Chair Letter
Courtney Judd, MD, MPH, MHPE, FAAP
Col (Ret.), USAF, MC
Chairperson, AAP Section on Uniformed Services (SOUS)

Hello, Section on Uniformed Services (SOUS) members!

I hope that you are all enjoying your summers and finding time for some rest and reinvigoration. I know it is a busy time of year for everyone in military pediatrics!

The SOUS Executive Committee (EC) met virtually last month, and we have some very exciting things in the works. We will be adding a Junior Military Liaison member to the EC in efforts to ensure that we have the right mix of voices on our team. CDR Witza Seide, as the Chair-Elect of the Pediatric Section within the National Medical Association (NMA), brought us an idea to partner with them to include military pediatric sessions at their annual meeting. Starting next year, our Scientific Awards Competition will officially include a Medical Education category for submissions. We are in the process of creating content to offer online that should offer insights into how to improve efficiency and decrease frustrations in our unique medical system. For those of you who struggle to get approval for time away and funding to present your work at meetings, we have a document with guidance on how to navigate the process. Reach out to any of the EC members or your service specialty consultants for access to this. Thank you to LTC Ryan Flanagan and Dr. Catherine Kimball-Eayrs for all of their work on that memo!

Hopefully you have the AAP NCE on your calendars. I am looking forward to seeing as many of you as possible from September 27 – October 1, 2024, in Orlando, Florida! The USPS programming will be held on Sunday, September 29, 2024 and the theme is “Ready, Set, Go: Military Pediatrics and Operational Readiness by Land, Air, and Sea.” We are planning to have another military-connected reception during the weekend, so be on the lookout for more information about that event as we get closer to the NCE.

Lastly, I want to let you know that this will be my final newsletter contribution as your Chair of the SOUS Executive Committee. My retirement from the Air Force is official as of 01 July 2024! It has truly been an honor to serve in this role alongside the incomparable Ms. Jackie Burke and our EC team over the past 4 years. Thank you for this experience, and for constantly reminding me that we have the most incredible colleagues and the absolute best patient population imaginable! I will serve in my role as Chair through November 2024, and then will turn the duties over to the amazing and capable CDR Jennifer Eng-Kulawy! I will continue to be available to all of you even after November, so please do not hesitate to reach out.

If you have any questions, concerns, or ideas, I would love to hear from you – my (civilian!) email address and cell phone number are listed below. Every story matters, and I am happy to hear yours. Thank you for the important work you do each and every day.

Sincerely,

Courtney
Email: courtneyjudd.md@gmail.com
Cell: (210) 632-9404
IN THIS ISSUE

1. Letter From the Chair

2. Publications by Uniformed Services Pediatrics

3. SOUS Executive Committee Roster

4-6. SOUS Welcomes New Executive Committee Members

7. Visual Arts Feature: David Estroff

8. Guide to Military Pediatric Residency

9-12. Stages in Medicine: From Residency to Retirement

13-14. AAP NCE: Uniformed Services Program

15. COMPRA: Call for Abstracts


19-21. Lead, Equip, Advance: Curriculum Development

12. Reflecting through Retirement

9. Humor’s Role in Residency

10-11. Navigating Civilian Fellowship Applications
SECTION ON UNIFORMED SERVICES
EXECUTIVE COMMITTEE ROSTER

Col (Ret.) Courtney Judd, MD, MPH, FAAP
Chairperson – Air Force
courtneyjudd.md@gmail.com

COL Ashley M. Maranich MD, FAAP
Executive Committee Member – Army
ashley.m.maranich.mil@health.mil

LTC Ryan Flanagan, MD, FAAP
Executive Committee Member – Army
ryanflanagan1@yahoo.com

LTC Jeffrey Limjuco, MD, FAAP
Executive Committee Member – Army
jeffrey.r.limjuco.mil@health.mil

Col Candace S. Percival, MD, FAAP
Executive Committee Member – Air Force
candace.s.percival.mil@health.mil

Maj Caitlin Drumm, MD, FAAP
Executive Committee Member - Air Force
caitlin.m.drumm.mil@health.mil

LT Cassandra Gessling MD, FAAP
Executive Committee Member – Navy
cassandra.s.gessling.mil@health.mil

CDR Jennifer Eng-Kulawy, MD, FAAP -
Executive Committee Member - Navy, Navy
Specialty Advisor, In-Coming Chairperson
jeng2002@gmail.com

LCDR Sebastian Lara MD, FAAP
Executive Committee Member - Navy
sebastian.lara@usuhs.edu

CAPT Jennifer Wiltz, MD, MPH, FAAP
Executive Committee Member – Public Health Service
igc2@cdc.gov

COL Patrick W. Hickey, MD, FAAP
Liaison, USU
patrick.hickey@usuhs.edu

CPT Morgan Smith, DO
Liaison, Section on Pediatric Trainees
morganfsmith@gmail.com

CPT Richelle Homo, MD, FAAP
Newsletter Editor
richellehomo@gmail.com

Jackie Burke
Section Manager
jburke@aap.org

Membership in the Section and Chapters is encouraged for all uniformed services members of the AAP.

Notification of desire for membership, subscription requests and address changes should be sent to:

AAP Division of Pediatric Practice
345 Park Blvd.
Itasca, IL 60143
Phone: 800/433-9016
Fax: 847/434-8000
E-mail: membership@aap.org

For an application visit:

Copyright© 2024
American Academy of Pediatrics
Section on Uniformed Services

This newsletter is the official biennial publication of the Section on Uniformed Services of the American Academy of Pediatrics. The view(s) expressed herein are those of the author(s) and do not reflect the official policy or position of the American Academy of Pediatrics, the Uniformed Service University, Brooke Army Medical Center, Madigan Army Medical Center, the U.S. Army Medical Department, the U.S. Army Office of the Surgeon General, the Department of the Army, the Department of the Air Force, or the Department of Defense or the U.S. Government.
SOUS Welcomes New Members to the Leadership Team Starting November 1, 2024

CDR Jennifer Eng-Kulawy, MD, FAAP (MC, USN) becomes Section Chairperson

CDR Eng-Kulawy grew up in Wilmington, Delaware and attended Stony Brook University, graduating Magna Cum Laude, with a Bachelor of Science in Biochemistry. She entered the U.S. Navy via the Armed Forces Health Professions Scholarship Program and attending Albert Einstein College of Medicine.

CDR Eng-Kulawy completed pediatric residency at Naval Medical Center San Diego and served as a staff pediatrician at US Naval Hospital Yokosuka. Following her tour, she was awarded the Navy Pediatrician of the Year award from Uniform Services West Chapter of the American Academy of Pediatrics (AAP).

CDR Eng-Kulawy reported to Naval Hospital Camp Pendleton where she served as the command’s first pediatric hospitalist and Pediatric Inpatient Medical Director. During her tour, she was appointed as the first Multi-Service Ward Senior Medical Officer and Pediatric Department Head.

CDR Eng-Kulawy then served as the Plans and Policy Officer for the Medical Corps at the Bureau of Medicine and Surgery. She led the Corps’ strategic communication as well as development, review, and implementation of BUMED policy related to the Medical Corps. She was the primary interface for the Corps Chief’s Office with Medical Corps Specialty Leaders, coordinating specialty reviews for BUMED policies. CDR Eng-Kulawy was competitively selected for her current positions, Director of Education, Training, and Research at Alexander T. Augusta Military Medical Center and Pediatric Consultant to the Navy Surgeon General.

CDR Eng-Kulawy’s deployments include Pacific Partnership 2012 and Enduring Promise 2019. CDR Eng-Kulawy is board certified in Pediatric Hospital Medicine and General Pediatrics. She holds academic appointments as an Assistant Professor of Pediatrics at the Uniformed Services University and an instructor at the Defense Institute for Medical Operations. Her personal military decorations include the Meritorious Service Medal, Navy and Marine Corps Commendation Medal, Joint Service Achievement Medal, and Navy and Marine Corps Achievement Medal.

MAJ Saira Ahmed, MD, FAAP, becomes Executive Committee Member (Army)

MAJ Saira Ahmed is a board-certified pediatrician and adolescent medicine physician at Walter Reed National Military Medicine Center in Bethesda, MD. She is currently the Service Chief of the Adolescent and Young Adult Medicine Clinic and an Associate Program Director of the Transitional Year Internship at the National Capital Consortium (NCC) at Walter Reed.

She earned her Bachelor of Science in Biomedical Engineering from the Georgia Institute of Technology in 2009, and a Master of Science in Human Genetics in 2010 from Tulane University. She served for two years as a high school mathematics teacher with Teach For America in a low-income, underserved community in Bridgeport, Connecticut from 2010-2012. She then joined the US Army as part of the Health Professions Scholarship Program, and earned her medical degree from Drexel University College of Medicine in 2016. MAJ Ahmed completed her Pediatrics Residency at NCC-Pediatrics at Walter Reed in 2019 and her Adolescent Medicine Fellowship at Brooke Army Medical
MAJ Ahmed is involved in both undergraduate and graduate medical education at the NCC at Walter Reed with both the Pediatrics Residency and Transitional Year Internship programs. She has served as a Pediatrics Clerkship Site Director at USU and Military Advisor for the Army Pediatrics residents at NCC-Pediatrics. She was also selected for the ACGME Adolescent Milestones 2.0 Workgroup in 2022 where they recently revamped the milestones used to assess adolescent medicine fellows.

MAJ Ahmed previously served as the AAP Program Delegate for the NCC-Pediatrics Residency Program during her residency years. She completed a month-long internship with the AAP Federal Affairs Office in Washington, DC during her PGY2 year. She also was selected as the Section on Pediatric Trainees liaison to the Section on Uniformed Services in 2020 during her time as a fellow.

She also serves as the Consultant to the Army Surgeon General for Medical Ethics, the Chair of the Ethics Committee for the San Antonio Marketplace, and as an Associate Professor of Pediatrics at USUHS. She is passionate about advocacy for our military children, having served on multiple regional and national committees in the past. She has previously served as the member-at-large for the Uniformed Services West Chapter of the AAP and is currently serving as the Uniformed Services representative on the District VIII Council of the Section on Neonatal and Perinatal Medicine of the AAP. She is also passionate about educating future military medical leaders across multiple levels of medical education. She serves as the Associate Course Director of the Ethics Curriculum for medical students at USUHS, is core faculty for the Pediatrics Residency at SAUSHEC, and has developed multiple curricula for medical learners.

Dr. Krick was commissioned through the United States Military Academy in 2008 and received her medical education at USUHS, graduating in 2012. She completed her residency in pediatrics at Madigan Army Medical Center (2015) and fellowship in Neonatology-Perinatology at the University of Washington (2018). She also completed a fellowship in Pediatric Bioethics through the Treuman Katz Center for Pediatric Bioethics (2018) and a Masters in Bioethics and Humanities at the University of Washington.

LTC Jeanne Alexandra Krick, MD, FAAP becomes Executive Committee Member (Army)

LTC Jeanne Krick is an active-duty Army Neonatologist who currently serves as the Program Director of the Neonatology-Perinatology Fellowship at the San Antonio Uniformed Services Health Education Consortium (SAUSHEC). She is passionate about advocating for our military children, having served on multiple regional and national committees in the past. She has previously served as the member-at-large for the Uniformed Services West Chapter of the AAP and is currently serving as the Uniformed Services representative on the District VIII Council of the Section on Neonatal and Perinatal Medicine of the AAP. She is also passionate about educating future military medical leaders across multiple levels of medical education. She serves as the Associate Course Director of the Ethics Curriculum for medical students at USUHS, is core faculty for the Pediatrics Residency at SAUSHEC, and has developed multiple curricula for medical learners.

Dr. Krick was commissioned through the United States Military Academy in 2008 and received her medical education at USUHS, graduating in 2012. She completed her residency in pediatrics at Madigan Army Medical Center (2015) and fellowship in Neonatology-Perinatology at the University of Washington (2018). She also completed a fellowship in Pediatric Bioethics through the Treuman Katz Center for Pediatric Bioethics (2018) and a Masters in Bioethics and Humanities at the University of Washington.

Col Renée I. Matos, MD, MPH, FAAP becomes Executive Committee Member (Air Force)

Colonel Renée Matos, MD, MPH, FAAP is Chair of Pediatrics at Brooke Army Medical Center where she oversees state of the art pediatric primary and subspecialty care for over 50,000 beneficiaries. She is a pediatric intensivist, the Pediatric Critical Care Consultant to the Air Force Surgeon General, Co-Chair of the DHA Critical Care and Trauma Clinical Community, and Associate Professor of Pediatrics at the Uniformed Services University. She has served on multiple national committees and was a previous chair of the AAP Section on Pediatric Trainees.
Her interests include resuscitation, quality improvement, patient safety, critical care air transport, and GME. She has 23 peer-reviewed publications, 3 book chapters, multiple national presentations, and been the course director for 4 courses. During the pandemic, she was the lead editor for all 8 editions of the DoD COVID-19 Practice Management Guide, which was had over 200 contributors and was used globally to guide bedside clinicians and commanders across all military services.

Dr. Matos was commissioned through ROTC at Princeton University where she graduated with Honors with a BSE in Civil and Environmental Engineering. She received her MD at University of California-San Francisco, completed residency in Pediatrics at the San Antonio Uniformed Services Health Education Consortium, and fellowship in Pediatric Critical Care at Children’s Hospital of Pittsburgh during which she completed her Masters in Public Health. Colonel Matos has deployed three times as a Critical Care Air Transport Physician and has transported over 50 critically ill children and adults across the world, including bombing and volcano victims. Some of her awards include 3 Air Force Commendation Medals, 2 Meritorious Service Medals, the Senior Female Physician Leadership Award, the Order of the Military Merit, and she received the MHS DoD Quality and Patient Safety Award four times.

CPT Morgan Smith, DO becomes Liaison, Section on Pediatric Trainees

As a child I spent summers at “Cousin Camp”. My older cousin, David, would take us on all sorts of adventures. He was a gentle giant. He graduated from the Air Force Academy as a record-breaking star in track and field. I was devastated when I later learned that David had been killed by an IED in Afghanistan. His bravery and sacrifice inspired me to pursue a career in military medicine. Now, I seek to assist others in their journey as a military pediatric trainee while simultaneously learning for myself how to impact many people at once using large organizational resources, like those available to the AAP SOPT.

Military pediatric trainees have unique experiences compared to their civilian counterparts. They are educated in an environment with a hierarchical structure and protocols and receive specialized training in operational medicine. They must understand and address the unique needs of military families including frequent relocation, the emotional and psychological impact of deployment, and military culture. As Liaison to the Section on Uniformed Services, I would help address these unique challenges encountered by military pediatric trainees and ensure that their perspectives are considered by the SOPT. I have experience in advocating for trainees and their needs in my role as Resident Research Advisor to the GMEC, which involves monthly attendance to the GME Committee at our military medical center that manages 11 residency programs. With regards to equity, diversity, and inclusion (EDI), our residency program has a wonderful ongoing initiative that emphasizes and tracks EDI in our daily lecture series. We regularly analyze the percentage of our lectures that acknowledge EDI with relation to the lecture topic and discuss how to improve our incorporation of these principles. I believe that the military dependent child is a uniquely vulnerable and important portion of our patient population.

I am happy to help contribute to the advancement of pediatric medicine and the well-being of children by serving as Liaison to the Section on Uniformed Services.
DAVID ESTROFF
COLONEL, MEDICAL CORPS US ARMY (RETIRED)

“OSPREY” (TOP LEFT), “COOPER’S HAWK” (TOP RIGHT), “WILLOW FLYCATCHER” (BOTTOM LEFT), “BREACHING” (BOTTOM RIGHT)
A Guide to Military Pediatric Residencies

2024 - 2025

Section on Uniformed Services

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Click here to view or download the most recent Guide to Military Pediatric Residencies or scan to your right:
During the psychiatry block in medical school, we learned about ego defenses as unconscious adjustments or actions in the context of the id, ego, and superego. Specifically, there were the “mature” defenses in which people deal with conflicts positively to society and without harm to others (remembered by “SASH”). The H stood for “humor,” or relief of anxiety with jokes and laughter, which I applied continuously during medical school and now during my intern year/residency. Then, there is Dr. Will Flanery AKA “Dr. Glaucomflecken” who uses humor as a platform on social media to discuss the US healthcare system, medical specialties, and academic publishing. This past September 2023, he did a “30 Days of US Healthcare” series that explored a different topic every day. We had an opportunity to hear him when he visited Madigan Army Medical Center on September 18th, 2023 in a GME wellness talk, titled “WIFE & DEATH (& COMEDY).”

He discussed his journey in the field of medicine, dealing with challenges and setbacks in healthcare and life, and how social media can be a catalyst for change. It was a packed auditorium with anyone who wanted to smile and laugh. Looking around the room, I could see bike helmets in the front, dispersed surgical scrub caps and unicorn headbands, and overall fans who appreciated his work and humor.

As a transitional year intern who applied to pediatrics residency for the 2023-2024 academic year, I resonated with Dr. Glaucomflecken’s humor since I started medical school (especially during my clinical clerkship years) and now into residency. With my unicorn headband that represented his pediatric alter-ego and one of my favorite childhood books/journal articles, *Goodnight Moon*, I had the humbling opportunity to meet him and take a group photo with the Madigan Pediatrics department. Meeting him in person was a surreal moment, as I was no longer viewing him on my phone or laptop. From sharing his ophthalmology jokes to his stories about his cardiac arrest and his love for his wife and children, he reminded me and everyone to cherish every moment - even, and especially, the tough ones. Ultimately, I resonated with his message about using humor as a way to navigate the complexity of medicine, which has been critical during my intern year. To take the giant leap from fourth-year medical student to resident physician, I have found this year to be a challenging time of unprecedented growth yet a worthwhile endeavor, especially with the support from my fellow interns, residents, attendings, nurses, and staff. I also appreciated the support from the Madigan GME office and leadership for this talk with Dr. Glaucomflecken.

Humor continues to be essential in the everyday operations of residency training, the field of pediatrics, and life in general.

Johnson Lay, MD
CPT, MC, USA
NAVIGATING CIVILIAN FELLOWSHIP APPLICATIONS: 
WHAT I HAVE LEARNED AND QUESTIONS TO ASK ABOUT 
CHOOSING THE RIGHT PROGRAM

Agnes S. Montgomery, MD, FAAP 
MAJ, MC, USA 
Pediatric Pulmonologist

“What did you look for when you were applying to civilian fellowships?” When I asked this question of my mentors four years ago, most chose based on location to be close to home or family. In truth, I ended up choosing in the same way, but I appreciate now that there were more dimensions to consider beyond geography! Here I offer insights from my own fellowship experience and from what I have learned about other programs to help you ask the right questions during your interviews and ultimately choose the right program for you.

You should reach out to programs you are interested in and set up interviews in the fall of your final year of residency – this will align with civilian applicant interviews. Most programs are at least somewhat familiar with military trainees and the general system of our application process. This means, most programs understand that you would be adding a fellowship slot for the program rather than taking up a civilian slot. From what I have seen, programs will bend over backwards to have you join them, especially your future co-fellows, who will be eager to lighten the call schedule load! These days, most interviews are still being conducted via online platforms, but if you are local, you can ask to visit the program in-person to get a better feel for it. Do not feel like you have to spend money or use leave days to do this, but if you are in the area for a conference, etc. it might be worth a quick visit to get a general sense of the work culture.

**General Organization.** Fellowships are structured and scheduled differently based on how many fellows are accepted per year. Additionally, whether your program has its own inpatient service versus just a consult service, or both can affect scheduling and workflows. If a program historically takes only one fellow per year or does not fill annually, there may be a set number of weeks of service you will work and attendings will cover the rest on their own. Larger programs can be very fellow-dependent, meaning if a fellow gets sick or has a conflict, fellows need to fill in those scheduling holes. Some programs also require you to do interdisciplinary rotations; for example, some pulmonary fellowships require weeks or months in the intensive care unit.

- **Organization Questions:** What does a typical week look like for a fellow? How does this differ when you are on a service week/block versus a research week/block? How are you required to spend your research time? How much clinic time is required? What interdisciplinary or multidisciplinary rotations or clinics are available and/or mandatory?

**Deliberate Mentorship.** I have greatly benefited from excellent mentors and champions in military medicine. Even to this day, I continue to collaborate with my research mentor from residency. Seek fellowship programs that prioritize mentorship. You will certainly have access to all the attendings and faculty in your department, but it is remarkable how busy these individuals are. If mentorship is not a requirement of the program, you may have to be proactive to get it! Look for mentors who share your passions within your subspecialty and who can guide you in both clinical practice, research opportunities (more on this later), and career development. A strong mentorship can not only be the compass that navigates you through the complexities of the civilian and academic healthcare system, but also ensure you thrive in this environment.
- **Mentorship Questions:** Does your program have a well-established mentorship program? Are fellows required to have an academic or clinical mentor? Do former fellows regularly reach out to attendings for clinical and/or career advice?

**Research Opportunities.** You are expected to participate in “scholarly activity” during your fellowship – this most often means research. Engaging in research can be incredibly rewarding if you have a good research mentor and team. Evaluate the research culture. Some programs encourage fellows to apply for grants (and have courses to teach you how to do this), which allows you to be a little more independent in terms of your research topic. Other programs will just have you tack on to a researcher’s group and you end up studying and researching whatever interests them.

- **Research Questions:** Do any of the attendings or program faculty have their own lab with ongoing projects? Are these basic science studies or do you have the opportunity to participate in clinical studies? Have previous fellows applied for research grants? How many poster/oral presentations and manuscripts do fellows usually present or publish during fellowship?

**Medical Education Opportunities.** Briefly, if you are interested in medical education, consider programs that have a residency program as well. You may also want to consider a program that allows fellows to apply for and participate in the Master Teacher Leadership Development Program, which is typically a year-long program to enhance teaching skills, develop education leadership potential, and foster scholarship in education.

- **MedEd Questions:** How do fellows interact with residents and/or medical students? Are there opportunities to mentor residents and/or medical students?

**Medical Conference Attendance.** Pediatric subspecialties all have their own professional organizations that host annual national and international conferences. These can be excellent opportunities to get to know your attendings better, but also meet fellows and attendings from other programs and engage with experts in your field.

- **Conference Questions:** Are fellows expected or required to attend any specific medical conferences? Is there funding available for attendance? Are you required to submit a poster, etc. in order to attend?

**Organized Education.** Look for a program that prioritizes fellow teaching and may even have a well-structured curriculum. Consider the availability of didactic sessions, etc. to help you prepare for your annual in-training exam and ultimately help you pass your subspecialty board exam. In my fellowship, third-year fellows organized the lecture schedule and gave 50-75% of the lectures each week. It is worth mentioning here that some programs are associated with universities, for example Children’s National is associated with George Washington University (GWU). This means, you may have the opportunity to take graduate level classes for free. Commonly, fellows are asked to take a statistics or epidemiology course to help with their research efforts. I will be graduating with a Certificate in Public Health after taking six classes at the GWU Milken Institute of Public Health. If this interests you, ask your program director if getting a degree can count as your fellowship scholarly activity (instead of research).

- **Education Questions:** How formal is fellow education? Are there set days/times that lectures are given? Who are these lectures geared to? Who is giving these lectures? Are there other educational opportunities outside of the program, such as at a local university?

Remember your time in the military will come to an end at some point so take advantage of this time to get an idea of what kind of practice you may want to have once you hang up your patrol cap. Civilian fellowships will expose you to academic medicine primarily, but you will also have access to other local private subspecialists that you can meet with to get an idea of their “day in the life”. Similarly, your attendings may work at different sites that you do not directly have to visit for patient care. Seeing how other specialty clinics run can help you decide how you want to run your own clinic in the future. It is remarkable how differently fellowship is organized – and how much more “free” time you have – compared to residency. I promise it will be a breath of fresh air on many levels! Enjoy!
I’ve spent a lot of time reflecting on my time in the Army. Twenty years created a mix of conflicting emotions that include being proud to serve but also angry and mistreated. I’ve been trying to understand my Army service, its meaning in my life, my family, and my future. It was my identity for so long as Doc, pediatrician, officer, and leader. A continuous cycle every 2 to 3 years of new assignments, increasing responsibilities, uncertainty, disappointment, hope and excitement. There were many indicators suggesting I was performing well and making an impact for my unit and Army Medicine. As I transition to civilian medicine, I unexpectedly found myself second guessing my experiences, capabilities, and value. On the one hand, I have people thanking me all the time for my service, but on the other hand, my military career is almost a large black-hole professionally or an unexplainable 20 year void when I speak to pediatric civilian colleagues especially with my latest assignments that took me away from clinical medicine. In the last 7 years I became distanced from clinical medicine, and I didn’t maintain any professional academic affiliations. How do I explain to pediatric colleagues the relevance of a Deputy Commander of Clinical Services, First Army Command Surgeon, Army Material Command Surgeon? Does working for 3-star and 4-star general officers mean anything to my colleagues or do they care?

Finding a professional home outside the military is more challenging than I thought it would be. It was hard to plan for where we would end up or what self-imposed constraints I would have. I didn’t want to work for the government or a large corporation nor did I want to move the family again. However, without a shared understanding of my life’s work in the Army, I believed I would be starting out as the new guy who needed to prove himself and earn seniority amongst my peers. There were many times I had to ask myself how to defend against the insidious self-doubt of imposter syndrome? Can I create a new identity with similar meaning in this next Chapter of my life? Is being 50-something too old to start something new?

Maybe it is stubbornness, but I like to tell myself that I’m just doing what I learned in the Army and leading. I’ve decided to start my own clinic where I can exercise autonomy based on the my priorities and not an impersonal profit driven institution. However, Developmental and Behavioral Pediatrics is not a subspecialty that was built for private practice. Once again, drawing on my Army experience, why should I let that stop me? I’m in a community with high demand and adapting to the environment, I think I can be impactful by being a medical home for children with special health care needs and/or medical complexity. I have fortunately met several family nurse practitioners that are highly motivated to serve this new mission with me. I’m confident that I can build a new team and start serving again.

I know my experience is just one of many variations for physicians separating from the military. Some physicians will choose to work as a government employee or contractor and have a far more comfortable transition. Or, others who stayed closer to clinical medicine than I did will have a resume that clearly communicates their clinical acumen and clinical leadership. I recognize that some of my own decisions have eliminated easier transition options available to me. Additionally, I know that there are others that face a set of different challenges than what I’ve experienced. But, I suspect that some of my mixed emotions and challenges are shared with several others that went before me and will come after me. My advice is to start planning early and preparing for the unexpected—emotionally, professionally, and financially. I followed the Army’s recommendation to begin my preparation 18 months out which gave me time to explore options. The time also allowed me to talk with my military colleagues to receive great advice and therapy. I also know that I’m still part of the Army community even if I’m retired.

Marc Hultquist, COL(R)
Developmental and Behavioral Pediatrician
**UNIFORMED SERVICES PROGRAMS AT 2024 AAP NATIONAL CONFERENCE**

Please consider attending the 2024 AAP National Conference. These Uniformed Services events are happening:

<table>
<thead>
<tr>
<th>Time</th>
<th>Event details</th>
</tr>
</thead>
</table>
| 9:00 AM    | **Welcome and Section Overview** *  
Col Courtney Judd, MD, MPH, MHPE, FAAP, MC, USAF |
| 9:15 AM    | **A Reflection on Pediatrics and the Uniformed Services**  
Col Courtney Judd, MD, MPH, MHPE, FAAP, MC, USAF |
| 9:35 AM    | **Outstanding Service and David Berry Awards** *  
Outstanding Chapter Awards *  
Col Courtney Judd, MD, MPH, MHPE, FAAP, MC, USAF  
Chapter East/West Lead |
| 10:00 AM   | **Operational Pediatrics—How Pediatricians are Equipped and Ready!**  
Ogden Bruton Lectureship  
CAPT Lynelle Boamah, M.D., MEd, MC, USN |
| 10:50 AM   | **Wellness Break** * |
| 11:00 AM   | **Ethical Considerations in Operational and Humanitarian Pediatrics**  
LTC Jeanne Krick, M.D., M.A., FAAP, MC, USA |
| 11:50 AM   | **Break** * |
| 12:00 PM   | **Section and Service Group Photos** * |
| 12:10 PM   | **Boxed Lunch** * |
| 1:15 PM    | **Words from the Dept of Health and Human Services**  
Rachel Levine, M.D., Admiral, USPHS (TENTATIVE)  
Assistant Secretary for Health for the U.S. Department of Health and Human Services |
| 1:45 PM    | **Abstract Oral Presentations (Part 1)**  
Ogden Bruton Top Research Abstract Presentation  
Andrew Margileth Top Research Abstract Presentation |
| 2:15 PM    | **Moving Out! Operational Movement of Pediatric Patients**  
Col Renee Matos, M.D., MPH, FAAP, FCCM, MC, USAF |
| 3:05 PM    | **Break** * |
| 3:15 PM    | **Abstract Oral Presentation (Part 2)**  
Howard Johnson Top Research Abstract Presentation  
Presentation of the Hemming and Geppert Awards |
| 3:45 PM    | **Uniformed Services Specialty Lead/Consultant Break-out Sessions** |
| 4:45 PM    | **Adjourn Poster Hall** * |

*This portion of the agenda is not designated for CME credit.*
Mark your calendars for the 2024 AAP National Conference & Exhibition in Orlando, Florida between SEP 27 – OCT 1, 2024 with the Section on Uniformed Services Program on SEP 29, 2024. SOUS Program details included to the left.

Sunday, September 29
Hyatt Regency Orlando
Uniformed Services Poster Session 5 – 6 PM Eastern

Things to know:

- If you are in the Uniformed Services, you don’t have to pay the higher registration fee after the early bird deadline of 16 August. Use code MIL24 for Fellows and MAH24 for allied health. Code is not activated until after 16 August.
- Active duty folks: Uniforms for USPS attendees: Air Force – Blues for general attendees and Service dress for presenters Army – Class Bs for general attendees and Class A uniform of either the ASU or AGSU uniform for presenters Navy - Khakis for general attendees and Blues for presenters
- There will be opportunities during USPS to have a 15-minute 1-on-1 with your specialty advisor. Sign up sheets are available at the start of the program.

Thank you to Drs. Candace Percival, Michelle Kiger and Patrick Reeves for planning the education and abstracts. Thank you to our wonderful faculty!

See National Conference meeting information at [https://aapexperience.org/](https://aapexperience.org/)
8 July 2024

Dear friend of COMPRA,

The Conference on Military Perinatal Research (at Aspen) has been in place since the 1970’s thanks to the dedication of many individuals over the years. This conference has traditionally offered a forum for the presentation of neonatal-perinatal research by both young and established physicians currently serving in or affiliated with the military. Thanks again this year to the continued generous support of Mead Johnson Nutrition (MJN) and the AAP Uniformed Services Section, the 43rd annual COMPRA is scheduled for Friday, November 1st, through Sunday, November 3rd, 2024. The meeting will be held in beautiful San Antonio, Texas, at the Hotel Contessa.

All investigators with a military affiliation participating in perinatal-related research are encouraged to apply. All applicants must submit an abstract for presentation. Abstracts will be selected for presentation and meeting attendance based on scientific merit, and preference will be given to fellows and/or residents in training. The deadline for submission of all abstracts is Friday, August 2nd. Applicants will be notified of selection for attendance and presentation of abstracts by August 16th. Please email your submission abstract (following the attached guidelines) and any other meeting correspondence to Jeanne.a.krick.mil@health.mil.

All travel expenses for invited attendees, as well as lodging and meals, will be covered via an educational grant from MJN. You are welcome to bring your spouse/guest to the meeting on a space available basis; however, you must pay their individual travel/lodging/meal costs. All official travel arrangements need to be made through the AAP travel office after your notification of acceptance to attend. Please do not make travel arrangements on your own as you will not be reimbursed for these expenses. If you do not receive an email confirmation within a few days of any correspondence, please re-notify me to ensure I have received it. We look forward to seeing everyone in person at this year’s meeting!

Jeanne Krick  
LTC, USA, MC  
COMPRA Conference Co-Chair  
Brooke Army Medical Center  
(210) 916-7047  
Jeanne.a.krick.mil@health.mil

Andrew Groberg  
Lt Col(s), USAF, MC  
COMPRA Conference Co-Chair  
Brooke Army Medical Center  
(210) 916-7078  
Andrew.j.groberg.mil@health.mil
INFANT MILITARY TRANSPORTS: A FEW THOUGHTS AND RECOMMENDATIONS

An active-duty Marine is expecting her first child. The mother has preterm labor and delivers an infant at 26 weeks. If this mother is stationed in the continental United States, the infant will be stabilized and managed in the nearest NICU. If this mother is living in a foreign country, or traveling at the time of labor, the stabilization and initial management might be in a military hospital or a foreign Hospital. Whether in a military hospital or a foreign hospital, the infant will require NICU support for at least 2-3 months.

Hospitals in different cities, countries, and different military facilities have different capabilities. If the infant requires care that is lacking in the initial facility, the infant should be transferred to a facility that can provide the appropriate care. Even if the infant does not require unique surgeries or specialized consultations while in the NICU, the infant is at risk of developmental delays due to significant prematurity. This infant would benefit from follow-up with multiple therapists and providers (PT/OT/Speech, developmental pediatrics, ophthalmology, audiology, general pediatrics). Many of these recommended therapies and sub-specialists might not be available at locations outside of the continental United States (OCONUS).

This preterm delivery scenario presents many questions: What capabilities are available at your nearest military facility? What capabilities are available in different foreign countries? When should the infant be transferred? Is the infant stable for transport? Where should they transfer to? Who will perform the transport? How urgent is the transport? Would it be better to delay the transport for a few weeks? Would it be possible to wait for patient movement until after NICU discharge? Would it be more cost-effective to delay transport? What if the infant’s clinical needs change during NICU admission? Will transport still be possible later? What will happen to the young Marine’s assignment? Will the mother travel with the infant during transport? When should EFMP be initiated? These are just a few of the many questions that need to be quickly answered. Additional questions surround clinical management, passports/birth records, supporting maternal breastmilk collection, availability of transport-qualified personnel, availability of aircraft for transport, acuity of other infants in the NICU, language barriers, equipment that is incompatible between different units, accurate documentation, family members, other social factors, etc.
Some of these considerations can be addressed by social workers, aero-evacuation offices, patient administration, and other offices. However, many locations lack experience in addressing these issues when coordinating infant transports.

Air Force Neonatology has accepted the responsibility to address these questions and perform these unique infant transports for military families. Currently, Okinawa Japan is the military NICU with the highest number of infant transports. There is an incredible history surrounding military NICU transport. In the 1980s, a military NICU was established at Clark Air Force Base in the Philippines. In 1991, with an impending volcanic eruption, this military NICU was emergently evacuated to the United States Naval Hospital in Okinawa, Japan.

Air Force Neonatology has continued to staff the NICU in Okinawa. Uniquely, the Air Force nurses, technicians, and physicians work in a Navy Hospital, situated on a marine base. They collaborate with Aero evacuation units from Kadena Air Base. They also coordinate with Tripler (Hawaii) and Brooke Army Medical Center (BAMC) for additional transport support. On the other side of the world, in Germany, the military has a European delivery center at Landstuhl Regional Medical Center (LRMC). Infant transport missions across the Pacific and the Atlantic Ocean are challenging and unique.

To accommodate these missions in military aircraft (KC-135, C-17, and C-130), a transporter frame was welded in the 1980s. The upright frame allowed a neonatal transport system (NTS) to be properly secured for take-off, landing, and long flights. Some of these missions include flights that are longer than 10 hours and coordination of overnight stops at NICUs in Hawaii and other states. Every transport mission has unique aspects. Equipment continues to evolve and demands change with different military focuses in the 2010s and 2020s.

For military pediatricians, I would propose FOUR tips to help units be better prepared for infant transport situations: Early and frequent communication with NICU transport specialists, creating and following transport checklists, assigning core transport leaders, and simulating transport scenarios.

1. **Early Communication**: Sharing information early with military transport teams can help with the coordination of aircraft, passports, moving families, communication with accepting facilities, etc. Experienced military transport teams can also help decide when would be the best timing for transport and whether one transport could be combined with other transport missions. Describing a case using the DHA Global teleconsultation portal (GTP) and directly calling a supporting military NICU can be an important initial step of early communication.

2. **Checklists**: Checklists are crucial to avoid forgetting multiple aspects
of infant transports. Separate checklists can be created for local, ground transports, and military air transports. Checklists can also be created for different roles (physician/NNP, nurses, technicians, therapists, etc.). Creating a simple transport task list can be very helpful when there are so many aspects to consider. Having task lists, checklists and other important information in a transport binder can help your team stay organized for future infant transports, especially when they might happen infrequently for your facility.

3. **Core transport staff:** Assign a group of individuals to take ownership of infant transports. They can help create and revise checklists. They can be the points of contact for infant transport missions. This core team can help coordinate transport simulation, equipment purchasing, and communication with other supporting NICUs and NICU transport teams when additional questions arise or when preparing additional training.

4. **Simulation:** Practice situations in which your team is asked to respond to infant deliveries that exceed your facility's capabilities. Simulate stabilization and preparation for movement. Are there items that should be added to the transport checklist? Is there a ground ambulance that will be used to help move the infant? Simulate moving the infant in and out of your facility and onto the ambulance.

Over 40% of active-duty servicewomen have been pregnant since joining the military and over 95% of the military are of child-bearing age. There are unique and challenging situations when infants are delivered in unfamiliar locations. It is essential to be prepared for infants who might require transport to a different facility. Your facility must have a process to quickly address many of the difficulties surrounding infant transport. Four recommendations to be better prepared for infant transports include early communication with Air Force NICU transport experts, NICU transport checklists, establishing a group of infant transport leaders, and simulating situations involving infant transports.

Andrew Groberg, MD, FAAP
Maj, USAF, MC
NICU Medical Director
BAMC/959th MDOS

References:
Creating or updating an educational curriculum is a common endeavor for the clinician educator. Understanding the tenets of curriculum development is not only applicable in the direct education environment but also may be utilized in research or quality improvement initiatives where staff or patient education is needed. Despite its broad utility, curriculum development is typically not a skill most physicians feel readily equipped to perform when stepping in to their first faculty role. Luckily, David Kern’s Six-Step Approach to Curriculum Development provides a practical framework.

Kern proposes that developing an effective curriculum involves a strategic process that ensures educational goals are clearly defined, attainable, and relevant to the needs of learners and stakeholders. This process requires a thorough understanding of the subject matter, as well as the pedagogical methods that will best facilitate learning. It also involves aligning the curriculum with educational standards and best practices, taking into account diverse learning styles and backgrounds to promote inclusivity and accessibility. By thoughtfully designing each component of the curriculum, subject matter experts can create a cohesive and engaging learning experience that supports student and resident success and achievement.

Special thanks to Uniformed Services University Education Specialist, Alyssa MacMahon, EdD who put together this summary infographic below of Kern’s framework to guide you through your next curriculum development project.

Ashley E. Smith, MD, MBA, FAAP
LTC, MC, USA
Director, Leader and Faculty Development Fellowship
60P Deputy Consultant

Richelle Homo, MD, FAAP
CPT, MC, USA
AAP SOUS Newsletter Editor
NICU Fellow

Curriculum development does not usually follow a sequential order, instead, the process and progress are often interactive. Thomas and colleagues note that successful “curriculum development never really ends ... rather, the curriculum evolves based on evaluation results (Step 6), changes in resources (Step 5), changes in targeted learners (Step 2), and changes in the material requiring mastery (Step 1)”

Note: Adapted from Curriculum Development for Medical Education, 4th Ed. (2022) edited by Patricia A. Thomas, David E. Kern, Mark T. Hughes, Sean A. Tockett, and Belinda Y. Chen
### An Introduction to Curriculum Development: Six-Step Approach

<table>
<thead>
<tr>
<th>STEP 1</th>
<th>Problem Identification and General Needs Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify and characterize the problem that will be addressed by the curriculum. This may be new knowledge and/or skills that need to be disseminated or a need for improved performance by students, faculty, clinicians, etc.</td>
<td></td>
</tr>
<tr>
<td>Questions to answer:</td>
<td></td>
</tr>
<tr>
<td>Whom does it affect?</td>
<td></td>
</tr>
<tr>
<td>What does it affect?</td>
<td></td>
</tr>
<tr>
<td>What is the quantitative and qualitative importance of the effects?</td>
<td></td>
</tr>
<tr>
<td>Identify how the problem is currently being addressed and how it ideally should be addressed.</td>
<td></td>
</tr>
<tr>
<td>Questions to answer:</td>
<td></td>
</tr>
<tr>
<td>What is currently being done by patients/health professionals/medical educators/society/etc.?</td>
<td></td>
</tr>
<tr>
<td>What personal and environmental factors affect the problem (e.g., predisposing, enabling, reinforcing, etc.)?</td>
<td></td>
</tr>
<tr>
<td>What ideally should be done by patients/health professionals/medical educators/society/etc.?</td>
<td></td>
</tr>
<tr>
<td>What are the key differences between the current and ideal approach?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STEP 2</th>
<th>Developing a Targeted Needs Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify the group most likely, with further learning, to contribute to the solution of the problem.</td>
<td></td>
</tr>
<tr>
<td>Understand the learner by considering:</td>
<td></td>
</tr>
<tr>
<td>Their prior knowledge and experiences</td>
<td></td>
</tr>
<tr>
<td>Their expectations for learning based on current knowledge and skills, perceived deficiencies and needs, as well as attitudes and motivations for learning.</td>
<td></td>
</tr>
<tr>
<td>Understand the learning environment by considering:</td>
<td></td>
</tr>
<tr>
<td>Resources that may be unnecessary or those that you may have insufficient access to.</td>
<td></td>
</tr>
<tr>
<td>Unplanned environmental experiences such as the interactions, attitudes, behavior, and sociocultural underpinnings of the learning environment</td>
<td></td>
</tr>
<tr>
<td>Brainstorm and research the content of the curriculum by considering the information that the targeted learners need most.</td>
<td></td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>STEP 3</th>
<th>Setting Goals and Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goals and objectives are the framework for the curriculum and should be based off of the needs assessment.</td>
<td></td>
</tr>
<tr>
<td>Goals are the broad educational aims of the curriculum that communicates the overall purpose(s) and enables the selection of the curricular components</td>
<td></td>
</tr>
<tr>
<td>Objectives are the specific and measurable learning objectives that allow learners to understand exactly <em>Who will do how much/how well of what by when?</em></td>
<td></td>
</tr>
</tbody>
</table>

| Resource: Gronlund’s Writing Instructional Objectives, 8th Ed. (2009) by Norman Edward Gronlund and Susan M. Brookhart |

<table>
<thead>
<tr>
<th>STEP 4</th>
<th>Determining Appropriate Educational Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational strategies are the teaching and learning methods you plan to use to ensure the learning objectives are met.</td>
<td></td>
</tr>
<tr>
<td>Educate yourself on:</td>
<td></td>
</tr>
<tr>
<td>Learning theories and how people learn.</td>
<td></td>
</tr>
<tr>
<td>Educational strategies.</td>
<td></td>
</tr>
<tr>
<td>Technology use and integration.</td>
<td></td>
</tr>
<tr>
<td>Align the educational strategies to:</td>
<td></td>
</tr>
<tr>
<td>The learning objectives.</td>
<td></td>
</tr>
<tr>
<td>The learning environment.</td>
<td></td>
</tr>
<tr>
<td>The needs of the learners.</td>
<td></td>
</tr>
</tbody>
</table>

An Introduction to Curriculum Development: Six-Step Approach

**Planning and Implementation**

Effective planning, including operational issues, ensures smooth implementation and stakeholders who remain invested in the curriculum.

Identify resources you will need to implement:

People, time, physical materials and space, funding and/or costs, etc.

Obtain support from stakeholders:

Those in authority, community partners, faculty, learners, professional societies or organizations, government, etc.

Develop administrative mechanisms to:

Communicate, make decisions, delineate responsibilities, preparations and distribution, integration, scholarship and educational research, etc.

Anticipate and address potential challenges and barriers.

Consider a pilot of the curriculum to help identify and address faults in planning.

Make a plan for the enhancement and maintenance of the curriculum:

Collect feedback, update content and resources, training of facilitators, etc.

**Resource:** Curriculum Development for Medical Education, 4th Ed. (2022) by Patricia A. Thomas, David E. Kern, Mark T. Hughes, Sean A. Tackett, and Belinda Y. Chen – Table 6.1 Checklist for Implementation

**Evaluation and Feedback**

After implementation, have a plan to provide learners with feedback and to evaluate the effectiveness of the curriculum.

Identify stakeholders:

Participants in the curriculum, facilitators of the curriculum, administrators, etc.

Ask these stakeholders:

Were the goals and objectives met?

What were the outcomes? And how can these be explained?

How did the actual implementation of the curriculum compare to the plan for implementation?

Report and act on results:

Provide learners with immediate feedback on their learning.

Conduct appropriate analysis (quantitative, qualitative) of evaluation data and report findings (e.g., to those in authority, research journals, etc.).

Make modifications to the curriculum based on this analysis.

**Resource:** Introduction to Educational Research, 2nd Ed. (2019) by Craig A. Mertler


Alyssa MacMahon, EdD

Education Specialist
Instructor
Department of Pediatrics
Scan the QR code to explore the latest in scholastic work produced by our military pediatric community! For the 2023-2024 academic year, we published over 150 articles in PubMed indexed, peer-reviewed journals. Don't miss out! Click here or scan the QR code to check out the collection!
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 😊

DON’T FORGET TO RSV-P!

**Across**
3. Acronym for Respiratory Syncytial Virus (too easy!)
5. Brand name for the monoclonal antibody for RSV prevention in infants that was approved in 2023
6. Most common presenting lower respiratory tract illness caused by RSV in infants

**Down**
1. Brand name for the monoclonal antibody for RSV prevention with a stringent eligibility criteria and administered monthly during the RSV season
2. The family of virus that RSV is classified as
4. Brand name for the vaccine for RSV prevention in infants that pregnant persons can receive between 32 and 36 weeks’ of gestation
Letter from the Editor

Leaders and Readers,

Welcome to SOUS Newsletter’s Summer 2024 issue! This issue is all about (good) change and growth. We welcome new members of the executive team, and celebrate those who are finishing their terms after contributing so much to the success of our program and the pediatric community. We read through reflections from residency, to fellowship, and to retirement, and throughout all that, the constant of being lifelong students of medicine and agents of growth, development, and positive change.

Let us celebrate our peers’ scholastic work (link to a list of publications on page 22), come together at AAP NCE in Orlando, FL, and contribute more to the body of pediatric knowledge -- make sure to submit your scientific or quality improvement work related to neonatal care to COMPRA!

I am excited for the start of this academic year and all that it brings!

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

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

CROSSWORD CHALLENGE ANSWERS:
STAY INFORMED:
Join the Section on Uniformed Services LISTSERV® today:
e-mail: jburke@aap.org.

Visit the SOUS Website.
Scan the QR code ➔
or click here