



IOWA FAMILY PHYSICIAN

Vol. LIII No. 2 / FALL 2025

2025 IAFP ANNUAL CONFERENCE

NOVEMBER 6-7, 2025

PRAIRIE MEADOWS CONFERENCE CENTER

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INSIDE:

- Annual Conference Agenda and Registration
- FUTURE Recap
- Meet International Medical Graduate Dr. Maria Bianchi

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RECONNECT, RECHARGE, AND REIMAGINE: JOIN US AT THE IAFP 2025 ANNUAL CONFERENCE

By Sarah C Ledger, DO, FAAFP

As Iowa settles into the crisp days of November, family physicians from across the state will gather for one of our most valued traditions: the Iowa Academy of Family Physicians (IAFP) Winter CME Conference. Mark your calendars for November 6–7, 2025, at the Prairie Meadows Conference Center in Altoona, Iowa. This annual event is more than just an opportunity to earn CME credits—it's a time to step away from daily demands, sharpen your clinical skills, and connect with colleagues who share your passion for family medicine. This conference will feature a robust lineup of sessions addressing the real-world challenges family physicians face every day. From the latest evidence-based updates to practical strategies for managing chronic disease, behavioral health, and preventive care, each session is designed to provide tools you can bring directly back to your patients and communities. Amid the challenges of modern practice, the Winter Conference is an intentional opportunity to invest in yourself. Take time to learn, to network, and to reflect—so you return to your practice refreshed and reinvigorated.

This year brings an exciting addition to the program. We invite you to participate in a hands-on preconference procedural clinic. This add-on session offers a unique opportunity to learn—or refine—your joint injection skills under expert guidance. Whether you're looking to expand your procedural offerings or simply boost your confidence, this workshop is designed to be practical, interactive, and immediately applicable to your practice.

We are also thrilled to announce that AAFP President-Elect Sarah Nosal, MD, FAAFP will be joining us from New York. I have had the privilege of getting to know Dr. Nosal, and I can assure you—she is a strong, passionate leader in family medicine. Her voice and vision for our

specialty will inspire and energize us as we continue the important work of advancing family medicine here in Iowa.

Get Involved with IAFP

I have always felt that the heart of the Winter Conference lies in the connections made. It's a chance to reconnect with colleagues, exchange ideas, and share in the camaraderie of family medicine. Attending the Winter CME Conference is just one way to connect with your Academy. If you're interested in becoming more involved, I encourage you to reach out to a board member or IAFP staff. Whether your passion is education, advocacy, or inspiring the next generation of family physicians, there is a place for you at IAFP. Your involvement strengthens our specialty and ensures that family medicine continues to thrive in Iowa. One of the best ways to get started is by joining a committee.

- Education Committee – Oversees all continuing education programs of the Academy, including the Winter CME Conference and online learning opportunities.
- Member Services Committee – Guides IAFP membership activities and engagement, recommends public relations initiatives, and oversees publications such as *E-News Bites* and this magazine.
- Advocacy Committee – Serves as an advocate for family physicians and their patients in healthcare policy, promotes the image of family medicine in Iowa, and assists with grassroots lobbying. This committee also organizes the annual Legislative Coffee at the Capitol in February.
- Pathways Committee (NEW!) – Are you passionate about increasing interest



in family medicine in your community and across Iowa? Then this committee is for you! They are committed to promoting future family medicine physicians by engaging school-aged children, college students, and medical students.

As my year as President of the Iowa Academy of Family Physicians is coming to a close, I find myself reflecting with gratitude, pride, and hope. Serving in this role has been one of the greatest honors of my professional life. Over the past year, I have been continually inspired by the resilience, dedication, and compassion of Iowa's family physicians. While we may practice in different settings, we are united by our commitment to evidence-based medicine, community-based care, and shaping a healthier future for Iowa. I encourage each of you to remain engaged and passionate. Your voice matters. Your work matters. And together, we make an impact that extends far beyond our clinics and exam rooms. It has been a privilege to serve you, to represent you, and to walk alongside you in this remarkable journey of family medicine. The future is bright, and I leave this role confident that Iowa's family physicians will continue to lead with integrity, compassion, and vision. Together, we can strengthen the future of family medicine in Iowa.



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CALLING ALL BOOMERS! EDUCATE THE ZOOMERS!

Jason Wilbur, M.D., Editor

Sarah Costello, M.D., Assistant Editor

Halloween is around the corner, so let me start off by offering this image: me wearing an Uncle Sam costume, pointing my finger in your direction and saying, "IAFP wants you!"

"Um...ok," you respond. "But what do you want me to do?"

As an aside and in full disclosure, I love Halloween but have never dressed up as Uncle Sam. However, I did go to a Halloween party once dressed as the Statue of Liberty, and that's close enough. Back to the point... It's not just IAFP that needs you; it's the entire population of Iowa. We need family physicians, now more than ever. According to the most recent HRSA "Health Workforce Projections" report, there are 1,580 of us in Iowa to serve a population of about 3,200,000 people. That's 49 family physicians per 100,000 Iowans, meaning that we are each responsible for about 2,040 Iowans. I don't know about you, but I'm not doing my part. And while you might imagine that our specialist colleagues are picking up our slack, they are overworked, too: Iowa ranks 45th in the nation for overall patient-to-physician ratio (inclusive of all specialties).

On top of these statistics, there are other factors to consider. Baby boomers are aging and living longer with more chronic health conditions and disabilities, requiring more interactions with the health care system. Who will see them? Post-covid, early physician retirements have increased. The median age of an Iowa physician is about 50, and if early retirement trends continue, we could see a steep drop in the number of middle-to-late career physicians in practice, resulting in a huge loss of productivity.

Many of us have seen this coming, felt it in our patient's demands for access, and worried about who will take care of us when we're older. Lately, there has been some action. Earlier this year, Iowa passed legislation intending to increase physician numbers in Iowa, including more robust funding for rural health provider loan repayment and funding for GME expansion. The Iowa Medical Society published a report in 2025 endorsing these efforts and suggesting other methods to retain physicians in Iowa.

Whether some of these efforts will succeed remains to be seen, and there is some debate as to whether adding residency slots will result in more practicing physicians staying in Iowa. In one way, this idea makes sense: Iowa ranks 10th in the nation in number of medical student slots per capita but 40th in ratio of GME slots per medical student (with about 100 more med school graduates per year than PGY-1 positions). With more residency opportunities available in the state, hopefully more UI and DMU grads will choose to stay.

By the way...there's a new medical school opening in Dubuque in 2028. If that happens as scheduled, an extra 90 medical students will graduate in Iowa in 2032.

Who will educate all these students and residents? "You!" says Uncle Sam. If you'll heed my call, we will all join in this effort. We will need more preceptors for resident clinics, more rural experiences for students and residents, and more educational leaders in residency programs and medical schools. And believe me, medical schools need family physicians involved in teaching and leading! As we



*Jason Wilbur, M.D.
Editor*



*Sarah Costello, M.D.
Assistant Editor*

prepare for the future, I hope you'll join me and many others in educating the next generation of physicians – especially family docs!

As always, email me with any questions/concerns/ideas. You can reach me at jason-wilbur@uiowa.edu. If you are interested in becoming a UI Family Medicine Clerkship preceptor, I can connect you. If you want work with DMU, I'll get you hooked up, too!



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1

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2

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3

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Meals That Nourish



Spaghetti Squash with Meat Sauce



Mediterranean Beef & Veggie Wraps

- 1 Wolfe RR, Church DD, Ferrando AA, Moughan PJ. Consideration of the role of protein quality in determining dietary protein recommendations. *Front Nutr.* 2024;11:1389664. Published 2024 Nov 13.
- 2 Leidy HJ, Clifton PM, Astrup A, et al. The role of protein in weight loss and maintenance. *Am J Clin Nutr.* 2015;101(6):1320S-1329S.
- 3 Layman DK, Anthony TG, Rasmussen BB, Adams SH, Lynch CJ, Brinkworth GD, Davis TA. Defining meal requirements for protein to optimize metabolic roles of amino acids. *Am J Clin Nutr.* 2015 Jun;101(6):1330S-1338S.
- 4 U.S. Department of Agriculture, Agricultural Research Service. FoodData Central. Internet: fdc.nal.usda.gov (NDB #13364).



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FROM CLASSROOM TO CLINIC: LESSONS FROM THE FRONTLINES OF CORE CLERKSHIPS

Spenser Larson, M2 at the Carver College of Medicine

The leap from pre-clinical lectures to core clerkships is more than just a change in setting—it's a profound transformation. My daily pattern shifted from memorizing pathways in the quiet hum of the library and MERF to making real-time decisions in bustling hospital hallways, with patients and mentors shaping my education in ways textbooks never could.

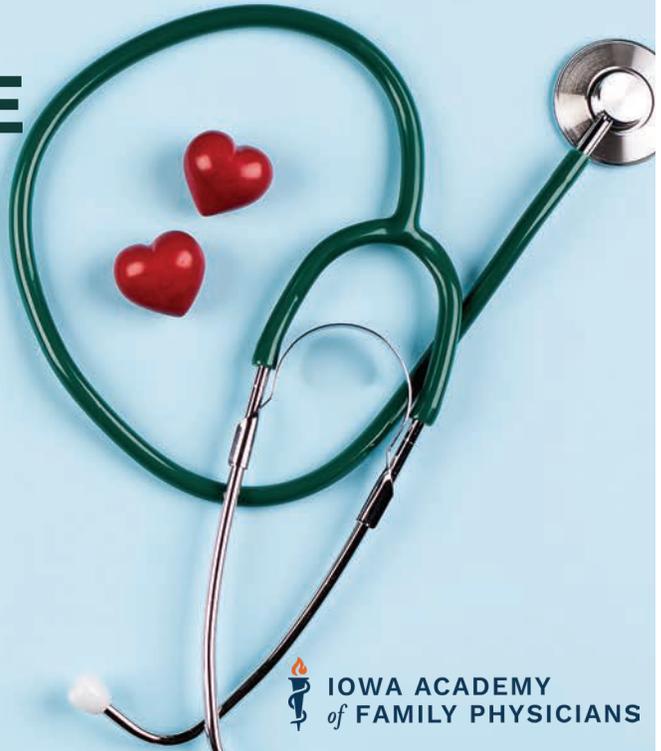
Each rotation has brought its own challenges and triumphs: mastering the pediatric vaccination schedule, assisting in the management of surgical conditions, and learning the delicate balance of obstetric care. Yet the true highlight of my 2025–2026 year has been discovering the human heartbeat beneath the science—how empathy, attentiveness, and adaptability are as essential as any diagnostic skill.

Family medicine, in particular, left its mark on me. Stepping into the clinic each day, I was guided by faculty and residents whose dedication was matched only by their compassion; their example reaffirmed my growing interest in pursuing primary

care. I studied not only their clinical reasoning, but also their subtle skills—the way they built trust in minutes, navigated complex social situations, and found moments of light in the midst of heavy days.

Clerkships didn't just teach me medicine; they taught me, me. I learned the value of failing forward, of using missteps as momentum. I found daily rhythms that kept me grounded, and I saw firsthand how a physician's role extends far beyond the exam room—to the grocery store, the local rec center, and the community at large.

Education, I've come to realize, is everywhere—in the patient who trusts you with their story, in the attending who shares a hard-earned pearl of wisdom, and in the quiet reflection after a challenging day. I'm continuing this stage of my training to become a better student, a better future physician, and a better person. And I can't wait to see where the next chapter will take me.



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www.iaafp.org/committee-volunteer-form/

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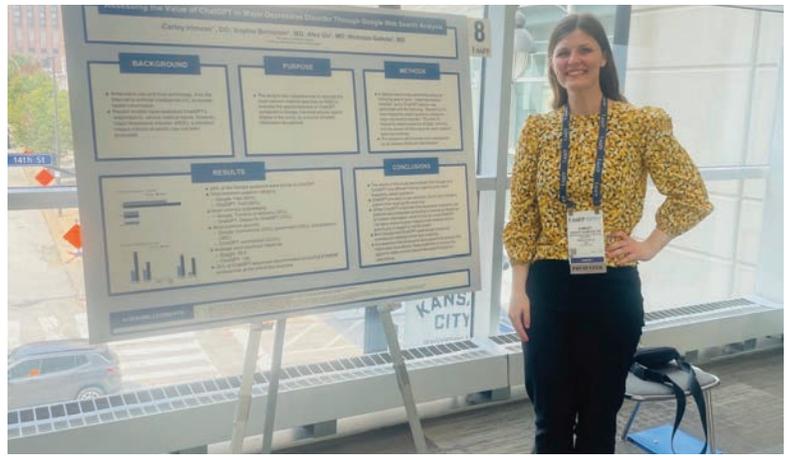
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THE FUTURE IS...

Family Medicine

The National Conference for the Future of Family Medicine took place July 30–August 1 in Kansas City, offering an incredible opportunity for medical students and residents to build lifelong connections. IAFP hosted a special Iowa reception where students, residents, program directors, coordinators, and faculty came together to network and answer students' questions. Iowa also proudly had a full delegation participate in the Student and Resident Congress, further demonstrating the state's strong commitment to the future of family medicine.



DR. MARIA BIANCHI Q&A

Dr. Maria Bianchi recently earned an AAFP scholarship to attend the Family Medicine Advocacy Summit in Washington, D.C. During a session with congressional staffers, she delivered a powerful speech on the vital role of international medical graduates and the challenges they face—earning the only standing ovation of the conference. Her remarks were so impactful that the AAFP Vice President for Legislative Affairs requested a one-on-one meeting. We are proud to celebrate Dr. Bianchi's leadership and advocacy. We caught up with her to hear more about this inspiring experience.

What inspired you to bring the voices and needs of International Medical Graduates to FMAS, and how has your own journey shaped that passion?

Attending FMAS was a unique opportunity. Every AAFP chapter was present, and there was strong representation from residency programs across the country. I felt a deep responsibility to speak up for international medical graduates (IMGs) like myself. I was there on a scholarship, and I wanted to make that opportunity count. Many people may not fully understand the challenges IMGs face, and I knew that being in that space, surrounded by leaders, educators, and decision-makers, I had the chance to raise awareness and help others better understand the realities we navigate.

As an IMG from Venezuela, I've experienced how complex the path into U.S. residency can be. And even during training, there are ongoing challenges many of us face. At the same time, IMGs are a vital part of the primary care workforce, especially in underserved communities. While working on an advocacy brief earlier this year, I came

across compelling data showing just how many IMGs are matching into family medicine and how essential we are to addressing the primary care shortage. That really deepened my sense of urgency to speak up. I've been involved in advocacy throughout residency, serving on my hospital's House Staff Council, visiting the Iowa Capitol with the Iowa Medical Society, and attending FMAS in Washington, D.C., where I spoke with members of Congress. I've also held leadership roles within the AAFP, including with the Global Health Member Interest Group and the Center for Global Health Initiatives. For me, advocacy is not separate from medicine. It is part of my role as a family physician in training.

Was there a moment or conversation at FMAS when you truly felt that your advocacy for IMGs connected with someone or could lead to real change?

Absolutely. Right after I gave my speech, several IMGs came up to me and thanked me for speaking up. Many of them shared that they had been waiting for someone to name the challenges we face and to advocate publicly. We

ended up connecting, sharing stories, and supporting one another. It reminded me how powerful it is when we come together and realize we are not alone in this.

Later on, we also had the chance to meet with AAFP leadership and share the experiences and concerns of IMG residents, and while I do not know exactly what will come from that, I know that our voices were heard and that matters.

One of the most surreal moments was when the entire room stood up and applauded after my speech. Afterwards, family physicians from across the country came to my seat to thank me. Hearing their stories and their encouragement was incredibly meaningful. It made me feel like I had accomplished what I set out to do, which was to raise awareness and build understanding.

Whether or not immediate changes happen, I believe that meaningful progress starts with honest conversations. It begins by creating spaces where people can connect, listen, and feel seen. That is the foundation for long-term change.

“Another challenge was making sure my message was clear and easy to understand. IMG-related topics can be complex, especially when it comes to things like visas and training pathways, so I focused on keeping the language simple and using concrete data to help people connect the dots. The data gave weight to what I was saying. It helped me show not just emotion, but impact.”



What were the toughest challenges you faced in making sure IMG issues were heard, and how did you navigate those moments?

One of the biggest challenges at FMAS was finding the courage to speak up in such a large space. Standing in front of more than 300 family physicians, putting myself out there and being vulnerable, was honestly very intimidating. I wasn't sure how people would respond or if they would fully understand the issues. But in that moment, I kept thinking about all the international medical graduates who weren't in the room, who needed someone to speak up. My sense of duty was stronger than my hesitation.

Another challenge was making sure my message was clear and easy to understand. IMG-related topics can be complex, especially when it comes to things like visas and training pathways, so I focused on keeping the language simple and using concrete data to help people connect the dots. The data gave weight to what I was saying. It helped me show not just emotion, but impact.

What helped me navigate those moments was a combination of things. I feel a strong internal motivation to make the most

of the opportunities that are presented to me, and my leadership experiences during residency have helped me grow more confident in using my voice. I also draw strength from connecting with other IMGs and remembering that we are not alone in these challenges. Before doing something that feels challenging, whether it is stepping up to the microphone or sitting down with leadership, I always ask myself, "What's the best that can happen?" That question helps me stay focused on the possibility of making a difference, and for me, that makes it worth it.

After all the energy and connections from FMAS, what's next for you in keeping the momentum going for IMG advocacy in family medicine?

Right after FMAS, I had the opportunity to attend FUTURE, the AAFP's national conference for residents and medical students. That experience was incredibly energizing. I was able to connect with other family medicine residents from across the country, many of them fellow IMGs, and together we worked on a resolution titled "Supporting H-1B Visa Sponsorship to Protect International Medical Graduate Pathways to Family Medicine Residency."

Collaborating with other residents on something so tangible felt meaningful and empowering. We were able to bring our shared experiences into a unified proposal, and the resolution passed. It will now move forward to the AAFP Board of Directors for consideration. That outcome made me feel hopeful, not just because of the resolution itself, but because of what it represented. It showed that when we come together, our voices can lead to real, system-level advocacy.

Moving forward, I hope to continue building connections with other IMGs, supporting mentorship, and creating space for ongoing dialogue and action within family medicine. My goal is to help ensure that IMGs feel supported, seen, and empowered to thrive in family medicine.

BEYOND THE CLINIC: THE VALUE OF LONGITUDINAL SIDELINE COVERAGE IN FAMILY MEDICINE TRAINING

By Ashley Best, MD, Maria A. Bianchi, MD, and Rick Hiciano, MD*
University of Iowa Department of Family and Community Medicine

As family medicine doctors, we may be known as the “jack-of-all-trades” specialty when it comes to patient care, applying our general knowledge to any patient complaint. However, when it comes to resident learning, sideline sports coverage (i.e., a high school football game) may seem far removed from the comforts of the exam room or inpatient service. Current medical education strives to connect clinical knowledge with community-based care, and longitudinal sideline sports coverage can be the perfect classroom for any family medicine resident. Sports coverage offers the opportunity to enhance continuity of care, cultural competence, and interprofessional collaboration—all core tenets of the ACGME’s mission for competent, compassionate physicians (ACGME, 2023). For family medicine residents, this can be one of the richest, most unique educational environments in our training.

Unlike one-time sports medicine rotations or event participation, longitudinal sideline coverage is a sustained commitment, often lasting a full season or school year. Residents become integrated into the team—participating in preseason evaluations, training room sessions, game coverage, and follow-up care. They provide comprehensive care while

building rapport with athletes, coaching staff, and families, truly embedding themselves within their community. As a result, residents report a deeper understanding of sports-related health concerns, including concussion protocols and return-to-play decisions (Devitt, Kay, & Smith, 2018).

Additionally, participation in community-based athletic programs has been associated with enhanced resident engagement, stronger physician–patient relationships, and a deeper sense of meaning in their work (Schwartz, Zimmerman, & Lewis, 2018; Shanafelt, West, & Sinsky, 2022). Residents also gain skills in developing interprofessional relationships as they work alongside athletic trainers, physical therapists, and orthopedic consultants. These experiences directly fulfill the Interprofessional Collaboration milestone (ACGME, 2023).

This immersion on the field provides numerous clinical benefits. The sideline is an ever-changing, acute learning environment, addressing the Patient Care and Medical Knowledge competencies of the ACGME (ACGME, 2023). Residents strengthen their clinical skills by reflecting on their performance, seeking feedback from sports medicine staff and athletic trainers while building intuitive

knowledge with each week on the sideline. This is the essence of Practice-Based Learning and Improvement (ACGME, 2023.) Whether it is dehydration, a sprained ankle, or the infamous “gut rot,” residents learn to triage sports injuries, implement evidence-based treatments, and adapt their care to the field—all before the buzzer sounds.

A prime example of the benefit of sideline coverage is concussion management. Whether the sport is football, basketball, soccer, or wrestling, residents gain firsthand experience diagnosing and managing head injuries on the field, with the added benefit of monitoring recovery through follow-up visits and return-to-learn and return-to-play protocols (Devitt, Kay, & Smith, 2018). Both on and off the field residents learn to educate families and assist with coordinating care with school personnel. These sometimes-difficult conversations require clear yet compassionate communication and shared decision-making. This skill falls under the Interpersonal and Communication Skills milestone—as what worried parent would not want their sports doctor to provide clear instructions on when it is safe for their athlete to return to play. Sideline coverage also strengthens musculoskeletal and procedural skills, aligning with Family

“Unlike one-time sports medicine rotations or event participation, longitudinal sideline coverage is a sustained commitment, often lasting a full season or school year. Residents become integrated into the team—participating in preseason evaluations, training room sessions, game coverage, and follow-up care.”

Medicine Milestones (Wu, Jayasuriya, & Redfern, 2022).

An important yet often overlooked aspect of sports medicine is an athlete's mental health. Unfortunately, injuries may come with the possibility of temporary or even permanent time off. Time away from the sport is time away from building one's craft—potentially making the difference between a future scholarship and none, a championship, and a missed season. Sideline coverage offers the first opportunity to assess an athlete physically, with the added benefit of checking in on their mindset. Will this athlete be mentally prepared for rehabilitation? Is there a personal sense of guilt? Will confidence be maintained? These are the questions a family doctor can ask, as we are often the first step in screening for depression and performance anxiety. Through mentorship from sports medicine faculty, residents learn to recognize early signs of psychological distress and initiate referrals to school counselors or behavioral health specialists for comprehensive care. This is the essence of Practice-Based Learning and Improvement (ACGME, 2023).

Many residencies are now finding creative ways to incorporate sideline coverage through sports medicine electives, continuity clinic partnerships, or as part of specialized tracks or community health initiatives. Residents can benefit from these experiences in a multitude of ways. Surveys have shown that a majority of family medicine residents report feeling underprepared in musculoskeletal care (Pinney & Regan, 2001; Matheny & Smith, 2000), while those who engage in structured sports coverage—such as sideline roles—develop increased confidence and improved clinical skills in this area (Wu, Jayasuriya, & Redfern, 2022; Milzman & Sane, 2015). Residents also report a deeper understanding of sports-related health concerns, including concussion protocols and return-to-play decisions (Devitt, Kay, & Smith,

2018). Additionally, participation in community-based athletic programs has been associated with enhanced resident engagement, stronger physician–patient relationships, and a deeper sense of meaning in their work (Schwartz, Zimmerman, & Lewis, 2018; Shanafelt, West, & Sinsky, 2022).

Longitudinal sideline coverage embodies what family medicine is all about: being present, being versatile, and caring for the whole person over time. In an era when residency and medical education can seem hyper-focused on metrics and competencies, the sideline offers a unique method of developing all six ACGME Core Competencies. Family medicine attendings observe that residents return from the field with sharpened clinical instincts and judgment, and a renewed enthusiasm for comprehensive, whole-person care. For residents, that 50-yard-line perspective may offer the clearest view yet of what it truly means to be a family medicine doctor.

*Ashley Best, M.D., Maria A. Bianchi, M.D., and Rick Hiciano, M.D., contributed equally to this work.

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FAMILY MEDICINE IN IOWA: THRIVING THROUGH CHANGE

By *Sonia Bell, MBA, Executive Vice President*

Change is both inevitable and essential, yet it is rarely easy. For family medicine physicians in particular, the pace of transformation can feel overwhelming as you adopt new technologies, comply with evolving policies, and shift toward new models of care. And as the association that serves as the collective voice and support system for you, IAFP faces the same pressure. Rapid shifts in curriculum, training requirements, funding, care delivery, and even the basics of scientific research and discovery require our organization to evolve in parallel to remain relevant and able to provide the advocacy, education, and community that you rely upon.

Between the COVID-19 pandemic and a retiring EVP in 2023, IAFP has (successfully!) experienced plenty of change in the past five years. On top of those changes, a new strategic plan was developed to better meet the needs of our members, resulting in additional educational opportunities and a new “Discover Family Medicine in Iowa” program aimed at introducing students to the practice of family medicine early in their education. And as we round out 2025 and enter 2026, more changes are on the horizon, including:

Continual updating and improvements to the Annual IAFP Education Conference

In the past two years, we have closely evaluated member feedback and suggestions for the Annual IAFP Education Conference, updating the agenda and topics to better align both with your needs and the rising cost of event space. In 2024, we removed the ½ day CME historically held on Saturday morning, instead opting

for slightly longer days to maximize your time while offering the same number and quality of CME hours during two full days instead. This year, we continued building on that model and are offering a pre-conference injection clinic where members can gain practical, hands-on training in shoulder and knee injections. Visit our conference website for more information and to sign up today!

<https://iaafp.org/iafp-annual-conference/>

More opportunities to volunteer and connect

Previously, IAFP’s committees and Foundation have met just once a year, in person, before the IAFP Annual Business meeting and Annual IAFP Education Conference. Starting in early 2025 and moving forward, we now offer remote meetings for our committee members throughout the year. This change makes it easier for volunteers from across the state to be involved and provides more opportunities for the committees to present and work on new ideas and projects.

Furthermore, we expanded our networking opportunities to include free educational discussions on emerging topics, a free member meet-up at the Iowa State Fair in 2024, and an incredibly successful “Physician Day at the Park” during an i-Cubs game in 2025. Looking forward to 2026, we will continue to explore new ways to connect with all our members, building on the successful events we’ve already experienced. If you would like to join any of our committees or planning groups for these initiatives and more, please visit <https://iaafp.org/get-involved/> today!



Updating IAFP’s bylaws

Through these changes, the IAFP Board and staff have noticed that, in order to ensure the organization can continue to evolve and meet the needs of our members, our bylaws need a bit of a “dusting off.” Through these discussions, the Board decided to suggest changes to three main sections of our bylaws, including:

- Creating a New Physician Director

With all the changes happening in the practice of family medicine, new physicians are faced with challenges and changes that lend an important perspective to IAFP’s mission. To better align with both those needs and AAFP’s own practice of having a New Physician Director on their board, IAFP’s board recommends similarly carving out a New Physician Director position for our leadership team.

- Updating IAFP’s Committee Structure

When IAFP’s Board approved a new strategic plan in 2023, we had to tailor most of our new objectives to a committee structure that wasn’t designed to accommodate all the

new tasks. IAFP's committee chairs and members nobly took on extra roles and projects, even creating the new "ad hoc Pathways Committee" to carve out additional opportunities for volunteers. However, the Board recognized that this isn't sustainable, and the organization needs to be nimbler in its ability to address change and emerging trends. Therefore, the Board recommends to mimic AAFP's bylaws with two standing committees: Executive and Finance, providing the IAFP Board the responsibility of appointing new commissions or committees outside of two primary standing committees.. IAFP's Education, Member Services, Advocacy, Nominating, and Pathways committees will be retained, allowing the Board to more effectively manage the composition and function of both our existing and future committees.

- Updating the AAFP Delegate terms

IAFP's Delegates to the AAFP Congress could hold eight-year terms since the beginning of the organization. These terms consisted of two years in each position: junior Alternate Delegate, senior Alternate Delegate, junior Delegate, then Senior Delegate, with preference given to previous IAFP Presidents. This provided IAFP with Delegates who had a wealth of knowledge and experience in the practice of family medicine, our chapter, and the national organization. However, this also resulted in a potential twelve-to-sixteen-year gap between their President and junior Alternate Delegate terms. The Board identified this issue and recommends a new model, under which the IAFP President-elect and President would concurrently serve as the Alternate Delegates, while the Delegates, preferably past-presidents still, would serve one two-year term. This better serves the organization

by 1.) Reducing the gap between the President and Delegate from twelve to sixteen years to five to seven years, 2.) Combining the viewpoints of IAFP's current leadership with our experienced past officers, maximizing the national networking of the executive team with the wisdom of the seasoned Delegates, and 3.) More effectively using IAFP's funds by reducing the total number of travelers to AAFP's Congress of Delegates and decreasing the weight of that cost on our annual budget.

The details of these changes are available for all members to review on our website, <https://iaafp.org/2025-Bylaws-Updates/>.

More discussion and the official vote to adopt them will occur at our Annual Business Meeting on Thursday, November 6, at the Prairie Meadows Conference Center.

While change is undeniably difficult, it is also what keeps organizations like the IAFP relevant, trusted, and capable of carrying the specialty forward. By working through and embracing change, we safeguard our future and affirm our role as indispensable partners advancing health for our patients and communities alike!

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2025 IAFP ANNUAL CONFERENCE

NOVEMBER 6-7, 2025 | PRAIRIE MEADOWS CONFERENCE CENTER

SCHEDULE OF EVENTS

THURSDAY, NOVEMBER 6

8:00 am	Board Meeting
9:00 am	Preconference- Injection Clinic
ANNUAL CLINICAL EDUCATION CONFERENCE OPENS	
10:30 am	Registration
11:00 am	Annual Business Meeting
11:30 am	Welcome/ Introductions & Overview
11:40 am	Atopic Dermatitis
12:15 pm	Concussions Update
12:50 pm	Buffet Lunch
1:20 pm	AAFP Update & How to Network
1:50 pm	Journal Club Live
3:10 pm	Break
3:15 pm	Office Trauma Management
3:50 pm	End Stage Liver Disease
4:25 pm	AI In Medicine: past, present, future, perspectives, pitfalls
5:00 pm	Fluoride and IQ
6:00 pm	Presentations Conclude
6:30 pm	Trivia & Reception

FRIDAY, NOVEMBER 7

7:00 am	Registration
7:00 am	President's Breakfast
7:00 am	Breakfast in Exhibit Hall
7:55 am	Introductions and Announcements
8:05 am	Cardiovascular-renal-metabolic (CKM) syndrome
8:40 am	Medicare Talk
9:15 am	Psychotropic Drug Use in Older Adults
10:05 am	Break- Exhibit Hall
10:25 am	Shedding Light on Type 2 Diabetes: Weight Management & Future Breakthroughs
11:35 am	Buffet Lunch
12:00 pm	Awards Ceremony & Installation of Officers
1:00 pm	Visit Exhibits
1:20 pm	PCOS
2:00 pm	Parkinson's Disease
2:35 pm	Maternal morbidity and Mortality in Iowa
3:10 pm	Visit Exhibits
3:30 pm	Resident Case Presentation
3:50 pm	Lung Cancer Screening Update
4:25 pm	Osteoporosis Screening & MGMT
5:00 pm	Recess for the Day



IOWA ACADEMY
of **FAMILY PHYSICIANS**

CONFERENCE INFORMATION

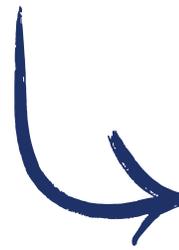
Registration Type

	Early Bird
Active Member	\$345
New Physician Member	\$275
Life/Inactive Member	\$240
Resident/Student Member	N/C
PA/NP who works with an AAFP Member	\$345
Non-Member (includes PA/NP)	\$445

Add On: Injection Clinic (Pre Conference) \$100

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You now can choose to register by the day!
Pay a \$200 fee to just attend one day!

SCAN ME



www.iaafp.org/2025-conference
to register or use the QR code above!
Early Bird Rates end on 10/6/2025

CONFERENCE LOCATION/HOTEL INFO.

Prairie Meadows Conference Center
1 Prairie Meadows Drive
Altoona, IA 50009 | 515-957-3000

Special Conference room rates are \$149 single/double + tax per night. Please identify yourself as part of the Iowa Academy of Family Physicians when booking a room to receive special room rates. Reserve your room before October 22, 2025 to receive this rate.

EDUCATIONAL OBJECTIVES

At the conclusion of this conference the participant should be able to:

- Review practical clinical information helpful in diagnosis
- Apply current clinical concepts in family medicine
- Integrate advanced knowledge and skills with professional performance, thereby furthering excellence in health care

Specific objectives for each topic will be included on the syllabus.

ATTENDEES WITH SPECIAL NEEDS

The Iowa Academy of Family Physicians will make every effort to accommodate registrants with special needs. Please let us know if you have an ADA disability that we should be aware of when you attend our conference.

TARGET AUDIENCE

This program is intended for family physicians, residents, students, physician assistants and nurse practitioners. Faculty will use lectures, augmented by audio-visual aids as well as interactive discussions.

EXHIBITORS

Thank you to our current exhibitors. Due to their support, the IAFP can offer quality CME while keeping registration fees affordable.

[AS OF SEPTEMBER 9, 2025]

- Abiomed
- Amgen
- Bayer
- Copic
- Diabetic Equipment and Supplies
- Docs Who Care
- Downing Construction
- Dynavax
- Gilead Sciences
- Guardant Health
- Iowa Newborn Screening Program
- Iowa Perinatal Quality Care Collaborative
- Iowa Research Network
- Kowa Pharmaceuticals America
- MagMutual
- NuCara Capacity Extension Program/Bureau of HIV STI and Hepatitis
- Pfizer
- Phathom Pharmaceuticals
- Sanford Equip
- UnityPoint Clinic



Join us for our first Trivia Night! Test your knowledge of both medical facts and pop culture while enjoying a fun and lively evening reception. It's the perfect chance to socialize, compete, and have a blast! Don't miss out!

WELCOME FIRST-YEAR RESIDENTS! 2025-2026

Broadlawns Medical Center, Des Moines

1. Kelsey Blocklinger, MD - University of Iowa Carver College of Medicine, Iowa City, IA
2. Timothy Doman, DO - Des Moines University, Des Moines, IA
3. Sydney Dorrance, DO - Des Moines University, Des Moines, IA
4. Hanna Ehrenberg, DO - Des Moines University, Des Moines, IA
5. Drew Engebretson, DO - A.T. Still, Kirksville, Missouri
6. Carys Fox, DO - William Carey University, Hattiesburg, Mississippi
7. Sarah Jones, DO - Des Moines University, Des Moines, IA
8. Vina Nguyen-Lumpkin, DO - Oklahoma State University Center for Health Science of Osteopathic Medicine, Tulsa, Oklahoma

MercyOne Des Moines, Des Moines

1. Aviraj Chauhan, MD - Spartan Health Sciences University School of Medicine
2. Breanna Cutrer, MD - University of Iowa Carver College of Medicine, Iowa City, IA
3. Sineah Donaldson, MD - University of Nebraska College of Medicine
4. Escobar, Henry MD - University of Kansas School of Medicine- Wichita
5. Aaron Holmes, DO - Western University of Health Sciences College of Osteopathic Medicine of the Pacific
6. Joseph Jansky, DO - Marian University, Tom and Julie Wood College of Osteopathic Medicine, Indianapolis, IN

MercyOne Genesis, Davenport

1. Brooke Turek, DO - Des Moines University, Des Moines, IA
2. Ceara Van Buskirk, DO - Kansas City University, Kansas City, MO
3. Nicholas Howard, MD - University of Illinois-Rockford, Rockford, IL
4. Madison Purvis, MD - University of Illinois-Rockford, Rockford, IL
5. Andrea Fjelstul-Bonert, MD - University of Iowa Carver College of Medicine, Iowa City, IA
6. Wendell Shepherd, DO - Des Moines University, Des Moines, IA

MercyOne North Iowa, Mason City

1. Mahshid Imankhan, MD - Islamic Azad University, Tehran Faculty of Medicine, Tehran Province, Iran
2. Talia Rankin Ramos, MD - Oregon Health & Science University School of Medicine, Portland, OR
3. Grant Schutte, MBBS - Royal College of Surgeons in Ireland School of Medicine, Dublin, Ireland
4. Annu Minhas, MD - Saint James School of Medicine, Arnos Vale, St. Vincent and the Grenadines
5. Hazel Hernandez, MD - St. Matthew's University School of Medicine, West Bay, Cayman Islands
6. Jeffrey Leya, MD - Loyola University Chicago Stritch School of Medicine, Maywood, IL

MercyOne Northeast Iowa, Waterloo

1. Daline Hundal, MD - American University of Antigua College of Medicine Antigua and Barbuda, Antigua
2. Umanga KC, MD - Nepalgunj Medical College, Nepal
3. Maryam Khan, MD - Yusra Medical & Dental College, Islamabad, Pakistan
4. Anmol Kumari, MD - Chandka Medical College, Larkana, Pakistan
5. Nadia Nashi, MD - University of Wisconsin School of Medicine & Public Health, Madison, WI

UnityPoint Health Central Iowa - Allen Hospital, Waterloo

1. Brennen Godeen, DO - Rocky Vista University College of Osteopathic Medicine, Parker, CO
2. Joshua Turner, DO - A.T. Still University of Health Sciences Kirksville College of Osteopathic Medicine, Kirksville, MO
3. Arjuninder Singh, MD - Columbus Central University School of Medicine, San Pedro, Belize

UnityPoint Health Central Iowa - Iowa Lutheran Hospital, Des Moines

1. Brooke Sublette, MD - University of Missouri – Columbia School of Medicine, Columbia, MO
2. Michael Bottke, MD - University of Iowa Carver College of Medicine, Iowa City, IA
3. Brooke Bower, DO - Lincoln Memorial University-DeBusk College of Osteopathic Medicine, Knoxville, Tennessee
4. Nicholas Kendrick, DO - Des Moines University, Des Moines, IA
5. Amy Beutel, DO - Des Moines University, Des Moines, IA
6. McKenzie Sundall Gaspar, DO - Des Moines University, Des Moines, IA

The University of Iowa - Iowa City, Iowa City

1. Patrick Allen, MD - University of Iowa Carver College of Medicine, Iowa City, IA
2. Haley Cohen, MD - Perelman School of Medicine at the University of Pennsylvania, Philadelphia, PA
3. Shellie Davis, MD - Medical University of South Carolina College of Medicine, Charleston, SC
4. Madeline Disney, DO - Marian University, Tom and Julie Wood College of Osteopathic Medicine, Indianapolis, IN
5. Caleb Hanson, DO - Rocky Vista University College of Osteopathic Medicine, Englewood, CO
6. Grace Recker, MD - University of Iowa Carver College of Medicine, Iowa City, IA
7. Alexander White, DO - Des Moines University, Des Moines, IA
8. Alexandria Wilson, DO - A.T. Still University of Health Sciences Kirksville College of Osteopathic Medicine, Kirksville, MO

Family Medicine-Psych Program

1. Harrison Chiu, MD, Rutgers New Jersey Medical School
2. Luke Swartz, MD, Indiana University School of Medicine - Terre Haute
3. Sean Wimberly, MD, Florida State University College of Medicine
4. Kelsey Wyman, MD, University of Illinois at Chicago College of Medicine

University of Iowa - Sioux City, Sioux City

1. Fnu Anum, MBBS - Faisalabad Medical University, Faisalabad, Pakistan
2. Ravinder Aujla, MBBS - Kasturba Medical College, Mangalore, India
3. Tabby Teklu Lemlemu, MD - University of Gondar College of Medicine and Health Sciences, Gondor City, Ethiopia
4. Ranjan Regmi, MBBS - College of Medical Sciences, Bharatpur, Nepal
5. Yashika Madavarapu, MD - Xavier University School of Medicine, Oranjestad, Aruba
6. Deepak Singla, MBBS - Government Medical College Patiala, India



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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 contributions directly support legislators who are informed and committed to family medicine's business and practice management issues. Family medicine interests are much more likely to receive greater attention among the many competing interests and constant stream of proposals put forward for consideration.



IAFP members at the Iowa State Capitol for the Governor's bill signing for postpartum Medicaid coverage (SF2251) and nonmedical switching (HF626), May 2024.

DONATE TODAY.

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IAFP meeting with Senator Chuck Grassley in Washington, D.C.



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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.

NEW MEMBERS:

Active

Christine Fricke, DO, Spirit Lake

Students

- Thomas Bussey, Des Moines University
- Avery Chancellor, Des Moines University
- Paul Cover, University of Iowa
- Samual Hatfield, University of Iowa
- Carson Hauge, Des Moines University
- Kesiya Johnson, Des Moines University
- Lindsay Mahaney, Des Moines University
- Katherine McDonald, University of Iowa
- Dylan Schaap, Des Moines University
- Jacob Strehlow, Des Moines University

Residents

Listed on page 18.

In memorium:



Jerald King, MD, Ankeny



Gary LeValley, MD, Fort Dodge

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The Federal Motor Carrier Safety Administration has established a National Registry of Certified Medical Examiners with requirements that all medical examiners who conduct physical examinations for interstate commercial motor vehicle drivers must complete a training course and pass a certification examination. Please contact the IAAFP at 515-244-4182 with questions.

If you are a certified medical examiner through the FMCSA/NRCME, your certification is valid for 10 years, are required to recertify every 10 years. For those of you certified in 2013, you are eligible to recertify any time before your certificate expires. In order to maintain your ability to continue to perform DOT exams, you are required to complete an accredited training course and pass the NRCME certification exam before your certification expires. You can complete the recertification starting at 9 years following your initial certification. Examiners who were certified in 2013 can now pursue recertification through the IAAFP.

This session is 5 hours long and offers AAFP CME credit.

For more information about the program go to

www.iaafp.org



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