



IOWA FAMILY PHYSICIAN

VOL. LIV No. 1 / SPRING/SUMMER 2026

AI IN MEDICINE

INSIDE:

- AI Issue
- Crossword Puzzle
- 2026 IAFP Annual Conference Preview

“FAMILY MEDICINE IS THE FOUNDATION FOR A HEALTHIER IOWA”

PRSRST STD
US Postage
PAID
Permit No. 762
Des Moines, IA

Iowa Academy of Family Physicians
1515 Linden Street, Suite 220
Des Moines, IA 50309



Buena Vista
REGIONAL MEDICAL CENTER
STORM LAKE, IOWA



Join Our Team in Storm Lake

Your Future in Family Medicine!

Grow with us!

Practice family medicine in a vibrant rural community with a dedicated team passionate about their work and community.

A Supportive, Welcoming Workplace

Join a team where employees love their jobs and the community they serve.

Experience the Diversity of Storm Lake

Storm Lake is a culturally rich town with over 30 languages spoken, home to Buena Vista University, and an excellent school system.

Annually



350
Births



3,000
Surgical
Procedures



8,400
Emergency
Room Visits



Learn More

Contact Katie Schwint at schwint.katie@bvrmc.org or 712.213.8601.

Vision Statement for the Iowa Academy of Family Physicians

"Family Medicine is the foundation for a healthier Iowa."

OFFICERS**President**

Jason Wilbur, MD
Iowa City

President-elect

Spencer Carlstone, MD
Pella

Vice President

Patrick Courtney, MD
Mason City

Secretary-Treasurer

Ursula Livermore, MD
Cedar Rapids

Board Chair

Sarah Ledger, DO
Mount Pleasant

Executive Vice-President

Sonia Bell, MBA
Des Moines

BOARD OF DIRECTORS**DISTRICT 1**

Laura Lasack, MD
State Center

Anna Mark, MD
Decorah

DISTRICT 2

Nicole Brokloff, MD
Davenport

Kelly Krei, DO
Davenport

DISTRICT 3

Madeline Godar, MD
Altoona

Jenna Kemp, MD
Waukegan

DISTRICT 4

Samantha Bissen, DO
Grundy Center

Nicole Ehn, MD
Webster City

At-Large

Tim McCoy, DO
Knoxville

Lisa Zittergruen, MD
Decorah

New Physician Director

Savannah Marker, DO
Winterset

Residency Representative

Dana Danley, MD
Des Moines

Resident Members

Emily Anderson-Torres, MD
Iowa City

Student Members

Madison Brewster
Iowa City

AAFP Delegates

Brent Hoehts, MD
Knoxville

Dawn Schissel, MD
West Des Moines

OFFICE STAFF

Executive Vice President
Sonia Bell, MBA

**Director of Communications
and Member Services**
Katie Cox

Director of Operations
Kelly Scallon

IAFP OFFICE

6500 University Avenue, Ste 100, PMB 123
Windsor Heights, IA 50324
Phone: (515) 244-4182
E-mail: mail@iaafp.org
Website: www.iaafp.org

2025-2026 Committee/Board Chairs

Board of Directors
Sarah Ledger, DO

Education Committee
Kate Hanrahan, MD

Nominating Committee Chair
Jim Bell, MD

Member Advocacy
Laura Bowshier, MD
Dave Carlyle, MD

Member Services
Nicole Brokloff, MD

IAFP Foundation President
Robin Barnett, DO

Magazine Editor
Jason Wilbur, MD

Magazine Assistant Editor
Sarah Costello, MD

PrimCare PAC
Laura Bowshier, MD

Iowa Family Physician is addressed and mailed to every family physician, resident, and medical student throughout the state and serves as the Academy's major communication source regarding public relations, legislative and membership information.

The IAFP neither recommends or endorses the paid ads included in this publication.

The information contained in The Iowa Family Physician is for informational purposes only. The Iowa Academy of Family Physicians (IAFP) assumes no liability or responsibility for any inaccurate, delayed, or incomplete information, nor for any actions taken in reliance thereon. The information contained has been provided by the individual/organization stated. The opinions expressed in each article are the opinions of its author(s) and do not necessarily reflect the opinion of IAFP. Therefore, The Iowa Family Physician carries no responsibility for the opinion expressed thereon.

IAFP IOWA FAMILY PHYSICIAN

OFFICIAL PUBLICATION OF THE IOWA ACADEMY OF FAMILY PHYSICIANS

Vol. LIV No. 1 / SPRING/SUMMER 2026

IN THIS ISSUE

President's Message 2

Editor's Desk 4

Student's Corner

2026 Outstanding Student Winner: Kara Rueschenberg 6

Match Day 2026 8

Resident's Corner

AI in Family Medicine: Promise, Burden and Responsibility....10

Guest Article

AI and the Future of Medical Education 12

Office News

Dr. Sarah Costello Helps Advances Resident-Led Policies 14

AAFP in AI.....14

Member Advocacy

2026 End of Session Report 16

Education

2026 IAFP Annual Conference 19

Members in the News

Members Up for Re-Election in 2026 20

Created and
printed by



810 East First Street • Pella, Iowa 50219

Phone: (641) 628-1130 • Toll Free: (800) 326-6491 • Fax: (641) 628-2826

www.towncrierltd.com • www.towncriernews.com

AI IN MEDICINE: THE GOOD, THE BAD, THE UGLY, & THE UNKNOWN

Jason Wilbur, MD, President

Where were you on November 30, 2022? That was the day that OpenAI released ChatGPT into the wild, and the excitement – and fears – about artificial intelligence (AI) have increased almost exponentially since then. Despite the talk of AI being used everywhere and seemingly all the time in any manner of situations, its impact on our daily lives appears to be felt differently depending on who I talk to and where they are in life. I've spoken to some mid-career family physicians who do not see any impact from AI in their work, while I know of medical students who worry about AI's impact on medicine so much that they are making specialty choices based on it. In clinic, I routinely see patients who are computer programmers and who tell me about the impact of AI on their lives. I will paraphrase one of them here: "With AI, I can now do work in 15 minutes that used to take me 6 or 8 hours." Really? That's both amazing and frightening at the same time!

As the computer programmer noted, AI has the power to make our lives much more efficient. To assist me in documentation, I am a regular user of ambient listening technology, which is pretty awesome. I have used it daily for almost 2 years. There are dozens of products out there, and if you are not currently using one, I suggest you investigate the options. While the initial promise of saving us hours (plural) per day was probably over-hyped, recent studies show ambient listening technology saves 1-3 minutes of documentation time per encounter, which is still saving us 30 minutes for every 15 patients we see. Additionally, using this technology improves the readability and comprehensiveness of our notes. As a final plug for considering using ambient listening technology in your office setting, I find myself more able to listen attentively to my patients and have my eyes on the computer screen less during an encounter, and I really like that.

There are many more ways that AI has the potential to positively affect our work: answering patient portal messages,

improving scheduling workflows, improving coding and billing accuracy, assisting with accurate diagnosis, selecting the best treatments, completing prior authorizations, and the list goes on. These tools are powerful, but as with any powerful tool, there are downsides and possibility of harm, too.

AI hallucination is a well-described phenomenon that can result in a variety of problems from silly-sounding notes to actual patient harm. There are published examples of ambient listening technologies that hallucinate important elements of a conversation and even invent terms like "hyperactivated antibiotics." When summarizing large amounts of clinical information, AI can be extremely useful, but it can also oversimplify the data and hallucinate summaries. AI therapy chatbots have been documented giving terrible advice that would get any human therapist's license revoked. The types of errors that AI can introduce into medical care may not always be easy to identify, and physicians using these technologies must be alert to them and check the work carefully. In other words, I have to read my AI-transcribed clinic notes and verify their accuracy, which is part of the reason that ambient listening technology may not save as much time as initially claimed by some proponents.

AI in medical education is another area of rapid change. Medical students have always been good at learning as efficiently as possible: that's just how we got through med school, right? Now med students are using AI to build study guides and test questions to assess their understanding and knowledge. All of that is great, but again there's a downside. A frequent concern in medical education goes something like this: "It's great to see our students using AI to help them understand how to diagnose, but I worry that they won't learn clinical reasoning." There's also a concern about ambient listening technology. We want students to be facile with new technologies, so they should learn how to use them, but



*Jason Wilbur, MD
President*

they should also learn how to write notes. We know that writing it all down forces us to use – and demonstrate – our clinical reasoning, which is incredibly important when learning medicine.

AI is everywhere, including the Annual Chapter Leadership Forum (ACLF) held in Kansas City in April. As a member of our IAFP delegation attending ACLF, I can verify that AI was a hot topic with several sessions devoted to the use of AI in clinic as well as everyday life. By the way, ACLF is a great conference if you have any interest in IAFP or AAFP leadership. In addition to AI in medicine, we learned about AAFP policy and advocacy efforts, member engagement, board leadership, and organization governance. It's easy to get to (always in KC) and packed full of useful information and networking: ask me or any of our IAFP staff if you are curious.

As an academy member, you should also know that AAFP is engaging in ways to help family physicians understand and employ AI in their clinical settings. For more on that AAFP effort, see <https://www.aafp.org/practice-operations/ai-in-family-medicine>.

Finally, I will remind you that I serve as your IAFP president, and my metaphorical door is always open to members. Please email me any of your hopes or concerns about IAFP at jason-wilbur@uiowa.edu.

We Want You!

JOIN A COMMITTEE

COMMITTEES MEET VIRTUALLY SEVERAL TIMES A YEAR. IT IS A GREAT WAY TO GET INVOLVED AND MAKE A DIFFERENCE!

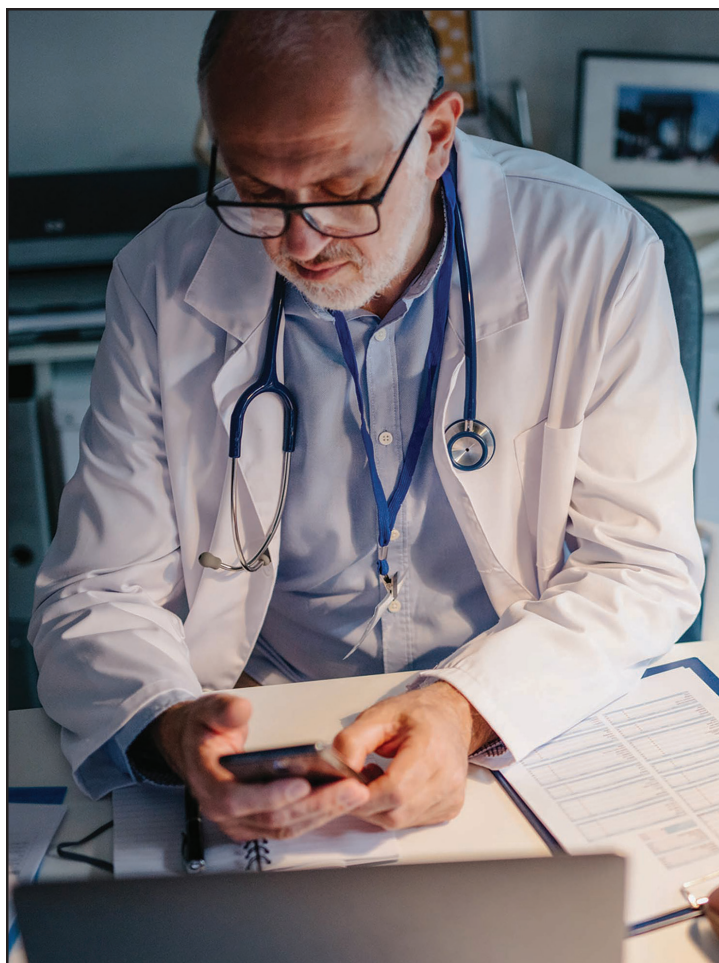
- ADVOCACY COMMITTEE
- EDUCATION COMMITTEE
- MEMBER SERVICES COMMITTEE
- AD-HOC PATHWAYS COMMITTEE

Visit our web site to learn more about these committees and other volunteer opportunities.

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



IOWA ACADEMY
of FAMILY PHYSICIANS



What keeps you up at night shouldn't wait until morning.

If an unexpected outcome occurs, you need someone to talk to now. With Copic, you get a 24/7 hotline staffed by experienced physicians. Day or night, they can offer guidance and help you consider options to navigate the way forward. We're here for the humans of healthcare.



copic.com
800.421.1834

A SEASON OF CHANGE: AI IN FAMILY MEDICINE

Sarah Costello, MD, Assistant Editor

As any Iowan knows, spring is a season of contrasts—sunshine one day, storms the next, with a bit of lingering cold in between. With that sense of change and renewal, I'm glad to welcome you to this spring edition of the *IAFP Magazine*. Like the season itself, this moment in medicine is marked by change, unpredictability, and new opportunities beginning to take shape.

It wasn't long ago that AI felt like something of the future, filled with both uncertainty and promise. Now, what once seemed theoretical is becoming part of the rhythm of clinical care.

For family medicine, this moment feels particularly significant. In a specialty defined by breadth and continuity, where we are often balancing complex care with increasing administrative demands, tools that support documentation or reduce cognitive load may offer meaningful relief.

For me, one of the most tangible examples has been AI-supported transcription in clinic. Real-time documentation allows me to be more present with my patients, to maintain eye contact, listen more closely, and fully engage in conversation. It has also created space at the end of the day, helping me step away from the computer and get home to spend time with my family. That balance, being present at work and at home, is something many of us are continually trying to find.

In this issue, you will hear from medical students, residents, and practicing physicians across Iowa as they reflect on how AI is already influencing their education and clinical work. Their perspectives offer a thoughtful look at how these tools are being explored in real time, and how individuals at different stages of training and practice are beginning to make sense of their role moving forward.

Alongside these reflections come important questions. How do we ensure that these tools are accurate, transparent, and free from bias? How do we protect patient privacy while integrating new technologies? And how do we teach learners to use AI thoughtfully, leveraging its strengths without becoming overly reliant on it?

Like an Iowa spring, this moment may feel a bit unpredictable, but it also carries a quiet sense of growth. As we move through this period of change, there is value in approaching it with curiosity and thoughtfulness. Not every new tool will fit seamlessly into our work, and not every question will have a clear answer. But by remaining attentive to both the possibilities and the limits of these technologies, we can continue to center what matters most. In doing so, we can help ensure that these tools support the care we provide while preserving the relationships at its core.

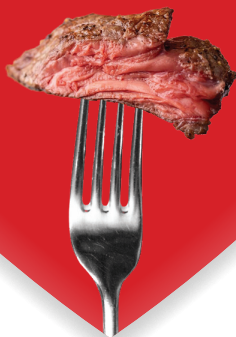


*Sarah Costello, MD
Assistant Editor*

“In this issue, you will hear from medical students, residents, and practicing physicians across Iowa as they reflect on how AI is already influencing their education and clinical work.”



SCIENCE UPDATE: Evaluating Beef Within Heart-Healthy Eating Patterns



1. Guzman E, Edirisinghe I, Wilcox ML, Kirkpatrick CF, Adams CG, Burton-Freeman BM, Maki KC. Effects of Diets Containing Beef Compared with Poultry on Pancreatic β -Cell Function and Other Cardiometabolic Health Indicators in Males and Females with Prediabetes: A Randomized, Crossover Trial. *Curr Dev Nutr*. 2025;9(12):107589. doi: 10.1016/j.cdnut.2025.

”

In a study conducted by our research team, ~6oz of beef daily did not raise LDL cholesterol compared with poultry, despite somewhat higher saturated fat content, likely due to beef's fatty acid profile being richer in cholesterol-lowering and cholesterol-neutral fatty acids.¹

– Kevin C. Maki, PhD
Co-author of the study and meta-analysis



Quick Tip:

Pair beef with vegetables, fruits, legumes and whole grains for a nutrient-rich meal



Scan for **patient-friendly resources**

IAFP OFFERING VIRTUAL KSA



IOWA ACADEMY
of FAMILY PHYSICIANS

BEHAVIORAL HEALTH

OCTOBER 10, 2026 | 8:00 AM - NOON (ESTIMATED) | ZOOM WEBINAR | 8 CME CREDITS
\$200 FOR IAFP/AAFP MEMBERS | \$225 FOR NON-MEMBERS

Easily fulfill the 60-question Knowledge Self-Assessment with this evening 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.

MORE INFORMATION AND REGISTRATION CAN BE FOUND AT
[HTTPS://IAAFP.ORG/EVENTS](https://iaafp.org/events)

2026 OUTSTANDING STUDENT WINNER: KARA RUESCHENBERG



Kara Rueschenberg

We are proud to recognize **Kara Rueschenberg** as the 2026 Outstanding Student Award recipient. Kara earned her undergraduate degree from Iowa State University and is currently completing medical school at University of Iowa. Throughout medical school, she has demonstrated outstanding leadership and dedication to family medicine as both a CRISP Scholar and Co-President of the FMIG group.

During her senior year, Kara participated in a longitudinal family medicine elective where she worked weekly alongside a family medicine physician in clinic. In this role, she independently interviewed, examined, and evaluated patients, developed assessment and treatment plans, and collaborated closely with her supervising physician to provide patient-centered care. This experience strengthened her clinical reasoning, chronic disease management skills, and ability to build meaningful relationships with patients over time.

Kara describes the most meaningful part of this experience as the continuity of care she was able to develop with patients. Following individuals over time allowed her to better understand their needs and provide more personalized care—an approach she plans to carry forward into her future practice as a family physician.

Outside of medicine, Kara enjoys spending time with her partner and their bulldog, attending sporting events with family, and keeping up with true crime documentaries, podcasts, and television series.

We wish Kara all the success as she continues on her medical journey at Genesis Health System in Daveport.

“Kara earned her undergraduate degree from Iowa State University and is currently completing medical school at University of Iowa. Throughout medical school, she has demonstrated outstanding leadership and dedication to family medicine as both a CRISP Scholar and Co-President of the FMIG group.”

FMCSA Medical Examiner Certification Training Course

Are you planning on performing commercial driver physicals?

HAVE YOU TAKEN A TRAINING COURSE?

IAFP has an On-Demand course! Watch this course at your leisure from the comfort of your home or office.

**NEW & UPDATED
IN 2024**

Register Online
www.iaafp.org

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

MATCH DAY 2026

Iowa Medical Students Take Their Next Step in Medicine

For 144 graduating students at the University of Iowa Carver College of Medicine, Match Day 2026 marked the beginning of exciting new journeys across the country — and a continued commitment to serving patients through primary care and beyond.

Family Medicine Continues to Thrive Nationwide

According to the National Resident Matching Program (NRMP), thousands of future physicians matched into family medicine residency programs during the 2026 Main Match.

Who Filled Family Medicine Positions in 2026?

- 1,608 U.S. MD seniors and graduates
- 1,458 DO seniors and graduates
- 1,547 international medical students and graduates
 - o Including 585 U.S. citizens studying abroad

Together, these learners will help strengthen the future physician workforce and expand access to care in communities nationwide.

Carver College Match Highlights

Primary Care Remains a Strong Calling

Of the 144 graduating students:

76 graduates (53%) matched into primary care specialties

Including:

- Family Medicine — 19
- Internal Medicine — 28
- Internal Medicine-Primary Care — 4
- Medicine-Pediatrics — 2
- Medicine-Psychiatry — 1
- Obstetrics-Gynecology — 11
- Pediatrics — 9
- Pediatrics-Medical Genetics — 2



Daniel Galvez



Joshua Cheek

Staying Close to Home

40 graduates (28%) matched in Iowa

And of those:

33 students matched at University of Iowa Health Care

Students matched into **29 different specialties across 32 states**, highlighting both the breadth of training and the national reach of Carver graduates.

Top States for Match Placement

1. Iowa — 40
2. Illinois — 11
3. Wisconsin — 11
4. Colorado — 6
5. Minnesota — 6
6. Ohio — 6
7. Tennessee — 6

Top Specialties Among Graduates

1. Internal Medicine
2. Family Medicine
3. Anesthesiology
4. Obstetrics-Gynecology
5. Pediatrics



Courtney Maire and Taylor



Taylor LaChapelle with Dr. Parrott

A Bright Future Ahead

From primary care clinics to specialty training programs, the Class of 2026 is preparing to make an impact in communities across the country. Match Day represents more than residency placement — it marks the next chapter in a lifelong commitment to patient care, leadership, and service.

AI IN FAMILY MEDICINE: PROMISE, BURDEN AND RESPONSIBILITY

Lauren Hartwell, DO, R2 / Broadlawns Family Medicine Residency Program / Broadlawns Medical Center / Des Moines, IA

Editorial assistance: Lewis Braster, DO / Broadlawns Family Medicine Residency Faculty / Broadlawns Medical Center / Des Moines, IA

As a family medicine resident in Iowa, I experience firsthand the growing tension between the ideals of patient-centered care and the realities of modern documentation. Artificial intelligence (AI)—specifically AI-powered medical scribing—has emerged as a potential solution to one of our most persistent frustrations: the electronic health record (EHR). Yet as we adopt these tools, we grapple with their broader implications, including environmental cost and their impact on underserved communities.

Ambient documentation tools listen to patient encounters and generate clinical notes quickly. Early evidence suggests they meaningfully reduce documentation burden. Studies have demonstrated reductions in EHR time and documentation workload alongside improvements in clinician experience and burnout.¹ These gains are more than just minutes saved; they often mean improved presence throughout the patient encounter. This technology provides clinicians with the opportunity to restore eye contact and conversational flow, engaging with their patients rather than their computers.

In primary care, where relationship-building is foundational, this shift matters. Documentation has long been a contributor to burnout, often spilling outside of work hours. AI scribes can reduce this

cognitive and administrative load, with many clinicians reporting improved job satisfaction and reduced stress.² Even when total time saved is marginal, the qualitative improvement in the workday—less fragmentation, more patient focus—may be the true value to clinicians.

However, this technology is not without tradeoffs. AI-generated notes still require oversight, raising concerns of accuracy, bias, and patient safety. Errors in transcription or interpretation, particularly in complex visits, can have downstream consequences.² In practice, this often means time saved on typing is spent on editing or correcting. Additionally, concern exists in the ability of these AI technologies to safeguard patient information. Anecdotally, several patients in my clinic have declined live AI scribing out of concern for sensitive topics of discussion and safety of their medical information. Knowing of these concerns, if patients feel pressure to allow physicians to use this service, it may hinder the physician-patient relationship. Similar to any medical decision, facilitating informed consent—or refusal—is key to addressing any concerns that a patient may have about the use of AI scribing during their visit³

Beyond workflow, there is a less visible but increasingly important consideration:

environmental impact. AI systems, particularly those powered by large language models, require substantial computer resources. Training and running these models consume significant energy, contributing to carbon emissions and water usage from data center cooling.⁴ While healthcare increasingly emphasizes sustainability, AI introduces a new, largely unmeasured environmental footprint. As adoption of this technology scales, so will its impact. For a field grounded in population health, this raises an uncomfortable question: are we improving individual clinician efficiency at the expense of broader environmental health?

Equity presents another critical dimension. AI scribes have the potential to improve access and efficiency in underserved settings, particularly in rural clinics like those across Iowa, where staffing shortages and administrative burden are acute. By reducing documentation workload, these tools could allow clinicians to see more patients, provide more thorough education, or spend more time addressing complex social needs. Yet there is also a risk of exacerbating disparities. Many AI tools are developed and trained on data from large, well-resourced health systems, which may not reflect the linguistic, cultural, or clinical diversity of underserved populations.⁵

“The future of AI in medicine will not be defined solely by efficiency gains, but by how well it aligns with the core values of our field: equity, stewardship, and human connection.”

This raises the possibility of biased or less accurate documentation for certain patient groups. Furthermore, the cost of implementing AI tools — often subscription-based — may widen the gap in the clinician experience between well-funded systems and safety-net clinics.

As family physicians, we are trained to think holistically — not only about the patient in front of us, but about the systems and structures that shape health. AI scribes offer a tangible improvement in our daily work and a promising step toward reclaiming time and attention for patient care. But their adoption must be thoughtful. We should advocate for transparency in how these tools are built and evaluated, push for equitable access across practice settings, and remain mindful of their environmental impact.

The future of AI in medicine will not be defined solely by efficiency gains, but by how well it aligns with the core values of our field: equity, stewardship, and human connection.

References

1. Tierney AA, Gayre G, Hoberman B, et al. Ambient Artificial Intelligence Scribes: Learnings after 1 Year and over 2.5 Million Uses. *NEJM Catalyst*. 2025;6(5). doi:<https://doi.org/10.1056/cat.25.0040>
2. Hassan H, Zipursky AR, Rabbani N, et al. Clinical Implementation of Artificial Intelligence Scribes in Health Care: A Systematic Review. *Appl Clin Inform*. 2025;16(4):1121-1135. doi:10.1055/a-2597-2017
3. Alonso A, Siracuse JJ. Protecting patient safety and privacy in the era of artificial intelligence. *Seminars in Vascular Surgery*. 2023;36(3). doi:<https://doi.org/10.1053/j.semvascsurg.2023.06.002>
4. Berthelot A, Caron E, Jay M, Lefevre L. Estimating the environmental impact of Generative-AI services using an LCA-based methodology. *Procedia CIRP*. 2024;122:707-712. doi:<https://doi.org/10.1016/j.procir.2024.01.098>
5. Anderson TN, Mohan V, Gold JA. Ethical considerations for clinical adoption of ambient digital scribe technology. *Journal of the American Medical Informatics Association*. Published online December 13, 2025. doi:<https://doi.org/10.1093/jamia/ocaf227>

Physician owned. Patient driven.

Practice healthcare the way it's meant to be.

- Make decisions based on what's best for your patients — not corporate interests.
- Take the time every visit deserves, because great care shouldn't be rushed.
- Join a group that's grown because physicians want to be here — and patients keep coming back.



**READY TO PRACTICE ON
YOUR OWN TERMS?**

Scan to view our open positions
or visit iowaclinic.com/join



**THE IOWA
CLINIC**

DOCTOR LED.  **locally loved.**

AI AND THE FUTURE OF MEDICAL EDUCATION

Sarah Costello, MD, Assistant Editor

Artificial intelligence is rapidly becoming part of the fabric of medicine, influencing not only clinical care, but also how future physicians are trained. From documentation support and educational tools to larger questions surrounding ethics, professionalism, and critical thinking, AI is reshaping conversations within medical education in real time. To explore these opportunities and challenges, the *IAFP Magazine* spoke with three medical educators working in areas related to AI, medical education, and physician training about where they see the field today, the challenges ahead, and how AI may shape the future of physician training.



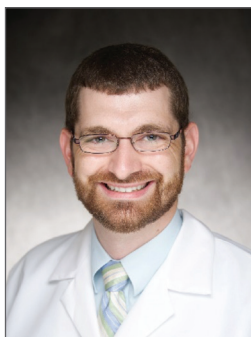
Dr. Welder (left) and Dr. Kunz (right) discussing research related to AI in medical education at University of Iowa Department of Family and Community Medicine Clinical Scholars Day.

Meet the Contributors:



Emily Welder, MD is the Undergraduate Medical Education Director for the University of Iowa Department of Family and Community Medicine. She

is passionate about educating the next generation of physicians; fostering interest in family medicine, rural health, and full-spectrum care—particularly maternity care; promoting work-life balance while thoughtfully integrating technologies such as AI; and helping clinicians find joy, connection, and meaning in the daily practice of medicine.



Aaron Kunz, DO, MA, MME is a Clinical Associate Professor of Family and Community Medicine at the University of Iowa Health Care. In addition

to serving patients and teaching family medicine residents, he also supports undergraduate medical education at the University of Iowa Carver College of Medicine as a clinical bioethicist as well as Strand Director of the Medicine and Society curriculum.



Elizabeth Cramer, MD, FAAFP is a Clinical Associate Professor of Family and Community Medicine at the University of Iowa Carver College of

Medicine and serves as Associate Chief Health Informatics Officer at University of Iowa Health Care, where she has been an integral part of implementing artificial intelligence tools across the health system. She is board certified in Family Medicine, Obesity Medicine, and Clinical Informatics, reflecting her commitment to bridging frontline primary care with the technology and data-driven innovations that improve patient outcomes.

Where are you currently seeing AI show up most meaningfully in medical education, and where is it still falling short?

Dr. Welder: AI is such a powerful and useful technology that is revolutionizing medical education. Learners are using AI to explain complex medical concepts, generate study aids and exam practice questions, summarize educational materials, recap clinical encounters through ambient AI, and even expand differentials and care plans—all extremely helpful tasks I wish I had at hand in medical school! As educators, we are also reaping these benefits of AI plus enhancing our educational approach, combatting burnout, and improving patient care. However, AI is NOT a replacement for medical decision making, and responses must be critically evaluated using our own foundational medical knowledge and evidence-based resources.

Dr. Kunz: Implementation of AI in undergraduate medical education is quite variable currently, with some schools like Stanford strongly incorporating it into their core curriculum, focusing on teaching their students foundational AI concepts and using it to help simulate patient interviews. At the University of Iowa Carver College of Medicine, students have access to ambient AI transcription technology during their clinical rotations to assist with note writing, though use of this technology is variable per individual rotation policies and individual student interest in using it. Other schools have little to no formal implementation of AI technologies. Informally, undergraduate and graduate medical trainees have access to AI technologies that help them study (e.g., applications like AMBOSS LiSA 1.0 to generate quizzes) as well as taking care of patients (e.g., large language model and clinical decision support tools like OpenEvidence).

Dr. Cramer: AI holds tremendous promise in medical education — particularly in providing near real-time feedback to learners across the full spectrum of clinical skills: bedside manner, communication, and medical decision-making. Critically, if introduced well, it has the potential to set students and residents on a different path than the burnout we see claiming so many family physicians today — building habits and workflows from the start that keep the focus on patients, not paperwork. Where it falls short is when it's adopted without a clear understanding of its

risks, limitations, and guardrails. The barrier to entry is low, which makes it tempting to simply start using these tools without the foundational knowledge to use them well. The challenge is compounded when educators are learning alongside the students they're responsible for teaching. Getting this right means investing in educator training now — so that AI literacy in healthcare is taught with the same rigor and intentionality we bring to every other clinical skill.

What concerns or cautions should educators and trainees keep in mind as AI becomes more integrated into learning and clinical training?

Dr. Welder: We are navigating how to teach learners responsible use of AI while often simultaneously trying to learn this ourselves! Specific educational areas we must focus on include how to craft thoughtful and appropriate prompts, how to critically analyze and review resources the technology has utilized, how to independently synthesize information to objectively question outputs, and how to limit unnecessary or overuse of AI given the profound environmental expenses. Many of these skills overlap with those we use in crucial appraisal of scientific literature, but we must also proactively and intentionally advance our own knowledge—and fast! Some reports say that 2/3rds of practicing physicians are using ambient AI (software which can generate clinical note documentation and more) in their practice, but there is no reason to think that learners are not also rapidly using AI resources as well. Some resources to develop a foundation of knowledge for ourselves as educators include STFM's free course on AI/Machine Learning for Primary Care, the AMA's ChangeMedEd AI in Health Care Series educational modules, and by actually using a variety of AI platforms ourselves.

Dr. Kunz: As impressive and as useful as AI technologies can be (especially for optimizing efficiency regarding time-intensive tasks), there is concern that overuse or overreliance on these technologies by educators and/or trainees could lead to deskilling or never skilling of medical knowledge and abilities. Therefore, it is important to continue teaching primary medical concepts and helping learners develop critical thinking skills so that they can discern when an AI tool may be hallucinating or misrepresenting medical information.

Dr. Cramer: Like any tool in medicine, AI must be understood — not just used. Without that foundation, we risk deskilling and medical errors. You wouldn't hand a medical student a stethoscope without teaching them how to use it, and AI is no different. Educators and trainees need to learn these tools together.

Looking ahead, what role do you think AI should play in shaping how we train future family physicians?

Dr. Welder: I am very optimistic for AI to help us individualize education, enhance feedback, support lifelong learning, and improve wellbeing for learners and practicing physicians alike. I am also hopeful for AI to be one of the solutions to the physician shortage by improving efficiency and patient care, reducing administrative burden, and increasing career satisfaction and longevity. While it would be ideal to have best practices defined before diving in, the rapid growth and availability of these tools means we cannot wait. As family medicine physicians, we are well positioned to lead thoughtful, ethical use of AI—leveraging it to enhance education and patient care while training skilled, thoughtful, and human-centered physicians.

Dr. Kunz: Given the rapid pace at which AI technologies are being developed, their lasting impact on the medical community is fluid, turbulent, and uncertain. However, it is likely that some of these technologies will become mainstream given physician and non-physician stakeholders' interests. Therefore, training future family physicians to critically synthesize, evaluate, and apply AI-assisted information will remain crucial to using the technology as intended and avoiding deskilling or never skilling medical knowledge or abilities.

Dr. Cramer: We need AI to help physicians and care teams practice at the top of their license. There aren't enough family physicians, and burnout is real. Used strategically, AI can lift the burden of charting and busywork — freeing us to focus on what drew us to medicine in the first place: our patients.

Final Thoughts

While perspectives differed in emphasis, all three educators shared a common theme: AI is likely to become an enduring part of medical education, making thoughtful integration more important than ever.

DR. SARAH COSTELLO HELPS ADVANCES RESIDENT-LED POLICIES AT AMA ANNUAL MEETING



Dr. Sarah Costello, AAFP Delegate to the AMA Resident and Fellow Section, represented family medicine at the American Medical Association (AMA) Annual Meeting, where physicians and trainees from across the country gathered to shape healthcare policy.

Working with the AAFP and other physician organizations, Dr. Costello helped support several resident-authored resolutions that were ultimately adopted by the AMA. These policies addressed protections for International Medical Graduates (IMGs), resident physician fatigue mitigation, access to healthcare for immigrant patients, professional standards for public health leadership, FDA oversight of unapproved peptide products, and prohibiting the independent practice of medicine by artificial intelligence.

A highlight of the meeting was the adoption of a resolution supporting IMGs navigating visa and immigration challenges, which Dr. Costello helped author.

“It was rewarding to see trainees and physicians from across the country come together to advance policies that support our patients, our colleagues, and the future of the physician workforce,” said Dr. Costello.

Dr. Costello thanked her residency program, the Iowa Academy of Family Physicians, and the AAFP for their support of resident leadership and advocacy efforts.

AAFP IN AI

By Sonia Bell, MBA, Executive Vice President

If you’ve been following what’s happening with our partners across healthcare and our family medicine leaders at the national level, you’ve probably noticed that artificial intelligence has become one of the most active areas of focus. And honestly, it can be a lot to keep up with. In 2024 and 2025, the AAFP partnered with Rock Health to convene the Starfield Summit on Advancing AI and Digital Health in Primary Care, bringing together physicians, health system leaders, and policy experts to strategize on what AI actually means for family medicine. The result was a thoughtful, practical report that gives a good overview of how the AAFP is approaching AI in Family Medicine.

So, instead of my usual article, I’m once again quizzing you with a crossword puzzle built entirely from the report’s key concepts and findings. You can read more about what AAFP is doing in this space and dive into the full report by visiting <https://www.aafp.org/practice-operations/ai-in-family-medicine>. And consider this puzzle your cheat sheet to the conversation your national academy is having on your behalf. Happy solving!



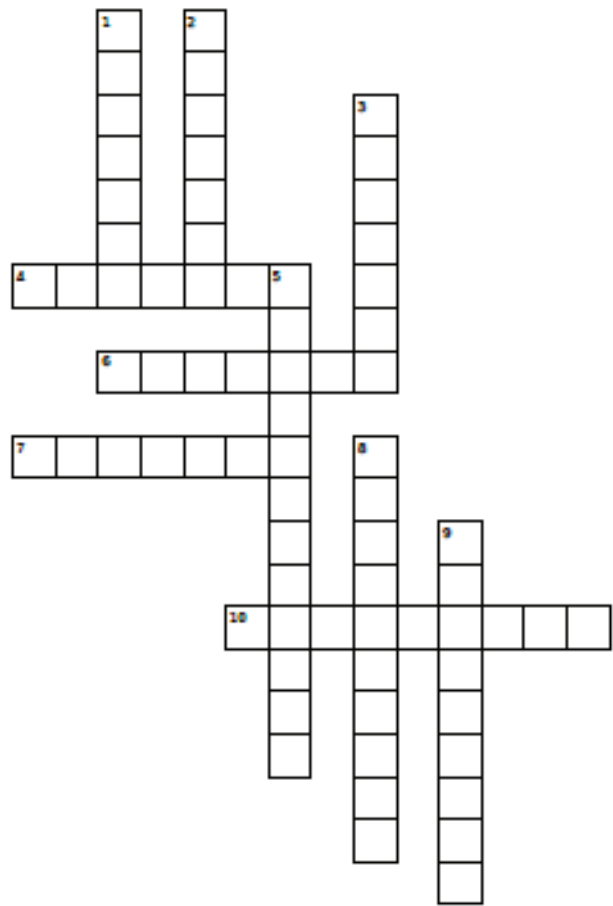
*Sonia Bell, MBA
Executive Vice President*

AAFP and AI

**One lucky winner
will receive a \$100
PrePaid Mastercard!**



Scan the QR Code above or visit
<https://www.surveymonkey.com/r/2026AICrossword> to submit your answers



DOWN

1. The phenomenon where too many AI alerts cause care teams to disengage from AI solutions entirely.
2. Listening tools that silently capture patient goals and values during visits
3. AI documentation tools that improved work satisfaction for 82% of primary care physicians
5. The fourth core attribute of primary care, named by Dr. Barbara Starfield, alongside first contact, continuity, and comprehensiveness
8. Type of AI that entered clinical settings faster than any previous technological wave
9. The "_____ Aim"; the five-part healthcare framework AI is meant to advance

ACROSS

4. Term for AI models that semi-autonomously execute follow-up tasks across a patient panel
6. The report's five practical "signposts" meant to guide AI implementation, investment, and policy
7. Approximate number (in millions) of Americans who currently lack a usual source of primary care
10. Name of the AAFP/Rock Health AI summit held in May 2025

HINT

All the answers can be found by visiting the link mentioned in the introduction, at survey site listed above or in the QR code!

Online submissions are due by Friday, July 10.

A prize winner will be drawn from the successful competition entries and contacted by email. The winner and puzzle key will be published online and on our social media channels!

2026 END OF SESSION REPORT

IOWA ACADEMY OF FAMILY PHYSICIANS

INTRODUCTION

Sunday, May 3, marked the final day of the second session of the 91st Iowa General Assembly. This year, legislators worked 12 calendar days past the 100th day of session, when per diem pay ended. The Legislature went into overtime primarily to allow leadership to reach an agreement on property tax reform, one of this session's biggest priorities. With a property tax compromise close to being reached, leadership kept members in town through the weekend with the goal of Adjourning Sine. Ultimately, session culminated in a marathon 34 hour day for legislators, who worked through the night on Saturday and reached final adjournment around 7:00PM on Sunday.

The Cornerstone team appreciates the opportunity to represent your interests this year at the Capitol. We greatly value your trust in us and look forward to continuing our partnership. This report outlines key highlights from the legislative session, including priority issues, the FY 2027 budget, and the bills we tracked on your behalf. Please don't hesitate to contact any member of our team with questions about the information included below.

BACKGROUND

This session, Republicans continued to hold a majority in both the House and the Senate. This was the tenth consecutive year of a Republican trifecta, with GOP control of both chambers and the governorship. This year, the Senate consisted of 33 Republicans and 17 Democrats, after an interim special election broke the existing Republican supermajority. The House consisted of 67 Republicans and 33 Democrats.

Due to multiple long-time leaders stepping down from their roles during the interim, Senate and House leadership looked different this year than the past several years. In the Senate, Amy Sinclair continued as Senate President and Janice Wiener continued as Minority Leader, but Mike Klimesh took over as Majority Leader after former Leader Jack Whitver stepped down from the role he had held since 2018. In the House, Pat Grassley continued to lead the House Republicans as Speaker, but there were new Majority and Minority leaders. Rep. Bobby Kaufmann took over as Majority Leader from Matt Windschitl, who had served as Leader since 2019. Rep. Brian Meyer served as Minority Leader, taking over from Jennifer Konfrst who had served in the role since 2021.

MAJOR INITIATIVES

On the first day of session, House and Senate leadership gave opening remarks and set forth their priorities for the year. Speaker Grassley and Majority Leader Kaufmann both emphasized that property tax reform and eminent domain were the major components of the House Republican agenda. Additional

priorities for their caucus included being "tough on crime" and increasing legislative salaries. For Senate Republicans, Majority Leader Klimesh communicated property tax reform, an eminent domain solution, and the economy as priorities for his caucus. On the Democratic side, House Minority Leader Meyer and Senate Minority Leader Weiner announced priorities related to public education, affordability, the economy, and the state budget.

Governor Reynolds delivered the annual Condition of the State message on the first Tuesday of the legislative session to a joint session of the House and Senate. This was her ninth and final time making this address, as she is not running for reelection in November. She outlined her policy proposals for this session, which related property taxes, charter schools, public safety, government efficiency, Iowa farms, veterans benefits, and healthcare.

Much of the work this session was devoted to the priorities outlined by leadership during the first week of session. Below is more information on major bills legislators prioritized this session and where they stand after Sine Die. The Governor has 30 days to sign or veto bills sent to her by the Legislature in the final days of the legislative session.

STATEMENTS ON END OF SESSION

GOVERNOR

Governor Kim Reynolds released a statement upon Adjournment Sine Die highlighting the accomplishments of her final legislative session. She celebrated the success of legislation related to property tax reform, educational freedom, the health of Iowans, water quality, and childcare. Reflecting on her time as Governor, she said, "I'm incredibly proud of the work we've accomplished together on behalf of Iowans this year. With only a modest 1.4% increase to the state budget, Republicans are delivering big for Iowans... Throughout my time in office, the commonsense, conservative policies we've enacted will ensure our state remains strong, prosperous, and vibrant for generations to come. That has been my commitment to Iowans since day one, and I will continue to serve with that same purpose during my final months in office."

Lieutenant Governor Chris Cournoyer released a statement praising the Governor's accomplishments throughout her tenure, saying, "Governor Reynolds' record of strong conservative leadership puts Iowa families ahead... Over nearly a decade, Governor Reynolds' vision for Iowa has become a reality—low taxes, a strong economy, education freedom, vibrant communities, and endless opportunities. I'm proud to serve alongside her and support policies like these that serve to further enhance the quality of life in our state."

REPUBLICANS

In Senate Majority Leader Klimesh's statement, he primarily focused on the process tax reform package passed on the final day of session, saying, "We made great strides in reining in local government spending, reforming the property tax system, and now Iowa homeowners will see billions in property tax relief over the next several years." Similarly, House Speaker Grassley highlighted his caucus's successes with the property tax bill, along with passing tough on crime legislation.

DEMOCRATS

In a statement from Senate Minority Leader Weiner, she said, "Republican lawmakers spent the year wreaking havoc on Iowans' lives, but now Iowans can finally breathe a sigh of relief. As the legislative session ends, so does the harm... Instead of taking action to provide real, substantial relief on any of the kitchen table issues that truly matter to Iowans, Senate Republicans only made things worse." She and House Minority Leader Meyer highlighted issues like healthcare access and increasing costs as major ones Iowans are facing that the Legislature did not address.

STATE OF IOWA BUDGET

OVERVIEW

The Legislature is required by law to approve a budget for the upcoming fiscal year before final adjournment. In general, the Governor releases a budget target at the beginning of session, and majority party leadership in the House and Senate release their own budget targets later in session. The budget targets represent money to be spent from the General Fund. The targets usually vary not only in the total amount of money to be spent, but also in the ways that money would be distributed among various state agencies and programs. After all targets are released, the House and Senate must then have conversations to reach a compromise on a final target and the distribution of funding. This budget is then sent to the Governor for their review, approval or veto.

In the Governor's budget, she proposed spending \$9.671 billion from the General Fund for FY 2027, which is \$180.0 million (1.9%) more than was appropriated for FY 2026. Much of the Governor's proposed increase was for education and healthcare, including \$73.9 million for school aid, \$21.8 million for education savings accounts, \$14.0 million for education support personnel salaries, and \$37.3 million for Medicaid.

The Revenue Estimating Conference (REC) met in October, December, and March to create revenue estimates for FY 2026 and FY 2027. At the March meeting, the REC established a FY 2027 revenue estimate of \$8.472 billion, which was a \$27 million decrease from the estimate made in December and \$361 million more than the REC's estimate for FY 2026. The General Assembly is required to use the estimate that was made at the December meeting when creating the budget for the following fiscal year, unless a later meeting establishes a lower estimate. Since the March meeting established a lower estimate, legislators were required to use the \$8.472 billion estimate in the budget process this session.

It is important to note that the REC's revenue estimate is not the exact amount the Legislature is allowed to spend. Instead, it is the primary determinant in the calculation of the expenditure limitation, which includes other factors, including surplus

carryforward funding and rainy-day funds. This gave the Governor and legislators more room in the FY 2027 budget than just the expected revenue for the year. For more information on how the expenditure limitation is calculated, see the Legislative Services Agency's resource on this topic.

A few years ago, General Fund revenue was consistently around \$9.8 billion, so this year's revenue is a significant change. Senate Majority Leader Klimesh and Governor Reynolds both released statements on the March REC estimates, stating that Iowa has a good fiscal outlook despite lower revenue. Klimesh said, "Today's meeting regarding the fiscal outlook for our state shows Iowa is resilient against economic pressures. We have a healthy reserve balance, a healthy rainy-day fund, and a healthy balance in the Taxpayer Relief Fund. The goal of the tax cut is to return taxpayers' overpayment to state government and provide permanent, pro-growth tax relief, and that goal is being achieved. Senate Republicans will continue focusing on responsible, sustainable budgeting and look forward to again compiling a conservative, sustainable budget in the upcoming weeks that puts the taxpayer first."

Although lower revenue the last several years was expected due to recent tax cuts, it still required legislators to make tough decisions on the amount of new funding to appropriate and how to allocate that funding. To further complicate matters, the Medicaid Forecasting Group anticipated a significant Medicaid shortfall for both FY 2026 and FY 2027, which legislators needed to find funding to supplement. As of March, the FY 2026 deficit was estimated at approximately \$90.6 million, and the FY 2027 was estimated at \$167.6 million. To address the FY 2026 Medicaid shortfall, the Legislature passed HF 2739 in late March, which created a healthcare-related tax on Health Maintenance Organizations (HMOs). The tax rate is temporarily raised from 0.95% to 3.5% from January through September 2026. The bill provided a \$89 million supplemental appropriation for FY 2026 for Medicaid. For further details on the HMO tax bill, see [here](#).

(continued on page 18)

(continued from page 17)

In late March, Senate Republicans announced their budget target, which totaled \$9.623 billion, \$48 million less than the Governor's recommendation. The Senate began advancing most of the Governor's recommended budget bills through the committee process, which was largely a procedural move to make the budget passage process faster once a joint target was reached. Soon after, House Republicans announced their own target of \$9.662 billion, \$9 million below the Governor's recommendation, and released their proposed budget bills and moved them through the Appropriations process. This year, since the budget situation was tighter, the Governor, House, and Senate targets were relatively close, which made the negotiation process more straightforward.

In the week prior to final adjournment, the Senate and House announced they had reached a budget agreement, and budget subcommittee chairs from each chamber worked together to finalize the budget bills that will fund state government for FY 2027. In the last few days of session, the floor managers moved these bills through passage in both chambers. The final budget bill, Standings, reached final passage shortly before 7:00PM on May 3 and was the last bill to be passed before legislators adjourned Sine Die.

FY 2027 BUDGET

The final budget approved by the Legislature totaled \$9.645 billion from the General Fund for FY 2027, which begins on July 1. This is an increase of just \$135.9 million (1.4%) compared to FY 2026. For reference, the Legislature appropriated an increase of 5.4% from FY 2025 to FY 2026. With Iowa's revenue situation requiring the state to pull from rainy funds, legislators had very little new money to work with in the budget, and ultimately, few programs received new or increased funding for FY 2027.

Appropriations bills also included \$1.613 billion from other state funds, which is a decrease of \$25.96 million compared to FY 2026. See the tables below for the total amounts appropriated from the General Fund and other funds this session.

The budget bills will now go to the Governor's desk for her signature, where she has 30 days to decide on signing. It is likely all action will be complete by Friday, May 29th. Unlike a policy bill where the Governor must sign or veto the entire bill, the Governor is able to "line-item veto" specific provisions in budget bills.

To view the full 2026 end of session report, visit: <https://iaafp.org/endofsession-reports/>

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.
JOIN THE FIGHT FOR A HEALTHIER IOWA.

IAFP in Washington, D.C. for the Family Advocacy Summit



TO DONATE

VISIT [IAAFP.ORG/PRIMCARE-PAC](https://iaafp.org/primcare-pac)
OR
MAIL YOUR PERSONAL CHECK TO:
IAFP PRIMCARE PAC
6500 UNIVERSITY AVE
SUITE 100, PMB 123
WINDSOR HEIGHTS, IA 50324

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.

2026 IAFP ANNUAL CONFERENCE

NOVEMBER 12-13, 2026 | PRAIRIE MEADOWS CONFERENCE CENTER

SCHEDULE OF EVENTS

THURSDAY, NOVEMBER 12

8:30 am	President's Breakfast
8:30 am	Registration & Breakfast
9:15 am	Annual Business Meeting
9:45 am	Welcome/ Introductions & Overview
10:00 am	Breastfeeding
10:35 am	PE Diagnosis, Management & Treatment
11:10 am	Medicaid Update
11:45 am	Hypertension Updates
12:20 pm	Medical Marijuana
12:55 pm	Buffet Lunch
1:20 pm	AAFP Update
1:50 pm	Journal Club Live
3:10 pm	Break
3:15 pm	Sports Nutrition
3:50 pm	Pediatric GI
4:25 pm	Hot Topic-TBD
5:00 pm	Presentations Conclude
5:30 pm	Trivia Night & Farm Bureau Awards

FRIDAY, NOVEMBER 13

7:00 am	Registration
7:00 am	Breakfast in Exhibit Hall
7:55 am	Introductions and Announcements
8:05 am	Medical Decision Making
8:40 am	Early Detection of Dementia
9:15 am	FELLOWS
9:25 am	ABFM Update
9:50 am	Break in Exhibit Hall
10:20 am	Early Cues, Better Outcomes: Rethinking MCI & AD Management
11:20 am	Buffet Lunch
11:50 am	Awards Ceremony
12:30 pm	Visit Exhibits
1:00 pm	Cancer Testing & Care
1:35 pm	Syphilis Update
3:10 pm	GDMT for Heart Failure for the PCP
3:30 pm	Break
3:50 pm	Resident Case Presentation
4:25 pm	Testosterone Therapies
5:00 pm	Thyroid Nodules
4:25 pm	Recess for the Day

**Scan the QR
code to view
more details
and register!**



**IOWA ACADEMY
of FAMILY PHYSICIANS**

MEMBERS UP FOR RE-ELECTION IN 2026

Matthew Abendroth, DO

Michael Agey, DO

Derrick Alger, MD

Seann Atkinson, DO

Ryan Becker, MD

Joseph Behr, MD

Holley Bermel, DO

Mitchell Binkley, MD

Samantha Bissen, DO

Jay Blomme, MD

Zachary Borus, MD, MPH, FAAFP

McKenzie Brekken, DO

Sherri Broadbent, DO

WilliamButz, MD

Jasmin Cabrera, MD

Maria Catalan Aquino, MD

Rebecca Chackalackal, MD

Kenneth Chapman, MD

Alexander Chung, MD

Carla Cloos, MD

Patrick Cogley, MD

Paul Dudley, MD

William Durbin, MD

Katherine Dvorak, DO

Bruce Feldmann, MD

Manisha Fenzl, MD

Jane Fischer, MD

Mintesinot Fitamo, MD

Tyler Folkerts, DO

April Forsyth, MD

Averill Fuhs, DO

Catherine Hansen, DO

Michael Harder, DO

Alan Hjelle, MD

Lindsey Hohulin, DO

Benjamin Howard, DO

Raheel Jiwan, MD

Emily Johnson, DO

Jessica Kennedy, DO

Lisa Kies, MD

Kelly Krei, DO

Donna Lawlor, MD, FAAFP

Hasmig Link, DO

Andrea McLoughlin, MD

Dean Moews, MD

Matthew Molin, DO

Brett Mulkey, DO

Eden Murad, DO

Lane Noble, DO

Cecilia Norris, MD

Amanda Olberding, DO

Tyler Olson, MD

Jeffrey O'Tool, MD

Cameron Overcash, MD

Min Pak, MD

Benjamin Paul, DO

Shoaib Qadri, MD

Daniel Richter, MD

Nicole Salow, MD

Karissa Sanchez Traun, MD

Ashley Siemons, MD

Debbie Sixta, MD

Hyo Young Smith, MD

Sara Spiva, DO

Shawn Spooner, MD, FAAFP

Sean Sutphen, DO

Lorraine Tangen, MD

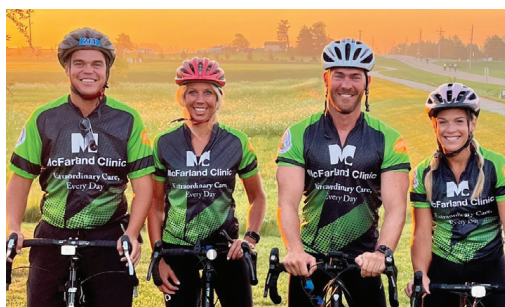
Bryan Taylor, DO

Sarah Terronez, DO

Kelsey True, MD

Kathleen Wittich, MD

Physician-Led Medicine in Iowa



Join the McFarland Team

Seeking BE/BC Family Medicine physicians to join our collegial teams within Iowa's largest physician owned, multi-specialty clinic.

- Full-time positions
- Broad spectrum practices with or without OB
- Flexible work schedules
- Top-tier compensation and benefits
- Loan forgiveness available
- Outstanding support services
- Large, established referral network
- McFarland Clinic is physician owned and governed

Enjoy work-life balance in a family-friendly community with small-town charm and big-city amenities nearby.



McFarland Clinic

Extraordinary Care, Every Day

EEO/AA Employer/Protected Vet/Disabled

Contact: physicianjobs@mountainmedgroup.com

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, 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.

Thank You **2025 IAFP FOUNDATION DONORS!**

Robin Barnett
Larry Beaty
James Bell
Sonia Bell
George Bergus
Laura Bowshier
Nicole Brokloff
Jenny Butler
Melanie Cleveland
Patrick Courtney
Timothy Daniels
Dana Danley
Shawn Dawson
John Ebensberger
Nicole Ehn

Thomas Evans
Alan Fisher
Corrine Ganske
Madeline Godar
Kate Hanrahan
Jody Harmsen
Jeffrey Hoffmann
Francis Kane
Jenna Kemp
Peter Kim
Dayna King
Steven Kruse
Jan Larson
Laura Lasack
Sarah Ledger

Barcey Levy
Kelsie Linderblood
Ursula Livermore
Kevin Locke
Patricia Magle
Savannah Marker
Douglas Martin
Sabrina Martinez
Timothy McCoy
Dean Moews
Erez Nagggar
Robert Nathanson
Donna Nelson
David Nystrom
Dale Nystrom

Noreen O'Shea
Jeffrey Quinlan
Janet Reuter
Stephen Richards
Thomas Richmann
Dawn Schissel
Robert Shires
Donald Skinner
Dustin Smith
Dale Steinmetz
Elizabeth Stoebe
Heidi Van Maanen
Janet Wee
Jason Wilbur

- To keep family medicine in Iowa strong, we are asking
- **all Iowa family physicians** to donate to the IAFP Foundation.
- ANY amount is appreciated! We are aiming for **100% participation!**
- Below are the different levels of donation.

Your gift is tax deductible as the IAFP Foundation is a 501 (c) 3 charitable organization.

IAFP FOUNDATION DONATION:

- ☐ \$1000 **Grand Patron**
- ☐ \$750 **Patron**
- ☐ \$500 **Benefactor**
- ☐ \$250 **Sponsor**
- ☐ \$100 **Friend**
- ☐ Other _____

Please use my donation for: (Check all that apply)

- ☐ Students / Family Medicine Interest Groups
- ☐ Residents ☐ Rural Loan Repayment ☐ Unrestricted

Make a donation online at www.iaafp.org or

☐ Pay by check _____

Name: _____

Address: _____



Iowa Academy of Family Physicians
6500 University Avenue • Ste 100, PMB 123
Windsor Heights, IA 50324

kcox@iaafp.org
kscallon@iaafp.org
sbell@iaafp.org
www.iaafp.org

Phone 515-244-4182
Fax 515-244-4131

Find us on Facebook, Instagram and LinkedIn!