PERCEIVED NEEDS FOR MILITARY MEDICAL TRAINING FOR INCOMING PHYSICIANS.

Army Physicians' Information: What you need to know but didn't know whom to ask.

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**Title:** Perceived Needs For Military Medical Training For Incoming Physicians  
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**Abstract:**  
Army physicians were surveyed regarding what they had learned from experience that they felt was of importance and the frequency it was performed (N=200). Responses were received from 43% of those reached. Responders were characterized predominantly as having entered the Army under the Berry plan, served one tour at either a MEDDAC or MEDCEN, board certified, major, with definitely no intention of remaining in the Army. Suggestions for conducting a course to orient incoming physicians into the Army included having a program taught...
by physicians who had experience (ideally in both fixed and field facilities). Having a well indexed glossary of where to find appropriate ARs and references was thought to be of value, if well done. The content of the orientation course for first assignment physicians would best be conducted according to type of assignment. Specifically, physicians assigned to TO&E units need different types of information than those going to fixed facilities. Physicians being sent from MEDDAC assignments to TO&E units would be best prepared if oriented as to what they need to know or expect before arrival at their new unit.
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PERCEIVED NEEDS FOR MILITARY MEDICAL TRAINING FOR INCOMING PHYSICIANS

Army Physicians' Information: What you need to know but didn't know whom to ask.

1. INTRODUCTION.

a. Purpose. The purpose of this study is to document what incoming Army physicians need to know in terms of topics dealing with the practice of military medicine.

b. Background.

(1) The Chief, Medicine and Surgery Division, Academy of Health Sciences, requested a study be conducted to determine what incoming Army physicians need to know. The information collected would be used to prepare a course to be presented to incoming Army physicians to assist in preparing them for the practice of medicine in the military.

(2) Baker (1969) in a questionnaire survey conducted of Army Medical Corps officers in November 1966, documented why some physicians stay in the Army. His recommendations included: publishing a handbook for medical officers and establishing an information program to effectively present the Medical Corps career potentials. The intent was to provide a greater sense of personal involvement for physicians in medical department activities.

(3) Wanous (1973, 1975) has investigated the effects of a realistic job preview on job acceptance and turnover. The realistic job preview serves as a screening device to help job candidates decide for themselves on their organizational choices and it also serves to inoculate against disappointment with the realities of organizational choices. The job preview serves to make recruiting more effective.

2. OBJECTIVES.

The study objectives were to determine:

a. What factors Army physicians felt were most important.

b. How frequently these factors must be dealt with by a practicing Army physician.

3. METHODOLOGY.

a. Overview. The general methodology was to mail individual letters to selected Army physicians to request them to fill out inclosed surveys. The survey asked young medical officers what they had learned from experience that they felt was of importance and its frequency. When completed, the surveys were returned to the investigator by mail.
b. Procedure. A personal letter from the Superintendent, Academy of Health Sciences (see Appendix A) was sent to all Health Services Command physicians having an Estimated Time of Separation (ETS) date between March through December 1979. The sample size was 200 physicians. Survey instruments collected demographic data (assignments, pay grade, federal service, military status, military sponsored training); assessment of a variety of topics using a seven-point Likert continuum (Minimum to Maximum) considered from two perspectives: (1) how important is the topic, that is, how much is this information needed, and (2) how frequently must this topic be dealt with by a practicing Army physician; and soliciting suggestions concerning how to conduct an orientation course for incoming physicians (see Appendix A).

4. FINDINGS.

a. Sample characteristics. A total of 83 of 192 Army physicians contacted responded (43%). Table 1 summarizes some of the demographic characteristics of the respondents.

b. Overview. Separate analyses were conducted to determine responses to the topics from the two perspectives: how important and how frequently. Responses were broken down by respondents' characteristics: (1) Berry plan versus non-Berry planners, (2) One tour versus More than one tour, (3) Career or Undecided versus Intending to Leave Service, (4) Served a tour in a MEDCEN, (5) a tour in a MEDDAC, (6) or a tour in a TO&E unit.

c. HOW IMPORTANT Set. Inspection of the overall mean response to a topic in Table 2 showed the following topics having overall means greater than 5.0 out of 7 as follows:

26. Physician responsibility for utilization of paramedical personnel;
34. Implications of medical profile to the patient's commander;
39. Advanced life support procedures;
42. Adverse drug reactions;
62. How to get to attend a conference;
63. Moonlighting;
65. What consultations, lab requests, special studies are available beyond the hospital;
66. Obtaining necessary medications unavailable at your hospital.

Physicians who had served a tour in a TO&E unit rated the following topics as most important (6.0 or greater):

26. Physician responsibility for utilization of paramedical personnel;
27. Supervision of physician extenders;
29. Proper completion of DA Form 3349 and its limitations;
34. Implications of medical profile to the patient's commander;
37. Manipulative soldiers;
38. Triage principles;
58. Obligations and options regarding accepting post housing;
60. How to obtain funding for clinical studies (i.e., equipment).
d. **HOW FREQUENTLY** Set. Inspection of the overall mean response to a topic in Table 3 showed the following topics having overall means greater than 4.0 out of 7 follow:

26. Physician responsibility for utilization of paramedical personnel;
29. Proper completion of DA Form 3349 and its limitations;
30. Function of P.A.D.;
31. Supervision of civilian employees;
32. Completeness of medical records;
33. Sick slip;
34. Implications of medical profile to patient's commander;
35. Preparation of medical statement;
36. Placing a soldier on quarters;
37. Manipulative soldiers;
65. What consultations, lab requests, special studies are available beyond the hospital.

Physicians who had served a tour in a TO&E unit rated the following topics as most frequently performed (5.0 and greater):

6. Military justice: Article 15s and U.C.M.J.;
19. Requirements for release of medical information on dependents;
26. Physician responsibility for utilization of paramedical personnel;
27. Supervision of physician extenders;
29. Proper completion of DA Form 3349 and its limitations;
31. Supervision of civilian employees;
32. Completeness of medical records;
36. Placing a soldier on quarters;
37. Manipulative soldiers;
38. Triage principles.

**e.** Additional Items. In response to the question "Would a course dealing with this type of information have been helpful to you in your practice of military medicine?", 62.9% responded in the affirmative, 11.4% gave a yes/no response, and 25.7% responded no. To the question "Would a cookbook providing a 'how-to-guide' be of any benefit to a practicing physician?", 71.1% responded yes, 9.2% yes/no, and 19.7% replied no.

5. **DISCUSSION.**

a. The Army physicians responding were characterized predominantly as having entered the Army under the Berry plan, served one tour at either a MEDDAC or MEDCEN, board certified, major, with definitely no intention of remaining in the Army.

b. Suggestions for conducting a course to orient incoming physicians into the Army included having a program taught by physicians who had experience (ideally in both fixed and field facilities). Having a well-indexed glossary of where to find appropriate ARs and references was thought to be of value, if well done.
c. The content of the orientation course for first assignment physicians would best be conducted according to type of assignment. Specifically, physicians assigned to TO&E units need different types of information than those going to fixed facilities. Physicians being sent from MEDDAC assignments to TO&E units would be best prepared if oriented as to what they need to know or expect before arrival at their new unit.

6. CONCLUSIONS.

a. The topics Army physicians felt were most important were influenced by the type of assignment served.

b. How frequently the topics occurred was determined by the type of assignment and background of the physician.

7. RECOMMENDATIONS.

a. Recommend that the findings of the report be made available to the Academy of Health Sciences to assist in the preparation of a course to orient physicians for new types of assignments.

b. Provide physicians with a well-indexed reference manual which would provide information on appropriate ARs and resources available to deal with a variety of situations frequently encountered in the practice of military medicine.

c. Reserve some time for separate classes for orienting first assignment physicians according to the type of assignment (i.e., TO&E versus MEDDAC).

8. REFERENCES.


Wanous, J. P. Tell it like it is at realistic job previews, Personnel, 1975, 52, 50-60.
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<td>2 What constitutes privileged information between soldier and physician</td>
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<tr>
<td>3 Preparing and writing efficiency reports on enlisted personnel</td>
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<td>4 Preparing and writing officer efficiency reports</td>
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<td>5 Sitting on promotion boards</td>
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<td>7 Geneva convention and Code of Conduct</td>
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<td>9 Changing TO&amp;E</td>
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<td>Support elements in the company, battalion, brigade, division</td>
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Note: * indicates a significant difference between mean values at p < .001
Table 3

Mean Values For Topics From HOW FREQUENTLY Set

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N = 54 26 14 66 24 56 46 34 26 54 71 9 83

Note: * indicates a significant difference between mean values at p < .001
It is relatively safe to assume that you are no more enthusiastic about filling out surveys than anyone else. However, it is hoped that you will take the time to fill out the enclosed survey carefully. The purpose of this survey is to document what Army physicians need to know because of the variety of situations that are peculiar to the practice of medicine in a military environment. The information is needed to design an instructional program for incoming physicians. You know from recent experience what extra knowledge you did not bring with you into the Army that was essential or helpful in your military practice. You are being asked to participate so that the incoming physicians may be able to benefit from your experiences. A variety of topics are to be considered from two perspectives: (1) how important is the topic, that is, how much is this information needed, and (2) how frequently must this topic be dealt with by a practicing Army physician. In addition, you will be asked for your own recommendations for other topics which may be of special interest. Your cooperation is very much appreciated.

Sincerely,

KENNETH R. DIRKS, M.D.
Major General, MC
Superintendent
GENERAL INFORMATION

1. Introduction. The Health Care Studies Division, US Army Academy of Health Sciences, as authorized by the Commander, US Army Health Services Command, is conducting a survey to determine what information incoming Army physicians need.

2. Purpose. The purpose of this survey is to document physicians' experience in what they believe an Army physician needs to know. The perceptions will have an impact on the content of a course proposed to orient incoming physicians. Your participation in the survey is needed in order that future Army physicians may profit from your experiences.

SPECIFIC INFORMATION

1. A copy of this questionnaire is being provided to selected Medical Corps officers in Health Services Command.

2. While this is an anonymous response questionnaire, and no attempt will be made to associate responses to specific individuals, it is essential that all respondents identify their experience for control purposes.

3. Any questions requiring clarification or further explanation may be directed to: Dr. Mangelsdorff, AUTOVON: 471-4541 or 3331.

4. It is requested that the survey be completed and returned as soon as possible.

5. When you have completed the survey, please follow the instructions for folding and stapling (as indicated on the reverse of the last page) before returning the survey through the mail.

6. Thank you for your cooperation.
INFORMATION FOR INCOMING ARMY PHYSICIANS SURVEY

Please answer all the items by filling in, or circling one numerical choice, or whatever appears to be an appropriate response.

SECTION I: Control Data

1. I am currently serving in pay grade: (please circle one)
   0-3  0-4  0-5  0-6

2. My total years of active federal service (round off to the nearest whole year and circle one response):
   0-1  2-3  4-5  6-7  8-9  10-11  12-14  15-20  more than 20

3. Within my current medical specialty or subspecialty, I am: (circle one)
   a. Fully trained Board Certified
   b. Fully trained Board Eligible
   c. Partially trained
   d. In training (resident or intern)
   e. Other (please explain) ______________

4. I have served a tour/assignment at a medical center (MEDCEN):
   a. no
   b. yes
   c. If yes, which: intern resident other

5. I have served a tour/assignment in a medical activity (MEDDAC):
   a. no
   b. yes
   c. If yes, which: intern resident other

6. I have had a tour/assignment outside of continental United States
   a. no
   b. yes
   c. If yes, where:

7. I have had a tour/assignment in a combat zone:
   a. no
   b. yes
   c. If yes, when:
8. I have served a tour/assignment in a TO & E unit:
   a. no
   b. yes
   c. If yes, which:

9. I have served in: other (e.g. AMES/R&D lab/health clinic)
   a. no
   b. yes
   c. If yes, which:

10. How many separate tours/assignments have you served as a physician? _____

11. I have had previous military service, but not as a physician:
   a. no
   b. yes

12. I consider my current military status as (circle one):
   a. Definitely planning to remain in the Army until eligible for retirement
   b. Probably remain in the Army until eligible for retirement
   c. Undecided at this time
   d. Probably leave the Army before reaching eligibility for retirement
   e. Definitely plan to leave the Army before reaching eligibility for retirement
   f. I am already eligible for retirement

13. My medical specialty is:
   MOS/SSI (Specialty Skill Identifier):

14. Status: (circle more than one if necessary)
   a. Regular Army
   b. Berry Plan
   c. Voluntary Indefinite
   d. Other (please explain)

15. Military Sponsored Training (circle one or more):
   a. ROTC scholarship
   b. Military Academy Graduate
   c. Medical School Subsidy
   d. Senior Medical Student
   e. Internship
   f. Residency
   g. Fellowship
   h. Other
   g. None
## SECTION II: Response Data

Please answer all the items by filling in, or circling one numerical choice, or whatever appears to be an appropriate response. All scale responses are preceded and followed by clarifying words to emphasize the digital scale, i.e., in the response:

\[
\text{MIN } 1 \ 2 \ 3 \ 4 \ 5 \ 6 \ 7 \ \text{MAX}
\]

the digit 1 equals MIN (MINIMUM) and 7 equals MAX (MAXIMUM).

A variety of topics are to be considered from two perspectives: (1) How important is the topic, that is, how much is this information needed and (2) How frequently must this topic be dealt with, or needed. In addition, you will be asked for your own recommendations for other topics which may be of help.

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<td>2. What constitutes privileged information between soldier and physician</td>
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<td>3. Preparing and writing efficiency reports on enlisted personnel</td>
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<td>4. Preparing and writing officer efficiency reports</td>
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<td>5. Sitting on promotion boards</td>
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<td>6. Military justice: article 15s and Uniform Code of Military Justice</td>
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<td>7. Geneva convention and Code of Conduct</td>
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<td>9. Changing TO &amp; E</td>
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<td>11. IG inspections</td>
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<tr>
<td>66. Obtaining necessary medications unavailable at your hospital</td>
<td>1 2 3 4 5 6 7</td>
<td>1 2 3 4 5 6 7</td>
</tr>
</tbody>
</table>
If you have additional topics you would like to recommend, or if you wish to comment about any of the previously offered topics, please feel free to do so.

More to come
(over)
1. Would a course dealing with this type of information have been helpful to you in your practice of military medicine?

2. How would you suggest conducting a course to get across this type of information?

3. Would a cookbook providing a "how-to-guide" be of any benefit to a practicing physician? Why?

4. What information (which 5 topics) do you feel is most salient for a physician to know about the military?

Your cooperation is very much appreciated. Thank you for your assistance.
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ACADEMY OF HEALTH SCIENCES, US ARMY
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