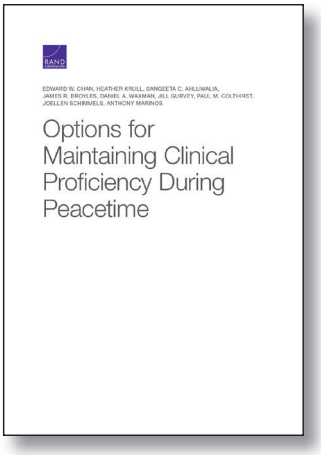


# Options for Maintaining Clinical Proficiency During Peacetime

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The U.S. Army Medical Department's missions are to care for the war wounded during conflict and to operate medical treatment facilities (MTFs) that care for service members, their beneficiaries, and military retirees. Because the injuries that require treatment during wartime can be very different from the case mix seen in MTFs, the Army sought to identify ways to help providers prepare for wartime missions while they are stationed at home.

## RESEARCH QUESTIONS

- How does medical providers' and staff's experience in theater differ from that in garrison?
- How well do providers' education, training, and workload prepare them for the combat mission?
- How important are the building blocks of readiness for Army medical personnel?
- What options exist for improving the readiness of Army medical personnel?

## KEY FINDINGS

Care in a deployed setting is often being delivered by people working outside their areas of specialty

- Those who deploy as field surgeons provide mostly primary care but must also be prepared to provide initial stabilization of trauma patients. The position is often filled by other types of specialists who do not typically do primary care or see trauma care in their home-station jobs.
- Those who deploy to forward surgical teams or combat support hospitals see trauma cases that require surgical intervention. Although these providers are deployed into the same specialties they normally work in their home stations, the nature of the work is different. With few exceptions, providers at home-station MTFs do not see fresh trauma patients.

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Predeployment trauma training (PDTT) is valuable but not sufficient

- Despite a mandate that specifies that no less than 90 percent of medical providers are required to attend PDTT within 180 days of the start of a deployment, the analysis suggests that only 40 to 60 percent of providers attended.
- Opportunities for hands-on work are limited. Some courses use simulations but do not include work with human patients. Other courses include rotations at trauma centers but are too brief to allow students to do much more than observe clinical care.


## RECOMMENDATIONS

- In the near term, enforce the requirement for predeployment training, and further add a requirement for refreshers every two years, not just prior to a deployment.
- In the longer term, increase providers' level of trauma competence by requiring those who would deploy as field surgeons to periodically rotate in trauma centers.
- Analogously, increase the level of trauma competence of providers who will serve in surgical and critical care teams by placing them in trauma centers on a continuing basis, whether MTF or civilian facilities.
- Develop a dashboard that pulls together information sources that summarize the readiness of individual providers and across provider types.

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