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of Pediatrics

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Section on Uniformed Services *NEWSLETTER*
SPRING 2024



Photo Courtesy: Joshua Anchan

Crossing Oceans: Practical Lessons Learned from the Air Force Neonatal Transport Mission in Okinawa, Japan

-LT. COL JOSHUA ANCHAN, MD

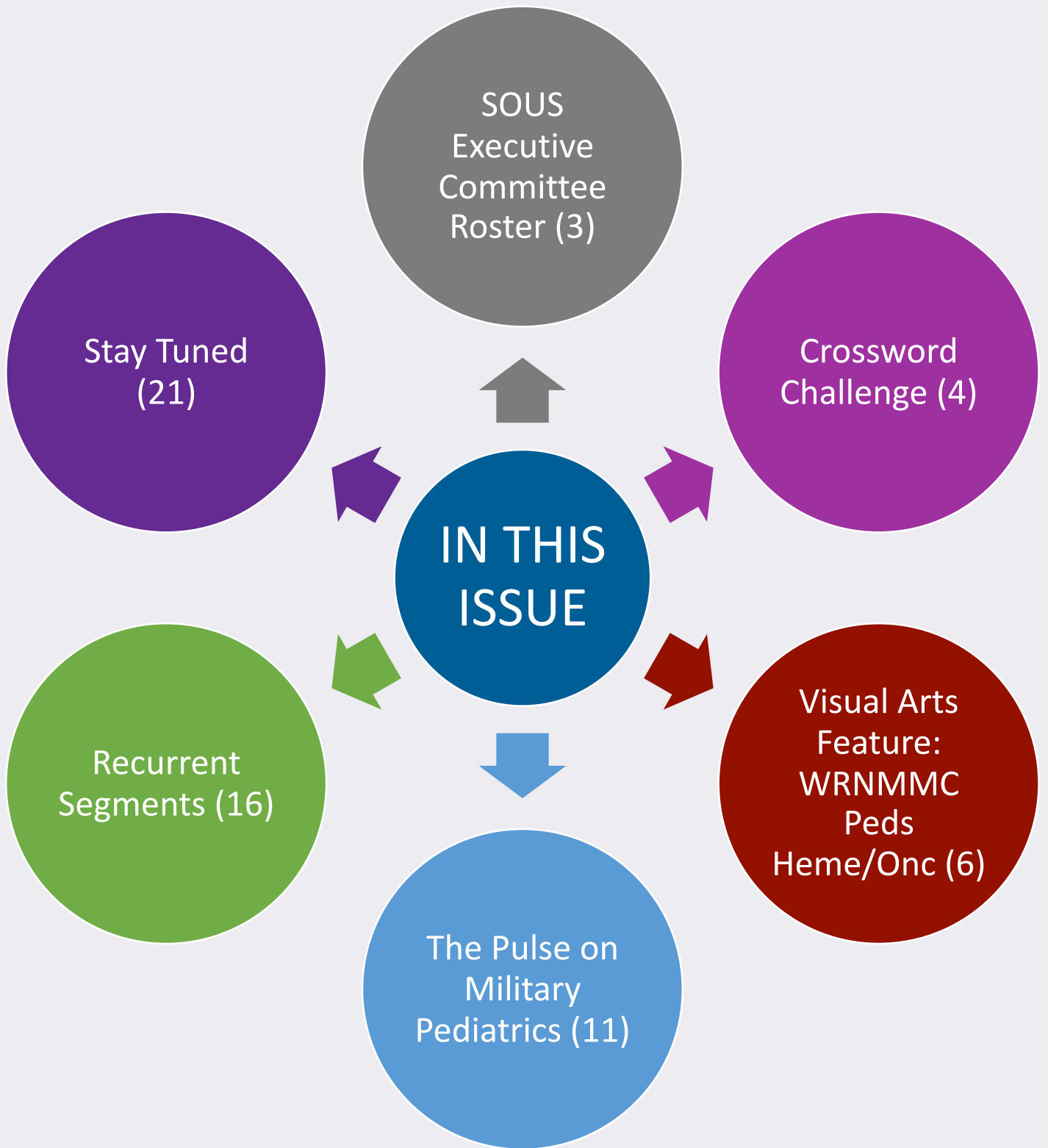
As military pediatricians we are all aware that military service poses unique challenges. With these challenges come distinctive learning opportunities. Upon graduation from fellowship in Neonatal-Perinatal

medicine the absolute last location I wanted to be stationed was in Okinawa, Japan. However, the assignment turned into one of my greatest life experiences even though it came with significant trials and tribulations. In this article I will share three lessons learned from my time in Okinawa that can be applicable to all of us as military pediatricians.

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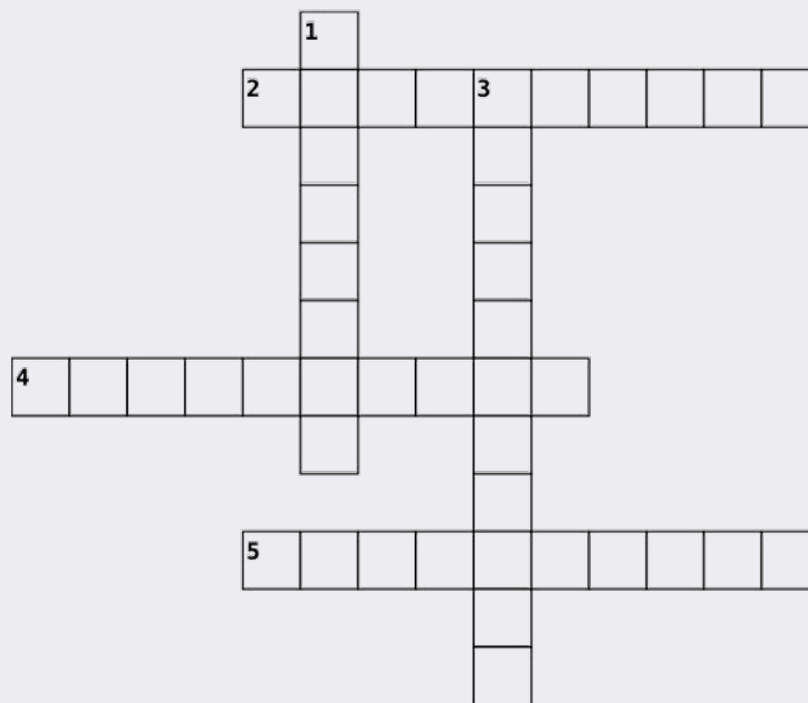
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CROSSWORD CHALLENGE!!!

Stay up-to-date and refresh your pediatrics knowledge with SOUS Newsletter's new Crossword Challenge. Answers are found at the end of the newsletter 😊

FEATURING: ANTIMICROBIALS



Across

- Parenteral _ is the drug of choice for the treatment of congenital syphilis.
- Ampicillin and _ are the preferred empiric regimens for suspected early onset neonatal sepsis.
- An antibiotic that can be used against MRSA infections, but is contraindicated in pneumonia because it inactivates pulmonary surfactant.

Down

- The cephalosporin of choice used against organisms with AmpC-resistance.
- With the erythromycin ointment shortage, newborns at risk for exposure to *N. gonorrhoeae* can be administered _ instead.

Yearn to Learn More:

...

- Easy mnemonic for organisms with AmpC-resistance: SPACE (serratia, proteus, acinetobacter, citrobacter, enterobacter)
- There were 10x more babies born with congenital syphilis in 2022 than in 2012.
- Refer to Red Book Online and the Centers for Disease Control for updated information. RBO's report found on the next page.
- Amikacin has been used where resistance of the answer choice is high.
- Though a potent antibiotic, this is the reason why we do not use it for MRSA pneumonia.



Erythromycin Ointment Shortage

January 8, 2024

Content License: FreeView

Article type: [Resources](#)

Topics: [Infectious Diseases](#)

There is an [ongoing shortage](#) of erythromycin ointment. Erythromycin 0.5% ophthalmic ointment is the only recommended regimen to prevent ophthalmia neonatorum caused by *N. gonorrhoeae*.

If erythromycin ointment is not available, a birthing parent who is at risk for exposure to *N. gonorrhoeae* * or who had no prenatal care, should be tested for *N. gonorrhoeae* in the immediate peripartum setting using a nucleic acid amplification test (NAAT). If the birth parent's test is positive for gonorrheal infection or if the test result is pending at time of discharge with concerns for lack of follow-up, the neonate should receive ceftriaxone, 25 to 50 mg/kg of body weight, IV or IM, not to exceed 250 mg in a single dose; if ceftriaxone is unavailable or contraindicated, a single dose of ceftazidime or cefepime may be substituted.²⁻⁴

The Centers for Disease Control and Prevention recommends notifying your local health department of any challenges in procuring the product. Additional information regarding the availability of erythromycin (0.5%) ophthalmic ointment is available on the [FDA Drug Shortage page](#).

* Women < 25 years old, and those 25 years or older who have a new partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has a sexually transmitted infection (STI), or live in a community with high rates of gonorrhea; practice inconsistent condom use when not in a mutually monogamous relationship; have a previous or coexisting STI; have a history of exchanging sex for money or drugs; or have a history of incarceration.^{1,2}

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1. US Preventive Services Task Force. Screening for Chlamydia and Gonorrhea: US Preventive Services Task Force Recommendation Statement. 2021 Sept 14;326(10):949-956
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Resources:

[Availability of STI Testing & Treatment Products](#) | Centers for Disease Control and Prevention

[STI Treatment Guidelines, 2021](#) | Centers for Disease Control and Prevention

[Erythromycin Ointment Drug Shortage](#) | US Food and Drug Administration

[Red Book Online](#) | American Academy of Pediatrics

[AAP News](#) | American Academy of Pediatrics

PEDIATRIC ENVIRONMENTAL HEALTH SPECIAL UNITS

PEHSU is in its fifth year and is eager to continue to spread the word about the work we are doing. Please share the following promo anywhere you see fit. Thanks for your support.

The Importance of Pediatric Environmental Health to Children, Adolescents:

The Pediatric Environmental Health Specialty Units (PEHSUs) are a national network of experts dedicated to the prevention, diagnosis, management and treatment of health issues that arise from environmental exposures. The AAP serves as the PEHSU National Program Office. Tap into resources on mold in the home and schools, radon exposure, environmental justice, wildfire smoke, lead in children's food and more. Health professionals can find training and fact sheets to help their patients.

<https://www.pehsu.net/>

VISUAL ARTS
FEATURE:
PEDIATRIC HEMATOLOGY
ONCOLOGY ART
EXHIBITION

PEDIATRIC HEMATOLOGY ONCOLOGY ART EXHIBITION

IN HONOR OF CHILDHOOD CANCER AWARENESS MONTH

In honor of Childhood Cancer Awareness Month, the Pediatric Hematology & Oncology Clinic at WRNMMC put out a “Call for Art!” to our pediatric patients and their families to contribute to the first annual Pediatric Hematology Oncology Art Exhibition! This display was a work of love hosted by the patients, their families and led by our dedicated art therapist, Sara Cantrell. The responses were amazing!

A wide range of patients participated from age 2-27 years old. We had families make whole art pieces together, including an exploding paint splatter piece. Others proudly submitted art they made at camp over the summer or pieces they’ve designed specifically for the show. We also included the staff on the larger-than-life butterfly collage piece. This vibrant butterfly ‘took flight’ for the duration of the show.

❖ A sibling of a young Leukemia patient’s response after being invited to make art for the show:

➤ “I’ve always wanted to be in an art show! That’s like one of my dreams.”

❖ A family who made an art piece together at home wrote a description for their work:

➤ “Making this art together was so much fun. We were able to create as a family and not think about the hard and scary things for the moment. There are many layers to this painting, just as there have

“...on the days that I wanted to crawl into a closet and hide from the world, [art and music] saved me.”

been many emotions through Nolan’s Journey. We are happy we were able to make something for this hospital that reminded us of all the wonderful people we have encountered here.” – The Rojas Family

❖ An active-duty patient submitted a statement to be displayed with his piece:

➤ “I decided to go with a simple concept that speaks to both my interest, the state of my well-being, and belief systems I hold dear”, “I am very thankful to the art therapy program, the art therapist Ms. Sara, and all the wonderful participants. It helped me a lot and continues to do so! Fund the program and thank their team, it helps turn unfortunate circumstances into an

opportunity to express yourself, make friends, and develop your own home décor!” – Sergeant Michael G Christian, USMC

Throughout the exhibitions duration we have had such wonderful responses verbally and through the response box. Ms. Cantrell had the chance to speak with a few of those stopping to view the art and overheard:

❖ “I took time to take in each piece and their importance. I was blown away by the creativity in each one, how each piece speaks to someone’s individual experience.”

❖ “I am a cancer survivor... seeing this art reminds me of different therapies I had during my treatment such as art and music. I remember even on the days that I wanted to crawl into a closet and hide from the world, those things saved me. I didn’t have to talk, I could just feel, just be. Thank you for sharing this with us.”

Some of the comment cards submitted stated:

❖ “Inspirational to kids and adults. Please don’t stop showing the art. Thank you for what you do.”

❖ “Thank you so much for brightening the halls of Walter Reed with both your beautiful artwork and perseverance.”



-The Rojas Family Art Piece

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PEDIATRIC HEMATOLOGY ONCOLOGY ART EXHIBITION

IN HONOR OF CHILDHOOD CANCER AWARENESS MONTH

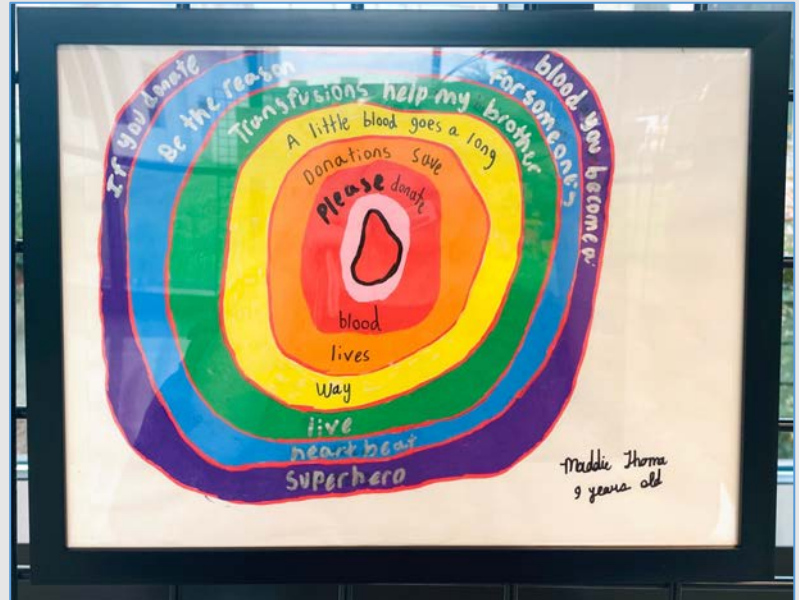
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- ❖ “The art is beautiful. Thank you for brightening my day <3. I come here daily for radiation and your work brings a smile to my face.”

❖ One of the many goals of the art therapy program in our clinic is to create and provide spaces for patients to build confidence, creatively express themselves and form connections and relationships. This exhibition has provided those opportunities and a window of connection for our Walter Reed community to see just how truly exceptional our patients are!

This show has already touched so many people within our clinic and outside its walls. Hopefully, with each year and further exhibition, it will continue to touch and resonate with many more!

LTC Lauren Vasta



“If you donate blood, you become a superhero, Be the reason for someone’s heartbeat, Transfusions help my brother live, A little blood goes a long way, Donations save lives, Please donate blood.” – Maddie Thoma

Clinic Community Art Piece:

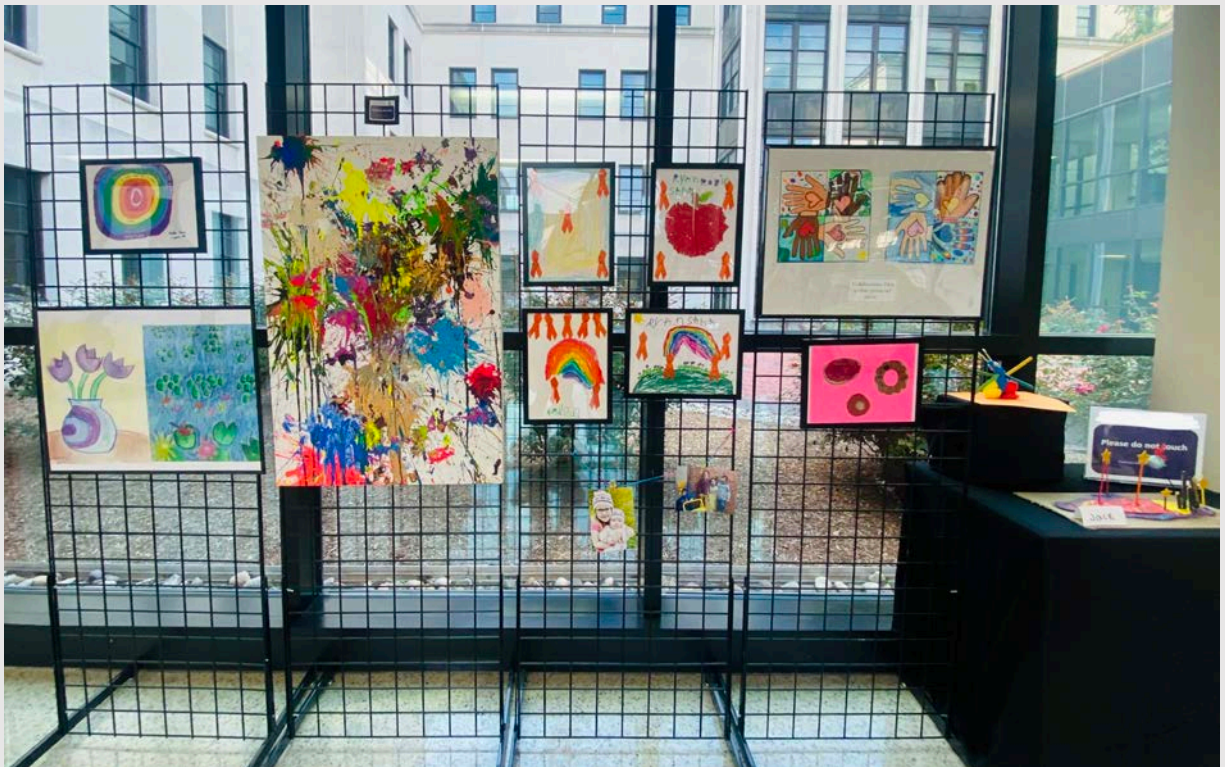


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PEDIATRIC HEMATOLOGY ONCOLOGY ART EXHIBITION

IN HONOR OF CHILDHOOD CANCER AWARENESS MONTH

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THE PULSE ON MILITARY PEDIATRICS:

SELECTED USU PEDIATRICS MILITARY TREATMENT FACILITY COLLABORATIVE EFFORTS

DIVISION OF MILITARY CHILD AND FAMILY RESEARCH & CLINICAL EPIDEMIOLOGY AND HEALTH SERVICES RESEARCH

The Uniformed Services University (USU) Department of Pediatrics Divisions of Military Child and Family Research, and Clinical Epidemiology and Health Services Research have worked extensively for years to increase understanding of pediatric health and wellness. Moving forward, we are expanding our research focus to include efforts aimed at collaborative relationship building with military facilities and uniformed providers to better understand factors that strengthen military family readiness. Selected efforts with military partners include:

Telehealth Approaches to Developmental and Mental Health - Recognizing the importance of telehealth as a key MHS resource, the USU Department of Pediatrics is working with two USU Centers to build partnerships that will support the developmental and mental health of military-connected children. These include:

- **Telehealth Extender** - Together with the USU Center for Deployment Psychology, Department of Pediatrics, Department of Family Practice and civilian partners at Kennedy Krieger, Georgetown, and University of Minnesota, this project aims to enhance developmental and mental health resources available to military children. Efforts are focused on increasing military and civilian providers' capacity to provide initial and/or lower level care virtually. Training for these providers will be accessible online. Preliminary connections with military providers have begun in Georgia, with efforts to expand to Virginia (Portsmouth Naval Hospital) and Washington State (Madigan Army Medical Center). At this stage, efforts are primarily focused on outreach and research collaboration.
- **Fetal Alcohol Spectrum Disorders and other Neurodivergent Conditions** - In collaboration with the USU Center for Health Services Research, the Department of Pediatrics is expanding engagement at Madigan Army Medical Center and the Military Primary Care Research Network in conjunction with USU Department of Family Medicine to support tele-education and telehealth initiatives with special focus on fetal alcohol spectrum disorders (FASD). Project partners also include FASD United and Boston University.

Military OneSource - With support from Military OneSource, and in partnership with Pediatrics and Family Practice at Camp Lejeune, this effort is focused on increasing knowledge of and referral to early intervention non-medical counseling services. While initial research indicates that Military OneSource and Military and Family Life Counseling are effective at reducing stress and increasing coping capacity, referrals from providers caring for young children are relatively rare. Through comprehensive training, providers will learn optimal points for early counseling intervention and information on how early intervention can decrease health and mental health risks over time.

Increasing Military Enrollment WIC - Based at Blanchfield Army Community Hospital, this project seeks to increase enrollment in the Supplemental Nutrition Program for Women, Infants, and Children (WIC). Through targeted outreach to service members and their families that meet rank and family size standards for likely WIC eligibility, we hope to increase awareness of the program, facilitate program enrollment and develop relationships to bolster military family participation while decreasing barriers to starting and staying involved in the WIC program.

Mother-Infant Dyad Outcomes of Intensive Care - Anticipated to begin in Spring of 2024, this project will examine established levels of intensive care for mothers and infants following labor and delivery at military and civilian facilities. Alignment of maternal and neonate levels of care, transfer practices between facilities, and quality of care outcomes will be evaluated. Partnerships with military faculty at Carl R. Darnall Army Medical Center in Texas and Walter Reed National Military Medical Center in Maryland will provide critical clinical and practical insights as the study progresses in its exploration of claims-based data. This project will provide opportunities for research mentorship, publication and presentation.

ELIZABETH HISLE-GORMAN MSW, PhD
ELIZABETH LEE, DrPH

A NOVEL LOOK AT FETAL ALCOHOL SPECTRUM DISORDERS IN THE MILITARY HEALTH SYSTEM: UPDATES AND OPPORTUNITIES

Dear Colleagues,

Greetings! I am pleased to share updates and opportunities for engagement with a five-year fetal alcohol spectrum disorders project through the USU Center for Health Services Research led by Principal Investigator Tracey Perez Koehlmoos, in collaboration with the USU Departments of Pediatrics, Preventive Medicine and Biostatistics, Family Medicine, Gynecologic Surgery and Obstetrics, Psychiatry, as well as the Graduate School of Nursing. This Congressionally-directed effort is underway in partnership with FASD United and Boston University, and will leverage multi-specialty clinical expertise and relationships with Madigan Army Medical Center and the Military Primary Care Research Network.

We are undertaking the first comprehensive study of the prevention, diagnosis, and management of prenatal alcohol exposure (PAE) during pregnancy and fetal alcohol spectrum disorders (FASD) in the US Military Health System (MHS). FASD and its related comorbidities include a wide range of lifelong neurocognitive, behavioral, learning and physical effects resulting from PAE. No amount of alcohol is safe for the developing fetus at any stage of pregnancy.

Conservative estimates suggest that 1-5% of school children in the US have a FASD. Early diagnosis and intervention can result in improved outcomes, yet many cases are diagnosed late, misdiagnosed, or never diagnosed. The most widely recognized FASD consisting of three sentinel facial features, fetal alcohol syndrome (FAS), is present in only 10% of individuals with FASD. Further, for many children with FASD, PAE is unknown.

Project lines of effort are five-fold. The first is a nearly complete environmental scan of available documentation on MHS-specific clinical practice guidelines, policies, programs and interventions that pertain to alcohol use and alcohol use disorder, PAE and FASD. A big thanks to those of you who supported this effort and sent us documents to inform the scan!

Opportunities to participate in qualitative research that will assess healthcare provider and caregiver needs with respect to the continuum of care for children and young adults with FASD are upcoming this year, so please be on the lookout. We are also excited to shortly begin analyzing data from the military health system data repository that will help to understand the burden of PAE and FASD-related conditions, risk factors, and pathways of care within the MHS, and to make those results available to the broader military community through publication and presentation.

Finally – we are in the early planning stages of an ambitious set of tele-education, tele-health hub and spoke, and interventional activities. We are aiming to provide virtual continuing medical education opportunities for clinicians to learn more about FASD diagnosis and management. We also envision standing up a pilot project that will support clinicians through the diagnostic process for neurodivergent conditions including FASD, as well as interventional work emphasizing self-regulation skills for children with neurodivergent conditions.

Supporting our community of military-connected families and healthcare providers through this work is an amazing privilege, and we look sharing the fruits of these efforts with you as they grow over time.

ELIZABETH LEE, DrPH
Assistant Professor of Pediatrics
and of Preventive Medicine & Biostatistics
Uniformed Services University

THE STRENGTHS OF NEURODIVERSITY

Neurodivergence refers to the natural variations in neurological traits and cognitive functioning among individuals. In our modern society, we celebrate diversity and value that we achieve broader learning and development as we embrace diversity instead of isolating others' differences from us. As we continue to learn more about the natural development of individuals, we learn that the range we define as typical is fewer than we think. The narrow range of "typical" neurological traits highlights the diversity and richness of a neurodivergent brain. There are several benefits that individuals and systems need to consider to embracing and understanding neurodivergence:

1. Diverse Perspectives:

Neurodivergent individuals bring unique perspectives to various situations and challenges. The different ways of thinking and processing information can lead to innovative solutions, creative ideas, and fresh approaches to problems.

2. Enhanced Creativity:

Neurodivergent minds have a tendency to think outside the box. This can increase the overall creativity in our society. The various fields of art, music, literature, and technology have benefited from neurodivergence.

3. Attention to Detail:

Many neurodivergent individuals excel in paying attention to details that others might overlook. This can be particularly beneficial in fields that require precision and accuracy, such as scientific research, engineering, and data analysis. Having various divergent minds can assist in ensuring that all aspects of a problem are considered.

4. Specialized Skills and Interests:

Neurodivergent individuals frequently develop a deep passion for their interests building skills in specific areas. These areas of expertise can contribute to advancements in various fields and provide unique contributions to society. Supporting these intense interests while also assisting neurodivergent individuals in communicating enables them to share their talents with others.

5. Enhanced Memory and Pattern Recognition:

Some neurodivergent individuals possess exceptional memory and pattern recognition abilities. These skills can be valuable in settings that require memorization, analysis of complex data, and identifying patterns in information.

6. Empathy and Compassion:

Neurodivergent individuals can be highly empathetic and

compassionate. Their unique perspectives and experiences can lead to a deep understanding of others' emotions and a strong desire to help and connect with people. Neurodivergent individuals' demonstrations of kindness can also be contagious and impact the environment of those around them.

7. Determination and Resilience:

Neurodivergent individuals often face challenges in a world designed for neurotypical individuals. This can foster determination, resilience, and a strong sense of advocacy for themselves and others. Furthermore, they can highlight some of the constraints that have been inadvertently imposed and help assist us to establish the necessary supports for all types of neurodivergence.

8. Non-Linear Thinking:

Neurodivergent minds may excel in non-linear thinking, allowing them to make connections that might not be immediately apparent

9. Problem-Solving Abilities:

Neurodivergent individuals see the world from a different perspective. The different ways neurodivergent individuals process information can lead to unique problem-solving approaches. Their ability to see problems from multiple angles can result in novel solutions.

10. Contribution to Diversity and Inclusion:

Embracing neurodiversity fosters a more inclusive and accepting society. Recognizing and valuing neurodivergent individuals for their strengths encourages a broader understanding of human potential. Ensuring that neurodivergent individuals are involved in adding to the work about neurodivergences is essential.

We must continue to advance our understanding of the benefits of neurodivergence. Inappropriate labels that have historically defined different types of neurodivergence in order to shame or stigmatize their way of thinking. As a society we can elevate our collective mindset to celebrate neurodivergence and accept that diversity allows us all to perceive across a wide spectrum. Every individual brings a unique perspective and contribution. Embracing neurodiversity not only promotes a more comprehensive and holistic understanding of human capabilities, it allows us to enrich our community with a much higher level of inclusivity.

Col (R) ERIC FLAKE, MD

AN UPDATE: MILITARY FOOD INSECURITY THE ROLE OF WIC ENROLLMENT

**Sidney Zven, Rachel Burris, Dakota Davis, Brian Graziose, Elizabeth Hisle-Gorman,
Gabriel Paris, Nijahlyn Pitts, Daniel Rochford, Siddarth Sharma,
Ian Sorensen, Meaghan Wido, Binny Chokshi**

Food insecurity continues to plague our active duty servicemembers. Budget discussions have brought this issue to the forefront of news media, as food supplementation programs such as WIC, SNAP, and others, face a pause in services or drastic reductions under FY2023-2024 budget proposals.

In the Spring of 2024, the Department of Pediatrics at USUHS and Walter Reed Pediatrics performed a mixed-methods project in partnership with the National Military Family Association (NMFA) to assess the military family experience with WIC. Recruiting from a convenience sample of military families who applied for financial assistance for child care, 399 respondents completed an online survey regarding their experiences with WIC enrollment and engagement. Follow-up focus groups gathered further information regarding the experiences of military families with WIC.

The quantitative analysis of survey results highlighted that service members and their partners learned about WIC from a variety of sources, and there was no significant association between branch of service or rank and WIC enrollment. These results underscored that any effort to increase WIC enrollment among military families, should be rooted in global outreach efforts. The qualitative results highlighted that military factors create unique circumstances related to WIC engagement and provided insight into the stigma surrounding help-seeking that can create hesitancy related to WIC enrollment. Recommendations for interventions to improve WIC engagement among military families included a call for standardization of education, screening and enrollment processes.

In the Spring of 2023, our team was also awarded a grant from via the Food Resource & Action Center, funded through the USDA Food and Nutrition Services, which will allow us to build on the findings above. The goal of the grant is to improve the identification, enrollment, and longitudinal engagement of active duty service members at Fort Campbell in the WIC program. In partnership with the Blanchfield Army Community Hospital (BACH), Ft. Campbell, WIC Kentucky and WIC Tennessee leadership, we began implementing this project in Summer 2023. We have hired 2 community health workers, both who are military spouses, working at BACH as direct liaisons between military families and local WIC offices.

The core of this project is to utilize the DEERS system to identify service members at Ft. Campbell who are highly likely to be eligible for WIC based on their rank, time in service, and number of dependents. Our initial data has identified 4714 service members at Ft. Campbell (~15% of total service members at Fort Campbell), who are highly likely to be eligible for WIC.

The two community health workers will be doing direct outreach to these service members to assist with enrollment in WIC when applicable. We are also collaborating closely with the public affairs office at Ft. Campbell, for global outreach related to WIC, with recruitment material positioned across Ft. Campbell and BACH. This project is set to continue through 2024.

RECURRENT SEGMENTS:

-LEAD, EQUIP, ADVANCE-
-TRANSPORT-

LEAD, EQUIP, ADVANCE SECTION THE INDIVIDUALIZED LEARNING PLAN (ILP): A TOOL FOR LEADER AND PROFESSIONAL DEVELOPMENT

I'm excited to introduce a new, recurring section of the SOUS Newsletter focused on leader and faculty development called "Lead, Equip, Advance." The goal of this section will be to highlight practical tools, concepts, and resources that we can use in our various roles as leaders, educators, and clinicians in military medicine. My hope is that many of you will consider submitting brief articles to this section from your own areas of expertise or interest so that we can collaborate, share lessons learned, and support each other on our respective professional development journeys.

To get us started, I'd like to discuss Individualized Learning Plans (ILPs) and how we can leverage this tool to support our own development as well as the professional development of those we lead and teach. The ILP is essentially a document that helps to prompt a learner's self-assessment, identify learning goals, and then outline strategies to work toward those goals. The ILP is ideally co-created with a mentor who can provide feedback about the learner's current performance, help to clarify goals, and identify additional resources or training opportunities that will support the learner's development. Utilizing an ILP is an iterative process and should be used longitudinally.¹ Multiple templates exist depending on the areas of professional development on which you would like to focus.

Many of you may be familiar with utilizing ILPs if you work in the graduate medical education (GME) setting. Interestingly, pediatric residency training programs were some of the first to introduce the concept of an ILP and study its effectiveness in supporting learner development.¹ The ACGME (Accreditation Council for Graduate Medical Education) has subsequently required that ILPs be utilized to support learners in all residency programs, regardless of specialty.² Separate from GME, some military treatment facilities may require ILP completion for government service employees.

Despite this widespread use, we don't always think about using ILPs for our own professional development. Perhaps the most challenging part is narrowing in on a specific goal and then identifying strategies to work

toward it. A few tips to get you started:

- Self-Assessment/Goal Identification: The first step is developing an accurate assessment of your current competency related to the desired skill and a clear understanding of the desired future state. The ACGME recently created Clinician Educator Milestones that do just that. There are now 20 milestones helping to better define faculty competencies in the broad categories of educational theory and practice; well-being; diversity, equity, and inclusion; and administration/leadership skills. The supplemental guide offers suggestions for evaluation methods and resources to help further develop in each competency area.³ Similarly, the Army Field Manual 6-22: Developing Leaders defines each Army leadership competency, provides a guide to self-assess strengths and weaknesses in that area, and then highlights ways to learn more or practice that specific competency and get feedback.⁴ I suspect similar leadership doctrine exists for each military service. If your goal is clinically oriented, consider inviting a peer or mentor to directly observe you performing that skill and offer feedback.
- Learning Strategies: Identifying strategies to work toward your goal is the next step. The strategies will vary widely with your specific goal but should incorporate three key principles. These include identifying opportunities for focused training such as faculty development or other formal courses in your area of interest; opportunities to practice/apply the new skill; and identifying mentors and coaches that can offer feedback and direction when needed. Table 1 outlines some specific training resources to consider.

The ILP is just one tool that can help guide our

continued in the following page

LEAD, EQUIP, ADVANCE SECTION THE INDIVIDUALIZED LEARNING PLAN (ILP): A TOOL FOR LEADER AND PROFESSIONAL DEVELOPMENT

professional development as leaders, educators, and clinicians. I hope this brief introduction provides you with some ideas to get started and some resources that can help. If there are topics that you would like to see discussed in a future Lead, Equip, Advance article, please let us know!

LTC ASHLEY SMITH, MD, MBA

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Additional Resources

Uniformed Services University Faculty Development Workshops	*Face to face and virtual faculty development sessions on a variety of teaching, leadership, and scholarship topics.	https://fac-dev.usuhs.edu/
ACGME Resources	*Clinician Educator Milestones *Direct Observation Toolkit *Learners in Difficulty Toolkit *Diversity, Equity, Inclusion curriculum *ACGME Learn (Register for a free account)	https://www.acgme.org/
Learning, Education Analysis, and Development (LEADs) or JMESI (Joint Medical Executive Skills Institute)	*Healthcare administration/organizational leadership topics *Virtual conferences (JMESI) *Online Modules (JMESI)	https://info.health.mil/edu/jmesi/MECR/SitePages/Home.aspx
Lead 2.0	*Leadership topic curriculum *Online Modules	Milsuite
Master Degree and additional Fellowship Training	*Baylor MBA/MHA fellowship *Health Professions Education Program (USU) *MPH (USU and others) *Leader and Faculty Development Fellowship (Madigan)	

CROSSING OCEANS: PRACTICAL LESSONS LEARNED FROM THE AIR FORCE NEONATAL TRANSPORT MISSION IN OKINAWA, JAPAN

Some may be asking, why does the Air Force have a NICU in Okinawa? The answer requires a brief history of the field of neonatology and neonatal transport. Until approximately 120 years ago, almost all deliveries were at home and if you were preterm or sick you died without medical interventions. Towards the end of the 19th century, the first neonatal incubators were developed from modified chicken incubators in recognition of the need to provide warmth to newborn babies after delivery. With this one intervention, mortality for babies born less than 2 kilograms was cut from 66% to 38%.

But what do you do when a baby is not born close to a place that has an incubator? The answer came in the form of portable suitcase-like “hand ambulances” that could be used to pick babies up and take them to the nearest hospital. The first organized neonatal transport program was established in New York in 1948; which predated the first American NICU by 12 years. As the field continued to advance, neonatology was recognized as a specialty by the American Academy of Pediatrics in 1975.



Photo Courtesy: Joshua Anchan

This led to an important ramification for our overseas servicemembers. Anywhere American servicemembers are stationed with their families; an appropriate level of medical care must be provided. In 1982, this led to the establishment of an Air Force staffed NICU at Clark Air

Force Base in the Philippines. Political unrest in the Philippines led to plans to move the NICU to Okinawa.

This plan was accelerated by the eruption of Mount Pinatubo, which led to emergency evacuation of NICU patients just days before much of the base was decimated by the volcanic eruption. The Okinawa NICU continues to exist as the sole Department of Defense NICU in the Western Pacific responsible for transport of critically ill neonates across a 100-million square mile area of responsibility.

This leads me to lesson #1 learned in Okinawa: **Neonatal transport, just like pediatrics, has evolved and will continue to change with time.** Are we prepared to adapt with it? Specific areas of change include emerging therapies, training requirements, quality metrics, military readiness in the age of power threats from near-peer competitors. What are we doing today to ensure we are the pediatricians the military needs tomorrow?

While in Okinawa we adapted the vision statement of becoming “the premier global neonatal transport specialists in service of Department of Defense and U.S. interests worldwide.” This brings me to Lesson #2: **Have a mission statement and vision statement for yourself and your unit.**

You will notice our vision did not specify being the best military transport team or being the best in the Pacific region. This was intentional. We truly believed that with the right resourcing, we could position ourselves as a uniquely capable neonatal transport team with reach across the globe.

Consider this, in post-World War II Japan, an embattled Japanese electronics company maintained the following vision statement, “50 years from now, our brand name will be as well known as any in the world... and will significant innovation and quality. Made in Japan will mean something fine, not something shoddy.” That company, was Sony and remains an iconic brand over 75 years later.

continued in the following page

CROSSING OCEANS: PRACTICAL LESSONS LEARNED FROM THE AIR FORCE NEONATAL TRANSPORT MISSION IN OKINAWA, JAPAN

Lastly, in accomplishing our mission and building towards our vision, as anyone who has spent any amount of time in the military will realize, we encountered many challenges. Our neonatal transport incubator had been designed uniquely for military air transport with the ability to be lifted and secured in a ground ambulance and rolled into an aircraft and be strapped in a military aircraft. Modern ambulances no longer allowed this style of ambulance to be secured. This problem was not one we could tackle alone. Which leads me to lesson #3: **You must find ways to build relationships and alliances to accomplish your mission.**

In our case, we were able to partner with a private company in the development of a new style of neonatal transport incubator that could meet our unique needs. Doing so enabled a process that normal military



Photo Courtesy: Joshua Anchan

avenues for change made feel impossible. This was not isolated. Through constantly expressing our vision to anyone who would listen, we established global transport working groups that are now working towards codifying aspects of military neonatal transport to ensure adequate manning, training, standardized equipment, and funding. In Okinawa, we made direct attempts to bridge previously frosty relationships with

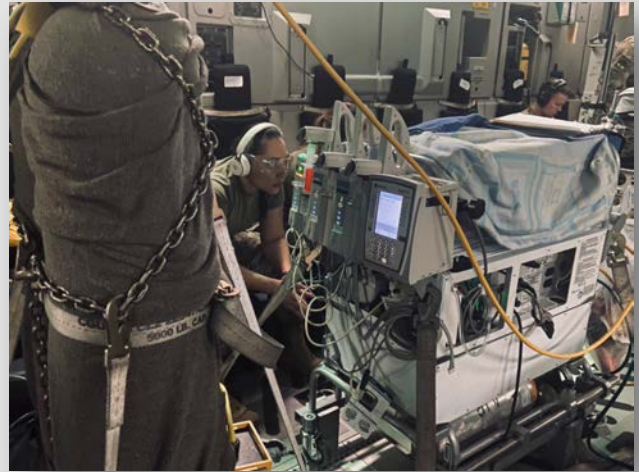


Photo Courtesy: Joshua Anchan

the largest Japanese NICU on island. We invited members of their NICU to attend our transport course and learn about U.S. military critical care transport. In doing so, we learned about their transport network laying groundwork for future partnerships and collaboration.

In writing this article, I recognize that many of you work in completely different environments and may not feel that your mission is as vital to the Air Force. While I focused on positive aspects, military neonatology continues to face significant challenges to even remain in existence in the years to come. Many of us feel overworked, undervalued, and replacement to the military. This is real and is not going away. I do think approaching your career in the military with the lessons I have described can make all of our time more bearable and meaningful.

- 1) Military pediatrics has evolved and will continue. What can you do today to be the pediatrician the military needs you to be tomorrow?
- 2) What is the mission statement and vision statement that drives you and your unit? Do you understand your purpose and are your efforts directed at fulfilling your purpose?
- 3) How can you build relationships and alliances to help you accomplish your mission and work towards your vision? Ten doors may close for every one that opens, but that one door may make all the difference.

LT. COL. JOSHUA ANCHAN, MD

CROSSWORD ANSWERS & STAY TUNED



Letter from the Editor

Leaders and Readers,

Welcome to SOUS Newsletter’s Spring 2024 issue! I have received wonderful feedback on the format and content of the newsletter. Thank you. Please keep the them coming as we continue on

efforts to elevate your experience and connect our military pediatricians together, both near and far.

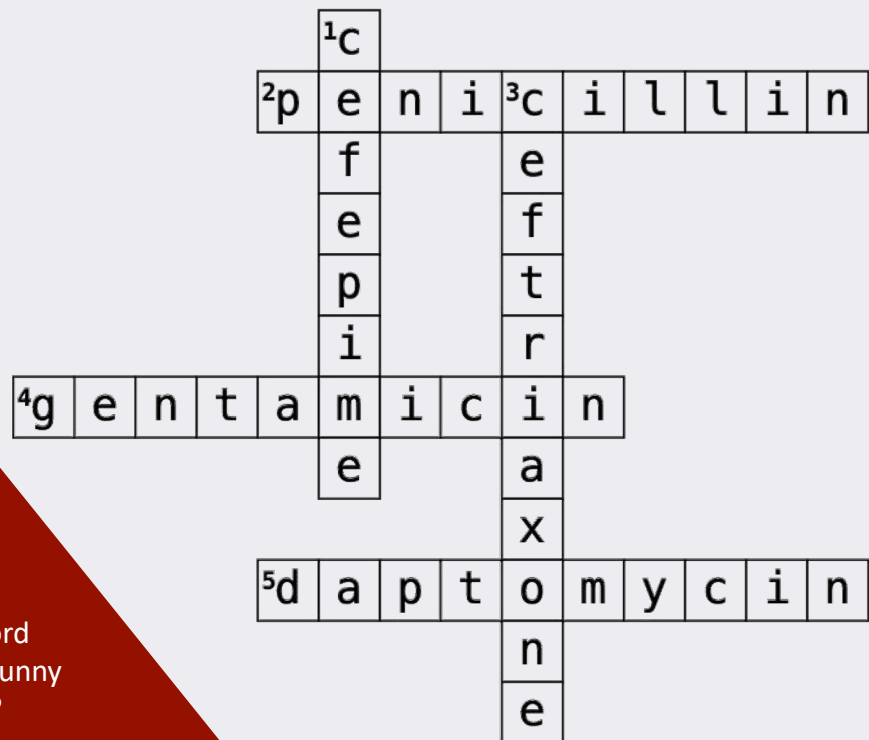
In this issue, we continue with our visual arts feature, share updates from various efforts to improve the care and experience for our military children, and introduce our recurring segment on leadership and military pediatric transport.

To continue celebrating our achievements, we hope to include a list of peer-reviewed articles that were published by our colleagues during the 2023-2024 academic year. Please send your publications / a list of publications over to ensure that we can include them.

We welcome you to engage, question, and connect. Your feedback matters as we strive to build a platform that continues to unite us.

Richelle Roelandt Homo, MD
CPT, USA, MC
SOUS Newsletter Editor

CROSSWORD CHALLENGE ANSWERS:



Would you like to contribute to the crossword puzzle? Have an idea for a punny name for this segment? Send your recommendations: RichelleHomo@gmail.com

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