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• Laboratories are required to report electronically to EPI.

• Expanded minimum data elements required.

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• Report Standard Notification diseases (Hepatitis B, Mumps, Strep pneu invasive disease, Tetanus, Varicella) within 5 days.

• Report ALTs with all acute hepatitis A & B reports.

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Summer 2015

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Scope Managing Editor
Jeffrey E. Arrington
Alabama Academy of Family Physicians
19 South Jackson Street
Montgomery, Alabama 36104
334-954-2570
Toll-free: 877-343-2237
Fax: 334-954-2573
alafamdoc@charter.net
www.alabamafamilyphysicians.org

Mission: The Scope of Family Medicine is intended to provide timely and useful information of interest to our chapter members, as well as provide information about the policies and activities of the chapter.

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The views and opinions expressed in Scope do not necessarily reflect the policy of the Alabama Academy of Family Physicians.

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Dr. Drake Lavender was born and raised in Eutaw, Alabama, in Greene County. He graduated from The University of Alabama, where he majored in microbiology. He is a graduate of The University of Alabama’s Rural Medical Scholars Program, a program for rural Alabama students who want to become physicians and practice in rural communities. He attended medical school at The University of Alabama School of Medicine, where he graduated in 2001. He completed his residency at the Tuscaloosa Family Practice Residency Program, where he was chief resident, 2003-2004. After opening a private practice in Gordo, Alabama, he joined The University of Alabama College of Community Health Sciences in late 2013 as an assistant professor in family medicine. His practice includes traditional family medicine, hospital inpatient care, endoscopy and occasional ER work. *The Scope of Family Medicine* recently had an opportunity to sit down with our new president and get to know him a little better.
What was the reason you chose a career in family medicine?
I chose family medicine as a direct result of the relationship I had with my family physician growing up in rural Alabama. Dr. Rucker Staggers delivered me at Greene County Hospital, and over the years, he was my friend, mentor and advocate. He treated my severe asthma as a child and gave me my allergy shots each week. He showed interest in me and asked to see my report cards. He encouraged me to do well in my studies and nurtured my interest in medicine. I decided that I wanted to be a doctor when I was 5 years old. I honestly had no idea what a family physician was at the time, but I knew I wanted to be like Dr. Staggers.

What is your favorite part of family medicine?
A few years into my practice in Pickens County I had a patient encounter that has lingered in my mind over the years. I had weekend hospital rounding duties and one of the patients I was seeing was an elderly gentleman with end-stage COPD who I had seen many times before. I was also the physician for his wife, his children and grandchildren ... I was in truth the “family doctor.” I was seeing him on this hospitalization for a COPD exacerbation. I had a pleasant visit with him and his family, and he seemed to be doing well. It was around lunchtime, so after I left the room, his family went down to the hospital cafeteria to eat. During that time, he was noted by nursing to be unresponsive and a code blue was called. He did not wish to be intubated, and after an unsuccessful resuscitation, I called for an end to the code. His family returned from the cafeteria not realizing what had happened while they were away. I sat down with them in the chapel to break the very difficult news, and we all became emotional over the loss. The thing I remember best about the day was his wife of many years, coming over to sit by me and consoling me with tears in her eyes, “Don’t feel bad ... we know you did all you could.” The deep and meaningful relationships we as family physicians build with our patients are shared by few other specialties and are one of the reasons I am so very proud to represent our specialty.

Why do you believe the AAFP is important to family physicians in Alabama?
Family physicians are the most dedicated and hardworking health care providers, not only in Alabama but across the country. The AAFP advocates for family medicine, not only here in Alabama but also in Washington. Recently, the AAFP was successful in repealing the sustainable growth rate (SGR), an outdated formula that the Centers for Medicare & Medicaid Services (CMS) used to calculate Medicare reimbursements to physicians. Without the repeal of the SGR, physicians across the country would have been looking at close to 28 percent cuts in reimbursements for seeing Medicare patients. This was one of the many victories our members have been able to celebrate this year. At the state level, the AAFP has been able to increase state funding to our two rural medicine programs, Rural Medical Scholars Program at The University of Alabama and the Rural Medicine Program at Auburn University. These two programs have been very successful in producing primary care physicians who continue to fill the needs of rural Alabama. I believe our members recognize that, while they continue to spend countless hours taking care of their patients, our leadership will be at the table, continuing to fight to protect the scope of practice that is constantly being encroached on by outside entities.

As president of the ALAFP, I will be the spokesperson for family medicine physicians across our great state. Our leadership will be working directly with third-party payers, our legislature and stakeholders from around the state to ensure family physicians remain the backbone of the health care-delivery system in Alabama. I am very honored to have been chosen as president of this member-driven academy. I look forward to working closely with my fellow family physicians as we continue to face a changing health care environment. I will work hard to represent our specialty on a state and national level while continuing to be an advocate for our patients. I am looking forward to a wonderful year.

Dr. Lavender lives in Coker, Alabama, with his wife, Joann, and they have three children: Lane, 19; Ashley, 17; and Beth, 10. Please join us in welcoming your 2015-2016 president, Drake Lavender, MD.
ICD-10 Implementation on October 1, 2015

On October 1, 2015, Alabama Medicaid will comply with federal law and replace ICD-9 code sets used to report diagnosis and inpatient procedures with ICD-10 code sets. All providers, with the exception of dental and pharmacy providers, are affected by this change.

Claims with dates of service prior to October 1, 2015, must continue to use ICD-9 codes.

Under ICD-10, diagnosis codes will be more detailed. Valid ICD-10 diagnosis codes will contain three to seven characters and must be taken out to the full number of characters required for the code. The claim will deny if this level of information is not provided.

Surgical procedure codes will be substantially different with ICD-10. Surgical procedure codes under ICD-10 use seven alphanumeric digits instead of the three or four numeric digits under ICD-9.

In response to requests from the provider community, Centers for Medicare & Medicaid Services (CMS) released additional guidance in July that allows flexibility in Medicare claims-auditing and quality-reporting process as the medical community gains experience using the new ICD-10 code set. While the guidance speaks specifically to Medicare, it is the intent of Alabama Medicaid Agency to follow a similar policy. To that end, program-integrity auditors and contractors will not disallow physician or other practitioner claims as long as the provider used a valid ICD-10 code from the right family of codes.

A “family of codes” is the same as the ICD-10 three-character category. Codes within a category are clinically related and provide differences in capturing specific information on the type of condition. However, the code may require more than three characters to be valid.

Other guidance for providers related to the implementation of ICD-10 is available on the agency’s website at www.medicaid.alabama.gov. Click on the “Providers” tab, and select “ICD-10.”

University Medical Center-Northport Now Open

University Medical Center (UMC), a multispecialty practice operated by The University of Alabama College of Community Health Sciences, opened a new location in July.

Since University Medical Center-Northport has been opened in its Northport, Alabama, location, it has provided its community with comprehensive patient-centered care in family medicine and obstetrics. A grand opening celebration was held in August, which included an open house to allow members of the community to familiarize themselves with the services offered.

Dr. H. Joseph Fritz is clinic director at UMC-Northport, and he practices alongside Drs. Ray Brignac, Jennifer Clem, Catherine Skinner and nurse practitioner Lisa Brashier. Resident physicians Drs. Shawanda Agnew, Carrie Coxwell, Eric Frempong, Brianna Kendrick, Cheree Melton, Aisha Pitts, Efe Sahinoglu and Amy Wambolt, all of whom are part of The University of Alabama Family Medicine Residency — also operated by the college — see patients as well.

The opening of UMC-Northport was a relocation of UMC-Warrior Family Medicine, UMC’s location in Fairfax Park in Tuscaloosa, which closed at the end of business in June in preparation for the move. UMC-Warrior Family Medicine was formed in 2014 after Fritz and his practice, Warrior Family Practice, joined the college. Fritz had been in private practice in Tuscaloosa since 1978.

University Medical Center and UMC-Northport provide comprehensive patient-centered care to the university and west Alabama community. Patients of all ages can receive care for the full spectrum of needs — from preventive care and wellness exams to management of chronic conditions, to treatment for acute illness and accidents.

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At the end of June, the health care world waited as the Supreme Court decided the fate of the Patient Protection and Affordable Care Act (PPACA). In the latest opposition to the PPACA, *King v. Burwell* set the stage for a discussion on tax subsidies designed to make mandated health care affordable. The opinion penned by Chief Justice John Roberts on June 26 reinforced federal health care exchanges and sent a message that they are here to stay in Alabama.

The court began with a bit of background on the PPACA and outlined three main components that form the foundation for health care reform: antidiscrimination laws, the individual mandate and tax subsidies. Roberts described the construction and history of these legislative cornerstones in his opinion pointing to Massachusetts’s system of health care reform as the template for the PPACA.

The first of the reforms taken from Massachusetts were antidiscrimination-law implementations. These state that insurance companies cannot deny coverage or charge higher premiums to individuals who have a pre-existing condition. These are typically referred to as the guaranteed and community-rating requirements.

Second is the individual mandate that requires all individuals to obtain insurance or pay a penalty to the IRS.

Third, and the topic of discussion in *King v. Burwell*, are tax subsidies designed to make health care more affordable to those who purchase insurance on an exchange. The PPACA, in its inception, wanted to create a marketplace or “exchange” where individuals could purchase insurance. Originally, this task was given to each state to create and run its own exchange; however, when some states refused to create their own, the PPACA provided that the federal government would create an exchange for each of those states through the Department of Health and Human Services (HHS).

Now, what does this ruling mean moving forward? In Alabama, which has an exchange operated by HHS, it seems to be business as usual. Those who purchase insurance on a federal exchange will still be eligible for tax credits; in turn, their insurance will still be affordable, according to the language of the PPACA.

Further, this decision seems to have the approval of the American people behind it. According to a poll conducted by the Kaiser Family Foundation, 62 percent of Americans are happy with the Supreme Court’s decision to uphold tax subsidies on all exchanges.

Richard Sanders is a health care attorney working out of Birmingham, focusing primarily on corporate and regulatory matters for physicians. He can be reached by phone at 205-930-4289 or by email at rsanders@southernhealthlawyers.com.
Interventional Radiology has become an integral part of comprehensive patient care, providing less invasive techniques for the diagnosis and treatment of a range of health problems. At Children’s of Alabama, physicians and physician assistants provide patient follow-up through clinic visits or phone calls. All attendings perform IR procedures, and all procedures (except for after-hours cases) can be performed at Children’s.

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- Arteriovenous Malformations
- Swallowing Disorders (Gastrostomy and Gastrojejunostomy)
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Family medicine physicians at the University of Alabama College of Community Health Sciences have been able to spend less time at a computer documenting a patient visit and more time engaged in conversation with their patients, thanks to the college’s newly established Scribe Program.

The program, which started in January 2015, was developed and implemented by Dr. Melanie Tucker, assistant professor of health education in the college’s Department of Family Medicine. Five scribes were hired and trained in late 2014. Now they assist family medicine faculty and third-year residents with the University of Alabama Family Medicine Residency at University Medical Center (UMC) and University Medical Center-Northport. The residency and both practices are operated by the college.

The scribes are pre-med students at The University of Alabama, Tucker said, so the students, the physicians and the patients all benefit. The students learn about procedures and terminology, making them more competitive for medical school. Providers spend less time writing notes after clinic. Patients get more face time with their doctors.

“It allows the doctor to have that face-to-face conversation with their patients and not be on a computer,” Tucker said. “It removes a barrier. Instead of the doctor having to look at a computer, the doc-
tor and the patient can just talk. This may help build a relationship between the doctor and the patient.”

Tucker said it ultimately will allow providers to see more patients.

“Our plan is to slowly increase the number of patients the physicians see per visit,” she said. “Currently, the scribe doctors see one additional patient per clinic, and there have been no complaints.”

In November 2014, the scribes received 15 hours of training, which familiarized them with their role as scribes, the electronic medical record (EMR), HIPAA, medical terminology, family medicine, and privacy and professionalism. Starting in January 2015, the scribes began accompanying physicians to patient visits. With a laptop, they document the visit in the EMR.

Tucker is also working a research component into the program. She is surveying physicians about their perceptions toward the EMR, how long it takes them to document their patient visits and how long they spend after clinic writing notes. Then after the program, she’ll ask the same questions.

In November 2014, the scribes received 15 hours of training, which familiarized them with their role as scribes, the electronic medical record (EMR), HIPAA, medical terminology, family medicine, and privacy and professionalism.

“I expect the time they take with their notes will decrease,” she said.

This has been the case for Dr. Catherine Skinner, assistant professor in the Department of Family Medicine, who works with scribes at UMC-Northport.

“I was working several hours at night and on weekends to catch up on my notes, but with the scribe entering much of the encounter in real time, it allows just a quick review and revision to complete the encounter,” Skinner said. “And the notes are much more thorough and completed in a timely manner.”

And while her scribe is entering documentation at the end of a visit, she said she is able to send prescriptions, order labs and arrange referrals more quickly.

“The patients are much happier when their prescriptions are at the pharmacy when they arrive,” she said.

The patients also benefit, Skinner said, because she is able to pay closer attention to them during the visit.

“Sometimes I am able to assess behavior of a patient or interactions between the patient and family members that I might have missed if I had been concerned with recording the office visit in the EMR,” she said.

While she, her patients, and UMC and UMC-Northport staff all benefit from the Scribe Program, Skinner said she thinks the scribes benefit the most.

“They are exposed to medical terminology, conditions, medications and treatments that would be the envy of any shadow student,” she said. “They watch attentively the interaction between patient and physician and are likely gaining pearls for their own careers. Most scribes have expressed interest in becoming physicians, and this gives them real-world experience to decide if this is the best career for them. If they decide to pursue medicine, they will have an incredible wealth of knowledge on which to build in medical school.”

It started as a six-month pilot program, but Tucker said the Department of Family Medicine has received approval to continue after that.

“We are considering opening this up to other departments in the college,” she said, adding that she would also like the program to be expanded to its own department — where scribes are hired, trained and ready to work.

Tucker said that, before she joined the Department of Family Medicine in September 2014, Dr. Richard Friend, chair of the Department of Family Medicine and director of the Family Medicine Residency, had wanted to develop the program. She said the department had looked into a service but decided working with pre-med students would be more cost-efficient and beneficial for those involved.

Friend said the feedback for the program has been overwhelmingly positive.

“The faculty using scribes say how well it’s working and that their charts are finished when they leave clinic at the end of the day,” he said. “There have been no patient complaints. We are anxious to continue to expand this program.”
“The best way to recruit a doctor into your practice is to deliver her,” Dr. Jerry Harrison of Haleyville once told Dr. John Wheat, founder and director of The University of Alabama Rural Health Leaders Pipeline. The pipeline has programs for rural Alabama students in high school, college, graduate school and medical school to help the state “grow our own” rural physicians. When Harrison visited the campus this summer to meet with the directors of the Rural Scholars programs, his prediction had become a reality. Dr. Holly McCaleb, a Rural Medical Scholar and a Rural Health Scholar from Haleyville, joined him in family practice in August.

“He took ‘growing our own’ a step further,” said Dr. John Brandon, medical director of the Rural Medical Scholars Program (RMSP) and a family physician in Gordo.

“I did the prenatal, and I may have delivered, but I don’t remember if it was me or my partner at the time who actually delivered her. I need to look that up. I have been her family’s physician for 35 years,” Harrison said. “I am excited to have one of your graduates coming to my practice,” he told Wheat, Brandon and Cynthia Moore, director of the Rural Health Scholars Program for 11th graders during a visit to the Rural Scholars programs office in July.

“She will be the only locally grown physician in this area, and the fact that she trained in the Rural Scholars Program will allow her to be ready to go and not have to learn to practice in a rural area. Other physicians who trained in urban areas are very challenged when they arrive to practice here,” Harrison added.

McCaleb does not, of course, remember who delivered her, but she does remember her childhood doctor well. “I have always looked up to Harrison, growing up and now,” she said. “I will appreciate the wealth of knowledge that he has to share with me as I work alongside him.” She is happy to be returning to her hometown to practice. “I have always wanted to be close to my family and work in a rural community that I am familiar with. The best thing is being close to my family after being away for the past 12 years,” she said. McCaleb and her husband, Chad, and their young son, Reed, will now be close to her parents, Barbara and Terry Slatton, after living close to her husband’s family in Tuscaloosa while she completed her residency training in family medicine.

McCaleb graduated from Haleyville High School and earned a B.S. in biology from The University of Alabama (UA) in 2006. She was admitted to the Golden Key Honor Society, Phi Eta Sigma and The National Society of Collegiate Scholars. She earned her master’s degree in rural community health at UA during the initial year of the Rural Medical Scholars Program and received her doctorate degree from the UA School of Medicine. She graduated in June from The University of Alabama Family Medicine Residency, where she was presented with the research award.

“My training in the Rural Health Scholars Program (RHSP), a summer program for rising high school seniors from rural Alabama, was very valuable in making my decision to become a physician more concrete. I found our activities to be exciting, and I, therefore, became more enthusiastic to begin college and pursue medicine,” McCaleb said of her first Rural Scholar experience. Of her training in the Rural Medical Scholar Program, she added, “RMSP during medical school made my decision to practice in a rural town concrete. One particular excursion to the hospital in Greensboro, Alabama, showed me how needed we are in rural areas, and I was dedicated to returning to one from that point forward. The most valuable thing RMSP gave me is a real-life view of what it is to be a rural family physician. It showed us what types of patients and problems that we would see and face on an everyday basis.”
$1,000 Stan Brasfield, MD, Scholarship for Alabama AFP Residents Is Available

All resident-members of the Alabama Academy of Family Physicians are eligible to apply for the annual Stan Brasfield Memorial Scholarship. The family of the late Dr. Brasfield created the scholarship fund to honor his memory; it is to be given annually to a first- or second-year resident who meets certain criteria.

Dr. Brasfield, a Montgomery native, earned his medical degree in Alabama. He died at the untimely age of 33 while practicing in Florida. The scholarship is in the amount of $1,000. The criteria are as follows:

- The award will go to a first- or second-year Alabama family medicine resident who has demonstrated financial needs, as expressed in a short (one page or less) essay submitted by the applicant.
- The recipient will preferably be married and have an Alabama connection of some kind. Please tell us of any such connection.
- The deadline for receipt of essays will be Thursday, December 31, 2015; send your essay to the attention of Chapter EVP Mr. Jeffrey Arrington at: alafamdoc@charter.net.

2015 Alabama Academy of Family Physicians Fall Forum
Meeting Flow • December 12-13 • Embassy Suites Birmingham/Hoover

Saturday, December 12
Saturday, December 12
6:30-7:30 a.m. .......... Registration/Continental Breakfast, Pre-Function Area
7:30-8:30 a.m. .......... COPD, James Lott, MD
8:30-9:30 a.m. .......... New DM II Drugs, Robert Chadband, MD
9:30-10 a.m. .......... Break to View Exhibits, Exhibit Hall
10-11 a.m. .......... Overactive Bladder, TBA
11 a.m.-noon .......... Pediatric Update, Tim Stewart, MD
Noon-12:45 p.m. ........ Strolling Lunch, Exhibit Hall
12:45-1:45 p.m. .......... Structural Heart Disease 2015: Valves and Beyond, The Future Has Arrived, Mustafa Ahmed, MD
1:45-2:45 p.m. .......... Dementia Screening, Caroline Harada, MD
2:45-3:15 p.m. .......... Break to View Exhibits, Exhibit Hall
3:15-4:15 p.m. .......... New Weight Loss Drugs, TBA
4:15-5:15 p.m. .......... Choosing Wisely: Preventive Measures, Tom Weida, MD, and Jane Weida, MD
5:15 p.m. ........ Adjourn

Sunday, December 13
7-8 a.m. ............... Continental Breakfast, Exhibit Hall
8-10 a.m. ............... SAMs – Diabetes
10-10:30 a.m. .......... Break to View Exhibits, Exhibit Hall
10:30 a.m.-noon ...... SAMs – Diabetes
Presenting …
the AAFP Awards!

The Alabama Academy of Family Physicians (AAFP) is pleased to announce the establishment of several awards to recognize our physicians. Beginning this year, the AAFP will honor outstanding individuals in the Alabama health care industry who truly exude the characteristics of a quality family physician or future family physician, with awards presented at the AAFP Fall Forum, December 12-13, Embassy Suites, Hoover, Alabama.

For more information on the academy awards available for nomination, including more detailed descriptions, please review the information provided.

Each award category will be under the auspices of the AAFP Nominating Committee. The Nominating Committee will annually solicit and accept nominees through all appropriate avenues available. Again, individuals may be nominated by others or may be self-nominated. All nominations will be due to the AAFP office, located at 19 South Jackson Street, Montgomery, Alabama 36104, no later than 11:59 p.m. on Friday, November 20, 2015. Winners will be contacted after a decision has been made, and a formal announcement will be made to the AAFP membership following.

ALABAMA ACADEMY OF FAMILY PHYSICIANS LIFETIME ACHIEVEMENT AWARD
Nomination Supporting Materials
• The nominator must submit a cover letter summarizing why he or she believes the nominee should receive this award. The nominator should include specific examples of how the nominee has distinguished himself or herself in at least one of the following areas, with such accomplishments recently occurring or throughout a lifetime of service:
  • Distinguished service to the Alabama Academy of Family Physicians
  • Distinguished service to the specialty of family medicine
  • Distinguished service to the community at large, including the local, state, national or international levels
• Nominator must submit at least one letter of recommendation from another individual familiar with the nominee’s credentials (no family members) in support of the nomination

The FAMILY MEDICINE EDUCATOR OF THE YEAR award is designed to recognize an individual who has made outstanding contributions to education for family medicine in undergraduate, graduate and continuing-education spheres.

Eligibility
The nominee for this award must be an active AAFP member in good standing who spends at least 50 percent of his or her time in patient care. All previously nominated physicians who weren’t selected are eligible for reconsideration but must be renominated.

Nomination Supporting Materials
• The nominator must submit a cover letter summarizing why he or she believes the nominee should receive this recognition and include sufficient specific data to provide a working knowledge of the nominee’s educational efforts. The nominator should also discuss the contributions of the nominee to his or her home, local and regional educational institutions.
• The nominator must submit three letters of recommendation, including:
  • A letter of recommendation from another individual who has personally worked with or has been taught by the nominee and can verify the nominee’s contributions to family medicine education

The OUTSTANDING FAMILY MEDICINE RESIDENT OF THE YEAR award is to recognize a family medicine resident (PGY-1, PGY-2 or PGY-3) who exhibits qualities of exemplary patient care, demonstrates leadership among his or her colleagues, displays a commitment to the community at large, contributes to scholarly activity, and has dedicated himself or herself to the specialty of family medicine through involvement in the AAFP and American Academy of Family Physicians, service to his or her residency program, and/or other family medicine organizations.

Eligibility
The nominee for this award must be a resident member of the AAFP at the time of nomination. Note: Residents who have graduated within one year of a nomination being submitted are eligible to receive this award.

Nomination Supporting Materials
• The nominator must submit a cover letter/statement summarizing why he or she believes the nominee should receive this recognition and include specific examples of how the nominee meets the criteria listed in the award description.
• The nominator must submit two letters of recommendation, including: A letter of recommendation from the nominee’s residency program director. Note: If the residency program...
The **FAMILY PHYSICIAN OF THE YEAR** is selected annually from nominations by AAFP members. The award is presented to a physician who exemplifies the tradition of the family doctor and the contribution of the family physician to the continuing health of Alabama citizens.

**Eligibility**

The nominee for this award must be an active AAFP member in good standing who spends at least 50 percent of his or her time in patient care. All previously nominated physicians who were not selected are eligible for reconsideration; however, he or she must be nominated again.

**Nomination Supporting Materials**

- The nominator must submit a cover letter summarizing why he or she believes the nominee should receive this recognition, as well as the nominee’s accomplishments and contributions to the continuing health of Alabama citizens, including participation in community affairs.
- The nominator must submit three letters of recommendation, including:
  - A letter from one of the nominee’s patients in support of the nomination
  - A letter from the nominee’s physician colleagues, hospital administrators, etc., who can attest to why the nominee should be awarded this recognition
  - A letter of recommendation from a community leader to showcase the nominee’s participation in community affairs

**director is the nominator, please submit a letter of recommendation from another residency program faculty member.**

- A letter of recommendation from an individual — such as a physician colleague, a hospital administrator, a patient or a community leader — who has personally worked with the nominee and believes the nominee deserves this recognition.
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