President’s Column

Cheryl “SKID” Lowry, Col, USAF, MC, SFS
President, Society of United States Air Force Flight Surgeons

Opportunity

To be relevant as a Society, I strongly feel that we need to continue to serve our fellow Flight Surgeons – which is somewhat difficult with an all-volunteer staff who are all busy serving like you, in garrison and deployed, worldwide. The FlightLines crew, with the help of our authors, did a great job executing the theme of this issue…OPPORTUNITY.

We hope you take that message from the variety of articles in this issue. Lt Col Cassteveans and Maj Vu discuss the benefits of attending MTM and ACCAE. Col Jacobson talks about the addition of new operationally focused residency slots for Emergency and Family Medicine programs. Lt Col Frayser and Maj Hatcher had an opportunity to attend MedXellence, an extremely relevant week-long course that gives insight into the many changes facing the Military Health System. And finally, three physicians write about their experience at in-residence PME.

Speaking of PME…DO YOUR PME! It opens up opportunities that your colleagues who haven’t done PME won’t be competitive for. For other corps in the AFMS (BSC, MSC, NC), they are unlikely to be promoted beyond Major if their PME isn’t done, at least by distance learning. In-residence attendance makes you even more competitive for future opportunities such as command and MAJCOM staff jobs. PME helps you relate better to the line mission. PME helps us understand how we contribute to the readiness mission of the AFMS and the Air Force. And since medical group command and most MAJCOM

Continued on page 2
Surgeon positions are now corps-neutral, physicians will not be chosen to lead if they don’t develop as officers and leaders. We are at a historic crossroads in the MHS, and we need good leaders, in clinic and beyond, from all corps, to be successful. Specifically, we need strong leaders who understand operational medicine. That’s you.

As an Air Force Flight Surgeon, you are constantly pulled in multiple directions in the clinic and beyond. For me, that challenge is precisely what kept me in Aerospace Medicine. With the challenge came opportunities including ACCAE, MTM, and AWC in-residence, in addition to the opportunity to deploy and work on every continent in a variety of settings. There just aren’t many careers that provide such an array of jobs. A career as an Air Force physician is largely what you make of it. We all need to develop a strong practice foundation and serve our patients by being excellent clinicians IN CLINIC, but don’t neglect the military officer and operational medical elements of your profession that make you a better clinician and leader. Whether you stay in the Air Force for an initial commitment or a 30-year career, SKID Surgeon has to offer.

We all need to develop a strong practice foundation and serve our patients by being excellent clinicians IN CLINIC, but don’t neglect the military officer and operational medical elements of your profession that make you a better clinician and leader. Whether you stay in the Air Force for an initial commitment or a 30-year career, take advantage of every OPPORTUNITY that a career as a Flight Surgeon has to offer. ✨

### From the Editor

**Brad “Candyman” Brough, Lt Col, USAF, MC, FS**

Centennial RAM (XVIII)

Welcome everyone to the Fall edition of FlightLines! The phrase “knowledge is power” has been used for hundreds if not thousands of years. Some say it was Sir Francis Bacon who first coined the phrase. Others say it was Thomas Jefferson. However, I prefer Dr. Seuss’ variation, “The more that you read, the more things you will know. The more that you learn, the more places you’ll go” (*I Can Read with My Eyes Shut!*). As physicians, we all know the importance of learning – just look at how long we go to school. However, our learning should not stop just because we now have a full-time job.

So, with this edition we have focused on education and opportunities that you may not be aware of for awesome learning! We have articles discussing Professional Military Education from flight docs who recently completed in-residence Squadron Officer School and Air War College, as well as an article from the first doc in a very long time to attend Air Command and Staff College. We have articles from docs who attended USUHS education courses such as Military Tropical Medicine (think USAFSAM Global Medicine course on steroids) and Uniformed Services MedXellence (military medical leadership). And don’t forget the USAF School of Aerospace Medicine – home to many fantastic courses (Global Medicine, Aircraft Mishap Investigation and Prevention, Occupational Medicine, and Advanced Clinical Concepts in Aeromedical Evacuation are just a few). Rounding out our education edition is Col Jacobson, who highlights some of the amazing residency opportunities developed for flight docs. Want to do Internal Medicine to strengthen your medical knowledge but return to the goodness of Operational Medicine? Look no further than the developing Ohio State/Flight Med program. If Family Med is your niche, consider the Wright State/Flight Med option or the FAM/RAM. Do you prefer Emergency Medicine? How about the Mayo Clinic or Einstein Medical Center followed by an operational medicine tour? And for you more senior docs, did you know that every year the AFMS puts out a call for Certified Physician Executive scholarships? The amazing part of this program is that for RAMs, the CPE bylaws allow your MPH or your master’s degree to count toward all the prerequisites for the CPE – all you need to do is attend the 4-day leadership capstone. BOOM – how do you like that opportunity for learning?

Our hope with this edition is that one of these opportunities will spur your desire to continue learning. Go talk to your SGP or Flight Commander and get signed up for CME or learn about PME. Consider one of the new combined medical residencies if you’re looking for GME. Look at completing the MedXellence or CPE course if you’re looking for leadership training. Bottom line, make sure you are always learning – become the best provider and leader you can through continued education. Because, as we learn, we become better at Keeping ’em Flying! ✨

### Flight Surgeon Oath

I accept the sacred charge to assist in the healing of the mind as well as of the body.

I will at all times remember my responsibility as a pioneer in the new and important field of aviation medicine.

I will bear in mind that my studies are unending; my efforts ceaseless; that in the understanding and performance of my daily tasks may lie the future usefulness of countless airmen whose training has been difficult and whose value is immeasurable.

My obligation as a physician is to practice the medical art with uprightness and honor; my pledge as a soldier is devoted to Duty, Honor, Country.

I will be ingenious. I will find cures where there are none; I will call upon all the knowledge and skill at my command. I will be resourceful; I will, in the face of the direst emergency, strive to do the impossible.

What I learn by my experiences may influence the world, not only of today, but the air world of tomorrow which belongs to aviation. What I learn and practice may turn the tide of battle.

I may send back to a peacetime world the future leaders of this country.

I will regard disease as the enemy; I will combat fatigue and discouragement as foes; I will keep the faith of the men entrusted in my care; I will keep the faith with the country which has singed me out, and with my God.

I do solemnly swear these things by the heavens in which men fly.
The views expressed in this newsletter are those of the individual authors and do not necessarily reflect the official policy or position of the Air Force, the Department of Defense, or the U.S. Government.

SoUSAFFS Officers and Board of Governors

President and Chairman.......................... Col Cheryl Lowry
Vice-President/President Elect.................. Col Walter Matthews
Secretary ............................................. Lt Col Sanjay Gogate
Treasurer ............................................. Lt Col Patricia MacSparran
Executive Officer.................................. Col Salvatore Pelligra
Air Force National Guard Representative ....... Col Brian Pinkston
Honorary Board Advisors ....................... Lt Gen Mark Ediger,
                                         Lt Gen (ret) Douglas Robb,
                                         Lt Gen (ret) Tom Travis,
                                         Maj Gen (ret) Byron Hepburn

Elected Members
2017-2019 ........................................... Col Mike Jacobson, Col Ken Egerstrom,
                                         Lt Col Tory Woodward
Past Presidents................................. Col Rob York, Col (ret) Hernando Ortega,
                                         Col Richard Baker

Committee Chairs
Awards ............................................... Lt Col Robert Craig-Gray
Program ........................................... Lt Col Michelle Brown
Membership ....................................... Lt Col Stefanie Watkins Nance
Nominating ........................................ Lt Col Ray Clydesdale
Resolutions ........................................ Col Mark Cockscomb
History and Archives ........................... Maj Clifton Nowell
Constitution/Bylaws ............................ Col Mark Nassir
Reinartz Ed & Training ........................... Col Christopher Borchardt
Information Systems ........................... Lt Col Matthew Ramage
Scientific Chair ................................... Col William Nelson
Webmaster ......................................... Col Rob York
Merchandising Subcommittee ................. Lt Col Ric Speakman

FlightLines: Vision and Mission

Our vision: FlightLines is the written forum for the Society of United States Air Force Flight Surgeons. We help facilitate top-to-bottom, bottom-to-top, and horizontal dialogue within the Flight Surgeon community.

Our mission: We provide a vehicle to pass the vector and tools to Flight Surgeons so they can do their jobs effectively and efficiently as current and future leaders within Team Aerospace.

FlightLines Editorial Staff

Executive Editor ................................ Lt Col Brad Brough
Editor ................................................. Maj Paul Vu
Technical Editor ................................. Sandy Kawano

Notice!

Call for Content

What makes FlightLines great is that it connects us with the rapid changes and variety of expertise that exist in USAF flight medicine. Send us news that affects us all, teach us about your area of expertise, and share with us your “There I was…” stories from the field. (Include your pictures!)

Submission guidelines:
500-3000 words
Pictures 300 dpi or better in .tif or .jpg

Send your articles, news, suggestions, or comments to:

michael.brough.1@us.af.mil

Moving, need your FlightLines sent to another email address? For FlightLines distribution/email update, please contact the Executive Editor, michael.brough.1@us.af.mil.

SoUSAFFS Membership

To update your society membership or contact information, please visit www.sousaffs.org, login, and select “Edit Profile.” Your dues can be paid by PayPal. For any questions or concerns regarding your membership, please contact Lt Col Stefanie "Phantom" Watkins Nance at membership@sousaffs.org.
Most of us have now recovered from the summer assignment shuffle...it was a big one! Please let me know if you have any questions or concerns regarding this process as we work to rebalance the field across the AFMS. You will see a lot of messages going out this next month regarding assignment options. You have already seen the call for NASA and AFSOC. We will be sending out calls for SGP's and OCONUS options. It should not be scary, and for those of you who have already spoken with me, know I’m a straight shooter (blunt, without the sugar coating). I’ll let you know where you are qualified to go and what is available that will meet your needs as well as the AFMS. Our assignments officer is Maj Michael Tommolino, and he is doing a great job of connecting with the field, so do not abuse him, as he is working for you! Please talk with us about your future options so we can help you get where you want to go.

From the last issue, you now know we now have opportunities for GMOs and students coming out of training to go directly into a residency (emergency, family, and internal medicine) and graduate into an operational assignment. This was the first year we have had all these options, and we will continue to need your help spreading the word! Our goal is to create an operational medicine pipeline, bridge future summer gaps, which we have all had to endure during June-August, while maximizing residency training for all of our flight surgeons early on in their careers, giving them even more options for future assignments. By 2021, we will have over 60 residents in training who will come directly to flight medicine!!!

As a reminder, please use this link when looking for all things flight medicine on the Kx. Unlike the other links, which change with each update to policy, MSD, etc., this one remains constant:


Now, kudos to ALL of you! You are doing a great job of recruiting your fellow peers...KEEP IT UP! Reports are family medicine will be 100% manned this next cycle. I’ve had three staff family medicine providers agree to jump over to flight medicine this next assignment cycle. I will continue to reach out to you to join our AFMS recruiters on different events to spread the word about the unique opportunities our career field has to offer. We now have even more opportunities with operational residencies. This last week I went to ACEP and talked with several providers who are excited about these new opportunities, and next week I will be visiting a local family medicine residency in northern Virginia. We are also speaking with USUHS and HPSP students at two events the week after Thanksgiving. People are interested to hear why you love being a flight surgeon, what it takes to become a flight surgeon, and why you love what you do for the mission. Continue to care for your patients, your mission, your family, and yourself! We all need you to be successful and to succeed!

Help SoUSAFFS Grow!

Flight Surgeons, have you joined SoUSAFFS yet? The Society of Air Force Flight Surgeons is a constituent organization of AsMA that more specifically supports the needs of AF Flight Docs, with a focus on education, mentoring, and networking. We are reaching out to our cadre of young physicians to make our organization one that is essential to be a part of. Not only will SoUSAFFS membership afford you invaluable networking opportunities, but it will also make you eligible for retreats/trips to other bases to experience other missions/airframes and bond with your fellow Flight Docs! There’s even better news...you no longer need to be an AsMA member to join SoUSAFFS*, and instead you pay only $20 annually. We want to grow our organization, and we can’t do that without bright ideas from excited young docs! Join us today at www.sousaffs.org.

For more information, please contact Capt Brooke Organ at brooke.organ.1@us.af.mil.

*If you are a non-AsMA member of SoUSAFFS, you are ineligible to vote in AsMA elections.
Air War College 101

Daniel L. LaMar, Lt Col, USAF, MC, FS
Deputy Commander, 60 MDG, David Grant Medical Center

Over the past several months, I have been asked a lot of questions about my experience at Air War College (AWC) in the class of 2017, mostly asking if it was worth it, or a good experience. The answer to those questions largely depends on how important several factors are to you. In this article, I’ll try to detail several things that can be useful in helping to decide whether or not to apply to AWC.

One of the primary factors that people most dislike about going to AWC is the fact that it’s a 1-year assignment in Montgomery, AL. For many people, this one factor outweighs anything else in making the decision to apply for senior developmental education in residence. However, if you can look past this one factor, there are many great things about the year in AWC.

One factor to consider is the academics. While there are some classes that I had to take that were less applicable to a medic (such as the joint operational planning process class), the majority of the classes actually helped make me a better, more well-rounded officer. All the classes in leadership and strategy were geared more toward a way of thinking about things from a strategic perspective. In line with that, we got to hear from many of the 3- and 4-star generals in the DoD including the CSAF and CJCS. These talks helped me better understand how my day-to-day work is helping to accomplish the overall objectives of the AF and the DoD. We also spent a lot of time trying to understand the military and political situations throughout the different regions of the world, which helps to understand many of the choices made by our senior military and political leaders. In the name of better understanding a particular region of the world, each student gets to travel to a specific region for 2 weeks with a group of about 15 students and 3 faculty members. During my trip, I went to Egypt and Israel, spending 1 week in each place. We got to see many of the tourist sites and meet with senior State Department, Government, and military officials.

Finally, the people you meet, the friends you make, and the discussions you have will help you grow as a senior leader in the military. At AWC, only a small fraction of the students are AD Air Force. In my seminar, I had 15 people including 2 Army reservists, an Air Guardsman, international fellows from Kenya, Estonia, and Australia, a Navy fighter pilot, a civilian from the National Geospatial Intelligence Agency, an AD Army pilot, and only 4 AD Air Force. This diversity created an environment where seminar discussions forced a much broader thought process about political and military issues. The international fellows brought a very rich perspective to the discussion, helping us to better understand how the world sees the USA.

While AWC is certainly not for everybody, if you can get past the idea of a 1-year assignment in Montgomery, AL, you will almost certainly find that this year will be one of the more rewarding years in your military career. It will give you a better perspective of how the AF fits within the DoD, and how the U.S. fits in the global context. It will also grow you as a leader and strategic thinker.

Call for Patch Design

Attention artists! SoUSAFFS is looking for a patch and coin design. If you have an idea that captures the spirit of SoUSAFFS, please send your draft design or idea to VADER (christopher.mclaughlin.11@us.af.mil) and Candyman (michael.brough.1@us.af.mil). Drafts will be evaluated by the SoUSAFFS Board of Governors. We are looking forward to your submissions.
For the first time in recent history, AF physicians can attend ACSC in-residence, which begs the question, why go to ACSC? Having been here for a month, I can say I am glad that I decided to take the leap and move to Montgomery, AL. I cannot argue that discussing the nature of war or the use of nuclear weapons as a deterrent is going to improve my diagnostic abilities in clinic. That said, I do believe my year at Maxwell will make me a better, more effective flight surgeon and officer.

First, let me say that the online version of ACSC does not compare in any meaningful way to the in-residence program. The level of instruction, small class sizes, shockingly large selection of electives (everything from a statecraft videogame to the French revolution, the AF in film to the “singularity” – think “Skynet”), and the ability to interact with 511 fellow students cannot be replicated by any online environment. The opportunity to interact with my classmates from all of the U.S. military branches, DoD civilians, and international partners with whom I share this common experience cannot be overstated. In my small flight of 13, we have an Army EOD nuclear weapons anti-proliferation officer, a civilian intel analyst, a Czech Mi-24 pilot, and a maintenance officer from Burkina Faso. That is in addition to representatives from AF weather, CE, maintenance, space, cyber, acquisitions, RC-135s, and JAG. The opportunity to learn about their career fields and educate them about what we in flight medicine (and the AFMS) can bring to the fight is by far the most rewarding part.

Routinely in our day-to-day jobs as flight surgeons we rely on the relationships that we have built to execute the mission. A phone call across the base, or to the MAJCOM, can make all the difference in getting the mission done, or taking care of your staff and patients. Flight medicine cannot exist as an isolated insular group (I would argue that we understand this well) and neither can the AFMS. At the conclusion of the year I will have 511 classmates with whom I will share a common experience, classmates who will be a call or email away and represent the best of the AF, DoD, and international partners—classmates who actually want to better understand the AFMS.

I do not intend to minimize the academics. We as military physicians have been called to two professions and should spend time developing both. ACSC does not have to mean a year completely away from clinical practice. I was able to get credentials at the medical group, and the balance is mine to strike. The coursework is mentally challenging and interesting. Without a doubt, however, the reason that you want to come to ACSC is the time you will spend commiserating with your classmates over a paper, learning about the challenges Burkina Faso is facing over a beer, or having a flight dinner. I will be a better officer for this experience, which will make me a better military physician. Please, take the time to ask me a few questions and talk it over with your family. ACSC in-residence is a great opportunity, one that AF physicians should take advantage of.

Squadron Officer School

William “JEDI” Timberlake, Capt, USAF, MC, FS
37th BS/SME, Ellsworth AFB, SD

Squadron Officer School was a good and memorable experience for me. I wanted to attend SOS in-residence because I felt that the networking and dedicated time to learning the material would be much more fulfilling than participating via correspondence. I was not disappointed.

I was selected by my bomb wing, which was allotted a set amount of slots for class 18 Alpha. Medical groups can also send providers and have their own slots set aside, but being assigned to a flying squadron I could use a wing spot. The new curriculum extended the class length from 5 to 6 and a half weeks. While this was certainly a challenge for my flight medicine clinic, especially considering it was the summer moving season, the manning was still able to support my attendance. Deconflicting schedules among providers will be the biggest hurdle for those interested in attending courses. My clinic, however, has been able to send three providers in the past year to separate classes, so it is possible. This was my third attempt between two bases trying to go, so if at first you don’t succeed, keep pushing.

The in-residence experience provided for camaraderie, physical and mental challenges, and an opportunity to build bridges with those across the Air Force. SOS is not to “re-blue” oneself; if you are planning on getting out it will not make you want to stay, nor do they try to impose that. Rather, SOS is built to transform tactical thinkers to strategic ones, all while building an understanding of joint warfare and multi-domain operations (let’s just say there’s a lot of emphasis on space and cyber).

Being a provider, it is easy to get lost in the day-to-day shuffle of clinic operations and lose sight of what is really going on in big Air Force and even at your base level. While this is less of an issue with flight medicine, it was refreshing to hang out with non-clinical officers and see what thoughts and experiences they brought to group discussions and problem-solving tasks.

SOS provided a balanced schedule, which allotted enough time for both work and play. With 38 assignments due in 31 days and the 10K physical team challenge at the end of the course, there was always something to work on. However, there was still ample time for flight dinners, canoeing, service projects, and a host of other activities to engage with either flying solo or as a flight.

So should you go? If you want to learn about other careers, work on individual as well as team leadership, learn where the Air Force will be going the next 5-20 years, and hone your critical problem-solving skills along with making new friendships and memories, then I would say it’s a solid yes.
What do you mean by the term “operational medicine”?
Every active duty Air Force physician is an operational physician. However, when we (or Congress, or AF leadership) use the term “operational” medicine, we are specifically referring to direct medical support for the warfighter that takes place outside the four walls of the medical treatment facility. Historically, we have equated that with flight (or aerospace) medicine. But in today’s modern warfare environment, operational is a much more comprehensive and appropriate term. Throughout this article, we will use the terms “operational physician” interchangeably with “flight surgeon (doc).”

What is the mission of OAME?
Our current working vision statement is an operational medicine career field replete with clinically proficient, trusted professionals.

Why the need for all OAME?
Fifty percent of our career field (i.e., ~200) is composed of GMO (General Medical Officer) flight surgeons, whose highest level of clinical training is an internship. Many are tasked with providing clinical support in austere environments and feel inadequately prepared to consistently deliver trusted, quality care. Until recently, there has been no strategy or pipeline to address this obvious need.

How did OAME programs develop?
In 2009, a joint venture was launched between the U.S. Air Force School of Aerospace Medicine (USAFSAM) and Wright State University’s (WSU) Family Medicine (FM) Residency. Known as the RAM-FM, this sequential residency involved completing the Residency in Aerospace Medicine (RAM), followed immediately by the FM phase. In 5 years, a trainee could graduate with an MPH and become board certified in both aerospace and family medicine. The order of training was recently reversed (FM-RAM) to enable those who can secure 6 months of advance credit for prior internship to complete the entire track in 4 years.

However, since three FM-RAM graduates per year falls woefully short in meeting our need, another program was formalized in which future flight docs (5 per year) train at AF FM residencies while following an operational area of concentration, then are assigned to operational flight medicine billets immediately upon graduation.

In 2017, we expanded our specialty offerings to include emergency medicine. The Operational Emergency Medicine program involves residency training in a civilian EM residency, following an operational area of concentration, then graduating to operational medicine assignments (under the purview of the SG Consultant on Aerospace Medicine).

With which civilian programs has USAFSAM affiliated?
In addition to WSU, OAME is building affiliations with Einstein Medical Center (Philadelphia), VCU (Richmond), Ohio State University, St. Louis University, Mercy St. Vincent Medical Center (Toledo), and the Mayo Clinic (Rochester). All of these represent top-tier emergency medicine training programs in level I trauma centers.

How many positions are currently projected for these programs?
Our expectation is that USAFSAM’s OAME programs will grow to over 70 residents in training for emergency, family, and even internal (Ohio State University) medicine.

If these programs are civilian sponsored, why not just have AFIT manage them?
AFIT is not designed to actively manage active duty members engaged in civilian training, but only to coordinate PCS and TDY orders, funding, leave, fitness training, and so on. Our residents will attend orientation at USAFSAM, then follow an operational curriculum that we administer through distance learning and networking. This will include the Aerospace Medicine Primary and other relevant courses, as well as research projects and electives with operational relevance, with the goal of readiness for operational assignment upon day one of graduation.

What are the downsides of OAME?
I can think of very few, and they are primarily extrinsic to the programs themselves. The only exception to that might be the active duty service commitment (ADSC). Because these are civilian-sponsored programs, the service commitment is consecutive, not concurrent. What that means is that the year-for-year service obligation that comes with residency training must be added on to any existing service commitment and “paid back” after that initial commitment is completed. For example, if applicants owe 4 years for HPSP, and then do a 3-year civilian-sponsored residency, they can expect a 7-year ADSC. However, if they were to train in a military residency, that 3-year ADSC from the residency would be paid back concurrently, or at the same time as their HPSP obligation, thereby reducing their service commitment by those 3 years. For that reason, the programs may be more attractive to field candidates, who have already paid back part or all of their medical school ADSC. And indeed, that is who these programs are primarily targeting. Although medical students are welcome to apply to most of these programs, we like to see that our applicants have an understanding and appreciation for the operational environment for which they will be training. If they are coming directly out of medical school, that background may be lacking.

What are the major advantages of OAME programs?
First and foremost, the operational/aerospace medicine community finally has a pipeline for recruiting and training its own clinicians. Secondly, we can now offer this training in three specialties. And finally, by using existing civilian platforms, we are able to secure some of the nation’s best training at a relatively small cost in manpower and resources.

The views expressed in this newsletter are those of the individual authors and do not necessarily reflect the official policy or position of the Air Force, the Department of Defense, or the U.S. Government.
Have you ever thought to yourself, what does it take to be a physician leader in the military healthcare system (MHS) of the future? What does it mean to be a highly reliable organization? How do we improve the quality of our healthcare delivery, guarantee efficiency, focus on improving patient safety, and continually seek innovation, all while maintaining our readiness? For those with their ear to the ground, we know that change is indeed coming, but it is important to remember—with turbulence, comes great opportunity. The question is, will you be prepared?

In an attempt to develop future medical leaders, a Joint Defense Task Force was formed in 1996 to identify core competencies needed to lead in a DoD medical facility. Over several years and following a consensus survey of healthcare management directors and commanders, 40 competencies were identified and used to form the basis for an Executive Skills Core Curriculum. Sponsored by the Uniformed Services University of Health Sciences, a tri-service course known as MedXellence was created to provide this training.

This tuition-free, 5-day course is intended for those individuals (O-4 to O-6 and Civil Service equivalents) who are interested in learning and solidifying the requisite skills needed to lead all levels of the MHS into the future. Participants will hear directly from the experts and leaders who are currently involved in the evolution of the MHS. The material is presented through a combination of in-class lectures, small group educational activities, and workshops involving an interwoven case study. These small groups, kept professionally diverse by intention, allow attendees the opportunity to reflect on current issues encountered by medical executives, integrate what they have just learned, and exchange new and innovative ideas.

For those who are motivated and willing to be open minded, this course presents a cornucopia of opportunities. Honestly, we both went into this course initially skeptical about what we could learn. We accomplished the pre-reading and felt that it was going to be another week of catch-phrases and gimmicky programs that we have come to expect during our careers. However, we both made a conscious effort to keep an open mind and be active participants during the course. With that attitude, the course took what we already knew about the Air Force and MHS and compounded our understanding.

It was inspiring to work through problems at the clinic level, through the med group level, and then beyond as a healthcare team. Finding potential solutions as a team of multi-service and multi-specialty individuals was inspiring. (Note that we both were the only physicians in our groups — along with a nurse, pharmacist, two additional BSCs, and two MSCs from all three services.) We worked through change management and tool utilization in a dynamic environment with resource constraints. We learned together critic appraisal of programs and accepting failures as launching points for further learning and growth. We found greater understanding of the programs already in place and how to leverage those tools and resources to achieve success in our organizations. Throughout this team building and executive level work, we received high-quality instruction in leadership skill development, change management techniques, proper understanding and utilization of metrics in goal accomplishment (i.e., to serve you rather than being a task master), governance, and much, much more. Of all that we have done over the last few years to improve our abilities and understanding of the MHS, this course was truly a capstone.

In summary, change can be difficult. Some may look at our current state of healthcare delivery and point out that we are already doing a pretty good job, but our future requires us to do even better. We need to be leaders of Air Force healthcare and begin translating the turbulence—that we all feel—into greater perspective and understanding. It’s going to require a change in our thought processes and our work culture, and it’s going to require new leaders ready and prepared to shape the environment. With an open mind and a ready attitude, this course will do just that.

For more information, including dates and how to apply, please visit https://www.usuhs.edu/pmb/hsa-medxellence.
“The Argentina field mission is cancelled…I need to know where you want to go – Honduras or Tanzania,” said the Military Tropical Medicine (MTM) course director to the (now former) Argentina field mission team. It was 1600L on Friday, at the end of the first week of the MTM course. Thus began the journey to one of my best TDY experiences ever, culminating in 2 weeks of MTM field training in Tanzania. It was also the first “rule of thumb” for MTM – stay flexible! I had packed for winter in South America, and instead was going to summer in East Africa. After a whirlwind few weeks getting anti-malarials and some lighter clothes, obtaining a new visa, and learning to say thank you in Swahili (“Asante!”), I was part of a 10-member team flying to Africa.

MTM is a 6-week course taught annually in the July-August timeframe: 4 academic weeks (including didactics, laboratory, and clinical simulation work) in Bethesda, MD, followed by 2 weeks at an overseas location to apply your newly gained classroom knowledge. If needed, there is an option to delay the 2-week field mission up to 3 years after finishing the academics. For 2017, the teams went to Honduras, Peru, Liberia, Tanzania, or Ghana. This year was the inaugural field mission to Tanzania, so there was a lot to do and learn in the process. We traveled to multiple locations within the country, including, among others, Dar Es Salaam, Zanzibar, and Pemba. Our team lead was a U.S. Navy flight surgeon and infectious diseases physician who specializes in HIV—a perfect fit for our location. As any flight surgeon who has deployed knows (or quickly learns), a strong foundation in infectious disease and tropical medicine is critical to successfully keeping your flyers healthy and in the fight.

Historically, relatively experienced docs attended MTM, such as primary care providers, ID fellows, and pathologists. However, the 2017 class had all levels of medical professionals with different experience levels, ranging from an enlisted Navy corpsman, medical students, GMOs (both non-flight surgeons and flight surgeons), and family medicine and other primary care residents, in addition to RAMs from the three services, other board-certified physicians, and foreign national medical professionals. Which brings me to my second rule of thumb – everyone on the team brings something valuable to the table. I learned just as much (if not more) from my friends and classmates as I did from the formal presentations and lab work.

Although for some it can be arduous returning to student mode and sitting through 4 weeks of formal lecture, the overwhelming majority of us viewed it as a privilege to be able to attend the course taught by world-class experts in their field, and given the time to focus on one thing – learning. No doubt, traveling can be tough (especially when your bags get searched and unpacked at literally every airport security checkpoint, or you get attacked by a vicious horde of tsetse flies – they CAN bite through clothing!), but those experiences can be rather amusing, if not for me, then at least for the other folks on my team (okay, I was laughing, too). Finally, my third rule of thumb – have fun!

But the absolute best part of the trip was meeting and working with our international partners in global health. Seeing how they achieve maximum positive impact on public health at both the individual and community levels with (literally) minimal resources is humbling and inspiring. There is no substitute for real-world experience and building those relationships for future global health engagement. So smile and enjoy – and get yourself to MTM!

Asante, Tanzania! Military Tropical Medicine 2017

Elizabeth Casstevens, Lt Col, USAF, MC, FS
2018 Resident in Aerospace Medicine

Lt Col (Dr.) Mike Frayser shares a moment with students at the Kigongo Elementary School, Mwanza, Tanzania. The school is a mobile lab testing site as part of Tanzania’s National Institute of Medical Research (NIMR) Mwanza’s schistosomiasis surveillance and eradication program. Photo: Capt (Dr.) Brian Guzzetti, Family Medicine Resident, Eglin AFB.

The views expressed in this newsletter are those of the individual authors and do not necessarily reflect the official policy or position of the Air Force, the Department of Defense, or the U.S. Government.
Lt Col (Dr.) Ric Speakman searches for Biomphalaria spp. snails in a sample from Lake Victoria’s shores in Kigongo. The snails are the molluscum intermediate host for Schistosoma trematodes. Photo: Lt Col (Dr.) Elizabeth Casstevens.

The author (foreground) and CDR Rob Carpenter, Internal Medicine/Infectious Diseases, Naval Aerospace Medical Institute, team lead for the Tanzania field mission, examine slides at NIMR Tabora Medical Research Center for Trypanosoma, the parasite that causes human African trypanosomiasis. Photo courtesy of Lt Col (Dr.) Elizabeth Casstevens.
Advanced Clinical Concepts in Aeromedical Evacuation

Paul Vu, Maj, USAF, MC, FS
RAM-19

The U.S. Air Force School of Aerospace Medicine (USAFSAM) is internationally renowned for aerospace medical education. Courses at USAFSAM bring together aerospace professionals from all over. Airmen, sister service warriors, and international colleagues come to USAFSAM to broaden their medical knowledge and sharpen their patient care skills. Some popular courses include Aerospace Medicine Primary, Critical Care Air Transport Team (CCATT), Global Medicine, and Advanced Clinical Concepts in Aeromedical Evacuation (ACCAE). I recently had the privilege to attend ACCAE and met some wonderful flight surgeons from diverse areas of expertise and background. As flight surgeons, we play an important role in aeromedical evacuation (AE). Whether it’s flying someone home for a medical evaluation board or transporting a critically injured special operator on a ventilator, flight surgeons serve as the aeromedical experts charged with ensuring patient safety during flight.

The USAF does AE well. It often goes so seamlessly that unless you’re doing it, you’re not giving it much thought. To better prepare flight surgeons, especially those who will be clearing or validating flight surgeons, ACCAE is a 5-day advanced seminar that dives into the details of AE.

Attendees included active duty Air Force, Air National Guard, and Navy RAMs. We had specialists representing Family Medicine, Sports Medicine, Infectious Diseases, and Nuclear Medicine. There was also a strong representation from GMO flight docs. Combined operational experience was broad and contributed unique perspectives that allowed for enriching and entertaining discussions. Did you know that military working dogs had rank and can be a calming influence during AE missions? What about the risk of trazadone having a 1/10000 chance of causing priapism (potentially painful medical condition)? These topics organically grew from the dynamic of the group and further spiced the lesson plan.

The course director, Lt Col (Dr.) Greg Malone, has thoughtfully created a lesson plan that brings in current and past experts from the field. Want to know the latest evidence for cabin altitude restrictions? The expert, retired USAF Col (Dr.) William Butler, was on hand to present data that haven’t even been published yet. What are the primary responsibilities of a validating vs. clearing flight surgeon? The expert, Maj (Dr.) Hyrum Bronson from TPMRC-East, flew in from Germany to share his perspectives and real-world experience. Experienced AE nurses were on hand to walk us through their patient safety priorities. We watched AE nurses and technicians practicing patient movement and loading into C-17 and C-130 platforms. All of this instruction was further solidified by listening in to a live Joint Trauma System conference that summarized the previous week’s traumas in theater. We heard from point-of-injury medics, forward-deployed surgeons, CCATT, and CONUS surgeons who all played a critical role in caring for the patient. Safely transporting critically ill patients is a huge job with many moving parts. The flight surgeon is the oil that keeps this machine purring.

For patient transport and aircrew safety, this is an invaluable course. Further information can be found on the Air Force Medical Service Knowledge Exchange under Aerospace Medicine Education ACCAE.