



Operational Graduate Medicine Education A New Flight Surgeon Pipeline

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Disclosure Information

Dr. Paul T. DeFlorio, MD, MPH, FACEP

- I have no financial relationships to disclose.
- I will not discuss off-label use and/or investigational use in my presentation.
- The views expressed are those of the author and do not necessarily reflect the official policy or position of the Air Force, the Department of Defense, or the U.S. Government.

Objectives

- Review USAF flight medicine staffing
- Brief OGME
- Discuss longevity and clinical competency of US flight surgeons (FSs)
- Invite discussion; how do other components do this?

The Problem

- Flight Medicine is chronically undermanned
 - ~140 unfilled billets
- Flight Medicine is chronically undertrained
 - ~25% (~125) General Medical Officers (GMO/FS)
 - Residency-trained FSs struggle to maintain primary specialty skills
 - Family medicine
 - Emergency medicine
 - Internal medicine

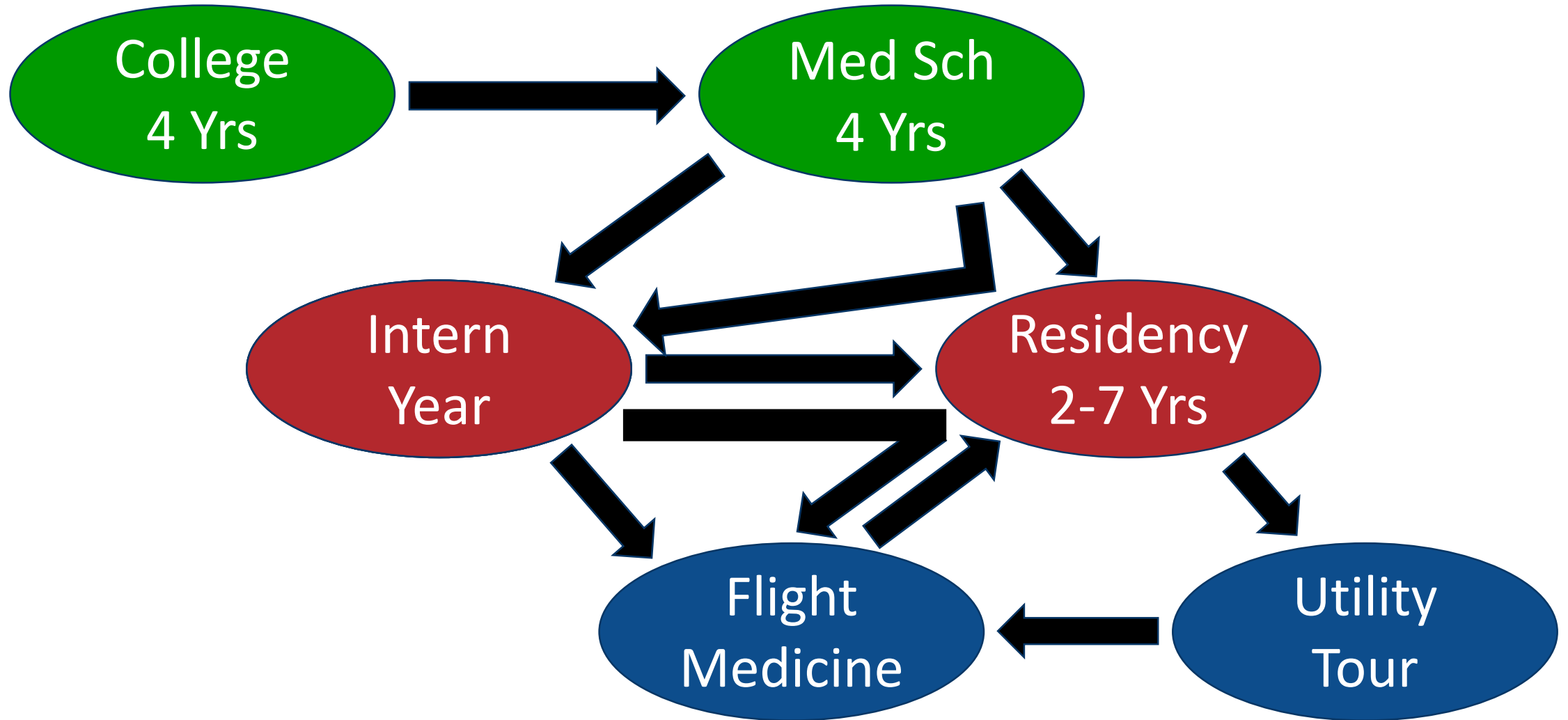
Why is Flight Medicine so Undermanned?

- Two pathways to flight medicine
 - Residency-trained docs volunteer
 - Flow into flight medicine from you intern year, or when you don't match into residency training program



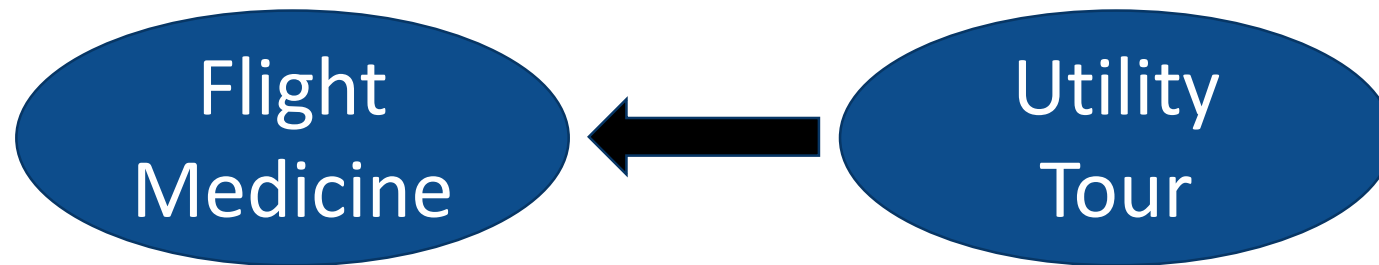
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USAF Medical Career Pathways (Simplified)



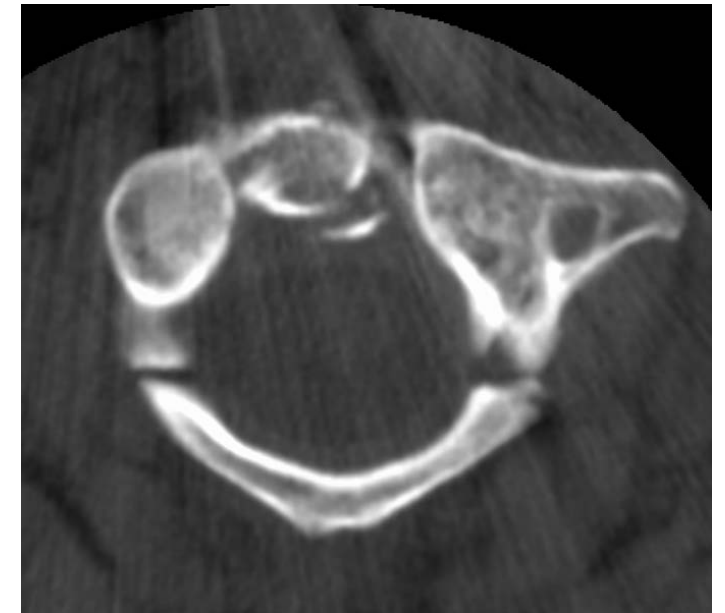
Issues with Flight Medicine Manning

- Fairly rare to get residency trained physicians to become FSs
 - Established in their career fields
 - Worry about loss of credentials
 - May be issues with medical qualification



Why Not Just Use GMO/FSs?

- GMO/FSs are eager to get into residency training programs
 - May apply as soon as two years
 - Rarely return to flight med after training
- Also, FSs face serious pathology:
 - Supraventricular Tachycardia
 - C1 tripartite burst fracture
 - 4 cm acoustic neuroma with moderate obstructive hydrocephalus
 - Hemophagocytic lymphohistiocytosis
 - Combat trauma



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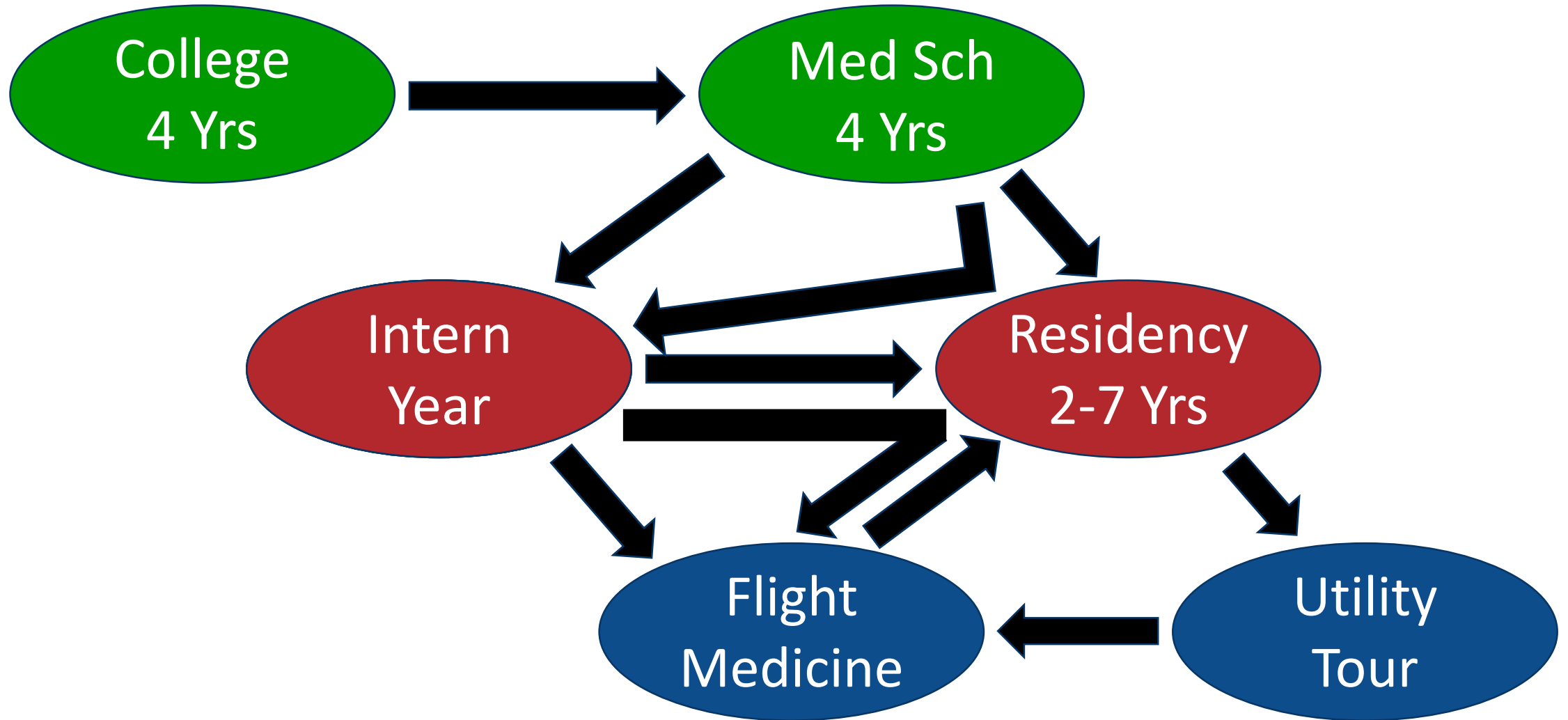
OGME Program Development

- Recruit residency applicants and offer them training with a FS follow-on assignment

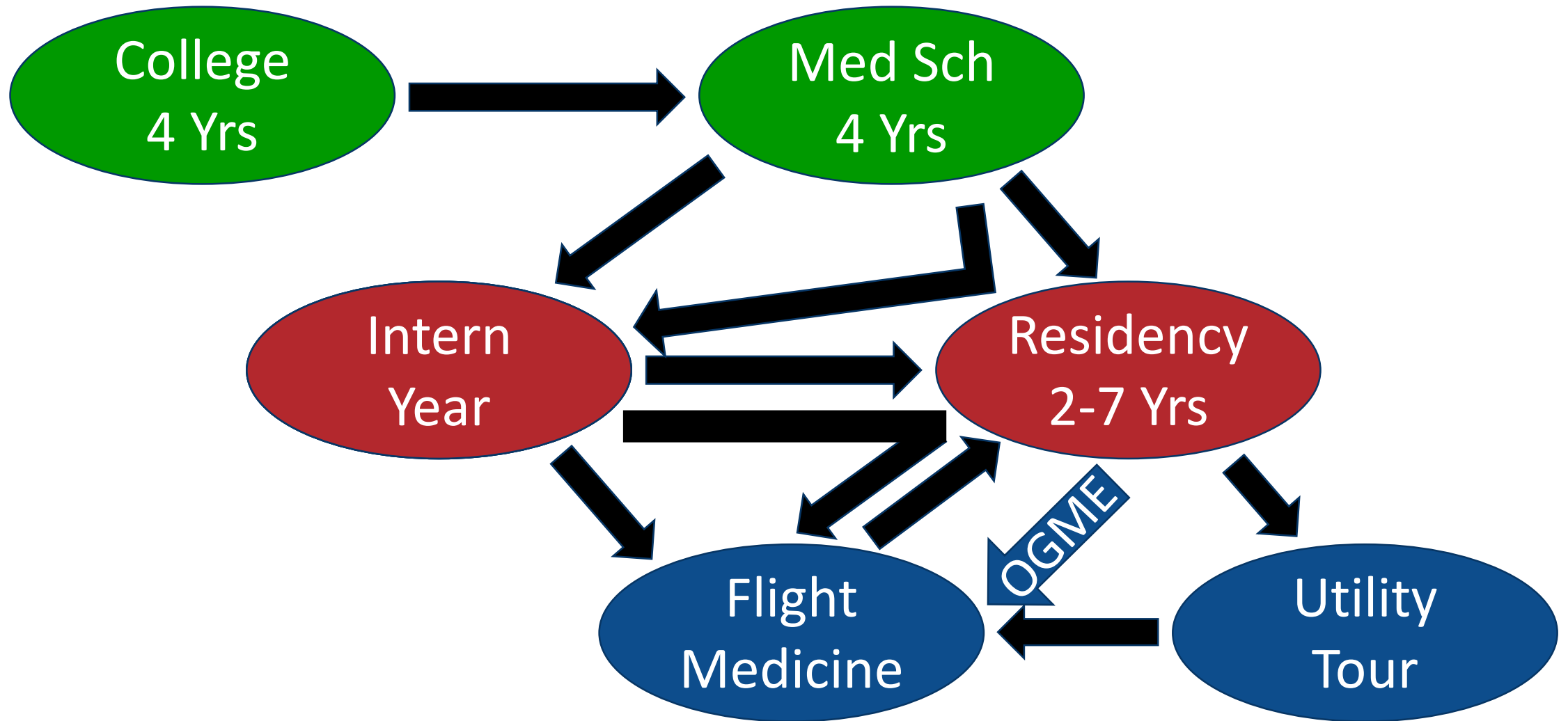


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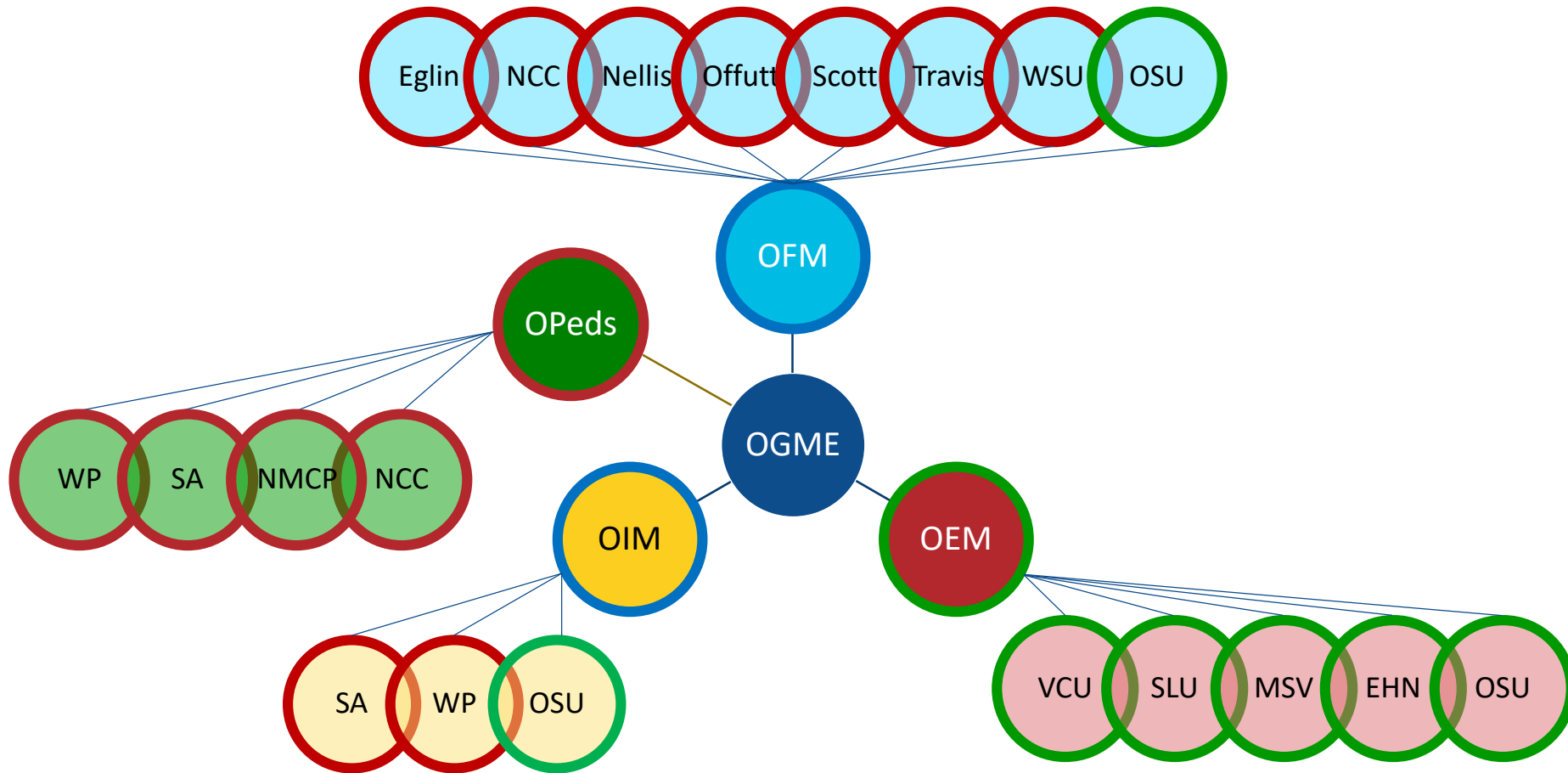
USAF Medical Career Pathways (Simplified)



USAF Medical Career Pathways (Simplified)



OGME Affiliated Training Sites



Operational Emergency Medicine Sites

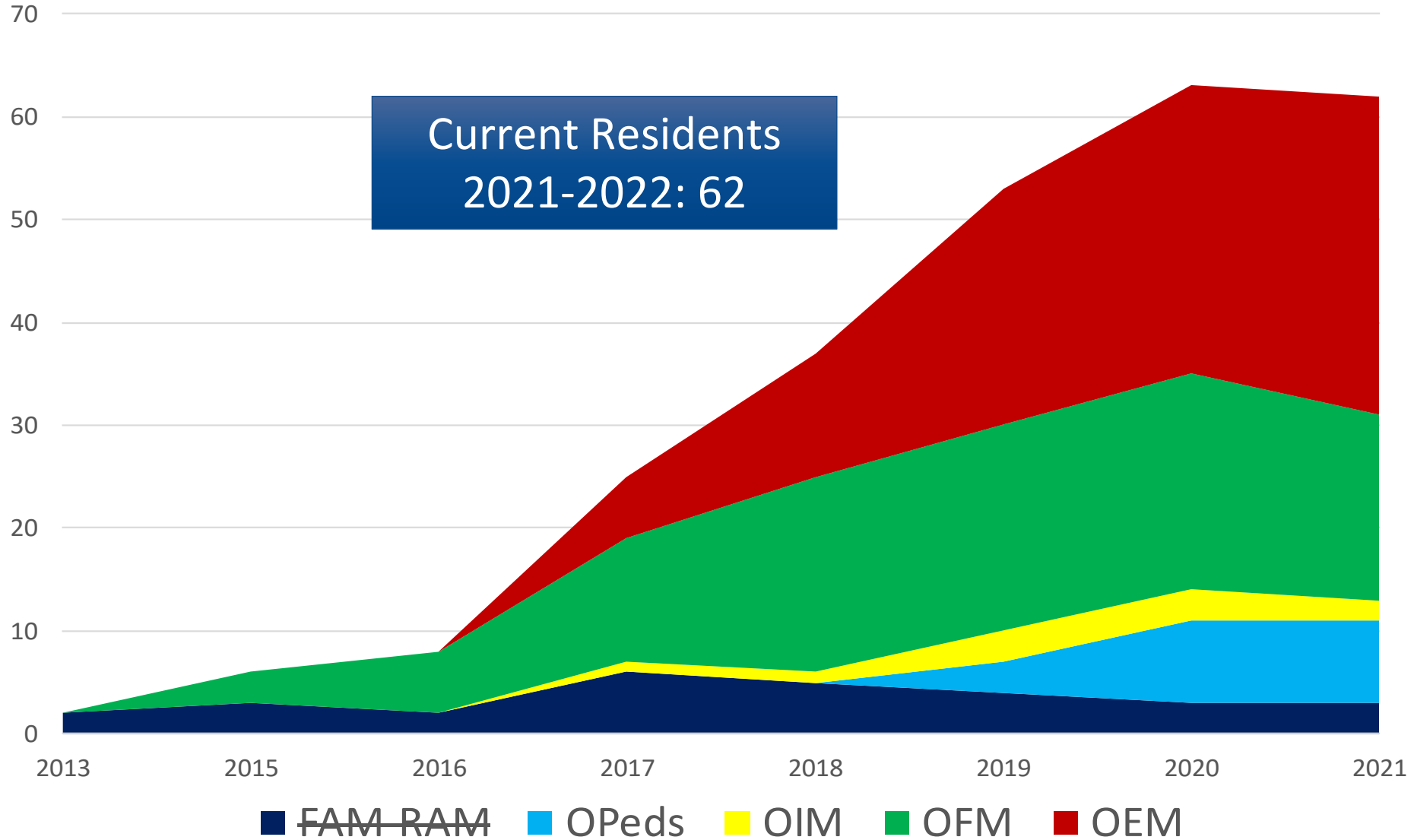
- Mercy St. Vincent
 - R1: 10 chest tubes, 100 intubations
- Virginia Commonwealth University
 - VA's busiest trauma center, 97K pts/yr
- Ohio State University
 - 1,300+ beds
- St. Louis University
 - 8 trauma resuscitations/day
- Albert Einstein Medical Center
 - 99K pts/yr, 99% board pass rate



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OGME Growth



OGME: In-Residency Support

- Indoctrinate and in-process
- Ongoing contact
 - On-line teaching modules
 - Regular email contact
- In-residency training
 - Complete eight weeks FS qualification
- Facilitate assignment process



OGME Future State

- 42 Graduates
- 62 Current Residents
- Special Operations/Combat Search and Rescue fills
- Support for ongoing maintenance of skills
- By mid 2020s
 - Mature program, fully resourced
 - Over a hundred graduates
 - Part of a new aerospace academic community

OGME Vision
Excellently trained
Expeditionary physicians
Expedited to the field

Questions for Discussion

- What's the earliest in the training sequence that a physician can be vectored to flight medicine?
- What is the balance of military and civilian training?
- Do you use GMO/FSs?
- What specialties go into FS?
- How do physicians flow in and out of FS?
- Clinical skills maintenance?

