



## Mission

AFMA is dedicated to the professional growth and development of its members with particular emphasis on administration and coordination of health care delivery, education and research within Family Medicine Residency Programs

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## PRESIDENT'S MESSAGE

Melissa Blecha Yeager, MBA, C-TAGME



AFMA Winter Board Meeting  
January 2020—New Orleans

As I look back at the past year as AFMA President, I think back to 2016 when I joined the board. I had been a Residency Coordinator for 7 years and I was ready for a new challenge. I had seen emails about nominations over the years, but my internal voice kept telling me, "you aren't good enough," and "you have nothing to offer," but Cheryl Haynes saw something in me that I did not see yet.

Being on the board has pushed me out of my comfort zone and it has taught me life lessons about Leadership and working with some of the most dedicated strong-willed women I have ever met. I am grateful to call these women my friends.

Over the past few years, all of our jobs have changed. This position is not the same as it was when I started eleven years ago. New Accreditation System with Milestones, PEC, and APE's.

A lot of us have gone from being dually accredited (or Osteopathic only) to ACCGME with Osteopathic Recognition.

At the same time, AFMA has doubled our membership, attendance has grown at RAD, we host more webinars, and have increased our fundraising presence. We have done all of that without adding to the board, which we are hoping to change this year. Adding additional board members will help us with burnout and lighten the load for everyone.

I know that some of you have thought about applying to the board or a board member has come to you asking if you would consider being nominated, but maybe this scares you. My advice to you is—be brave. You can make a difference and it will be a huge growth opportunity.

We hope to see you soon in Kansas City,

Melissa

Melissa Blecha Yeager, President

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**Jennifer Knowles, MD**  
**Karen Mitchell, MD**  
**Zachary Waterson, DO**

# ***TAGME Certifications***

## **Congratulations to the 2019 newly certified and recertified TAGME members**

### **Newly Certified**

Jessica Broadwell  
McLaren Macomb

Sarah Cram  
Penn State  
Milton S Hershey Medical Center

Anika Gordon  
Howard University  
College of Medicine

Anne Hardie  
Rochester Regional Health

Stacey Hartman  
University of South Alabama

Angela Hill  
Fairfield Medical Center

Amy Masakowski  
McLaren Macomb

Sara O'Conner  
Idaho State University

Dominica Paladino  
St. Elizabeth Medical Center

Leslie Provence  
Unity Health-  
White County Medical Center

Sandra Rouse  
West Kendall Baptist Hospital

Melanie Rule  
Summa Health System

Amanda Stokes  
Texas Tech University  
Health Sciences Center

Dee Ann Witte  
University of Minnesota

Carleigh Wyatt  
Self Regional Healthcare

### **Recertified**

Jennie Faulkner  
Lone Star Family Health Center

June LeCroy  
AnMed Health Rural Program

Beth Long  
Summa Health System

Saundra Miller  
Dublin Methodist Hospital

Melodie Streng  
Firelands Regional Medical Center

### **TAGME Mission**

To assure a comprehensive level of services, training, knowledge and leadership through certification for the administration of graduate medical education programs.

For more information, visit  
[www.tagme.org](http://www.tagme.org)

*Save the Date  
Residency Administrative Development Workshop  
April 3 and 4, 2020*



**Save the Date — RAD Workshop**

Things look swell!  
Things look great!  
It's almost time to celebrate!  
Starting here!  
Starting now!  
Honey, everything's coming up RAD!

Listen, this particular RAD Workshop marks the 20th anniversary of the very first AFMA RAD ever held! So, not only will there be great educational content throughout the day, there will also be a fun-filled celebration at the end of the day that will have a little something for everyone to enjoy!

We won't give away all of the surprises, but the basic structure of the day is as follows:

**Friday, April 3, 2020**

8:00 to -4:15  
RAD Workshop – including breakfast and networking lunch.

4:30 to 6:00  
AFMA Annual Business Meeting and Jane S. Allison Lecture

6:00  
RAD 20th Anniversary Celebration

**Saturday April 4, 2020**

8:00 to 11:00  
RAD Speed Dating Tables (and perhaps some MORE surprises!)

We will not be planning Dutch Treat dinners this year due to the celebration we have planned, but we hope to resume those in 2021!

Special thanks to the RAD/RES planning committee!

They have been working hard to develop this content and deserve a HUGE round of applause!

If you have any questions, please contact Angie Womble and Cheryl Haynes, your RAD/RES planning co-chairs.

Hope to see you in Kansas City!



## What's Happening Across Family Medicine?



*Submitted by Deborah Egger, Program Coordinator  
Mayo Clinic Family Medicine Residency, Eau Claire, WI*

- Interview season has come to an end and February 26 is around the corner. February 26 is the deadline date for programs to certify their rank order list of applicants through NRMP's R3 System. The purpose of The Match is provide time for both applicants and programs to make selections. Match Week begins on March 16 which means so does the Supplemental Offer and Acceptance Program (SOAP). Results and Data from the 2019 Main Residency Match Report informed us that there were 4,107 positions offered in Family Medicine. Of the 641 Family Medicine programs there were 115 programs that were listed as unfilled. In the 2019 Main Residency Match there were 38,376 active applicants applying for the 35,185 total positions offered. What does this all mean? It means that about 95% of PGY-1 positions filled last year and of that 95%, 39% of those positions were filled by U.S. allopathic seniors in Family Medicine. Since 2015, Family Medicine has experienced a 93 – 96% fill rate this is great news for family medicine programs across the U.S.
- There are a couple of annual conferences you may want to register to attend. The American Academy of Family Physicians (AAFP) PDW and RPS Residency Education Symposium will be held Friday, April 3 - Tuesday, April 7, 2020, at the Sheraton Kansas City Hotel in Kansas City, Missouri. The symposium offers networking opportunities, workshops, plenaries, posters, regulatory updates, an innovation showcase and more. You won't want to miss attending the AFMA Annual Meeting and Jane S. Allison Lecture scheduled to be held on Friday, April 3.

- The Society of Teachers of Family Medicine (STFM) Annual Spring Conference will be held Saturday, May 2 - Wednesday, May 6, 2020, in Salt Lake City, Utah. The annual conference offers interactive workshops, seminars, posters, hot-topic sessions, and more for family medicine educators. <https://www.stfm.org/conferences/annual/overview/>
- ACGME Family Medicine Milestones 2.0 – Effective July 2020

The six core competencies were introduced by the ACGME and American Board of Medical Specialties (ABMS) in 1999. Due to limitations of the initial specialty-specific Milestones, in 2013 the ACGME decided a periodic review and revision of the milestones would be beneficial. As part of their continuous improvement process ACGME made a commitment to begin this task. In 2016, the ACGME Department of Milestone Development and Evaluation formalized a plan for the review and revision process. Early research on the milestones has informed the revision process. A Supplemental Guide has been created for each specialty to ensure programs have resources available to aid in the implementation of the revised milestones. ACGME has reported that in version 2.0, the framework will remain the same and provide critical improvements. Be sure to review the Family Medicine Milestones 2.0.



# Coordinator Wellness



*Submitted by Carla Eilerman, Academic Program Coordinator  
Mercy Health – St. Rita's Medical Center Family Medicine Residency, Lima, OH*

*Ingrid Singh, Residency & Fellowship Programs Supervisor  
University of California San Francisco, Fresno Family Community Medicine, Fresno, CA*

## Wellness - One Small Change

Many of us start the New Year with some type of resolution: “I am going to lose weight,” or “I am going to exercise more.” Real change, however, involves a solid commitment to have a real impact. I recently had the opportunity to spend some time with our Behaviorist, Esther Strahan, PhD. I asked for her input on what wellness means and how wellness looks. Merriam Webster defines wellness as “the quality or state of being in good health especially as an actively sought goal” Dr. Strahan shared that “wellness is a thing we don’t know much about”. We had the opportunity to sit down and discuss Self-Care vs. Work System Stressors.

Is wellness really about the soft changes that come with self-care? Are the real challenges the expectations that at times can feel overwhelming? The interview weeks that require you to work longer hours, the program growth that requires you to take on additional duties, the list is many. A yoga class or meditation may give you an opportunity to de-stress in the moment but will have very little overall impact on those work system stressors. Most of us really love what we do and are in this role because we like the challenges that come with it. Dr. Strahan shared that we should “create systems that reduce the real problems. The biggest initiative is that we reduce or eliminate the problems. When schedules, workload, or deadlines are overwhelming, you can do that and decide to be okay with it or you can work with your stakeholders to reduce or eliminate one of the areas that is impacting you the most. It will take some hard work with your key stakehold-

ers but start with one small change.” For example, as a new institution and as a new program, we are the pilot for the next two programs that will be kicking off in the near future. I can admit that I feel overwhelmed at times when being pulled in so many different directions, but I have taken on additional duties that aren’t necessarily mine. My one small change is to define my program priorities and provide support to the other programs when needed. I can offer my assistance, but that doesn’t mean I have to completely own it.

With that said, that doesn’t mean those soft skills and self-care plans aren’t important. Start with any one small change. Self-care plans are beneficial as long as they aren’t too complicated; pick the one thing that works for you. It can be as easy as 10-minutes of meditation in the car before you start your day, or on your way home. Start a self-care plan by breaking it up into smaller steps.

Some see an Employee Assistance Program (EAP) as a place we turn to when we are in crisis. However, many EAP programs have services in place to help employees avoid those moments of crisis. Reach out to your EAP to help you develop a self-care plan that works best for you. There are a number of online resources available. UCLA Mindful Awareness Research Center was recommended for the free resources they have available to explore Mindful Awareness and Meditation. Dr. Strahan has started a Wellness Advisory Group that initially was started as a wellness initiative for the residents. As a member of that group I hope to develop opportunities to develop wellness initiatives for our program administrators and coordinators.



# Coordinator Checklists: Important Dates & Events



*Submitted by Katie Payne, Residency Coordinator,  
Memorial Family Medicine Residency Program, Sugar Land, TX*

*Wanda Shanholtz, C-TAGME, Associate Program Coordinator,  
Shenandoah Valley Family Practice Residency, Winchester, VA*

## February

- ◇ If you haven't already, register for RAD & RPS and make travel arrangements!
- ◇ Prepare & submit NRMP Rank Order List (ROL)
- ◇ ACGME Faculty & Resident Surveys
- ◇ ACGME Annual Educational Conference
- ◇ AAFP Teaching Certificates and Residency Completion Certificates
- ◇ ACGME Resident survey
- ◇ Budget Preparations

## March

- ◇ Match Results - 3/20
- ◇ SOAP - 3/16 to 3/19
- ◇ Send out new resident contracts
- ◇ Start planning next academic year calendar

## April

- ◇ Attend RAD & RPS
- ◇ June graduates sit for ABFM Boards
- ◇ New Resident onboarding and licensing
- ◇ Graduation planning
- ◇ Old Chiefs/New Chiefs meeting
- ◇ MOU's / PLA's
- ◇ CCC / Semi-annual reviews
- ◇ Director & Advisor meeting set-up for residents

## Coordinator Wellness -continued

My second one small change: There is a great Facebook page [GME Program Administrators/ Educators](#) that recently held an open discussion on wellness in GME. The link to that discussion is included on their Facebook page; I encourage you to check it out.

Implementing your first one small change can be difficult, but if you are persistent you will succeed. As the definition above states, actively seek that one small change that is keeping you from "being in a state of good health". That change could be taking on a change with your stakeholders, or implementing a self-care plan. Just don't expect overnight results, change takes time. As Dr. Strahan recommends: "really apply the Serenity Prayer to daily dilemmas and leave behind the things you can't control."

### *AFMA Discussion List*

### *A Costly Benefit ...*

*Please limit discussion list responses  
to those that add value.*

*"Me too" and "thank you" responses increase traffic on  
our service and risk unnecessary price increases!*

*Your assistance is greatly appreciated!*

# Mentorship:

*A relationship in which a more experienced person helps to guide a less experienced one.*



*Submitted by*

*Tina Krajacic, AA, Residency Program Manager  
Shenandoah Valley Family Practice Residency, Front Royal, VA*

**“The Heart of Mentoring: Getting the most out of life isn’t about how much you keep for yourself, but how much you pour into others.” -David Stoddard**

Any journey worth taking is always better when shared with others and so I’d like to start by thanking the current Mentoring Committee members for putting in the extra time and going the extra mile to be sure we pair up mentors and mentees across the United States.

Gayla Burow, Diana Davila, Jessica Hoyer, Patty Irwin, Summer Jamison, Laura Lamb, Angel Moss, Michelle Olivieri, Cindy Profera, Erika Robinson, Laura Thompson, Maria Vaughn, Crystal Walker, and Rebecca Webb, thank you all for a job well done this past year. I could not have done this without you.

Let’s highlight some of the goals the Mentoring Committee was able to accomplish last year: To date, our Mentoring Committee has presented two webinars with a third one scheduled for March: In August, Erika Robinson and Becky Webb presented “Introduction to Mentoring” and in December Laura Lamb presented “Mentoring – Getting Started”.

We have been able to provide mentoring quotes weekly/monthly for the AFMA Facebook page and what I feel is the greatest accomplishment has been pairing 46 new mentors/mentees together since April 2019.

How exciting is that!?!

The Mentoring Committee is an amazing group, all dedicated to making sure that anyone in need of a mentor has the opportunity to be connected with one. As we press forward in making even more mentor/mentee matches, know that, if you are in need of a mentor or you would like to be a mentor you can contact Cristin Estes at: [cestes@aafp.org](mailto:cestes@aafp.org).





# “HOT HITS”

## from the AFMA Discussion List



*Submitted by Kelsey Gender, Program Manager, The University of Arizona, Tucson, AZ*

Here are some of the recent questions and responses that have been posted on the AFMA Discussion List. What would we do without all of you? Thank you for your responses—They're so helpful. Remember, too, that the AFMA website has resources for you. [www.afmaonline.org](http://www.afmaonline.org) It's a great place to start when looking for answers/ideas.

### **What are some wellness activities you do in your program?**

- Monthly birthday potlucks
- Massage therapist who comes to the clinic once a month for 15 minute chair massages
- Teambuilding activities: Top Golf, kayaking, bubble soccer, pumpkin patch, ropes course, cooking class, yoga, climbing wall, wine and paint class
- Clinical psychologist that meets with interns monthly. Also meets with all classes once a quarter from then on. They can also schedule one-on-one time with him at no cost.

### **Chief Resident Elections? What is your process? Have you ever had faculty veto selections?**

- Prior to elections, residents are given a Chief Resident Policy which outlines the criteria for a resident to be eligible as well as the responsibilities if elected. Then, residents self-nominate to be on the ballot, the ballot goes to a faculty meeting to determine whether or not each resident meets the criteria. The ballot is sent out through an on-line survey for voting.
- Residents are given a deadline to submit their name and a statement as to why they would like to be chief and what they would bring to the position. Distribute statements to the residents then prepare a ballot through NI and the first and second year residents vote. Provide the name of the resident with the most votes to the PD, PD runs it by the faculty and they approve. Have never had faculty disapprove the resident's vote, but have had to have a faculty member talk to a resident to discourage them from nominating themselves in the first place.

- A survey with Qualtrics. The G2's are asked their interest in whether they want to be on the ballot and asked to submit a paragraph of their chief philosophy.
- Residents are peer or self-nominated. Asked to give brief speech at monthly Residency meeting about what they will bring forth as Chief. Qualtrics survey sent out to residents to select top two choices. Results given to PD, approved by faculty, PD, and program admin.

**The ACGME Institutional Requirements state "Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours."**

**What if the resident needs to be away for appointments several times within a week / weeks? Might that time away affect a resident's graduation date? Would they need to make up this time?**

- You have to let them go, but they still have to meet the requirements. From the tracked changes copy of the 2019 Common Program Requirements, V.C.
- Well-Being residents may need to extend their length of training depending on length of absence and specialty board requirements.

# Program Coordinator Spotlight

Heather Lacey, Residency Coordinator  
University of Vermont Health Network—CVPH  
Family Medicine Residency [hlacey@cvph.org](mailto:hlacey@cvph.org)



*Submitted by  
Stephanie Bilger, Program Coordinator  
Lewistown Rural Family Medicine—  
Geisinger Lewistown Hospital  
Lewistown, PA*

Heather has been a residency coordinator at the CVPH Family Medicine residency program since May of 2018. Although new to her role, she is a twenty-four-year veteran with the University of Vermont Health Network working in areas like the Dialysis unit, Diabetes Center, and in the Family Medicine Clinic.

Now in this role, Heather's looking to learn more. She has already attended the New Coordinator Workshop held in Chicago and the AAFP PDW/RPS and RAD workshops in Kansas City. When talking about the RAD workshop, she states "it was amazing, everything started to click and make sense!" She finds other resources helpful such as ERAS webinars, ACGME common program requirements and our AFMA discussion list; commenting that it is "a must for any residency program!" Heather is interested in learning more about Web Ads since she has only done this once and ERAS regarding setting up filters to ensure she doesn't eliminate someone due to the wrong parameters.

When it comes to challenges and unexpected moments, all coordinators have them. For Heather, the biggest challenge so far has been completing a task once and then not doing it again for a year. Just like Web Ads for Heather, we can all list many of those, like interview season, orientation, graduation, and MATCH. Yet, it's the unexpected moments that we find the most

challenging. Heather's was all the moving parts. She said "often I wake up at night and remember something I need to do... I am told, this is very normal." Yes Heather, this is normal. We all do it. I would bet that many coordinators even have a slip of paper beside the bed for those exact moments to jot down their thought, so it's not forgotten.

Finally, I asked about her favorite part of the job. It's a great sign when a coordinator has so many favorite parts, it hard to pick just one. In 2018, Heather participated in her first interview process. She expressed how amazing it was to meet all the candidates, go through the match process and then have them start. Even with cyclical being Heather's biggest challenge, it is another one of her favorites. "I love the start of a new month and seeing the residents start on new rotations. I like looking at their patient encounters and adding up their numbers on their report cards and seeing how close they are to meeting their numbers. I love looking to see what procedures they have done or how many babies they delivered or how many Peds they saw."

Well Heather, we would like to wish you luck as you continue throughout your journey. With great support and excellent resources, you will become a very successful coordinator.

## ***Do you know someone who is not yet a member of AFMA?***

Encourage them to sign up today!

For more information contact Cristin Estes: [cestes@aafp.org](mailto:cestes@aafp.org)

## ***Benefits of AFMA:***

Access to AFMA's Web Site  
[www.afmaonline.org](http://www.afmaonline.org)

Mentoring Program

Communicate with others on the AFMA Discussion List

Membership Committee Opportunities

Online Newsletter

Online Membership Directory

Access to ***A Practical Guide for the Administration of Family Medicine Residency Programs***

Information regarding AFMA's Annual Business Meeting, the RAD Workshop, and networking opportunities scheduled in conjunction with the PDW and RPS Residency Education Symposium in Kansas City

Free AFMA webinars

Membership Certificate



# Accreditation Bytes!

*Submitted by Deborah Egger, Program Coordinator  
Mayo Clinic Family Medicine Residency, Eau Claire, WI*

## **How is substantial compliance determined for requirements that no longer include minimum numbers for resident maternity care experience?**

**[Program Requirement: IV.B.1.b).(1).(c)]**

The Committee expects that programs provide experiences that give residents the opportunity to acquire and demonstrate competence in prenatal, intra-partum, and postpartum care as described in the Program Requirements. The Committee allows flexibility to program directors and faculty members to develop a systematic process to determine that at the end of the 36-month program a resident is competent to practice family medicine independently. The Committee understands that while all programs are expected to be in substantial compliance, there may be programs that go beyond and offer areas of additional focus for those residents seeking added experience in various areas (such as maternity care). Programs will still report data relating to resident experiences in maternity care through the ACGME's Accreditation Data System (ADS). The Committee will review data yearly to help determine whether minimum criteria are required in the future

## **What are the Committee's expectations regarding rotation length?**

**[Program Requirement: IV.C.1.a)]**

The Review Committee expects that faculty members and residents have enough of a relationship to allow for high quality assessment and feedback. So although rotation duration will naturally vary, there should be a structure of rotational experiences to allow proper assessment. The effectiveness may

be assessed via the annual ACGME Resident and Faculty Survey results.

## **Must family medicine faculty members accompany residents on home visits?**

**[Program Requirement: IV.C.4.c)]**

Faculty members must be involved with reviewing charts, discussing cases and any required follow-up, evaluating residents, etc., but are not required to accompany residents on home visits with patients.

## **Can time spent caring for children in the urgent care setting be used to meet the required 75 hospital or emergency setting visits?**

**[Program Requirement: IV.C.8.b)]**

The expectation is that residents have a minimum number of encounters with very ill children to prepare them for independent practice. The Committee does not consider an urgent care setting in and of itself as satisfying the spirit of the requirement. However, the program does have some flexibility to determine what constitutes a very ill pediatric patient, as well as the specific urgent care setting (as these might vary considerably based on region, severity of patients seen, etc.). Therefore, the Committee does not recommend that the urgent care setting be the only option for meeting this requirement. If, however, the program director can make the argument based upon the patients being seen and the type of setting, etc., it might serve to satisfy some of the required experiences.

From the ACGME Family Medicine FAQs,  
Effective 8/2019



# New AFMA Members

Mary Allegrini  
Deirdre Ambadekar  
Nicole Amrik  
Melissa Blankenship  
Kimberly Brock  
Stephanie Brown  
Eric Burden  
Renda Chubb  
Zonia Clancy  
Meg Connelly  
Rae Danforth  
Elena DeLaTorre  
Christa Diklich  
Emmalyn Dyer  
Janet Evans  
Cindy Fritz  
Victoria Gallagher  
Marissa Garza  
Charlene Geiger  
Tierney Godfrey  
Tina Hartwig  
Jennifer Hulett  
Sherilyn Johnson  
Stephanie Johnston  
Kelli Komada

Lily Kroeger  
Jenna Leung  
Kaitlin McCoy  
Lauren Pasquine  
Debbie Peake  
Christine Pereira  
Barbara Peterson  
Lisa Rogers  
Patricia Romo  
Mariah Sahn  
Fernando Sanchez  
Elizabeth Snodgrass  
Jade Sobczak  
Christina Torchia  
Marsha Wadsworth  
Kathryn Waurig  
Tiffany Williams  
Lauren Wright  
Ruby Zamora



**Is there something you would like to read about in your newsletter?  
Do you have a topic that you would like to submit?**

**Send your ideas to the *AFMA CONNECTION* newsletter committee:**

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