Medici Cohortum

August 2015

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Did You Know?

30 of 43 United States Presidents have served in the military. (Washington and Eisenhower are the only ones to receive the rank of 5-star general)

MATCHED!

(An interview with a military match survivor)

1) **What was your rank list?** 1-Darnall AMC, 2-San Antonio MMC, 3-Georgia Regents University (civilian sponsored) 4-Madigan AMC, 5-Transitional Year at Tripler AMC

2) **Did you think about doing a civilian deferment?** I was never thinking of doing a civilian deferment for multiple reasons. The main reason was that I did not want to go from training for emergency care in a civilian setting and then get deployed after residency without a military medicine background. If I did not match I planned to do a transitional year in Hawaii and then reapply to EM.

3) **Did you take both COMLEX and USMLE?** I took only COMLEX because I had emailed all the EM Army PDs who confirmed that COMLEX was the only exam they cared about.

4) **What was your schedule like during 4th year before match?** Army EM has 4 possible residency locations. Based off location alone, I knew I did not want to end up at Madigan (which is a very sought after EM location anyway). So, I decided to take my Level 2 exam during my first 4th year rotation (outpatient IM) so that I would have enough time to audition for 1 month in each of the other Army EM bases before the application deadline. Basically: June/July (Outpatient IM, Level II), July/August (EM audition rotation at Georgia Regents University), August/September (EM audition rotation at Darnall AMC), September/October (EM audition rotation at SAMMC), October (application deadline)

5) **What was asked at interviews? Was anything unexpectedly important?** For the most part interviews were very laid back. In Georgia I was asked to lunch by the PD and later I found out that informal lunch was sufficient enough for an interview. At Darnall you meet for 45 minutes with 5 faculty members including the PD and APD. At SAMMC you have a VERY quick 10-15 minutes in 3 rooms with 1 of them containing only the PD. Questions were along the lines of "Why did you choose EM?, Why here?, Where do you see yourself in 10 years?". One of the audition bases asked very obscure questions such as: "Which super power would you have?" These are questions you can't study for. Even if they frustrate you, just breathe and realize they are seeing how you handle stress.

6) **What do you feel made you a competitive applicant?** I feel I was competitive because of my prior Master's degree, research with published papers, positions on national executive boards, and most importantly my personality. You have to realize that at least in EM everyone will have basically the same GPA, the same test scores, and the same extracurricular activities. You need to make yourself stand out. I did this by actually getting to know the residents, going to outings, treating everyone (including nurses) with respect, and working hard on every shift. Programs want someone they can put up with and work with for 3 years. If you have a good personality and work ethic they will pick up on it.

7) **What do you wish you had known before 3rd year? 4th year?** Before I went into 3rd year I wish I had better control over my ADT selection. Make sure you have all the right contact information for each locations' GME office AS WELL AS THE DEPARTMENT YOU WANT TO ROTATE WITH. In the Army people are always moving/leaving/deploying so often it is not communicated with GMEs that someone they are emailing no longer works there.

8) **What advice do you have for getting your first choice?** My advice is that as soon as you know what your #1 ranked choice is, tell that residency. Tell them and their PD. Tell their residents as well. Don't be annoying about it but let them know you are committed to their program if they take you. Then, after the October 15 deadline, let a couple weeks go by and contact the PD at your #1 rank to see if they can tell you where you stand on their rank list. I don't think they are allowed to tell you exactly where you rank on their list but they'll be honest about whether or not you made the cut (pending the Surgeon General's seal of approval). This is valuable information because--little known fact--you can write to the OTSG and ask to amend your rank list by November 1. I don't think you can amend anything else in your application but you can amend the rank list if you need to after a conversation with a PD.

A Quick Note: Enlisted Ranks of the Army

Insignia	Rank	Designation
	Private (PVT)	E-1
	Private (PVT2)	E-2
	Private-First Class (PFC)	E-3
	Specialist (SPC)	E-4
	Corporal (CPL)	E-4
	Sergeant (SGT)	E-5
	Staff Sergeant (SSG)	E-6
	Sergeant First Class (SFC)	E-7
	Master Sergeant (MSG)	E-8
	First Sergeant (1SG)	E-8
	Sergeant Major (SGM)	E-9
	Command Sgt Major (CSM)	E-9
	Sergeant Major of the Army	E-9

So how do I address them?

Private: E1-3
Specialist: E4
Corporal: E5
Sergeant: E6-9

The Fight to Serve

by Katherine Dittman

The history of the United States Military and osteopathic physicians is complicated. Until 1967, there were no osteopathic physicians in any branch of the armed forces. Many issues prevented osteopathic doctors from serving as medical officers. DOs did not have practice rights in all states at the time, and were not able to perform surgery in many of the states. As a whole, the schools were not as well organized, and the curriculum was not standardized throughout the different schools.

However, the AOA had the support of Teddy Roosevelt and others in the War Department. The War Department determined that osteopathic graduates could be commissioned as medical officers as long as they were licensed in their states and passed a national examination, but the Army refused to comply with these recommendations. Dr. William C. Gorgas, the Surgeon General at the time, "threatened the Government with a war service boycott (of medical professionals) if osteopaths were admitted to the Medical Corps." This bias against osteopathic physicians and schools kept them out of the armed forces, but helped the osteopathic profession in a different way.

At home during WWI, a new crisis arose. The Spanish Influenza epidemic hit the United States, and with many MDs serving the military overseas, it gave an opportunity to DOs to expand their patient population. Studies showed that DOs were more effective at treating influenza patients than MDs because of their whole person treatment, and this boosted the image of the DOs throughout the country. This, coupled with improvements in curriculum, graduation education, and entrance requirements, brought DOs to a more equal footing with MDs by the advent of the Second World War.

The AOA again began lobbying for rights to be medical officers and this time, they were on more even ground. Before WWI, the standards for attending MD and DO schools were very different, with DO schools only requiring a high school diploma and MDs at least some college classes. The time spent in the classroom had also differed, but now, in the 1940's, osteopathic colleges had increased admission and graduation standards to similar standards held by allopathic medical schools. Although FDR signed two separate appropriations bills, stating that graduates of osteopathic medical schools could be commissioned as medical officers, the Army and the Navy refused to admit them.
Once again, the exodus of allopathic doctors left a hole to be filled by osteopathic physicians. Many physicians returned from WWII to see that they had lost their patients to osteopathic physicians who had been forced to stay behind. This helped turn the tide towards the acceptance of the AOA. The AMA and the AOA began working together instead of against each other, and the idea of osteopathic physicians as "cultists" disappeared from the vernacular.

After WWII, the "Doctor Draft" continued to take allopathic physicians away from their practice, but still, there was no drafting of DOs. This became more an issue with the entrance of the US into the Vietnam War. While many MDs did not want to go to war, some DOs did. This unpopular war was the catalyst for allowing DOs to commission as medical officers. Although the government had been recommending that DOs be military physicians since 1917, the Surgeon Generals of the Military had been able to ignore these recommendations. With so many MDs being drafted grudgingly for at least 2 years of military service, and vocal DOs wishing to serve, they finally heeded the recommendations of presidents over the last 50 years.

Dr. Ronald Blanck was the first DO to serve as the Surgeon General of the Army from 1996-2000.

Since 1967, thousands of osteopathic physicians have served as military physicians. One of the first was Thomas Quinn, who commissioned in the Navy. From the beginning, DOs served alongside MD's with no problems or prejudices. Dr. Quinn wrote that, "It only took days for the word to spread that there was a new physician at the clinic who used manipulation and I quickly became so busy that I had to restrict the number of OMT treatments, so I would have time to treat medical patients." He noted that he never felt a bias as a practitioner, and only once felt that there was a comparison between the two degrees, when he and a MD were up for the same position as State Surgeon of the National Guard in Pennsylvania. Bias in the military against DOs seems to be a result of a few men with power that held outdated views or did not realize the benefit that our troops would see from osteopathic physicians.

After two world wars and over fifty years of being denied entrance into the military as physicians, DOs were granted the right to enter the armed services and use their skills and knowledge to help their fellow soldiers. Since Vietnam, the biases against DOs have disappeared and a new appreciation for the skills osteopathic physicians learn and practice has developed. Moving forward, as the number of DOs grows in the country; their contribution to the military will grow as well.

Intern's Insight

AMOPs 2015 Conference attendees look at (rather skeptically) a cut suit from Strategic Operations in California.

OB/GYN –Air Force

1) **What was your match/interview process like -why did you choose your facility and where was it on your rank list?**

SAMMC was first on my rank list. I rotated here and at Portsmouth Medical Center. I picked here because I believe that we have the best surgical training in the DOD.We do put a lot of weight into how people perform and fit in during their interview rotation however you do not have to rotate here. Communicating with people, showing interest, and having a good application can also get you very far.

2) **How is intern year so far -are there any unexpected challenges that have come up? Is there anything that is unexpectedly easier that you thought? Are you happy with your choice so far?**

We are down a few residents currently, which has made the call burden a little heavier, this is pretty much the only unexpected thing. We also have had some staff turnover, however this is the military life that does occur in other military programs as well. Otherwise the challenging nature of the program is something I desired to be best doctor I can be.

3) **Did you always know you wanted to be the specialty you chose?**

Definitely not, I was ER all the way until my 2nd day on PB which was my 2nd rotation of 3rd year. Fell in love. Gen surg also interested me but I felt the well-rounded nature of OB/Gyn fit me better and I LOVE LOVE LOVE delivering babies. You just absolutely need to make sure you want to be a surgeon as that aspect is heavy in our field and not everyone is prepared for that.

4) **Unfortunately, I am not able to rotate there -what advice would you have for someone who cannot rotate but wants to interview.**

As stated before just keep in contact and let us know you're interested, we as residents can speak up for you. Get good letters of recommendations from OB/GYNs. Also if you can make the Armed Forces District meeting in VA (at Portsmouth) in Oct as a medical student I highly recommend that. I went when I was a fourth year and got to know residents as well as face interviewed with all four programs.

5) **Now that you're there, are there other things that that are important for me to learn about while interviewing/rotating?**

How are their numbers - are they getting enough surgical experience, especially gyn/onc. Also about how their academics are structured and pass rates on board exams for graduating chiefs over the past few years. I definitely believe that these are the most important things. You will most likely get along with some people and not others and have to learn to work with everyone. I also think that spending time with a program allows you to see whether or not people get along.

Non-ADTs: Lessons Learned by Heather Jinks

Being on Army HPSP and not having a military background I wondered how I would fare during my audition rotations. At my officer training during the summer between 1st and 2nd years, I basically learned that I would have a lot of catching up to do in order to fit in with the military culture. Therefore, I decided it would be in my best interest to do a non-ADT rotation at an Army hospital that didn't offer any residencies but one where I would feel comfortable getting my feet wet with the whole culture thing.

I rotated through Pediatrics at Ft. Carson's Evan's Army Medical Center in Colorado Springs, CO. I am thankful for that rotation because heading into my ADT rotations I now feel more comfortable with how to address patients, civilians, superiors and everyone else. Additionally I had to complete training that is necessary for all other rotations (eg. military-specific HIPAA and Cyber Awareness training) as well with the hospital-based ESSENTRIS and clinic AHLTA and CHCS EMR systems.

I highly recommend rotating through a military installation during 3rd year especially if you are not from a military background –it will help with culture integration and your overall confidence.

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Advice From a Program Director:

In regards to a transitional year: if someone doesn't match, do you recommend completing the TY at the place where they might want to be for residency the next year? In general that doesn't matter as much as it matters that I should consider matching back into an "R1" spot meaning, the first year of residency as opposed to matching into an R2 after the TY. The reason he said to match back into an R1 is because the people who match into R2 after TY really struggle compared to their peers and it is difficult to catch up to them by the time they graduate

A Message From the AMOPS President

Greetings all incoming/returning military medical students and PGYs! Welcome to the halls of military medicine. The excitement continues. Operation Enduring Freedom (OEF) has now ended and NATO's effort remains with Operation Resolute Support. Operation Freedom's Sentinel is now the charge of our nation's military. Within this mission, military medical support at all echelons is embedded. Today the execution of that mission lies with those in an active role of military service. Tomorrow, the mission is yours.

Your national organization, Association of Military Osteopathic Physicians and Surgeons (AMOPS), continues to advocate for military medicine while providing you a depth of understanding of the processing from didactics to practicing military attending. Whether you are eventually assigned in either a clinical, research, or operational track, we at AMOPS want to ensure that transition is seamless. We want you feeling the confidence needed to engage a medical mission of worldwide relevance.

This year we have pushed the envelope to "Increase the pride while increasing our stride". We have already made site visits to A.T. Still University, DeMoines Osteopathic, and LECOM Bradenton. On the chalk line is KyCOM at Pikesville, OUCOM, WVSOM, and CUSOM. We have met with college staff, faculty, and leadership to address any wrinkles in the process. Always we have been the ambassadors promoting the uniqueness of military medicine both in the schooling as well as in the final end point in direct service for our nation.

I challenge you to stay stalwart in your phase of study. Your place in the history of our nation is being held for you in assignment locations near and far. For you is held that distinct privilege to go where nobody wants to go, to do what nobody wants to do, at a time nobody wants to do it, under conditions few can endure. Inasmuch you will execute our military medical mission with noteworthy success as appreciated by a grateful nation.

Medics on Point!

Benjamin Hill, D.O., LTC MC

President, AMOPS

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If you have a great story relevant to SAMOPS or HPSP and want to share it or an idea for a future article, please email me at kdittman@atsu.edu