

From: [LAFP | Louisiana Academy of Family Physicians](#)
To: [LAFP; Ragan LeBlanc](#)
Subject: New Submission #903: 2026 Faculty CME Proposal Application
Date: Thursday, January 29, 2026 4:55:28 PM

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Are you a member of the LAFP/AAFP?: Yes
AAFP ID#:: 9321592
Will you have co-faculty?: Yes
If yes, please indicate names and designation. (MD, DO, PhD, PharmD, etc): Teri O'Neal MD

Preferred Date and Time: (select all dates and times available): July 24, 2026 - 8:00 am - 9:00 am, July 24, 2026 - 9:00 am - 10:00 am, July 24, 2026 - 10:45 am - 11:45 am, July 24, 2026 - 11:45 am - 12:45 pm, July 25, 2026 - 8:00 am - 9:00 am, July 25, 2026 - 9:00 am - 10:00 am, July 25, 2026 - 10:45 am - 11:45 am, July 25, 2026 - 11:45 am - 12:45 pm, July 25, 2026 - 1:00 pm - 2:00 pm, July 25, 2026 - 2:00 pm - 3:00 pm, July 25, 2026 - 3:00 pm - 4:00 pm, July 26, 2026 - 9:00 am - 10:00 am, July 26, 2026 - 10:00 am - 11:00 am, July 26, 2026 - 11:00 am - 12:00 pm

Provide a title for your proposal that is no more than 80 characters including spaces.:

When to Suspect the Extinct

Describe the problem, or gap in practice or knowledge you are addressing; and what the learner can expect to take away from this education.: The primary gap we are addressing is clinical erosion. Because vaccines have been so effective, we have entered an era of medical anonymity for many vaccinate-able pathogens. Most practicing physicians have never seen a live case of Measles or Diphtheria, for example. In a "see one, do one, teach one" profession, the "see one" phase has disappeared. In a busy clinic, the cognitive bias is to categorize respiratory symptoms as common. This leads to diagnostic delay for more dangerous pathogens like Pertussis or Hib. Lastly, we are currently seeing a global decline in routine pediatric immunization rates. As herd immunity thins, these "legacy diseases" are returning to a workforce that isn't trained to spot them on sight.

By the end of this session, clinicians can expect to take away improved "clinical muscle memory" for rare but increasingly prevalent vaccine-preventable diseases, moving beyond the default diagnosis of common viral URIs to identify high-risk "pathognomonic" red flags. Participants will gain the diagnostic confidence to spot hallmark signs, enabling them to trigger immediate isolation protocols and public health reporting. Ultimately, this training transforms the provider into a critical frontline sentry, capable of preventing community-wide

outbreaks through early recognition and evidence-based advocacy.

Provide a description regarding how this education has a direct bearing on patient care, or how it supports the physician's role in patient care, or how it has a direct bearing on a physician's ability to deliver patient care.: This education functions as a "clinical safety net," directly enhancing a provider's ability to provide safe, high-quality care in an increasingly complex epidemiological landscape. It ensures that the provider's diagnostic skills remain accurate and up-to-date as the prevalence of these diseases shifts, directly resulting in fewer complications, lower transmission rates, and higher quality of life for our pediatric population.

Select all that apply.: Initial Diagnosis, Treatment/Management, Care Coordination

Objective 1:: Differentiate classic vaccine-preventable exanthems (Measles, Rubella, Varicella) from common viral rashes through pathognomonic physical findings.

Objective 2:: Identify high-risk respiratory "red flags" that necessitate immediate isolation or airway intervention.

Objective 3:: Recognize the clinical presentation of "legacy" diseases in partially vaccinated or waning-immunity populations.

Objective 4:: Execute immediate infection control protocols (Masking/Negative Pressure/Reporting) upon clinical suspicion of a highly contagious Vaccine Preventable Disease (VPD).

Objective 5:: Review groups that carry a disproportionate risk for severe complications, permanent disability, or death from these illnesses.

Practice Change 1: More regular monitoring of vaccination history in patients presenting with undifferentiated illnesses

Practice Change 2: Higher index of suspicion for measles and chickenpox when seeing pediatric patients with rash

Practice Change 3: More regular participation in motivational interviewing with pediatric and adult patients and their caregivers to help improve vaccination rates as able.

Please select all that apply with respect to your proposal.: Medical knowledge, Patient Care, Systems-based practice

Does your proposal include osteopathic medicine principles?: No

Please select format:: Didactic Presentation - 60 min

If you marked other, please provide details::

Maximum audience size:: no maximum

Do you have prior teaching experience? : Yes

If you marked yes, please provide details. Please list one to three previous presentations that are relevant to this topic. Include dates, events, type and size of the audience, and evaluation score (converted to a 0-5 scale where 0 is low and 5 is high).: Both Dr. O'Neal and myself are core faculty for the Ochsner LSU Shreveport/Monroe Family Medicine residency program. As such, we have given multiple lectures on topics including pediatric topics and health screening. For example, both Dr. O'Neal and myself gave lectures at the Family Medicine Symposium in Shreveport. This lecture series occurs yearly (last held on March 7th 2025) and has about 100 participants (residents, faculty, medical students). I also gave a LAFP Monroe Family Medicine Grand Rounds in August 2025 to roughly 40 people. We have both received high marks for evaluation for our lectures.

Do you require an honorarium?: No

If you marked yes, what is the requested amount?:

Do you require reimbursement for travel expenses?: No

If you marked yes, please indicate what is requested: (please note that LAFP's Travel Policy will apply):

CME Disclosure Form:

[44440a1a731a845b_20260129164709.pdf](#)

Bio: Document should contain 1,200 characters or less. :

[e6207e5aa0050366_Dr.docx](#)

CV:

[7eaa85c1b8bce036_Marina_Jeffery_CV_1.2026.docx](#)

Professional Photo: Headshot should be at least 400px wide by 600px tall in jpeg, tiff, or pdf format :

[6ca0c167af5b0b7a_marina_jeffery.jpg](#)

Recording Acknowledgement : 1

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Please select if there are any uses which you are NOT granting permission.: N/A

Author Acknowledgement1: 1

Author Acknowledgement2: 1

Author Acknowledgement3: 1

List authors of materials that may be provided during the presentation. If none, please put N/A in the box.: Teri O'Neal is a co-contributor to this presentation, and I will send her forms to Ragan separately (it would not let me add two forms above)

In the past 24 months (36 months for LAFP authors, journal editors and editorial board members) : I have NOT had a financial relationship with an ineligible company.

Disclosure Acknowledgement: 1

Please indicate your interest in being considered for additional teaching opportunities.:

Yes I am interested