

# MEDICAL NEWS

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## Robotically-assisted surgical technology expands capabilities

By Maria Christina Yager  
Blanchfield Army Community Hospital

FORT CAMPBELL, Ky. – Robotically-assisted surgery may sound like something from a futuristic science fiction movie to some, but it is actually a safe and increasingly common method shown to deliver better outcomes for patients than traditional surgery.

“It used to be a rare thing for [healthcare] institutions to have. They’d be at really big medical centers, but now, the technology is getting out into the rest of the medical community,” said Maj. (Dr.) Morgan Barron, a general surgeon at Blanchfield Army Community Hospital, who has been a driving force to bring this capability to BACH.

Barron started performing robotically-assisted surgery more than 10 years ago during his general surgery residency training at Madigan Army Medical Center, Joint Base Lewis-McChord, Washington. Additionally, the Institute for Defense Robotic Surgical Education, established at Keesler Air Force Base in 2017, has trained more than 100 surgeons and another 200 nurses and operating room technicians for the Department of Defense and Veterans Affairs in team-based skills in robotic surgery.

“It has a lot of broad applications, so we’re really excited to have this here. Being a general surgeon, this is something that I’ve been using for many years at other military treatment facilities and it is just fantastic.”

Robotically-assisted surgery is used for minimally invasive procedures. Unlike “open surgery” which involves cutting open skin and tissues to give the surgeon a full view of the structures or organs involved, “minimally invasive surgery” is a common technique requiring just three small incisions in most cases. One incision is for a small wand-like video camera that when inserted provides a magnified view of what’s going on inside the patient at the surgical site. This transmits a two-dimensional image which the surgeon views on a high definition monitor over the operating table. The other two incisions are used to insert the thin hand-held cutting tools, about the size of knitting needles, which the surgeon manipulates by hand to perform the operation.

“The typical minimally invasive surgery uses laparoscopic instruments that we call straight sticks. You stick them in and this is pretty much all you can do with them,” said Barron, turning

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U.S. Air Force photo by Airman 1st Class Felicia Przydzial

*Airmen from the 22nd Operational Medical Readiness Squadron pose with the Air Force Aerospace Team of the Year plaque outside of the 22nd Medical Group building, McConnell Air Force Base, Kansas, July 13. The Air Force level award was presented to Col. Christopher Bates, 22nd OMRS commander at the time, and recognizes the squadron for their hard work and accomplishments completed in 2021.*

## 22nd Operational Medical Readiness Squadron wins Air Force Team of the Year

By Airman 1st Class Felicia Przydzial

22nd Air Refueling Wing Public Affairs

MCCONNELL AIR FORCE BASE, Kan.—The 22nd Operational Medical Readiness Squadron won the Air Force Aerospace Team of the Year award for 2021 at the Society of U.S. Air Force Flight Surgeons luncheon during the 92nd Annual Scientific Meeting of the Aerospace Medical Association May 23, in Reno, Nevada.

The Air Force level award, the highest award that one can receive, recognizes an active-duty or Reserve team for their contributions to the mission and vision of team aerospace over the prior calendar year. The 22nd OMRS was selected to be the Air Mobility Command

nominee to go up against nine other major command competitors.

The award was presented to Col. Christopher Bates, 22nd OMRS commander at the time, by Brig. Gen. John Andrus, Society of United States Air Force Flight Surgeons board member, at the Society of United States Air Force Flight Surgeons luncheon.

“Our team had been doing excellent work despite the challenging conditions of Covid and the 22nd Air Refueling Wing’s high ops tempo with many deployments [and] TDYs and through all of this our team’s diligence and work ethic had resulted in many important Air Force medical metrics ranked number 1 in the Air Force or number 1 in AMC,” said Bates. “Lt. Col.

Davis and I both knew the team (was) awesome and hoped the Air Force would see that.”

In 2021, the 22nd OMRS team was able to distribute 88,000 Covid vaccines during an eight-week time period and established half of the Department of Defense’s Covid test gateways. The team also supported 20 deployments where they provided \$630,000 worth of health services to 100,000 Afghan refugees. In support of Operation Allies Refuge, they delivered care to 900 Afghan refugees over 20 days and supported evacuees in 135 sorties performed by U.S. Central Command. All while strengthening their dental, vision and overall care

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U.S. Army photos by Justin Moeller

*Above left and right: Army Surgeon Maj. (Dr.) Barron sits at the surgeon console of a robotic surgical system, July 6.*

## • Technology (Continued from front page)

his wrists left and right to demonstrate the limits of his range of motion. “With a robot you have full mobility of the robotic arms that we can use.”

Robotically assisted surgery provides surgeons better visualization and greater mobility. The robotically held instruments offer more precision and stability than traditional laparoscopy, explained Barron, and are not prone to the fatigue that a human may experience standing at an operating room table for a long period of time.

The robotically-assisted surgical system is made up of three components. The robotic cart has a unit with four “arms” which hold the camera and surgical instruments. The surgeon console is where the surgeon sits in an ergonomically designed control console directing the robotic arms movements. And the third component is a cart-like endoscopic stack that contains supporting hardware and software components, such as suction pumps and an electrocautery unit.

“Once we put the robot in place next to the patient, we do all the controlling of the robot from a separate machine right there near the patient in the operating room. The console has 3-D vision technology. So as opposed to just looking at a standard monitor, like a TV screen, I can actually look in three dimensions. That really helps out my depth perception, and the controls really facilitate that wristed motion of the instruments,” Barron said.

The robotic system enables Barron to perform a wider range of procedures laparoscopically and among the benefits for patients are smaller incisions, less post-operative pain, shorter hospital stays and faster recovery times.

One example from his caseload Barron shared is hernia repair. A hernia is a condition, sometimes caused by muscle strain, heavy lifting, pregnancy and even strenuous coughing, and may require surgery to repair.

“For some abdominal hernia repairs, I would have to do a big open procedure

which requires a long hospital stay, lots of pain medication, and a longer recovery time. Now patients may have the same operation done minimally invasively and have a very short recovery time. Most of my patients go home the same day,” he said.

Barron said that he wants patients to know robotically-assisted surgery is very safe and common.

“It is something that I propose to all my patients for certain procedures, but ultimately the choice is theirs,” said Barron, who tells his patients about all options during their initial consultations. “I’ve been using a robot at different institutions up to this point and

my patients have had a lot of positive feedback. It can eliminate hours and hours in the operating room and provides superior results.”

Barron anticipates offering the option for robotically-assisted surgery at BACH very soon as the hospital awaits the final supporting components to bring the system fully online.

“This is considered kind of cutting edge surgical technology. This is something that is widely used, widely adopted, and is becoming increasingly a necessary tool to perform certain operations,” said Barron. “We are very happy to be able to offer this technology here.”



U.S. Army photo Maria Yager

*Army Surgeon Maj. (Dr.) Morgan Barron, a general surgeon at Blanchfield Army Community Hospital, recently spoke about his experience performing robotically-assisted surgery at military treatment facilities within the Military Health System. Barron began using robotically-assisted surgery more than 10 years ago during his general surgery residency training at Madigan Army Medical Center, Joint Base Lewis-McChord, Washington. Now he is working to bring the capability to Fort Campbell, Kentucky.*

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# Dental students practice their skills while treating soldiers, dependents, retirees

By Jose Rodriguez

U.S. Army Medical Center of Excellence

JOINT BASE SAN ANTONIO-FORT SAM HOUSTON, Texas – Dental Specialist students attending the 330-X2 course at the U.S. Army Medical Center of Excellence get hands-on experience practicing skills while treating volunteer patients. Active duty, retirees, family members, and U.S. Army Reserve and National Guard with a DoD ID Card assist 68E Dental Specialist students to practice skills learned during their training through a quarterly volunteer program. This is a great training opportunity for the students, and provides a chance for patients an easier way to get dental care.

After completing Basic Combat Training, Army 68E Dental Specialist receive their initial military occupational specialty during Advanced Individual Training (AIT) at the Medical Educational Training Campus at Fort Sam Houston, Texas. During AIT, Soldiers learn specialized training needed to assist Army dentists in the examination and treatment of service members' and dependent's teeth. After graduating from AIT, Soldiers then report to their first duty station, and for most Dental Specialists that location is usually an Army dental clinic. In this phase of their career Dental Specialist assist dental officers and non-commissioned officers, but they do not treat patients directly.

The next training phase for 68E Dental Specialist is to attend the 330-X2 course. Under the supervision of a Dental Corps Officer, during this 12-week course, students learn instructional objectives to perform oral hygiene prophylactic procedures, conduct individual oral disease control programs, apply pit and fissure sealants to the teeth, evaluate dental radiographs, and the cleaning and sterilization of dental instruments and equipment. After didactic, or classroom instruction, for the final four weeks of the course students get hands on experience treating patients.

Raul Huerta, a Preventive Density Training Instructor, explains that students initially practice with each other to ensure they have the ability to perform cleanings before treating the volunteers.

"With the support of dependents, they get real life experiences of what the patient care encounter will be like in the dental clinic," said Huerta. "By having retirees and their family members volunteer their time serving as patients to our students, this ensures that our students are exposed to a broad spectrum of patient care from a simple cleaning they perform, to identifying a higher-level cleaning that requires a Registered Dental Hygienist (RDH) or Dentist to perform."

Spc. Reenae Goldson, a 68E Dental Specialist attending the 330-X2 course, enjoys the curriculum and training experience.

"I like the duration of the course and the way it's structured," said Goldson. "It's an easier, quicker way for people to get an exam, and a cleaning without having to wait. The most exciting thing about this course are the things you learn."

Additionally, for Goldson joining the Army and leaning her trade has been a rewarding experience in many ways. She gets to assist the dentists in the Grafenwoehr Dental Clinic, her current duty assignment, and enjoys being stationed in Germany. Originally from Clarendon, Jamaica, she joined the Army for the many opportunities. She is currently taking advantage of the college tuition assistance by attending classes to earn a bachelor's degree in natural science. Goldson also gained her U.S. citizenship through her enlistment.

The next Preventive Dentistry Specialty 330-X2 class is scheduled to start in the third week of August 2022. Active duty, retirees, family members, and U.S. Army Reserve and National Guard with a DoD ID Card interested in assisting 68E Dental Specialists refine their skills, can call the program Manager at 210-221-8982 or 221-8748. Appointments will be open for the middle of October 2022.

For more information on becoming a 68E Dental Specialist, visit [GoArmy.com](http://GoArmy.com) at [www.goarmy.com/careers-and-jobs/career-match/science-medicine/general-care/68e-dental-specialist.html](http://www.goarmy.com/careers-and-jobs/career-match/science-medicine/general-care/68e-dental-specialist.html).



Photo courtesy Col. Marc Welde, 32nd Medical Brigade

Students attending the Dental Specialist course train on a simulated patient during the Advanced Individual Training Course at the Medical Education and Training Campus, Joint Base San Antonio – Fort Sam Houston, Texas, July 12. The course provides students with the skills necessary to perform tasks required of a dental assistant in the examination, care and treatment of dental diseases and disorders. Subjects include basic dental sciences, dental radiology, general duties, dental records, and dental equipment.



Photo by Jose Rodriguez

Spc. Reenae Goldson, a 68E Dental Specialist, left, cleans the teeth of a military dependent while her classmate Spc. Mohammad Sediquu, right, observes at Willis Hall, Joint Base San Antonio – Fort Sam Houston, Texas, July 7. Both students attended the Preventive Dentistry Specialty 330-X2 class and had the opportunity to utilize their talents by providing dental care for DOD ID card holders.

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# 'Charlie Med' sees benefit of training on real world scenarios

*181st Brigade Support Battalion take part in MEDEVAC exercise during Annual Training*



By Joseph Siemandel

Joint Force Headquarters - Washington  
National Guard

A group of soldiers lay on the ground, wounded and in pain. Their defensive position was attacked, leaving them in need of medical assistance and fast. It's a position that no medical professional wants to find himself in, racing the clock to save their fellow service members lives, knowing that each minute is precious.

To be ready if they receive that call, Guard members of Charlie Company, 181st Brigade Support Battalion are spending part of their annual training conducting medical evacuations and field hospital operations exercises at Joint Base Lewis-McChord, Wash.

"Part of this annual training we wanted to train on taking injured soldiers from their defensive positions to a casualty collection point," said Maj. Jim Kovell, an Army Medical Officer and commander of Charlie Company, 181st Brigade Support Battalion.

In the scenario-based training, soldiers in the defensive position were attacked, defended off the threat and were pulled to a casualty collection point for tactical combat casualty care. "Charlie Med" then deployed their medical evacuation platoon to load the injured soldiers into a Stryker ambulance and taken to a field hospital. Once at the field hospital the medical professionals on the ground would triage the members, identify their needs, and prepare them for movement to a large medical facility.

"This is a fantastic team. They really just want to train on this and it is fantastic to have the senior members leading in the exercise and the junior members taking ini-

tiative to complete the tasks," said Kovell.

The most senior member of the team is Lt. Col Chad Ulrich, who in his civilian capacity is an emergency medicine physician at UW Medicine-Valley Medical Center in Renton. His role this annual training is to help train up the younger medical professionals, providing them the real world stresses he faces on a daily basis but in a place to learn their craft.

"I was giving the vital signs and the injuries," Ulrich said. "In the real world I would be supervising both the bed and providing overview and stepping in to do a procedure if one of my other providers couldn't. One of the challenges that Army medicine faces is getting real world reps, so having that knowledge and experience from the civilian sector really prepares us for these critical missions."

Ulrich credits the young medical professionals in the unit with continuing to jump at the chance to learn the medical craft and being a part of the Guard.

"I am continually amazed at these young 20 year olds that are going to college and then come out here hungry to learn," said Ulrich.

One of those young soldiers is Private 1st Class Maher Modak, a 20-year-old combat medic from Seattle. His role in the exercise was recording the medics' comments about the injured patients and what treatments had been given. The job seems easy but making sure to listen and hear everything being said over the noise and chaos of the operating floor is difficult.

"The team lead made sure that we were all at a good level, that we could all understand and speak clearly with one another," said Modak. "It was so cool to be a part of that."

Modak joined the Guard to start on the path to being a doctor. He applied for West Point in hopes of becoming an Army Medical officer and then attending medical school and bringing that experience back home to the Northwest.



U.S. National Guard photo by Joseph Siemandel

*All photos: Guard members from the 181st Brigade Support Battalion take part in a medical evacuation and field hospital exercise during their annual training on Joint Base Lewis-McChord, Wash. July 20. Nearly 240 Guard members from the 181st are supporting Officer Candidate School Phase III while also training on field craft and strengthen their MOS skill sets.*





U.S. Navy photo by Mass Communication Specialist 2nd Class Donald R. White Jr.

**Rear Adm. Darin K. Via passes through sideboys during a change of command ceremony for Naval Medical Forces Atlantic, held at Naval Medical Center Portsmouth on June 22. Via was relieved by Rear Adm. Matthew Case after serving two years as the director of both the Tidewater Market (Defense Health Agency) and Naval Medical Forces Atlantic.**

## Uniformed Services University alum Rear Admiral Darin Via named Navy Deputy Surgeon General

By Sharon Holland  
Uniformed Services University

Rear Adm. Darin K. Via has become the Navy's second highest medical leader following his selection as its new Deputy Surgeon General. The Secretary of the Navy and Chief of Naval Operations made the announcement on June 1.

Via, who was most recently the commander of the Naval Medical Forces Atlantic and director of the Navy's Tidewater-area medical market, is also dual-hatted as deputy chief of the Navy Bureau of Medicine and Surgery (BUMED) and director of the Medical Resources, Plans and Policy Division, in the Office of the Chief of Naval Operations in Washington, D.C.

Via is a former Navy Reserve enlisted hospital corpsman. He entered active duty in 1987 upon acceptance to medical school at the Uniformed Services University of the Health Sciences (USU), where he was commissioned as an ensign. After graduating in 1991 with his Doctor of Medicine degree, he completed his anesthesiology residency training at the former National Naval Medical Center in Bethesda, followed by a trauma anesthesia fellowship at the R. Adams Cowley Shock Trauma Center, University of Maryland, in Baltimore. He later earned a Master of Health Care Delivery Science degree from Dartmouth College, N.H., in 2014. In addition, Via is qualified as a Naval Undersea And Diving Medical Officer, and holds a faculty appointment as associate professor of Anesthesiology at USU.

Rear Adm. Via has been deployed to both Iraq and Afghanistan. He also served as the command surgeon for the U.S. Pacific Fleet and was the first Navy

medical officer to serve as U.S. Central Command Surgeon. In 2020, he was promoted to Rear Admiral, and served as deputy chief of BUMED for Operations, Plans and Readiness. He was the first medical flag officer appointed to establish the Chief of Naval Operations' Office of Medical Systems Integration and Combat Survivability (N44), the single resource sponsor for expeditionary medical capabilities.

Via's selection solidifies USU's presence in all but two of the top nine military medical leadership positions. Rear Adm. (Dr.) Bruce Gillingham ('86) is the Navy Surgeon General, Maj. Gen. (Dr.) Telita Crosland ('91) is the Deputy Army Surgeon General, and Maj. Gen. (Dr.) John J. DeGoes ('89), and Lt. Gen. (Dr.) Robert Miller ('89) are the Air Force Deputy Surgeon General and Surgeon General, respectively. In addition, the current Chairman, Joint Chiefs of Staff Surgeon, Air Force Maj. Gen. (Dr.) Paul Friedrichs ('90), is a USU alumnus, leaving only the Army Surgeon General and Director, Defense Health Agency, as the top Military Health System leadership not filled by graduates of USU.

"I am humbled and honored to support the Surgeon General in executing our One Navy Medicine mission of projecting medical power in support of naval superiority," said Via. "We also maintain the responsibility of working with the Defense Health Agency to enable optimal force generation of medically ready and ready medical forces."

Via began his new role as Deputy Surgeon General on June 30. He succeeds Rear Adm. Gayle Shaffer, who retired on July 8.

## USU alumnus, faculty provide medical relief in Ukraine

Courtesy Story  
Uniformed Services University

On May 27, a surgical team led by retired Air Force Col. (Dr.) Warren Dorlac, a Uniformed Services University alumnus and associate professor of Surgery, arrived in Lviv, Ukraine, to begin a volunteer mission supporting Ukraine's civilian Emergency Medical Clinical Hospital. Dorlac's team joined an existing team of volunteer surgeons deployed by the Global Surgical Medical Support Group (GSMMSG), a non-profit organization that sends volunteer surgeons and physicians to disaster and conflict zones around the world. Their program provides visiting surgeons training in combat casualty care, and sends volunteer combat surgeons to work directly with Ukrainian clinicians and caregivers.

Dorlac, a recognized expert in trauma surgery and trauma care, was uniquely qualified to lead the team. A 1989 USU F. Edward Hébert School of Medicine graduate, he served for 26 years as an Air Force surgeon, specializing in general, emergency, and trauma surgery. He was responsible for overseeing care of wounded and injured service members while as chief of trauma and trauma medical director at Landstuhl Regional Medical Center in Germany. Later, Dorlac directed the U.S. Central Command's Joint Theater Trauma System, where he led trauma care units in Iraq and Afghanistan. He eventually served as trauma consultant to the Air Force Surgeon General. He has also published research on trauma-relevant topics, and worked as a consul-

tant and advisor to U.S. allies seeking to establish their own military trauma care programs.

Dorlac's team began its work immediately upon arrival in Ukraine, starting with an assessment, which quickly identified a need for telehealth resources and microvascular surgical instruments. Those items were subsequently received and put in place in the clinic.

Within their first few days in Ukraine, the team evaluated conditions, offered recommendations, and delivered lectures and training on topics including end points of resuscitation and use of ultrasound in trauma and critical care. The team also helped with efforts to develop a whole blood program for hemorrhagic shock management and improve infection control measures. According to Dorlac, emergency medicine is not a dedicated specialty in Ukraine. The Lviv emergency hospital staff that the team assisted includes trauma and general surgeons, thoracic surgeons, vascular surgeons, pediatric surgeons, orthopedic surgeons, anesthesiologists/intensivists, and surgical and critical care nurses. The caseload included "typical combat wounds — extensive burns, complex fractures, nerve injuries, soft tissue loss, and wounds and amputations," said Dorlac.

Dorlac was accompanied on the Ukraine mission by a distinguished team of medical professionals including military trauma surgeon and USU Surgery department faculty member Air Force Col. (Dr.) Jay Johannigman, renowned burn surgeon Dr. William Hickerson, and surgical



Photo courtesy of Warren Dorlac, Kelley Thompson, and Jay Johannigman

**The Lviv Visiting Surgeon team at work in the clinic in Lviv, Ukraine.**

physician assistant Kelley Thompson. With their work in Ukraine, Dorlac, Johannigman and the other surgical team members continue the tradition of U.S. military medical aid for conflict victims around the world, a tradition interwoven throughout USU's entire 50-year history, beginning with Dr. Rich.

"As a military surgeon, I have seen the worst that humanity can do, but I have also been fortunate enough to see the best," said Dorlac, writing from Lviv. "It is a privilege to be part of this life-saving mission serving the brave people of Ukraine."



# Ranger school: Medical Service Corps personnel handle the challenge

By Ronald Wolf

U.S. Army Medical Command

Excellence does not come easy. Ranger School is one of the toughest training courses for which a Soldier can volunteer. Recently, two Medical Service Corps personnel completed Ranger training and earned the Ranger tab: Capt. Leyla Kosakowski (a 72 Delta, environmental science and engineering officer) and 1st Lt. Rachel Bohnemann (a 70 Bravo, health services administrator).

Army Rangers are expected to conduct difficult missions, and to do this, they need rigorous training. For more than two months, Ranger students train to exhaustion, pushing the limits of their minds and bodies.

"You don't know what you can put your body through, said Kosakowski. "You can push it to further limits than you thought possible. That is part of the goal of Ranger School — not only pushing yourself to the limit and beyond, but (pushing) the squad and platoon as

a leader. It prepares you."

In addition, the Army's Ranger course prepares officers and enlisted personnel in combat arms-related skills. The Rangers' primary mission is to engage in close combat and direct-fire battles.

Leadership skills are honed as well. Kosakowski said the hardest part is "getting people to do what you wanted them to do. You are tired, hungry, already pushed to your limits."

Bohmann said the length of the training was the most difficult element. "It is constantly uncomfortable. You are always outside of your comfort zone, and you have to get used to being exhausted and hungry and in some sort of pain."

Ranger training expands where you may deploy as a medical services officer and expands career potential as well, said Kosakowski.

There aren't that many Medical Service officers who are ranger qualified, said Bohmann. Her husband is also Ranger qualified, so it increases the potential for assignment to the same or close-by duty station.

Reasons for pursuing the Ranger tab vary. Kosakowski, who has been a Soldier for more than 9 years, was influenced by mentors during ROTC training.

It was a goal of mine when I joined the Army, said Bohmann, who has been a Soldier for less than 3 years. My husband went through Ranger school, and he encouraged me. "It seemed like an unachievable goal at first. The first female graduated Ranger school about a year after I joined ROTC. I wanted to challenge myself. So I decided to go for it."

The Ranger course has changed little since its inception. Until recently, it was an eight-week course divided into three phases: "crawl," "walk," and "run." The course is now 61 days and is divided into three phases: "benning," "mountain," and "florida."

The benning phase of Ranger School is designed to assess a Soldier's physical stamina, mental toughness, and establishes the tactical fundamentals required for follow-on phases of Ranger School.

During the mountain phase, students receive instruction on military mountaineering tasks, mobility training, as well as techniques for using a platoon for continuous combat patrol operations in a mountainous environment.

The florida phase focuses on the continued development of the Ranger student's combat arms functional skills. Students receive instruction on waterborne operations, small boat movements, and stream crossings upon arrival.

Bohmann said the length of the training was the most difficult element. "It is constantly uncomfortable. You are always outside of your comfort zone, and you have to get used to being exhausted and hungry and in some sort of pain."

But it is not without rewards outside of gaining military skills and resilience, Bohmann said. She made a lot of really good friends. She liked working with people she wouldn't typically work with. It was good to talk to Special Forces personnel, for example, and learn what they do.

As for other medical corps service officers, Bohmann said, "it is a great training experience. You get a lot out of it from leadership and resiliency perspectives."

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**Mental Health**



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**Academic Mental Health Positions at the Medical College of Georgia**

The Department of Psychiatry and Health Behavior with the Medical College of Georgia (MCG) at Augusta University (AU) is seeking applications for Assistant and Associate Professors in General Psychiatry, Forensic Psychiatry, Child and Adolescent Psychiatry, General Psychology, and a Forensic Psychology Director. As the state's only academic health sciences center, MCG at AU is in an exciting period of growth in fulfilling its mission of providing state-of-the-art patient care, education, and research.

We are recruiting at the assistant and associate professor rank and seeking board-certified candidates in general psychiatry, child and adolescent psychiatry, and obtaining licensure in Georgia is required. The(se) position(s) offer an opportunity to foster engagement across the tripartite mission areas.

Primary Responsibilities depending on General psychiatrist, Child and Adolescent psychiatrist, or General psychologist:

- Provide attending physician services and resident/fellow supervision services at either: outpatient clinic, child and adolescent inpatient and residential treatment facility in the community, or outpatient care services at community agencies with which the department contracts
- Provide outpatient clinical services at the Department of Psychiatry and Health Behavior outpatient clinic as requested by department leadership. Clinic duties may include resident/fellow supervision or clinical care with learners present.
- Provide satisfactory outpatient and inpatient care for clinics assigned, as well as clinics requested to participate in while providing coverage, as necessary

A history of grant-funded research is not a requirement for this position. Salary will be competitive based on national norms and commensurate with MCG/AU rank.

Please apply by sending CV and a letter of interest to W. Vaughn McCall, MD, MS Chair, Department of Psychiatry and Health Behavior, Medical College of Georgia (MCG) at Augusta University (AU). ([wmccall@augusta.edu](mailto:wmccall@augusta.edu))

The positions will remain open until filled.



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**• Team of the Year**

(Continued from front page)

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The 22nd OMRS team is comprised of 86 military personnel and 35 civilians who work in dental, optometry, bioenvironmental engineering, mental health, public health, human performance and flight medicine. "Their excellence and expertise stands as a shining example of our Air Force Core Values of Integrity First, Service Before Self, and Excellence in All We Do," said Brig. Gen. Norman West, Air Mobility Command Surgeon General, in a letter he wrote to the team after they were chosen as the AMC nominee. "Receiving this award demonstrates a great deal of dedication, skill and effort towards the overall success of the AMC mission."

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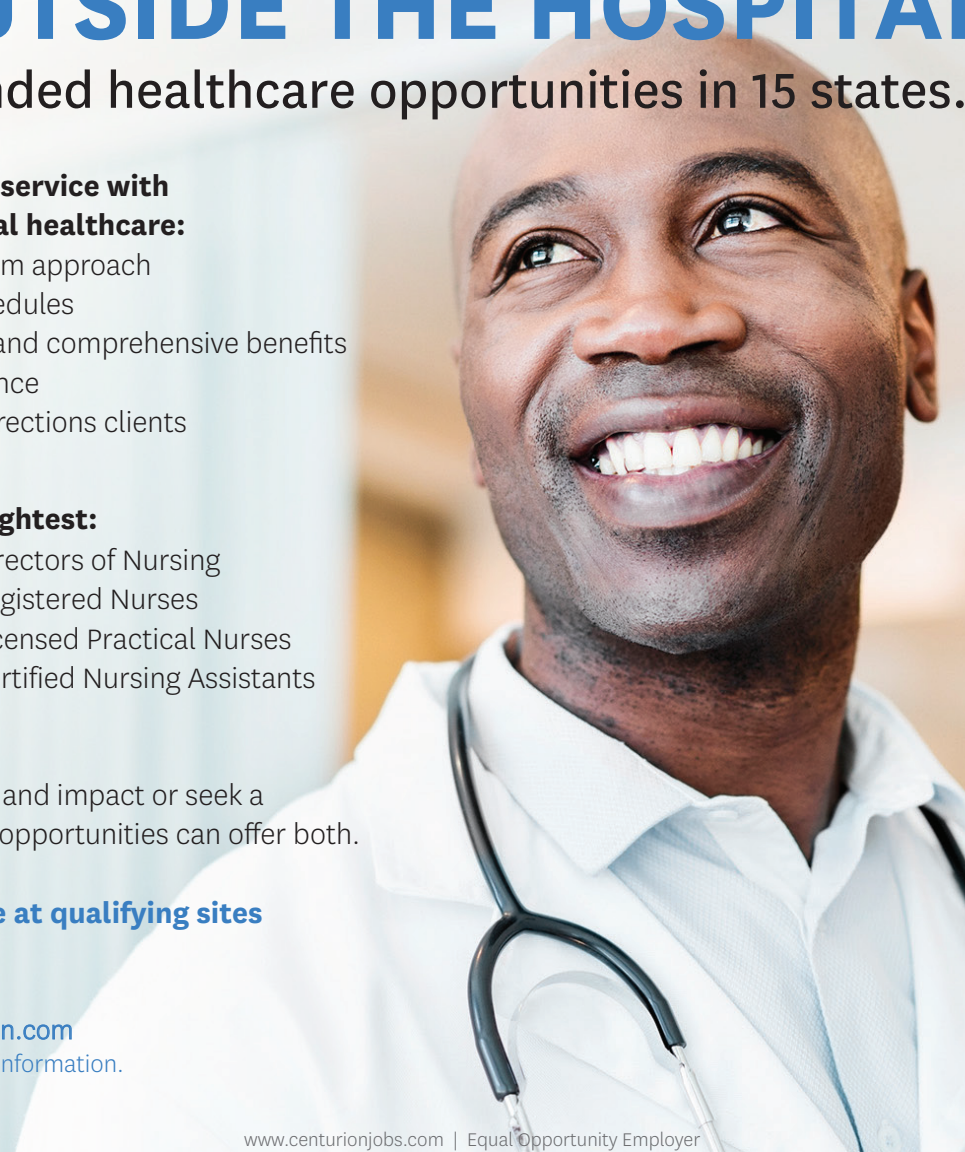
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