

## U.S. ARMY MEDICAL DEPARTMENT TRAINING ACTIVITIES

BY

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MEDICAL Department training in the U.S. Army today presents, at first glance, a rather complex picture. This complexity developed during World War II with the need for more and more specialized personnel to support the modern Army. From the comparatively simple training structure of pre-war years there has been developed a system of education and training for military medical personnel which reaches into almost every Medical Department activity.

Medical Department training—like all military training—is divided into two phases. The first is *individual* training, where personnel receive the neces-



sary basic and technical training to enable them to function as parts of the medical team, and the second is *unit* training, where the individuals learn to operate as part of a medical unit of the Army.

This article will not attempt to cover all phases of medical training in the U.S. Army. Some training activities have been discussed in the article on Career Management. Articles to follow will cover the Medical Field Service School and Field Training of Medical Units. This article, then, will deal only with the *individual* training of Medical Department personnel, and will attempt to give a general picture of the many educational activities aimed at increasing the professional and technical efficiency of the individuals who make up the medical team.

Education and training for Medical Department personnel has three objectives. The first is to maintain the highest possible level of health in the Army, to be achieved by supplying adequate personnel who are qualified according to the best possible standards. The second is to provide continuous opportunities whereby all Medical Department personnel may increase both their theoretical and their practical knowledge. The third objective is to establish a cadre of qualified instructors in all fields of Medical Department activity who can perform the dual job of educating personnel for normal Army requirements, and of training reserve personnel who can be rapidly mobilized in the event of a national emergency.

The constant operation of a varied but well-integrated training program is necessary to accomplish these objectives. The Keystone of this program is the U.S. Army Medical Field Service School at Fort Sam Houston, Texas. Here are conducted the Basic and Advanced Courses for Medical Department officers of all Corps. Here, also are conducted the technicians' courses for enlisted men, the Warrant Officers' Preparatory Course, and many other courses for officer and enlisted personnel. In all, more than thirty separate courses are conducted at the Medical Field Service School.

In addition to the Medical Field Service School, much education and research is carried out at all Army hospitals throughout the country and overseas. In selected cases, Army instruction is supplemented by education in civilian institutions.

Education and training are conducted according to the needs of each individual Corps within the Medical Department. Some of the programs now in operation which characterize the training structure are summarized below:

*Enlisted Personnel.*—The enlisted personnel of the Medical Department had their forerunners in a small group of hospital stewards, designated by the Army in 1856 "not to exceed one for each military post, the said hospital stewards to be mustered and paid on hospital master rolls, as non-commissioned staff officers, with the rank, pay, and emoluments of a sergeant of ordnance, and to be permanently attached to the medical and hospital department, under such regulations as shall be prescribed by the Secretary of War."

In 1887 the "Hospital Corps" was established and permanently attached to

the Medical Department. Three years later it entered its first military engagement, evacuating troops suffering Indian tomahawk wounds at the Battle of Wounded Knee Creek on the plains of South Dakota.

At the beginning of World War I, 6,619 enlisted men were on duty in the Army Medical Department; and at the peak of that war, approximately 281,000. At the peak of World War II, there were 586,000. The enlisted force of the Medical Department now is recruited at the rate of 5½ for each 1,000 authorized strength of the Regular Army. Where the Act of 1887 provided for only three classifications, twenty-nine technical specialties now are included, covering a wide variety of skills of which electro-encephalographers, dental assistants, meat and dairy hygienists, medical equipment repairmen, orthopedic mechanics, and psychiatric technicians are only a few.

To facilitate training and promotion, the Army Medical Department recently approved a streamlined career program for enlisted personnel. Candidates for this program are carefully screened, with full consideration given to the recruit's choice of work, as well as to his aptitudes. Training of these enlisted specialists is conducted at the Medical Field Service School and at a few other medical installations. Standards are high and training is thorough. Formal training is supplemented by continuous on-the-job training throughout the soldiers' career.

*Officer Personnel.*—The growing emphasis on specialization and the increasing complexity of modern military medicine is well illustrated by a simple enumeration of the various officer Corps of the U.S. Army Medical Department. These now consist of the Medical Corps, Dental Corps, Veterinary Corps, Army Nurse Corps, Women's Medical Specialist Corps, and Medical Service Corps. Following is a brief description of the education and training activities within each of these Corps.

*Medical Corps.*—It was with a full appreciation of the necessity for technical preparedness that, at the end of World War II, the Surgeon-General inaugurated a long-range programme of professional education for Army doctors. Certain sound considerations motivated this program. First, there was the military requirement for a Corps of professionally qualified Regular Army officers who would be fully capable of serving as a firm framework around which a rapidly expanded medical service could be built in time of mobilization. Next was the shortage of personnel. The post-war Army was almost five times pre-war strength, yet in 1946 there remained in the Regular Army Medical Corps only about half the number of officers as before the war. These men were well qualified in the military aspects of medical practice by virtue of their tactical and administrative assignments, but they had been unable to keep abreast of professional advances.

Thirdly, the principle of career planning was accepted in military personnel management and made it imperative that there be available to young officers of the Medical Corps a progressive and definite system of professional education and advancement by which they could forecast and carry out a balanced, satisfying career in military medicine.

The educational program which has been evolved from these requirements can be broken down into three main categories. These are: the *internship* program, the *residency* program, and *civilian institution training*.

*The Military Internship Program* is traditionally the most effective single instrument for obtaining Regular Army Medical Corps officers in the grade of First Lieutenant. Experience has shown that most of the participants in the internship program elect to remain in the Regular Army. In operation, selected medical school graduates are offered a one-year rotating internship in one of the Army general hospitals. During the year of internship, the individual is on active duty receiving the pay and allowances of a First Lieutenant, Medical Corps Reserve. Upon completion of the eight months' internship, the individual is eligible to apply for a commission in the Regular Army, which he can accept at the end of his internship year.

Military internship in Army hospitals was started again in 1947 with 25 medical school graduates entering training. At the present time, approximately 250 interns are selected each year. In addition to the military internships, a smaller scale programme of so-called "Civilian Internships" is operated by the U.S. Army. In this programme, the intern takes his training in a civilian hospital of his own choice, but during the intern year he is actually on active duty as a First Lieutenant, Medical Corps Reserve. At the end of the year, he goes to duty at an Army installation and must serve two years of compensatory service for the year of internship.

*The Residency Program.*—The residency program for training Medical Corps officers in the various medical professional specialities is a new program in the U.S. Army. The program was started in 1946 at several Army general hospitals. In this program, Medical Corps officers are offered residency training of from one to four years in one of 17 approved specialty programs. These programs range from anesthesiology to urology, all being inspected and approved by the Council on Medical Education and Hospitals of the American Medical Association, the American College of Surgeons and the various American Specialty Boards concerned.

Officers are selected for the residency program on the basis of individual interest and aptitude. Training is thorough and rigidly controlled to meet the requirements of the Army. Since its inception, over 600 Medical Corps officers have received residency type training in military hospitals. The residency program has proved very successful. It has stimulated a new interest in professional advancement among the older officers of the Regular Army. It has provided an incentive for the younger officers and has opened up challenging career fields for officers newly commissioned in the Medical Corps. In addition, the program has had a measurable effect in increasing the professional standards of the hospitals engaged in the training.

*Civilian Institution Training.*—Training in the Medical Department schools and in the various Army medical installations is not always adequate to fulfil all the requirements of the Army. This training is therefore supplemented by



use of civilian educational institutions for training of selected personnel. An example of the type of civilian education utilized by the Medical Department is Public Health. Each year a selected number of Medical Corps officers are sent to civilian medical colleges to take graduate work in the field of Public Health. This is done because it would be impracticable for the Army to offer a course of this length and nature for the small number of full-time officers required in this specialized field.

*Medical Service Corps.*—The relatively new Medical Service Corps provides commissioned officers in four broad fields. These are:

- (1) Pharmacy, Supply and Administration.
- (2) Sanitary Engineering.
- (3) Optometry.
- (4) Medical Allied Sciences.

A well-defined educational program is in operation for these officers—both military-wise and specialty-wise. The educational planning for the entire Corps is constantly expanding to meet the needs of the Service.

Officers in the fields listed above obtain their training primarily in civilian institutions prior to being commissioned. At the present time practically all officers being commissioned in the Medical Service Corps of the Regular Army are required to have at least a baccalaureate degree in their specialty field from a recognized school. Graduate training in civilian institutions is provided for a limited number of this Corps in Pharmacy, Medical Allied Sciences, Sanitary Engineering, and in various phases of administration, including hospital business, personnel and supply administration. In-service training is provided in supply procedure, medical equipment maintenance, and hospital administration.

In 1947 a Hospital Administration career pattern was developed for Army Medical Department officers. Because of the shortage of Medical Corps officers, an ever-increasing number of administrative positions were open to the members of the Medical Service Corps. To meet the immediate resultant need for training, a twelve-week course of instruction was established at the Medical Field Service School. That represented the first step toward formalized hospital administrative education. After two classes, the course was lengthened to twenty weeks and planning was started on a long course which would compare favorably with the university courses in civilian institutions. The last class of the twenty-week course graduated in December 1949. A total of 63 Medical Service Corps officers have been trained since its inception. In September 1950 the first ten-month course will be inaugurated at the Medical Field Service School. This course of instruction reflects the latest in hospital management and the new administrative structure of Army hospitals and it is as soundly conceived an educational program as can possibly be developed.

*Dental Corps.*—Following the cessation of hostilities, an expanded dental training program was formulated. Two courses are mandatory: the Basic and Advanced Branch Courses. Selected officers attend a course in advanced

dentistry. Outstanding qualified officers may attend the Command and General Staff School, Armed Forces Staff College, National War College, and Industrial College of the Armed Forces depending on quotas available to the Surgeon-General.

Opportunities for instruction in civilian institutions are afforded on a limited scale. Instruction is offered in recognised clinics, institutes, research laboratories and foundations to qualified personnel on the basis of the needs of the Corps. Dental internships in Army general hospitals are offered to selected graduates of dental schools on the same basis as medical internships described above.

*Veterinary Corps.*—This Corps performs a dual task: Chiefly food technology and to a small but important degree the care and treatment of animals. Recent developments in both fields have necessitated the formulation and implementation of a comprehensive training plan to be carried out both in Army schools and in civilian institutions. Following the mandatory Basic Branch Course, which is succeeded by further instruction at the Medical Department Meat and Dairy Hygiene School, veterinary personnel are given a 2-phase Advanced Branch Course. All officers take the four-month tactical and administrative phase: selected officers will pursue the professional phase in Advanced Veterinary Medicine, Laboratory Medicine or Preventive Medicine given at the Army Medical Department Research and Graduate School. In addition, a small group will be trained in the Quarter-master Subsistence Course at the Foods and Container Institute for the Armed Forces in Chicago.

*Women's Medical Specialist Corps.*—Created by Congressional action on April 16, 1947, this Corps comprises Dietitians, Occupational Therapists and Physical Therapists. Completion of the eight weeks' Basic Training Course is required of all officers who have had no previous military service. On completion of several years of satisfactory experience, officers in the Women's Medical Specialist Corps Regular Army may apply for further training. Dietitians are offered courses leading to an advanced degree in Institution Management, Personnel Administration, and Nutrition. Physical Therapists and Occupational Therapists may apply for post-graduate professional training leading to an advanced degree in their specialty.

One-year training courses and advanced instructions up to nine months in Dietetics and in Physical Therapy are currently given at Brooke General Hospital and the Medical Field Service School. These courses are available to Reserve Officers who have expressed a desire to accept a Regular Army commission. Apprenticeships in Occupational Therapy, lasting from three to twelve months, are offered by the Medical Department. Beginning in 1950, the Medical Department conducts a ten-month internship in Occupational Therapy. Applicants selected for this internship will be tendered Reserve commissions. Following the completion of a two-month basic training course, they will be assigned to designated Army general hospitals for further experience, after which they will be expected to apply for commissions in the Regular Army.

*Army Nurse Corps.*—A comprehensive educational programme has recently

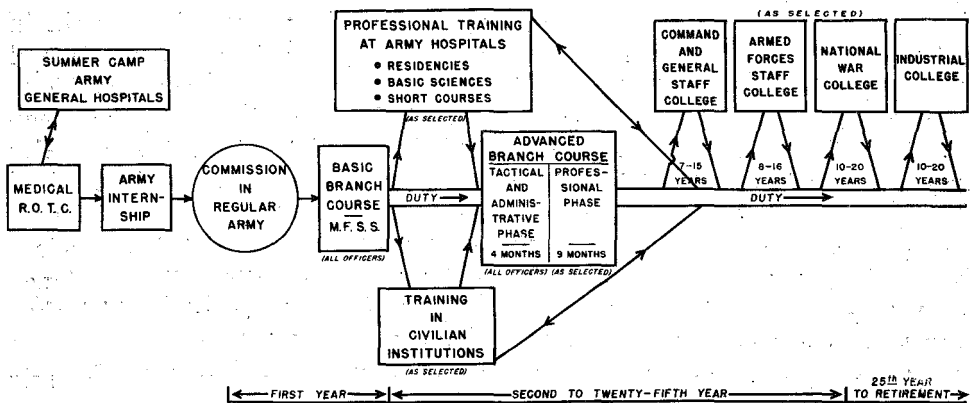
been established to meet the growing progress in the improvement of nursing care. Five main categories of training are offered: eight weeks' required Basic Training at the Medical Field Service School, Hospital and Nursing Administration, and three specialties; Operating Room Technique and Management, Anesthesiology, and Psychiatric Nursing. Training in Administration is offered in both military and civilian schools, and is designed to qualify the officer for a key position in teaching, supervision, or administration. The six-month course in Operating Room Technique and Management is given at selected Army hospitals. A six-month course in psychiatric nursing is offered at the Medical Field Service School. In addition, a five-month course in neuropsychiatric nursing, similar to the one conducted at Brooke Army Medical Center, and accommodating 25 students, is given twice a year at St. Elizabeth's Hospital, Washington, D.C.

Courses in anesthesiology lasting thirteen months are provided in four Army general hospitals. Approximately 24 nurses can be trained annually, and those completing the course satisfactorily qualify for examination by the American Association of Nurse Anesthetists.

#### SUMMARY

World War II gave us splendid experience upon which to develop a training program best suited to mobilization requirements. With the use of the individual training as mentioned above, and that which was conducted at our nine Medical Replacement Training Centers along with the establishment of a Medical Unit Training Center at the same locality, it was possible to have medical units organize and participate in preactivation training to try out individually trained personnel. Then the units could obtain individual replacements from the Replacement Centers before unit training and final training inspection and shipment overseas. The proximity of individual and unit training areas, the provision of early unit training cadres, the assignment of unit command and administrative personnel prior to activation, and the final com-

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plete assignment of the remaining technical, administrative, and professional personnel upon the date of activation made it possible to have ideally trained medical units with a near-by source of trained medical personnel to meet last-minute needs of the respective unit.

Individual training and unit training together make up the team needed in time of war and we feel that we can quickly gear to preactivation type training for medical units if and whenever the need so indicates.

The structure of education and training of Medical Department personnel has been presented by giving a brief description of the training offered the various categories of personnel who make up the Medical Department. Unit training and field training will be made the subject of a subsequent article.