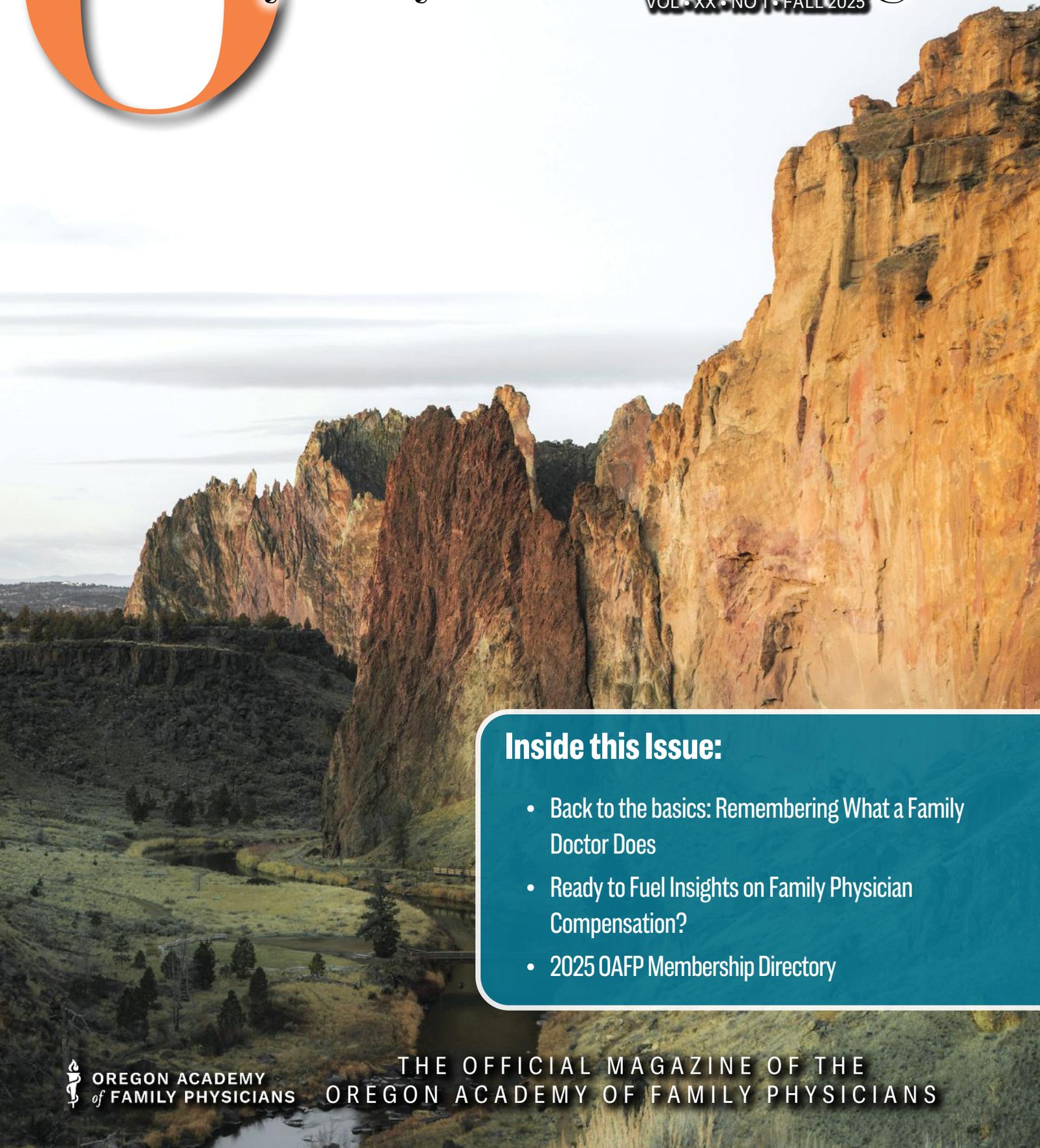




Family Physicians of Oregon

VOL • XX • NO 1 • FALL 2025



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- Back to the basics: Remembering What a Family Doctor Does
- Ready to Fuel Insights on Family Physician Compensation?
- 2025 OAFP Membership Directory

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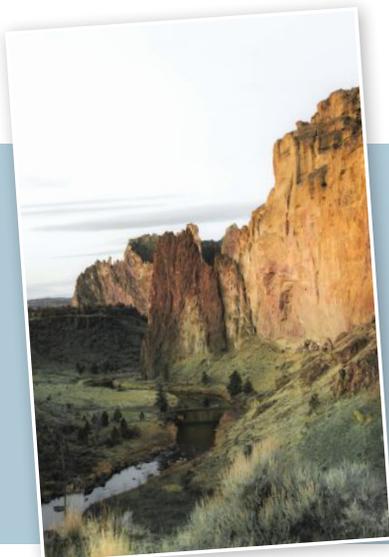
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Readership of this publication includes more than 1800 family physicians and their professional associates. Medical students and staff at OHSU and Western U/COMP-Northwest also receive the magazine.



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• PRESIDENT'S MESSAGE



JANE-FRANCES ADAOBI | AKPAMGBO, MD,
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From Burnout to Breakthrough:

Why Physician Wellness Must Be a Health Care Priority

“I just can’t do this anymore.”

A seasoned family physician uttered these words to me while having a full-on, panic attack due to utter overwhelm. But, it was not a one-off moment. It was a quiet declaration of crisis—a crisis that is silently affecting thousands of doctors across Oregon and other parts of the USA.

Physician burnout is not new. But it is now urgent. And while much of the discourse has centered on personal resilience, we must reframe burnout for what it truly is: **a systems issue that costs lives, careers, and yes—organizational dollars.**

The good news? **Preventing burnout isn't just the right thing to do for physicians. It's a strategic business imperative for health care organizations.**

The State of Burnout in Oregon's Family Physicians

Family physicians across Oregon serve multifaceted roles—treating chronic disease, managing preventive care, and navigating social and economic challenges, often with limited resources. While deeply meaningful, this work is becoming increasingly unsustainable.

A November 2021 survey by the

Larry Green Center found that **over 70% of Oregon's primary care clinicians reported their mental stress and exhaustion were at an all-time high**, compared to around 60% nationally. **Nearly 40% described the stress they experienced as “unprecedented.”** Meanwhile, national data confirms that **51% of family physicians report symptoms of burnout**—higher than most other specialties.

Oregon's primary care workforce challenges intensify this issue. The state currently has **approximately 67.2 primary care physicians per 100,000 people**, down from 68.4 in 2012. Rural areas face a much lower provider-to-population ratio, at 0.69 compared to 1.16 in urban centers. To meet demand, Oregon will need **1,174 more primary care doctors by 2030**, a 38% increase from current levels.

Burnout within this fragile landscape exacerbates workforce shortages, undermines patient care, and jeopardizes the sustainability of health care delivery.

Burnout Is Expensive: Here's How

1. Physician Turnover Is Costly:

Replacing a physician costs between **\$500,000 and \$1 million**, considering

recruitment, onboarding, lost billable visits, and decreased continuity of care. Burnout is a leading cause of turnover. When doctors leave, organizations lose experience, patient relationships, and forward momentum.

2. Productivity Declines with Burnout: Burned-out physicians often report slower documentation, defensive ordering, and disengagement from quality improvement—all of which erode efficiency. Even small productivity dips across teams can result in **millions in lost revenue.**

3. Burnout Reduces Patient Access: Burnout leads to absenteeism, reduced panel sizes, and more part-time work. With Oregon already experiencing physician shortages, every lost clinical hour impacts access, especially in rural communities.

4. Patient Satisfaction Suffers: Burned-out physicians offer less empathy and spend less time per visit. This results in lower satisfaction scores, which can negatively affect **value-based reimbursement and patient retention.**

5. Medical Errors and Risk Exposure Increase: Research links burnout to higher rates of medical errors and malpractice claims. Preventing burnout enhances safety and reduces organizational liability.

continued on page 6

Caring for Our Communities.

From Baker City to Boise, covering the rural stretches, suburban neighborhoods, and bustling cities, we're driven by a shared mission to be a transforming healing presence in the communities we serve. That means caring for the young and the old, the born here's and just got here's. It means growing our Medical Group, led by physicians who understand, it's not just a job, it's a calling.

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Resilience Isn't Enough

Let's be clear: physicians are not lacking in resilience. Medical school, although not meant to be, is essentially a weeding out process, a "survival of the fittest" challenge, if you will. We have survived rigorous training, long shifts, and a global pandemic. What we lack is a **work environment that supports sustainable practice.**

Organizations often rely on surface-level fixes—like yoga classes, resilience training, pizza parties, or wellness emails—but these fail to address deeper structural issues. Burnout is not solved with scented candles. It requires meaningful systemic change.

What Oregon Organizations Can Do

To make wellness a strategic priority, Oregon health care leaders must act on three interconnected levels:

1. Individual Support

Wellness must begin by supporting the physician as a whole person—emotionally, mentally, and physically. Leaders can:

Normalize coaching, counseling, and peer support: Integrating confidential, no-cost access to coaching or therapy should be as routine as offering health insurance. Peer support programs help physicians feel less isolated and more understood.

Protect time off and discourage after-hours charting: Encourage a "right to disconnect" culture. Instituting policies that limit EHR access after hours or provide protected documentation time during the workday reduces spillover stress.

Create structured opportunities for reflection and emotional processing: Reflection rounds, narrative medicine sessions, or even informal debrief groups can help physicians process trauma, rediscover meaning, and strengthen team bonds.

Support physical well-being: Provide healthy food options on-site, accessible exercise facilities, and adequate break time. These aren't luxuries—they're part of creating a culture that values the caregiver's health.

2. Practice Redesign

A major contributor to burnout is the widening gap between how physicians want to practice and how we are forced to practice. Organizations must redesign care environments to reduce friction and empower clinical teams:

Streamline EMR and documentation: Involve physicians in optimizing workflows. Reduce redundant clicks and unnecessary data fields. Implement scribes or voice recognition tools where possible but give each physician a choice and accommodate individual physicians needs.

Delegate administrative work to trained staff: Care teams should operate at the top of their license. Medical assistants, nurses, and support staff can handle much of the non-clinical workload with proper training and trust.

Offer flexible scheduling and part-time options: Not every physician wants a 1.0 FTE clinical role. Accommodating part-time roles, job shares, and customized schedules can reduce attrition and meet physicians where they are.

Recognize and celebrate team success: Acknowledging wins—whether through regular team

huddles, monthly shout-outs, or bonuses—boosts morale and builds camaraderie. Everyone wants to feel that their work matters.

3. Policy and System Advocacy

Systemic change requires policy alignment. Health care leaders must advocate beyond their organization to create sustainable structures that promote physician wellness:

Support payment models that value outcomes, not just volume: Shift reimbursement to reward quality care, preventive efforts, and patient satisfaction. Models like capitation, value-based care, or direct primary care better reflect the mission of family medicine.

Advocate for administrative simplification: Work with policymakers and payers to reduce prior authorization burdens, streamline documentation requirements, and protect clinical autonomy.

Invest in workforce development and wellness infrastructure: Fund pipeline programs for rural medicine, pay for leadership training in well-being, and designate wellness officers or task forces to keep well-being on the strategic agenda.

Make wellness metrics matter: Include physician well-being indicators in quality dashboards, performance reviews, and organizational scorecards. *What gets measured gets prioritized.*

Burnout is not your fault. We have asked too much of physicians for too long and we need to do better as a country.

—Vivek H. Murthy, MD, MBA

Why Oregon Must Lead

With clinician stress levels at historic

highs and rural access shrinking, Oregon is at a tipping point. The 2023 Oregon Health Care Workforce Needs Assessment highlights this urgency. Burnout isn't just a workforce issue—it's a public health crisis.

Physician wellness must be embedded in the operational DNA of every clinic and hospital. It's not just about doing right by doctors. It's about protecting patient care, financial performance, and the future of medicine in Oregon.

Final Word

If physician burnout were a disease, it would be an epidemic. But unlike many epidemics, the cure is within reach. Plus, it pays for itself.

Investing in physician wellness means fewer resignations, higher productivity, stronger safety, and better patient outcomes.

To Oregon's health leaders: if you want to strengthen your workforce and your bottom line, start by asking each of your doctors one simple question:

"What's one thing I can do to support your well-being this month?"

And then do it.

Because a well-supported physician can care for hundreds of patients a year. **A burned-out one may soon care for none.**

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Dr. Ezeokoli co-authored this article with Dr. Akpamgbo. Dr. Jane Akpamgbo is a board-certified Family Physician, pioneer physician for Northwest Permanente Center for Black Health and Wellness. She is a practicing physician at Kaiser Permanente and is the current President of the Oregon Academy of Family Physicians.



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• GREETINGS FROM THE OAFP



BETSY BOYD-FLYNN, OAFP - EXECUTIVE DIRECTOR

Community

Each fall for the last 17 years, as the seasons change, our family schedule shifts into the headlong busyness of the school year. This year with our youngest off to college, I've got space to think about what I can expect with the journey into autumn. Leaves will pile up on sidewalks. Days will grow shorter and cooler, but this year is definitely unusual.

Many of the things that I used to rely upon seem different or have changed. There is an assault on science – for a time it wasn't clear that I would be able to get my annual flu shot or the updated COVID vaccine.

In the news each day we find an assault on reason and humanity. The astronomical cuts to Medicare and Medicaid will cause widespread hardships all across Oregon, especially in rural areas. Families will disappear from the health care system due to a lack of coverage. It will fall to community to try to get them back.

Our communities have been, are and will be affected in ways that we still don't understand. In these times, it is important for us to rely upon our communities for support, grace and compassion.

The OAFP community is a place where I know that I can count on science, medicine, compassion, humanity, and care. My neighborhood community is a place where I know I can count on activism and cooperation. My community of friends and family is a place where I can count on truth, grace, wisdom, acceptance and humor. Many of these communities overlap in purpose and members. Those pieces are steady in a sometimes-unsteady world.

The OAFP has a few community events coming up in the next few months.

October 21st is the first day of our Policy Scholars program which brings together applicants from both medical schools and our nine family medicine residencies. This community will learn to advocate for the profession of family medicine, and the patients you serve.

The OAFP community is a place where I know that I can count on science, medicine, compassion, humanity, and care. My neighborhood community is a place where I know I can count on activism and cooperation.

On November 22, we are hosting a virtual KSA Study Hall on the Care of Older Adults. A community of learners will come together to not only learn about this important topic, but earn CME and ABFM credit.

Join the OAFP Foundation for their annual cheese tasting on December 5th. This year, they have planned on hosting in-person events around the state, allowing our OAFP community to congregate and support each other and family medicine.

Beginning December 20, you can register for the 2026 OAFP Annual Conference which will be held May 1st to 2nd in Sunriver Oregon.

This year we welcomed a member to the OAFP staff community. Jennifer Hendrickson, the new Interim Director for ORCA-FM, brings a wealth of information about health care transformation and education to our office. She is also a serious chocolatier, Portland Trailblazers fan, and dog lover.

Also, remember that Team OAFP is always happy to host visits from members in our office near the NE Portland Hollywood Library. Let's all remember to lean in on community during these times.

A handwritten signature in black ink, appearing to read 'Betsy', located at the bottom right of the page.

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AND SAMANTHA ELWOOD, OHSU FAMILY MEDICINE, PROGRAM TECHNICIAN 2

Back to the Basics:

Remembering What a Family Doctor Does

Students often ask us what family doctors do now or what they will do in the future. This article describes what we often tell them. Family doctors are the glue of the American Health Care System. There are over 100,000 family doctors in the United States accounting for a major portion of the primary care physician workforce.¹ Good primary care helps patients navigate their illnesses, preferences in care, and invest in continuity with someone they trust. With an increasingly fragmented and complex health care system, a family doctor's ability to meet nearly all a patient's medical care needs locally is critically important. And a family doctor can also identify when patients need additional care and help patients access and coordinate appropriate care from other medical specialists. As the environment around health care continues to shift, it's important to share with our students the impact we have on patients and communities and remind ourselves why we need to continue to advocate for where we fit into this ever-changing landscape.

Patients count on family doctors for comprehensive care.

Family doctors provide comprehensive care including preventive health, managing complex medical conditions, performing procedures and more. For example:

- Family doctors can discuss lab and imaging results with patients – whether the results are normal or abnormal. For a patient with questions about an elevated creatinine or an abnormal mammogram, a family doctor can interpret these tests and have a conversation that guides the patient through the next steps.
- Family doctors can assess skin lesions and perform skin biopsies. We partner with dermatologists if patients require dermatologic surgery or additional dermatology care.

- When patients are making decisions regarding family planning, family doctors can partner with patients in making informed decisions and in delivering reproductive health care services from caring for a patient throughout their pregnancy, providing contraceptives, or performing a vasectomy.
- If patients want treatment for their opioid use disorder, family doctors can help them begin their recovery journey right in the office by starting them on medication-assisted therapy.

Family doctors are experts in coordination of care and navigation of the health care system.

As our system becomes more complex, new roles have emerged to help patients navigate health care. One role is a care coordinator whose role is defined as “deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care.”² Another role is a patient navigator, defined as a health care professional whose main purpose is “to navigate patients through the complexity of health care systems, helping them to access health services and overcome any access barriers.”³

Family doctors are the original “patient navigators” of the health care system – when a serious diagnosis occurs, it is often a family doctor who helps patients and families navigate the process of diagnosis confirmation and specialty referral. Family doctors frequently review with patients and families what to expect during and after a diagnostic procedure, review the results, and discuss with them what may need to happen next. While the roles of coordinator and navigator have historically been performed by a family doctor, there

are now many others on the family medicine team in these roles (e.g., nurses, social workers, community health workers). Family doctors still play a crucial role on the team and continue to advocate for better health care systems for our patients, families, and communities.

Family doctors are trusted to share details about one's health and help make health care decisions.

Having a conversation with patients or what is now called "shared decision making" is something family doctors have always done. Conversations cover a wide range of crucial decisions patients make at different stages in their life. For example, family doctors are well versed in preventive screening tests, and understand the pros and cons. If a patient has had normal colonoscopies across their lifespan and hesitates to engage in further scopes, a family doctor can provide background and help with decisions around which type of screening, like a stool card, might be an acceptable alternative.

Patients can expect to have honest and tailored conversations with their family doctor about what is important to them in their care. If there is a point where a patient doesn't want further care, family doctors support this decision and help patients advocate for treatment based on their own goals of care. This can sometimes include a choice not to do a treatment or screening test that is evidence-based and recommended by medical experts.

Family doctors are efficient and provide one-stop shops.

Decades ago, a visit to the Emergency Department (ED) was a short, somewhat memorable event patients could tell a story about later. Today ED visits are memorable for different reasons, prolonged wait times for urgent care. In addition to relying on family doctors to coordinate care and navigate the confusing health care system, patients can often avoid an ED visit and visit their family doctor instead. Yep, family doctors can stitch up lacerations and give intramuscular antibiotics for kidney infections. Family doctors can assess patients, treat them and have them out of the office in under an hour. And, as a bonus, we can refill patient blood pressure medicine and get patients scheduled for their next annual visit!

Who cares about the health of community members? Family doctors do.

Family doctors bring health care out of the hospital and into the community. Family doctors are specialists in general care – able to take care of most problems and help to coordinate any additional specialty care needs. "People who have regular access to quality primary care are healthier,

live longer, and spend less on healthcare."⁵ Family doctors decrease costs for patients and health care systems.⁶

All these aspects of family medicine provide a compelling case for future doctors to consider; by choosing to specialize in family medicine, learners are choosing to be a solution to many of the problems in health care today. As trends in health care ebb and flow over time, as uncertainty persists, and as patients seek comprehensive care for themselves and their communities, family doctors will always remain constant. We take pride in delivering this message whenever we can for the good of our patients and communities. We are grateful to the many family doctors in Oregon who live these stories every day and inspire future family doctors.

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STUDENTS SPEAK OUT!



MOLLY MCCULLOCH (MD'26)
OHSU SCHOOL OF MEDICINE – FMIG PRESIDENT

Summer Updates

The summer of 2025 was an exciting time for OHSU's Family Medicine Interest Group. Our group hosted events that highlighted the scope of family medicine while giving students space to learn, connect, and recharge. One of the biggest highlights came during enrichment week, when we welcomed a social worker from an OHSU family medicine clinic to speak about the role of social care in primary care settings. Attendees enjoyed lunch and an interactive session. It was so popular that the room overflowed with students eager to attend. The speaker shared evidence-based models of social care, and the "Social Work Mythbusters" portion of the talk sparked thoughtful conversation. Many students expressed that the talk should be offered to every class!

Another engaging event was our lifestyle medicine talk, which was led by OHSU family medicine residents. Students were introduced to the

growing field of lifestyle medicine and discussed how its principles can be applied in family medicine practice. The conversation ranged from nutrition and exercise to sleep, stress, and chronic disease prevention. Attendees left with practical tools they could use during rotations and in future patient care, as well as a deeper sense of how family medicine can lead the way in promoting wellness.

FMIG also hosted a virtual Q&A on scholarly projects (a research requirement of the OHSU MD curriculum), connecting current students with fourth-years who are nearing completion of their projects. The conversation covered everything from how long projects actually take to how closely they align with proposals and the challenges of coordination. The session also included advice about finding and working with faculty/research advisors. Students appreciated the honest advice and left

feeling better prepared to take on their own scholarly work.

Finally, during this year's ERAS season, our FMIG faculty advisor traveled with OHSU students to Kansas City for the national conference! In addition, our Family Medicine faculty hosted a series of workshops and lectures designed to support fourth-year students in preparing their ERAS applications and residency interviews. Thanks to this guidance, the FM-bound student body felt well-prepared and deeply appreciative of the faculty's support.

We are proud and grateful to host wonderful speakers and to see such strong engagement from our student body. As president, I am extremely appreciative of our caring and helpful group of FMIG leaders. Every meeting is filled with offers to help and to lead new events. The kindness and empathy of the students, especially during the stressful times of medical school, truly embody the spirit of family medicine.

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HANA WARMFLASH, MD/MPH
CANDIDATE CLASS OF 2027

Earlier this summer I had the pleasure of representing Oregon to the Student Congress at FUTURE, the AAFP National Conference in Kansas City. As the Oregon Delegate my main responsibilities were to represent the interests of other medical students in the state through writing and supporting resolutions and electing this next year's national student leaders. We heard about commission work from current student leaders on a range of topics that helped inform Prior to attending the conference I connected with other Oregon medical students and heard that houselessness and substance use disorder were priorities for them to have me bring to the national student congress.

With support from the Washington Delegate, I wrote a resolution on harm reduction for substance use that included two proposals. First, that the AAFP update the language in its policy on harm reduction to explicitly name needle-syringe exchange, safe injection sites, and safe supply programs as effective harm reduction strategies and expand the list of benefits of these strategies. The second part asked the AAFP advocate to the Review Committee for Family Medicine (RC-FM) to include harm reduction into residency training for family medicine. The resolution was passed by the student congress and will move to the AAFP Board of Directors to decide its next destination – official policy or to the AAFP Congress of Delegates for further debate. I also supported the Washington Delegate's resolution that the AAFP develop a policy recognizing the role of the built environment on health outcomes and advocating for health impact assessments as part of a "Health in All Policies" approach.

I also had the chance to volunteer for a Reference Committee which reviewed a third of the submitted resolutions, which included topics like artificial intelligence, female sexual dysfunction, global health, and international medical student representation to the AAFP and student congress. We heard testimony in support and opposition of the resolutions, then debated with each other and worked with AAFP staff to make recommendations to the student congress to either pass, substitute, or not pass each resolution. I learned a lot about the resolution writing process – the importance of considering the audience and crafting an ask that is specific, feasible, and within scope.

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Attend virtually or in-person or
send a cheesy gift to someone.

During my time at FUTURE, I learned about numerous opportunities to engage with policy and organized medicine as a student. I also attended a super fun FM-OB session which had several hands-on stations to practice cervical checks, suturing perineal tears, managing postpartum hemorrhage, and more. And I was still able to find time to explore the expo hall, see some of the fun exhibits including two dogs in a remote-controlled car, and connect with folks from the ORCA-FM programs. I had so much fun representing Oregon and hope to share some of what I learned with other Oregon medical students interested in policy work. If you are a student interested in family medicine, I highly recommend that you attend this conference before your fourth year to participate in the Congress or attend the different sessions. I'd be happy to chat with anyone interested in serving as the Oregon Delegate next year! Thank you for letting me represent our state this year and advocate on behalf of some of the biggest challenges facing people in Oregon!



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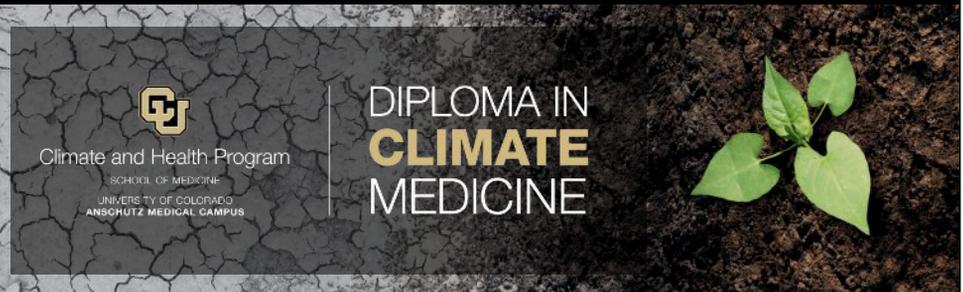
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HEALTH IMPACTS TASK FORCE



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CHAIR, OAFP TASK FORCE ON HEALTH IMPACTS
SECRETARY, OAFP BOARD OF DIRECTORS

As fall routines settle in, many of us look back on summer with fond memories of rest and relaxation. However, for many Latino families in Oregon, summer brought fear and unease. As immigration raids surfaced across the country, many families avoided public spaces. For some, even seeking medical care seemed too risky. While on Virginia Garcia's mobile medical van, I met a farmworker with uncontrolled diabetes who refused to step into the clinic for on going care. When I asked why, he told me he feared immigration enforcement could be at the clinic or surrounding area. I promised him that he would be safe in our clinic and I worked diligently with staff to keep my promise. But his words stayed with me and I began to **ponder**: Are our clinics truly safe, welcoming spaces for all? Are we prepared to keep our staff and patients safe in the face of an immigration raid? The truth is that even the *threat* of immigration enforcement is enough to erode trust and disrupt care. These questions have sparked numerous conversations with our Taskforce



and OAFP community, and I am thankful for the wisdom and resources that have been shared. I especially want to give a shout out to **Dr. Aoi Mizushima** for sharing her expertise with me as we work towards more inclusive and safe medical spaces. Her work in this area inspired the blue card that I created as a quick resource for clinic and hospital staff. We hope to continue to provide you with more resources and in the meantime, I hope you will share the card with your teams and reach out with ideas on how we can better support the community you serve.

Finally, I want to acknowledge that on October 1st we honored **National Latino Physician Day**. Nationally, only 6% of doctors are Latino, and just 2.4% are Latina. Here in Oregon, we represent only about 3% of the physician workforce. We are small in number, but not in strength. May we continue to draw strength from our rich heritage and use our voice, power, and privilege to open doors for those who come after us. *¡Siempre pa'delante con ánimo y esperanza!*

Emergency Response to ICE Raids in Health Care Settings

PREPARE

- Attend a "Know Your Rights Session"
- Post signage and designate safe spaces
- Practice scenarios/drills

RESPOND (Activate a Rapid Response)

- Protocol of facility (if you have one)
- Call PIRC (1.888.622.1510)
- Videotape/document and record
- Exercise your rights

Scrubs for Sanctuary Oregon

We Are Not Powerless: Prepare and Exercise Your Rights



- I have the right to remain silent: "I do not wish to speak to you based on my 5th Amendment right."
- I have the right to ask a person to identify themselves.
- I do not have to permit them to enter my space* unless they have a warrant**
- Know the PIRC phone number: 1.888.622.1510

*Simply opening a door is considered permission to enter

**Understand what a valid warrant looks like

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Ready to Fuel Insights on Family Physician Compensation? (and win cheese?)

Beginning on August 1, AAFP members have been filling out the 2025 Career Benchmark Survey (<https://www.aafp.org/family-physician/practice-and-career/managing-your-career/family-medicine-career-benchmark-dashboard.html>).

If you haven't done so yet, please participate now. You'll be helping compile the data that will provide an even more robust picture of modern compensation for family physicians across the United States.

The new survey, which closes on November 3, includes questions about direct primary care and obstetrical care and will allow you to compare 2023 to 2025 numbers to give you an understanding of how the entire compensation package has changed in the past two years.

Here at the Oregon Academy, we believe in supporting you at every step of your professional

journey—and knowing your worth is an integral part of that mission. Using real data from your peers, you'll be armed with the information you need to advocate for yourself, make decisions and create the career path you desire.

OAFP is offering a fun incentive – if you complete the survey, and send us a screen shot of the survey completion page, you will be entered in a drawing to win a ticket and a box of cheese to the fifth annual cheese tasting event. This is the cheesiest thing we could think of to get you involved.

Visit <https://www.aafp.org/family-physician/practice-and-career/managing-your-career/family-medicine-career-benchmark-dashboard.html> to complete the 10 minute survey. Send your screenshot to louisem@oafp.org to enter the contest.

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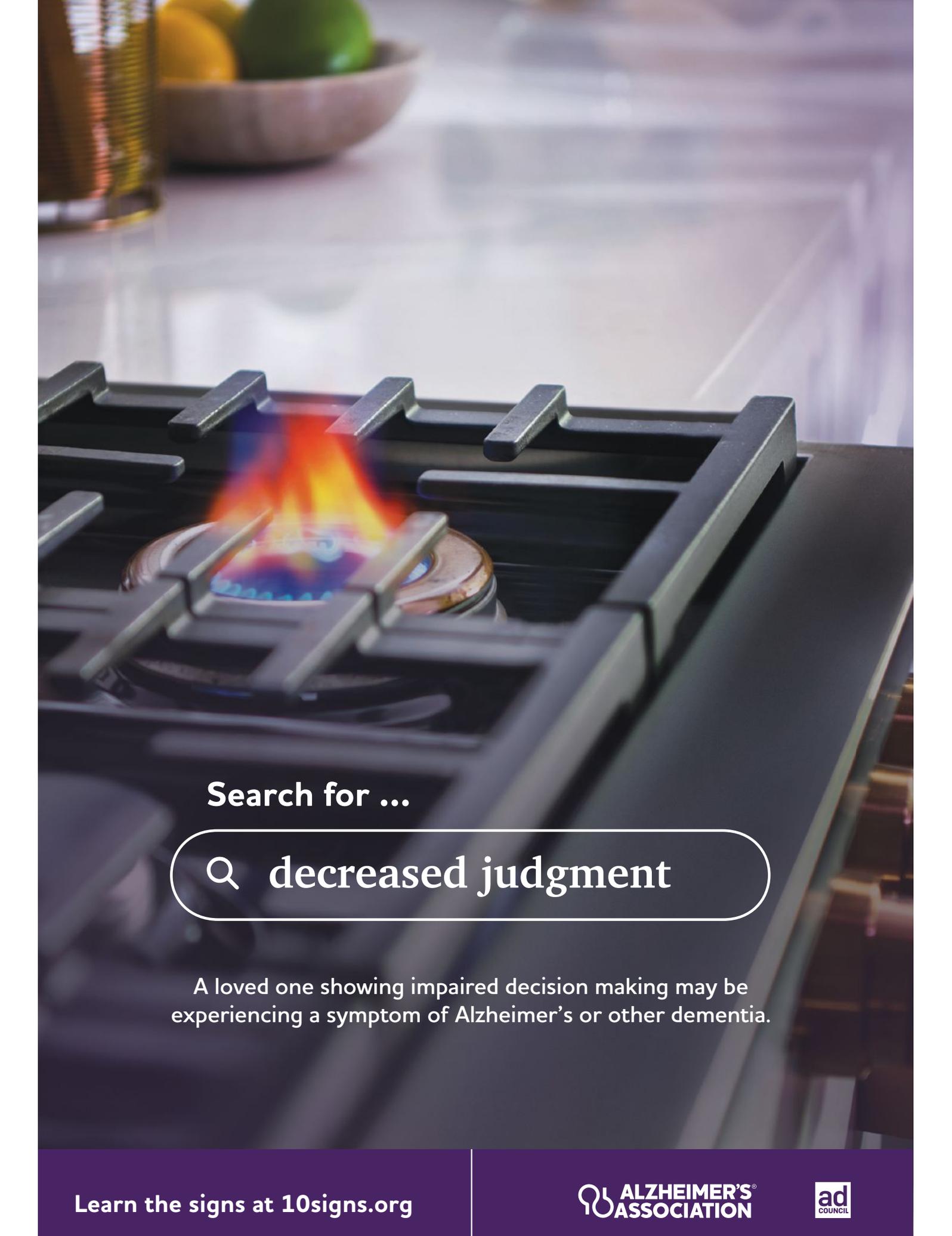
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Saturday, November 22 from 9:30 am to 1:30 pm

Registration: \$85 for members | \$130 for non-members

The AAFP has reviewed OAFP Virtual KSA Study Hall: Care of Older Adults and deemed it acceptable for up to 8.00 Knowledge Self-Assessment, Live AAFP Prescribed credit(s). Term of Approval is from 11/22/2025 to 11/22/2025. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



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