hour and managing to skirt by the semester with a barely passing C, my professor asked about my plans after graduation and I enthusiastically discussed my childhood dreams of being a doctor and traveling the world to care for the underserved. In less than a minute, that fire was extinguished with the statement, "I don't think you have what it takes, have you considered a Plan B?" Truth is I hadn't. I had been fortunate to have parents, teachers and school counselors who recognized in me at an early age an interest and propensity for the STEM field. As a result, I was offered opportunities to participate in just about every kind of pipeline program you could imagine; after-school programs, weekend visits to hospitals, summer camps at medical schools, etc. I can still remember "experimenting" with my first cadaver! However, by the time I got to college, it was a daily struggle to earn that Bachelor of Science degree in biology, and unfortunately, the support, encouragement and mentorship I had found as an adolescent was nowhere to be found as a young college student.

The good news is, my story didn't end there. I went on to not only complete that degree but also earned a Master's in Public Health and a PhD in Health Policy & Management (take that Professor!). Yet, I can't help but occasionally reflect on how a Danielle Jones, MD could

have better served the needs of her community than a Danielle Jones, PhD, especially considering my community of Wyandotte County consistently ranks in the bottom 5% of Kansas' 101 counties in several health outcome areas.¹ In 2017, Wyandotte County KS was identified as

"However, by the time I got to college, it was a daily struggle to earn that Bachelor of Science degree in biology, and unfortunately, the support, encouragement and mentorship I had found as an adolescent was nowhere to be found as a young college student."

"the 2nd most diverse community in the nation", behind Broward County, FL, and lacks an ethnic majority.² Non-Hispanic whites account for approximately 40% of the population and African Americans and Latinos are equally represented at about 25%, respectively.³ Yet, this diversity is not reflected in the local health care workforce, despite having three medical schools.



In 2002, the Institute of Medicine, in its report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, concluded that growing a diverse and adequate supply of physicians was essential to solving issues of health disparities in the U.S.⁴ Greater physician diversity has been indicated in the reduction of hospitalization for ambulatory care sensitive conditions, improved access for underserved patients and patient satisfaction.⁵⁻⁷ While these results reflect diversity across all primary care physicians, family physicians have a greater propensity to care for underserved populations than do primary care physicians in other specialties.⁸ It is for this reason, the American Academy of Family Physicians launched the Center for Diversity in Health Equity (CDHE) in 2017, with the strategic priority of addressing diversity and inclusion in the medical workforce. In addition, each of the eight family medicine organizations set a goal to have 25% of allopathic and osteopathic medical school seniors select family medicine as their specialty by 2030. This goal would double the current workforce and the CDHE will be closely involved to ensure it is a diverse one.

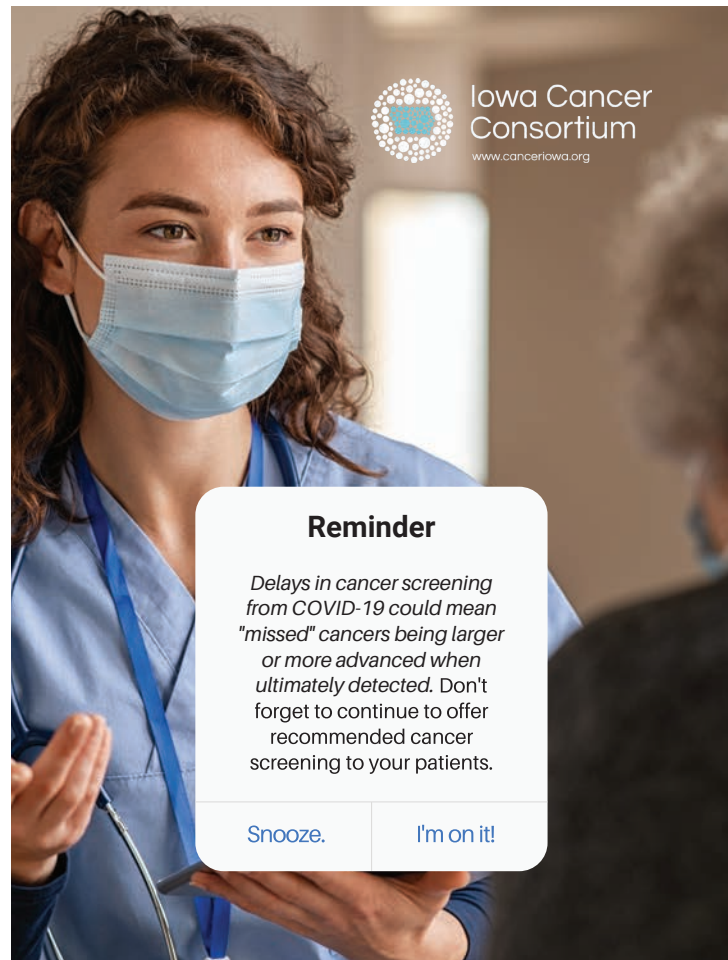
Our tactics are emerging in this area and will require local, regional and national initiatives driven by the AAFP, Chapters and Members. But if my

story communicates anything, it is that ***mentorship matters!*** For me, having had a mentor to turn to following a bad grade, discouraging comments from a professor or struggling to understand Mendelian genetics would have made the difference between Danielle Jones, MD or Danielle Jones, PhD. And while mentorship can occur on a grand scale, like The Ladder in Minnesota or Tour for Diversity in Medicine, two amazing programs founded by family physicians, sometimes the most significant lasting impact can be just between individuals. I ask you to consider your capacity and opportunities in your community to mentor that next generation of family physicians who will become the 25% by 2030. Even in your patient encounters, you have an opportunity to cultivate a future physician with seven words, “Have you ever considered being a doctor?”.

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Danielle D. Jones, PhD MPH currently directs the American Academy of Family Physicians’ Center for Diversity and Health Equity (CDHE). In this role, she guides the strategic priorities of the AAFP’s Board of Directors towards a leadership role in addressing issues of diversity, equity, and inclusion across the family medicine specialty. These priorities include diversifying the workforce, establishing health in all policies, developing medical education and implementing practice tools that advance equity. Research areas of interest include unconscious bias, structural racism, and maternal child health.



IAFP VIRTUAL CME OFFERINGS

By Pam Williams, Executive Vice President

With this issue's focus on education, I was so excited to be able to promote our live Annual CME conference scheduled for October 28-30, but life continues to take unexpected twists and turns. The IAFP Board of Directors met in mid-August and made the very difficult decision to cancel the in-person event. The Covid situation and the highly contagious and rapidly spreading Delta variant seemed to pose too great a risk for us to continue with an in-person event. Thank you to all of you who had already registered for the conference. We will miss seeing you in person. We have surveyed those who had registered and those who have attended in the past and are very happy to report that we will conduct a somewhat modified program in a virtual format on the same dates as the original conference. More specific information about the virtual conference and annual business meeting/installation of officers is included in this issue.

The virtual conference provides a great opportunity to gain your live CME credits and for those of you who have never attended, this is an easy way for you to experience IAFP CME.

The AAFP has also canceled their live events scheduled for this fall but rescheduled the Congress of Delegates to be held in-person in Kansas City in February 2022.

Since this issue does focus on education, I thought it would be a good time to remind you of the CME requirements of the AAFP, ABFM and state requirements.

AAFP CME REQUIREMENTS

What are the CME requirements for re-election to AAFP membership?

Active members must report at least 150 credits of approved CME every three calendar years (i.e., during their

re-election cycle). The 150 credits must include at least 75 AAFP Prescribed credits and 25 credits from live activities. PLEASE NOTE THAT PARTICIPATION IN OUR VIRTUAL LIVE ANNUAL MEETING WILL QUALIFY AS LIVE CME CREDITS. The archived version will carry CME credit but not count toward the live requirement.

AAFP Prescribed credit is accepted by the American Medical Association (AMA) as equivalent to AMA Physician's Recognition Award (PRA) Category 1 Credit™ toward the AMA PRA. Many of the state licensing boards, including the Iowa Board of Medicine will accept AAFP Prescribed credit from members to meet CME requirements.

Members in other AAFP membership categories are not required to report CME but may do so to maintain a centralized CME record.

In summary for AAFP:

- 150 hours every three years
- 75 of these hours must be from the Prescribed category
- 25 of these hours must be from a live activity. This includes live webcasts.

For more information and types of CME credit accepted by AAFP visit this website: <https://www.aafp.org/cme/about/types.html>

ABFM CME REQUIREMENTS

A component of your continuous certification requirement is related to participation in continuing medical education (CME). Since the inception of board certification, this has involved a requirement of an average of 50 CME credits annually. A minimum of half of these need to be from activities leading to Division I credits. Refer to ABFM CME



Requirements here:

www.theabfm.org/continue-certification/continuing-medical-education

IOWA BOARD OF MEDICINE CME REQUIREMENTS

Iowa has required continuing medical education for license renewal since 1978.

General Requirement for Renewal of a Permanent or Administrative Medicine License

40 hours of Category 1 credits are required for a two-year license renewal period. This may include up to 20 hours of Category 1 credit carried over from the previous license renewal period. The number of required Category 1 credits is pro-rated for anyone who holds a permanent or administrative medicine license that was issued for fewer than two full years.

A physician who certifies or re-certifies with an ABMS or AOA specialty board during the license renewal period may claim 50 Category 1 credits.

A resident or fellow may claim 50 Category 1 credits for participation in an approved residency or fellowship training program within the license renewal period.

Activities designated as formal cognates by the American College of Obstetricians and Gynecologists or as prescribed credit by the American Academy of Family Physicians are accepted as equivalent to Category 1 credits.

IOWA STATE MANDATED CME REQUIREMENTS

Training for Identifying and Reporting Abuse

On May 8, 2019 Governor Reynolds signed into law HF731, making changes on how mandatory reporting training is provided. Beginning July 1, 2019 the Iowa Department of Human Services (DHS) took over the responsibilities for mandatory reporting training. There is a two-hour child abuse and a two-hour dependent adult abuse training program available on the DHS website free of charge. There are changes in how often you need to take the training, instead of every five years it is now every three years. This will be the only approved training allowed in Iowa and the only way to receive the training. If you took the training prior to May 8, 2019 from the IAFFP or another approved provider your certificate is valid 5 years past the date of the training.

Both the Child Abuse Mandatory Reporter Training and the Dependent Adult Mandatory Reporter trainings are available through the Department of Human Services website here: <https://training.hs.iastate.edu/login/index.php>. Each participant will register with DHS' Learning Management System and complete the training online - available 24 hours a day, 7 days a week. There will be a pre- and post-test to ensure competencies are attained. Each participant will then obtain a certificate of completion to provide to their employer.

Mandatory Training on Chronic Pain Management and End-of-Life Care

CHRONIC PAIN/CDC GUIDELINE FOR PROPER OPIOID PRESCRIBING

Recently, the Iowa legislature passed a new law regarding the continuing medical education (CME) required for chronic pain management in Iowa. The new law eliminated the Board's current rules and requires physicians to complete CME that focuses on the CDC guideline for proper opioid prescribing. The Board is working on specific rules which will establish the credit hours required for renewal of your Iowa medical license. The new rules may take some time to enact and the Board will provide physicians sufficient time to complete the required CME. In the meantime, if you plan on taking CME for chronic pain management, you may want to find a course that focuses on the CDC guideline for appropriate opioid prescribing.

END OF LIFE CARE

Physicians with active Iowa medical licenses are required to complete two hours of Category 1 credits for end-of-life care every five years. The training must be related to end-of-life, not palliative care.

These requirements, which became effective August 17, 2011, are for physicians who provide primary care to patients and these specialties: emergency physicians, family physicians, general practice physicians, internists, neurologists, pain medicine specialists, and psychiatrists.

Physicians who have provided or expect to provide end-of-life care, must complete the training, regardless of

specialty designation. The mandatory training requirements apply to physicians with active medical licenses who report they are retired or are not in clinical practice.

Please visit iaafp.org – and hit the education tab – to access on-demand CME that will meet the requirements for Chronic Pain and End of Life Care.

Iowa State Mandated CME

Evidence Based Care of Chronic Pain Course

Register Here:

<http://iaafp.org/Chronic-Pain/>
Cost: \$40 for IAFFP/AAFP Members
\$50 for Nonmembers

End of Life Care Course

Register Here:

<http://iaafp.org/End-of-life/>
Cost: \$40 for IAFFP/AAFP Members
\$50 for Nonmembers

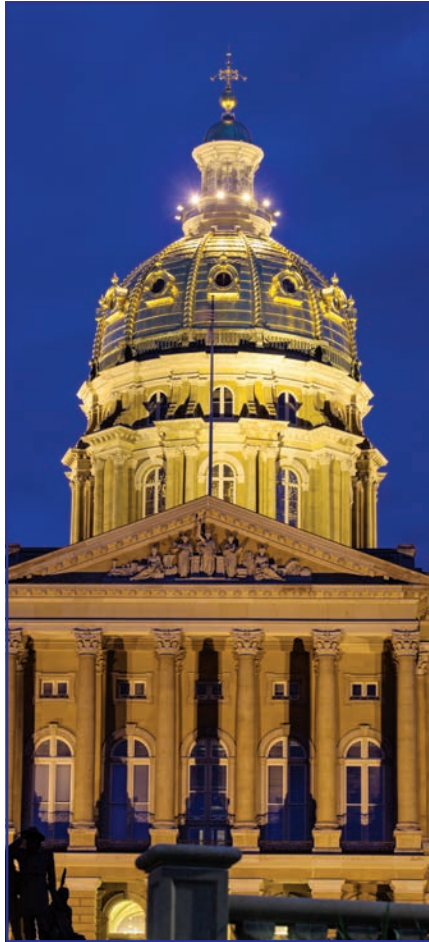
Iowa-licensed physicians are required to complete 2 hours of Category 1 credits for chronic pain management and 2 hours of Category 1 credits for end-of-life care every five years. These requirements became effective August 17, 2011, are for physicians who provide primary care to patients (e.g., emergency physicians, family physicians, general practice physicians, internists, neurologists, pain medicine specialists, and psychiatrists.)

THANK YOU TO OUR 2021 PRIMCARE PAC CONTRIBUTORS!

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WHAT IS THE IAFP PRIMCARE PAC? IAFP PrimCare PAC is the state political action committee of the Iowa Academy of Family Physicians. The PAC is a special organization set up to collect contributions from a large number of people, pool those funds and make contributions to state election campaigns.

WHERE DOES MY DONATION GO? IAFP PrimCare PAC will make direct contributions to candidates for the Iowa General Assembly (either State House of Representatives or State Senate), and statewide offices. Contribution decisions are made in a nonpartisan way based on candidates’ positions, policies and voting records as they relate to family physicians and our patients. Direct contribution decisions are made by the PAC Committee.

I ALREADY PAY MY DUES—ISN’T THAT ENOUGH? Election laws prohibit the use of membership dues for donations to political candidates. Funds to be used for donations to candidates must be raised separately from membership dues. Voluntary PrimCare PAC donations are what will enhance IAFP’s clout in the elections and with elected members of the Legislature.



IAFP PRIMCARE PAC DONATION:

- \$1000 PLATINUM MEMBERSHIP
- \$750 GOLD MEMBERSHIP
- \$500 SILVER MEMBERSHIP
- \$250 BRONZE MEMBERSHIP
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Name _____
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Contributions to PrimCare PAC are not deductible for federal income tax purposes. Voluntary political contributions by individuals or an LLC to PrimCare PAC should be written on a PERSONAL CHECK OR PERSONAL CREDIT CARD. Funds from corporation cannot be accepted by the PAC. Contributions are not limited to suggested amounts. The Iowa Academy of Family Physicians will not favor nor disfavor anyone based upon the amount of or failure to make a PAC contribution. Voluntary political contributions are subject to limitations of FEC regulations.

MAIL FORM & PAYMENT TO: IAFP, 1515 LINDEN STREET, SUITE 220 | DES MOINES, IA 50309 | FAX (515) 244-4131

Save the date for the IAFP Virtual Business Meeting to be held October 29 at 3:00 pm

We will be holding our IAFP Business Meeting virtually in conjunction with our virtual annual conference. Please plan on joining us. During the Annual Business Meeting we will review annual reports from the Finance, Membership, Education and Advocacy committees, and elect new Board members and officers.

Following the Business Meeting please join us as we express our gratitude to Sherry Bulten, MD for her years of service on the Board of Directors and as President and board chair. Lonny Miller, MD will complete his year as president and will transition to Board Chair. In addition, we will celebrate the installation of Laura Bowshier, MD as your 2021-22 IAFP President. We hope you can join us!

Starting the Conversation: HIV Treatment & Care

A GUIDE FOR HEALTH CARE PROVIDERS



Antiretroviral therapy (ART) reduces HIV-related morbidity and mortality at all stages of HIV infection.

When taken as prescribed, ART can suppress viral load, maintain high CD4 cell counts, prevent the most advanced stage of HIV, prolong survival, and reduce the risk of transmitting HIV to others.

Health care providers play an important role in helping patients with HIV improve their health outcomes. By engaging your patients in brief conversations at every office visit, you can help them stay in HIV care, improve their medication adherence, and achieve viral suppression.

1

Support your patients with HIV by monitoring and discussing their needs and linking them to services. Staying in care can be challenging, even for the most motivated patients, and their needs may change over time.

2

Emphasize the benefits of consistent, long-term adherence to medication. Positive reinforcement from health care providers can help patients maintain high levels of adherence to care appointments and HIV treatment.

3

Ask your patients open-ended questions to assess adherence to medication. Build trust with your patients by becoming more familiar with any challenges regarding their medication and barriers they face to staying in care.

HIV Care is Prevention

Learn more at: [cdc.gov/HIVNexus](https://www.cdc.gov/HIVNexus).



**Ending
the
HIV
Epidemic**

2021 ANNUAL CONFERENCE

VIRTUAL EVENT ONLY SCHEDULE OF EVENTS - OCTOBER 28-30, 2021

THURSDAY, OCTOBER 28

ANNUAL CLINICAL EDUCATION CONFERENCE OPENS

- 5:45 pm Welcome/ Introductions & Overview
- 6:00 pm Addressing Social Determinants of Health in a Rural Area
- 6:35 pm Update on Infectious Disease in Iowa
- 7:10 pm Decision Points in Management of Patients with DKD
 - This presentation is sponsored by the Primary Care Education Consortium and supported by an educational grant from Bayer Healthcare Pharmaceuticals Inc
- 8:15 pm Recess



IOWA ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR IOWA

FRIDAY, OCTOBER 29

- 7:55 am Introductions and Announcements
- 8:00 am Early Identification of Autism Spectrum Disorder
- 8:35 am AAFP Update
- 9:10 am Break
- 9:15 am Management and Prevention of Influenza in High-Risk Patients
 - This activity is jointly provided by the North Carolina Academy of Family Physicians and Spire Learning, and is supported by an educational grant from Genentech.
- 10:20 am Treatment of Geriatric Depression and Anxiety
- 10:55 am All About B12
- 11:30 pm Break for Lunch
- 12:30 pm JOURNAL CLUB LIVE
- 2:00 pm Break
- 2:05 pm ABFM Update
- 2:55 pm Sessions Conclude for the Day
- 3:00 pm Business Meeting and Installation of New Officers
- 4:15 pm Recess

SATURDAY, OCTOBER 30

- 8:00 am Navigating Breast cancer Risk and Density
- 8:35 am Comprehensive Management of Osteoporosis
- 9:10 am LGBTQ Inclusive Care of Family Medicine Providers
- 9:45 am Break
- 9:55 am Management of Female Sexual Dysfunction in the Primary Care Setting
- 10:30 am Sex Trafficking in Iowa
- 12:05 pm Adjourn
- The AAFP has reviewed 73rd Annual Clinical Education Conference and deemed it acceptable for up to 12 In-Person, Live (could include online) AAFP Prescribed credit. Term of Approval is from 10/28/2021 to 10/30/2021. Physicians should claim only the credit commensurate with the extent of their participation in the activity.*

REGISTRATION

IAFP/AAFP Member: \$195.00
Student/Resident: No Charge
Non AAFP Member: \$295.00

<https://iaafp.wufoo.com/forms/2021-iafp-virtual-conference/>

IAFP OFFERING VIRTUAL AND ON-DEMAND CME

The IAFP is excited to bring you a KSA zoom webinar on November 13th. In addition, we have a wide variety of on-demand webinars on our website to meet your CME needs anytime, anywhere.

ON-DEMAND IAFP END OF LIFE CARE COURSE ZOOM WEBINAR

COST: \$40 IAFP/AAFP MEMBERS
\$50 NON-MEMBERS

ON-DEMAND EVIDENCE BASED CARE OF CHRONIC PAIN COURSE ZOOM WEBINAR

COST: \$40 IAFP/AAFP MEMBERS
\$50 NON-MEMBERS

EVERY BITE COUNTS SERIES

IAFP IS PROUD TO TEAM UP WITH THE
IOWA FOOD AND FAMILY PROJECT GROUP
FOR THIS FREE 2-PART
WEBINAR SERIES.

VIRTUAL KSA BEHAVIORAL HEALTH

NOVEMBER 13, 2021 - 8:00 AM-NOON

COST: \$125 IAFP/AAFP MEMBERS

\$150 NON-MEMBERS

REGISTER HERE:

[HTTP://IAAFP.ORG/KSA/](http://iaafp.org/ksa/)

Behavioral Health - KSA Working Group

Easily fulfill the 60-question Knowledge Self-Assessment (KSA), formerly SAM, with this one-day session that meets your ABFM's Family Medicine Certification Self-Assessment Activities requirement.

- Review 60 core competency questions with experienced family physician faculty, and decide the best answer with your colleagues.
- The IAFP reports your answers directly to the ABFM on your behalf.

TO GET MORE INFORMATION OR TO REGISTER,
VISIT [WWW.IAAFP.ORG/EDUCATION](http://www.iaafp.org/education)

MILESTONE MEMBERSHIPS

Congratulations to all of our members celebrating milestone anniversaries with the IAFP

10 Years

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**NEW PHONE
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Family Medicine

Live Life the Way it Should Be!



Seeking BE/BC Family Medicine physicians to join our busy, collegial group in family-friendly Iowa. Come practice modern medicine in this Middle American dream town where your patients are your friends and neighbors. Enjoy a simpler way of life with an affordable cost of living, great recreational areas and historical landmarks.

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- #1 in Quality and Value by Iowa's leading insurer last 3 years
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 314-330-4169 or dkenner@mountainmed.net



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FARM BUREAU AWARDS RURAL PHYSICIANS SCHOLARSHIPS

Des Moines, Iowa: Two (\$5,000) Iowa Farm Bureau Rural Family Medicine Scholarships were awarded in 2021.

“America is facing a physician shortage, but rural areas are especially vulnerable,” said Ronnette Vondrak, Community Resources Manager for the Iowa Farm Bureau Federation (IFBF), “That’s why IFBF is proud to sponsor the Rural Family Medicine Scholarship to encourage highly-valued graduates to stay in Iowa and practice medicine in a rural community.”

The scholarships encourage residents upon graduation to pursue a medical career in Iowa communities with populations under 10,000.

“The Iowa Academy of Family Physicians Foundation is proud of its continued partnership with the Iowa Farm Bureau,” said IAFP Foundation President, Dawn Schissel, MD. “We are working toward a common goal—that is to provide family physicians to rural Iowa. By providing assistance in the form of scholarships to students and residents we help to build the framework of excellence in medical care for the state of Iowa. The future of family medicine in Iowa looks bright as we continue to partner with organizations such as the Iowa Farm Bureau in supporting rural medicine.”



FARM BUREAU FINANCIAL SERVICES



2021 STUDENT RECIPIENT:



Savannah Marker, DO –
Growing up in rural Madison County, Savannah’s home was perfectly placed between corn and bean fields with the pig farm a short sniff away. For over fifteen years, her ambitions have been to return to a small community like her own as a family physician. Since starting medical school, she now knows that it is her goal to work at a critical access hospital. Matching at Broadlawns, Savannah knows her career will be

set up for success. Her residency mentors and program leaders are dedicated to developing rural physicians. Additionally, Savannah aspires to mentor and teach medical students. She believes providing students exposure to rural medicine will strengthen the future of healthcare in Iowa by motivating more young physicians to practice outside of larger cities.

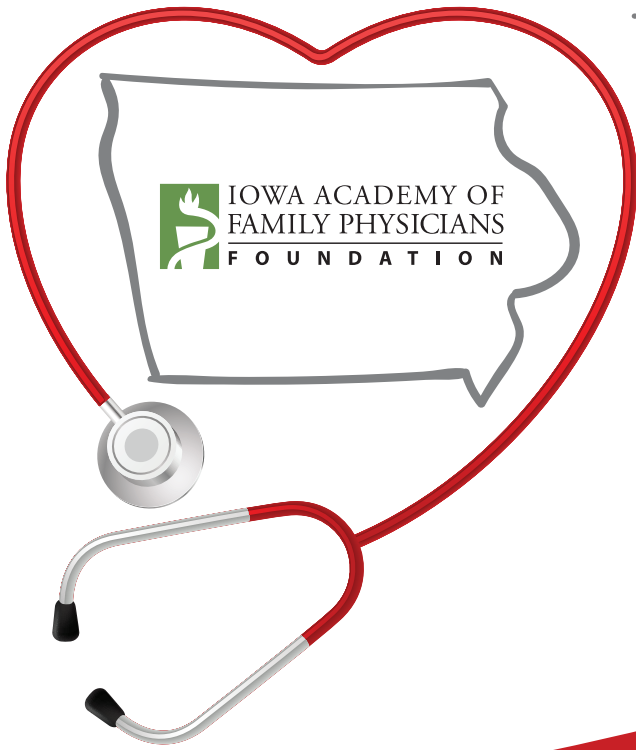
2021 RESIDENT RECIPIENT:



Mary Gallagher, MD –
Mary attended Virginia Commonwealth University for her undergraduate and medical degree before coming to Iowa for residency. During her second year of residency, she decided to rotate in a rural practice. What she found was an all-around fantastic practice setting. The physicians there truly modeled the best of every aspect of a great family doctor. Their attributes included incredible skill in a broad scope

of practice, a willingness to work hard for expanded access to care for all area residents, and rigorous individual and team improvement efforts. Mary has come to believe strongly in the importance of community-focused healthcare, which is incredibly rewarding in a rural setting. After spending time in the University of Iowa community clinic in Muscatine, she knew she had found a setting in which she could practice rural primary care while pursuing her passion for education as clinical faculty. As a lifelong learner and family medicine preceptor, Mary will work hard to inspire medical students and residents to pursue careers in rural Iowa.

THE **HEART** OF THE FOUNDATION



STUDENTS Your support provides funding for the Annual FMIG dinner, \$300 scholarships for students attending the AAFP National Conference, the outstanding student award, and travel expenses to send a student to the Family Medicine Congressional Conference.

RESIDENTS Your support provides funding for residency program visits, the AAFP National Conference – Iowa Residency exhibit hall, Resident Council summer meeting luncheon, Resident Medical Jeopardy Throw Down, and travel expenses to send a resident to the Family Medicine Congressional Conference.

RURAL LOAN REPAYMENT Your support helps to provide funding for students entered into the Rural Iowa Primary Care Loan Repayment Program. This program helps to increase Iowa's primary care physician population and improve access to care for people living in Iowa's rural communities.

UNRESTRICTED Your donation helps to support programs where funding is needed in the areas of resident and student programming.

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