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The key to beating burnout *Prioritizing self-care*

Courtesy Story
Defense Health Agency

Many service members work in high stress high intensity environments. The demands of the mission and challenges posed by military life can lead to a risk of burnout for even the strongest among us.

“No one is immune to burnout,” said U.S. Air Force Reserve psychologist Lt. Col. Jennifer Gillette.

What is Burnout?

Gillette, who supports the director of psychological health at the Air Force Medical Readiness Agency, says common symptoms of burnout include: fatigue, headaches, muscle tension, stomach distress, poor sleep, over-eating and heavy drinking.

Lesser-known symptoms involve emotional disconnection, insensitivity, sarcasm, and cynicism, leading to a lack of empathy or feelings of incompetence.

U.S. Air Force Lt. Col. Daniel Gross, flight commander at the 633rd Medical Group at Joint Base Langley-Eustis, in Hampton, Virginia, says burnout is “a syndrome that results in response to running out of energy and emptying the tank.” Burnout occurs when an individual has an imbalance between “responsibility and task compared to the opportunity to rest and recharge”.

Service members face a higher risk of burnout when individual or unit “op-tempo” intensifies. Nancy Skopp, a clinical psychologist at the Defense Health Agency Psychological Health Center of Excellence, said “When a person begins to notice fatigue, physical and mental exhaustion, poor motivation, and emotional withdrawal, these are signs to seek guidance from a mentor or mental health professional.”

Diagnosing burnout involves identifying reduced stress tolerance, increased irritability, decreased job performance, or relationship stress resulting from exhaustion.

Battling Burnout

“We must take care of ourselves if we want to prevent burnout. We can’t expect our cars to keep running if we don’t fill them up with gas and take them in for regular maintenance,” said Gillette. “If we just keep driving without taking care of our cars or ourselves, we will find ourselves broken down on the side of the road calling for help”.

Self-care tips include: eating well, prioritizing time for relaxation and fun, exercising regularly,

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U.S. Air Force photo by Matthew Fink

Medical staff assigned to the 88th Surgical Operations Squadron prepare a patient for surgery at Wright-Patterson Medical Center on Wright-Patterson Air Force Base, Ohio, July 10. Part of the 88th Medical Group, 88 SGCS is comprised of six flights that provide comprehensive specialty care and surgical services to 67,000 eligible Department of Defense beneficiaries and select Veterans Affairs patients.

Magicians behind the curtain: 88th Surgical Operations Squadron

By Petty Officer 1st Class
Matthew Fink

88th Air Base Wing Public Affairs

WRIGHT-PATTERSON AIR FORCE BASE, Ohio — If you are on active duty, a dependent, retiree or even an eligible Veterans Affairs patient in the Dayton area who needs specialized medical care, odds are you’re going to pay a visit to the doctors, nurses and other medical staff at Wright-Patterson Medical Center, one of the largest military treatment facilities in the Air Force.

WPMC is home to the 88th

Surgical Operations Squadron, which performs an average of 2,500 surgeries in 10 operating rooms each year, in addition to over 60,000 outpatient visits, personifying the 88th Air Base Wing’s mission to “dominate the dirty work.”

The 88th Surgical Operations Squadron consists of six flights with areas of responsibility spanning a wide range of medical practice. Their mission is to prevent disease, promote health and optimize performance for all eligible patients.

“We have 17 surgical services that we support for over 67,000 ben-

eficiaries in the area,” said Lt. Col. Lanette Walker, commander of the squadron’s Operating Room Flight. “If the patient can get here, then we can support them.”

With the exception of plastic surgery, the journey from doctor’s office to surgical suite starts with a referral from the patient’s primary care provider. Once that referral comes in, the patient will see a physician who specializes in whatever area of the body needs their attention.

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General Surgery Flight

Despite its name, the General Surgery Flight practices two areas of medicine: general surgery and plastic surgery. General surgery primarily focuses on the abdominal region, which includes the stomach, intestines, liver and pancreas, in addition to skin diseases.

“To name just a handful, general surgery performs procedures such as hernia repairs, colonoscopies, gallbladder and appendix removal,” said Maj. Omar Carrasco, the General Surgery Flight commander. “Our surgeons provide 24/7 coverage and respond to patients in the emergency room that may need urgent surgery.”

As for plastic surgery, which involves altering or reconstructing the body, Carrasco said patients can get seen either by self-referral or one from a primary care provider. If a patient wants to self-refer, he or she needs to fill out a form in the Plastic Surgery Clinic and will be contacted by a provider once it has been reviewed.

“Plastic surgery provides services from

scar revisions and skin or breast cancer surgery to breast reduction or augmentation,” he said. “Cosmetic surgeries and injectable services such as Botox are also available after consultation with one of our surgeons.”

Carrasco said such cosmetic procedures provide crucial practice for surgeons who may one day be called upon to perform reconstructive surgery on personnel wounded in combat.

“Both general and plastic surgery play a crucial role in wartime environments,” he said. “We will provide optimal care to our warfighters if and when these surgeries are needed.”

Orthopedic and Neurosurgery Flight

Underneath the skin, the Orthopedic and Neurosurgery Flight specializes in orthopedics, treatment of the musculoskeletal system, and neurology, which addresses the nervous system, including the brain and spinal cord. The flight also specializes in podiatry, which treats feet and lower-leg issues.

“Here, we see injuries related to the joints, bones, spine, brain, feet and more,” said Tech. Sgt. Russell Wians, the Orthopedic and Neurosurgery Flight chief. “As you get older, you develop arthritis, joint pain and things like that. At a certain point in everyone’s life, they will most likely need us.”

Although not doctors or nurses, the enlisted Airmen in Wians’ flight are orthopedic-surgical technicians, specially trained by the Air Force to assist.

“We are the doctor’s extra set of hands in the operating room,” Wians said. “We help with positioning the patients, retraction, suturing and whatever else they need from us. A big part of what we do is anticipating their needs.”

The flight’s Airmen also have all undergone an additional six weeks of training in the making of casts and splints. Wians said this allows them the unique opportunity to serve in a clinical setting, as well as a surgical one, which has its own benefits.

“I enjoy working with my hands,” he said. “In the operating room, once you reach a certain rank, you get taken out to do administrative work. With orthopedic technicians, you can stay in patient care for longer. That is the most rewarding part of our job.”

OB-GYN Flight

The doctors, nurse practitioners, midwives and medical technicians of the OB-GYN Flight deal in matters relating to the health of women and girls. This scope of practice includes obstetrics, the care of pregnant women from conception to childbirth, and gynecology, which deals with the female reproductive system.

“We provide care to women in all stages of life, from reproductive and prenatal to menopausal,” said Lt. Col. (Dr.) Halei Wong, the OB-GYN Flight commander. “We keep our active duty mission-ready by listening to their concerns and making



U.S. Air Force photo by Matthew Fink

Technicians assigned to the 88th Surgical Operations Squadron, pictured July 10 at Wright-Patterson Medical Center, are on the front lines of specialized care at Wright-Patterson Air Force Base, Ohio.

sure they are taken care of.”

Unlike most other women’s health clinics, Wong said her flight has a staff of subspecialists that offer women full-scope gynecologic care. It has a reproductive endocrinologist, who specializes in treating infertility; gynecologic oncologist, who specializes in female-reproductive system cancers; and urogynecologist, who specializes in the treatment of pelvic-floor conditions.

All these doctors completed an additional three-year fellowship on top of medical school and residency.

“This is unique because we are all in-house,” Wong said. “If we refer you, we are referring you to a specialist here instead of sending you in-network and hoping you find somebody.”

Additionally, Wong’s staff members are trained on the latest in technology: Three surgeons operate a robotic-laparoscopic platform and two can perform vaginal natural orifice transluminal endoscopic surgery, otherwise known as vNOTES. Both methods are less invasive than traditional open surgery.

In 2022 alone, Wong said the OB/GYN Flight performed 248 surgeries and delivered 217 babies. She added that her flight also hosts a walk-in contraception clinic, which is available to all eligible beneficiaries every Friday.

“This clinic is a hidden gem of women’s health care in Dayton,” Wong said. “Nowhere else are you going to find everybody under one roof, offering patients all the cutting-edge treatment options that we do. This is a wonderful place to practice.”

Surgical Specialties Flight

As the metaphorical “odd one out,” the Surgical Specialties Flight serves as a catchall for practices that do not fit with the other flights in the squadron: urology, ophthalmology, and ear, nose and throat.

“ENT deals with most disorders above

the collarbone,” said Maj. (Dr.) Matthew Ward, Surgical Specialties Flight commander. “We deal with a lot of nasal and sinus disease, neck and thyroid disease and ear disorders. Urology focuses on disorders of the genitourinary tract including bladder, kidney and prostate disorders. Ophthalmology handles surgical disease of the eye including laser-eye surgery, which is a big focus for the active-duty population.”

The flight’s Laser Eye Clinic performs these surgeries in their own suite instead of the hospital’s operating rooms. In the past year, they have performed over 800 of these procedures.

Ward said the Air Force places a particular emphasis on providing laser-eye surgery to improve Airmen’s vision and remove the dependence on corrective lenses. This can immensely improve warfighter readiness in locations where access to care is limited.

“There are many career fields in the Air Force that require good visual perception and are not conducive to having corrective lenses,” he said. “If you lose or break your glasses while in a deployed environment, you may not be able to perform your job. Laser eye fixes that.”

Much like the Orthopedic and Neurosurgery Flight, each Surgical Specialties Flight practice has at least one enlisted surgical technician who specializes in that field and has undergone additional training. Ward stressed their importance to mission success.

“It is immensely helpful,” he said. “Without them, the efficiency of our clinic drops dramatically. Having somebody who knows exactly what instruments we use, our techniques, the decisions we make and why, it improves the efficiency and the quality of care that we can provide.”

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Flight medic first to receive new award: Nebraska National Guard Heroism Medal

By Staff Sgt. Jamie Titus
Joint Force Headquarters –
Nebraska National Guard

“To any individual serving with or supporting the Nebraska Military Department who has distinguished himself/herself by heroism, in saving the life, limb, or eyesight of a fellow citizen.”

Those were the words read describing the newly authorized Nebraska National Guard Heroism Medal presented during the Nebraska Adjutant General Change of Command Ceremony, July 8, 2023, at the Pinnacle Bank Arena in Lincoln, Nebraska. The first recipient of this new award was Sgt. Brandi Sullivan, of Randolph, Nebraska, for her exceptional heroism on May 18, 2019, while responding to a major accident and rendering roadside aid to include cardiopulmonary resuscitation.

Sullivan, a flight medic with Company G, 2-104th General Support Aviation Battalion, provided critical first aid to multiple victims involved in a fatal motor vehicle accident during a thunderstorm along Interstate 80 near Gretna, Nebraska.

According to Capt. Oliver Berglund, who recommended her for the award, Sullivan was driving home from a scheduled drill through a severe thunderstorm which reduced visibility when she witnessed a sedan lose control and crash into a minivan.

“Without regard to her safety, she immediately began using her combat medic training and experience,” Berglund wrote in his nomination.

“She grabbed her first aid kit and immediately conducted a scene assessment and patient triage on a busy interstate during a thunderstorm. During the scene size up, she took control of the situation and started giving out instructions to the other Good Samaritans that responded. The most severe patient was the four-month-old infant who required cardiopulmonary resuscitation (CPR). Without hesitation, Sergeant Sullivan began roadside CPR in the rain on the infant. A few minutes later, the police and fire department arrived on the scene; however, Sergeant Sullivan didn’t stop rendering aid until the infant was loaded into the ambulance. Good Samaritans and First Responders commended her for both her guidance and rendering aid; she was a crucial part of the initial response.”

Everyone involved in the accident was transported to local area trauma centers. The infant was ultimately pronounced deceased upon arrival to Children’s Hospital.

“Without a question, Sergeant Sullivan’s personal example of selfless service and unhesitating, decisive



actions are consistent with the greatest traditions of our uniformed services and played a pivotal role during a fatal accident,” Berglund added.

Sullivan said in the moment she reacted immediately without thinking. After hearing the screams, she said she knew it was up to her to bring calm and take on the responsibility of helping everyone in that situation.

“You have to be able to look past all of the distractors and focus on finding the dire issue at hand and bring calmness in focusing your reaction,” she said. “Reacting and trusting your thinking to not distract you, but to help guide you along the way has always been key to what leaders before me have instilled in my mindset.”

She said while her military training helped with the response, she credited being a Nebraskan as why she instinctively rushed in to help in the first place.

“I think Nebraskans are viewed as being helpful and nice, and in reality I think it stems from a deeper sense of what would I need from someone else if this happened to me. And then doing just that,” she said, recognizing she

U.S. Air National Guard photos by Staff Sgt. Jamie Titus (left) and Staff Sgt. Jamie Titus (right)



wasn’t alone in the response. “There were numerous civilians that day who reacted in the same manner, seeing people in need, and reacting in any way possible to help.”

During the July 2023 ceremony, Pillen and Maj. Gen Daryl Bohac, Nebraska’s 33rd adjutant general, presented the Heroism Medal to Sullivan for her selfless and courageous response and attempt to save a life.

“It feels really good just to see the overall recognition,” Sullivan said, appreciative of the new honor and its purpose. “I’m definitely not the first person who has done something like this in the Nebraska National Guard. I think it really shows the importance of how we’re all in this together – it should be human nature to help everyone and to recognize when people look out for their fellow citizens.”

In June 2023, Pillen issued Executive Order 23-12 pursuant to the creation of this new medal to be awarded by the Nebraska National Guard recognizing special acts of heroism – including civilian workers supporting the Nebraska Military Department.

“Many acts of heroism are recog-

nized by our military during periods of active service, for instance, times of war or military engagements where the recipient’s own life was at risk,” Pillen said while signing the executive order. “This award also acknowledges extraordinary acts – those that occur in everyday life and are equally deserving of recognition.”

Among the many guests present for the change of command ceremony were Sullivan’s significant other and many family members to watch her receive the award.

“We actually have a military-based family so I think it was really good for them to be there,” Sullivan said. “I know that they’re pretty proud of being able to be here today for this, especially from Governor Pillen. They really loved it.”

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• **Magicians** (Continued from page 2)

Anesthesia Flight

Once the provider recommends surgery, patients will likely have their first introduction to the Anesthesia Flight. Lt. Col. Corey Norton, the unit's commander, said his team is heavily involved in the surgical process from start to finish.

"We perform pre-admission testing so the patient is cleared to come back for surgery," he said. "On the day of surgery, the patient comes to our Ambulatory Procedure Unit and we escort them to a bed, run through some paperwork, make sure their consents are signed, get an IV started and get them ready to go to the operating room."

Keeping a patient unconscious and pain-free during surgery is a delicate balancing act performed by a specially trained doctor known as an anesthesiologist (or certified registered nurse anesthetist). For this reason, no matter what procedure is being performed, there will always be an Anesthesia Flight provider present.

After the surgery is over, Norton's flight will escort patients to the Post-Anesthesia Care Unit and his nurses and medical technicians keep them under close observation while they wake up.

"This is the phase everyone traditionally understands as the recovery room," he said. "If they are going home the same day, we get them something to eat and drink to make sure they can do that, make sure they can urinate if that is required, and get them the medications

and discharge instructions they are going home with. If they are staying a couple of days, when they are ready, we will move them up a floor and get them admitted for that."

The Anesthesia Flight also runs WPMC's Outpatient Pain Management Clinic. Although trained in administering anesthesia for surgery, anesthesiologists are ultimately experts in the therapies and medications necessary to alleviate pain.

Norton said the clinic is run by four physicians, a nurse, X-ray technician, physical therapist, physical therapy technician and licensed clinical social worker who provides emotional support to patients in chronic pain.

"Pain itself is not just, 'Oh, this hurts,'" Norton said. "Pain alters everything, physiologically and behaviorally. Depression and anxiety set in, which makes the pain worse, and it can become a cycle. Our social worker helps them through that."

Operating Room Flight

The sixth and last flight in the 88th Surgical Operations Squadron is the team behind the scenes when the magic happens: the Operating Room Flight. Responsible for providing nurses, equipment, supplies and surgical technicians, it is in constant coordination with the other flights to help manage each unique surgery.

Walker said that although patients do not get to see the impact her flight has on



U.S. Air Force photo by Matthew Fink

Airman 1st Class Hatungimana Gilbert, a technician assigned to the 88th Surgical Operations Squadron, scrubs his arms prior to surgery at Wright-Patterson Medical Center on Wright-Patterson Air Force Base, Ohio, July 10.

their care, unit personnel are essential to the success of each procedure and often required to stay well past traditional working hours.

"We are like the 'Wizard of Oz' because we are behind the curtains," she said. "I call it 'controlled chaos' because you never know what you are going to get when you go into a surgery. You have to be ready at all times. It's not a 9-to-5 job; it's a 6-to-whenever job."

Technicians keep everything professional to make sure the patient is taken care of, said Master Sgt. Tamara Bruinink, the Operating Room Flight chief.

"There are hundreds of surgeries with hundreds of surgical instruments," she added. "A technician could be supporting general surgery one minute and a neurology or ENT case the next. You are on your feet eight to 12 hours a day running around, sometimes more, and Airmen do not get bonuses or overtime."

Walker emphasized that her flight not only helps with surgeries, but also serves as patient advocates while keeping an eye on everyone's safety in the room.

"Before we go to surgery, the operating room nurse and patient have an in-depth conversation about what their plan is, what procedure they are having done, complications that could arise and making sure all of their questions are answered," she said.

"It is a lot of communication. During surgery, we need to have situational awareness of the room. How is the patient doing with anesthesia? How is the surgery going? Are we documenting everything properly? It is pretty in-depth and very, very important that we know

what we are doing because of what can go wrong."

The flight also runs the Sterile Processing Department, which performs the critical task of sterilizing all instruments used in the hospital. Bruinink said this is unique because her Airmen are dually trained to work in SPD while also serving as surgical technicians.

"On the civilian side, those would be two completely different jobs," she added. "It is a lot of work, expertise and responsibility."

People first, mission always

The 88th Surgical Operations Squadron's mission is taking care of people, and without people, the overall mission fails.

"In the Air Force, we take care of our own," Ward said. "We are here to support active duty and what they do, and taking care of families, veterans and retirees is a part of that."

Squadron leaders also said that being able to watch patient outcomes improve is what helps them through the long hours and keeps them motivated to do their job every day.

"People are going to get sick and need medical care," Carrasco said. "We see patients when they are at their worst, and the most rewarding part of our job is saying goodbye to them when they have fully recovered from surgery."

Added Wians: "The best part of our job is the end of a patient's time with us. When they follow up six months later and you see how their life was completely changed, knowing you were part of that, it just makes your whole day."



U.S. Air Force photo by Matthew Fink

A nurse assigned to the 88th Surgical Operations Squadron observes as Maj. (Dr.) Amy Moore performs surgery on a patient at Wright-Patterson Medical Center on Wright-Patterson Air Force Base, Ohio, July 10.

Army Medical Corps: providing care for 248 years

By Christopher Hurd

Defense Media Activity - Army

WASHINGTON — Only 43 days separate the creations of the Continental Army that was formed by the original 13 American colonies and the Army Medical Corps. That short period of time speaks to the importance the corps plays in the mission of the Army.

Several current and former Medical Corps officers shared their thoughts on the corps, their careers and providing health care.

“Military medicine is invaluable to the security of this nation,” said retired Maj. Gen. Jeff Clark, former chief of the Medical Corps. “We in the Medical Corps are a part of an overall team that together is able to provide world-class health care.”

Since July 27, 1775, Medical Corps officers, previously referred to as surgeons, have provided a continuity of care to veterans, military members and their families.

Today, more than 4,000 physicians form a corps of 40 specialties in three main areas: operational, clinical and research medicine. These Soldiers do everything from surgery to vaccine research to delivering babies.

Helping service members bring new life into the world is where Lt. Col. Haroon Samar, family physician, got his start.

As a resident at the Carl R. Darnall Army Medical Center on Fort Cavazos, he helped a young military family during the pregnancy of their first child. The couple trusted him so much they asked him again to help deliver their second son a year later.

“It was really an important time for me to be truly appreciative of the opportunity to be a part of such big moments in their

lives,” he said. “I think those moments left an impression on me because I realized just how much trust these young families and these Soldiers put in me. I did my best to learn and grow from that and be as good a doctor as I could be.”

Army physicians go through years of medical school and training to take care of patients. The amount of work can be demanding, but can also fuel their passion.

“I loved everything about it,” said Lt. Col. Elizabeth Polfer of her time on surgery rotation at Walter Reed National Military Medical Center. “The long hours didn’t bother me because I enjoyed everything I was doing.”

Medical Corps officers enter service at the rank of captain and can take many paths in their careers. They can stay in a specialty field or bounce around between different areas.

Clinical medicine provides care on military installations. Operational medicine supports Soldiers in the field, while academic and research medicine focuses on education, training and research at Army medical centers and laboratories.

This flexibility to pursue different avenues allows Medical Corps officers to gain valuable experience.

“I think that is what the Army continues to do and probably does better than any other job, is to just enrich you with job opportunities for growth development and leadership,” Samar said.

Medical Corps officers have made significant impacts on health care throughout history.

Maj. Jonathan Letterman started the first Ambulance Corps to help wounded Soldiers on the battlefield during the Civil War. Maj. Walter Reed led experiments in the early 1900s that discovered



Photo by Ronald Wolf, U.S. Army Medical Command

Ensuring trained and ready medical forces, particularly combat trauma surgeons, is critical to support our soldiers and other service personnel in combat. Army Medicine is using individual critical task lists, centrally managing trauma surgery personnel and assets, and building military-civilian partnerships with civilian level I trauma centers to ensure Army Medicine surgeons are getting the experience needed for battlefield surgery.

the link between mosquitos and yellow fever. During WWI and WWII, Maj. Gen. Norman T. Kirk organized new treatments for amputees.

In the early 2000s, retired Lt. Gen. James Peake led a study to improve battlefield survivability. The study showed most patients were dying before they reached a hospital from either blood loss or compromised airways.

The study led to increased general training and the creation of the Combat Lifesaver Course where Soldiers learn how to apply tourniquets and insert a com-

mon airway.

“Soldiers who receive CLS training are better equipped to provide critical medical care when it’s needed,” said retired Maj. Gen. George Weightman, former chief of the Medical Corps Branch. “Commanders can rest assured that their troops are prepared for any situation that arises.”

While advances in medicine and ways to treat patients continue to evolve, the basic function of the Medical Corps remains the same.

“The privilege of serving two professions simultaneously- arms and medicine-, being patient-focused, knowing that’s why we are important to the team, does not change even though the world around us changes and what the Army is asked to do changes,” Clark said. “I think those fundamentals are enduring.”

The Army Medical Department consists of the Medical Corps, Medical Service Corps, Medical Specialist Corps, Veterinary Corps, Army Nurse Corps, Army Dental Corps and the Civilian Corps.

These groups, along with Enlisted Medical Corps, work together as a team to deliver care to patients around the world.

“I came to Army Medicine because the Army gave me a chance to pursue a dream to be a doctor,” Samar said. “I’ve stayed for as long as I have because I got the chance to a part of a wonderful team. That has kept me in this long and I’ll continue serving because the Army continues to surround me with awesome people.”

• Self-care (Continued from front page)

developing good sleep habits, establishing strong work-life boundaries, separating work and personal life, nurturing a sense of humor, building strong relationships with co-workers, and recognizing distress signs and seeking help.

If you or someone you care about experiences burnout, talk to your doctor or a trusted individual for assistance.

According to U.S. Air Force Lt. Col. Catherine Callendar, deputy director of psychological health for the U.S. Air Force, “We want to make sure we’re looking for social support. This may sound simple, but the reality is, there’s so much research that tells us when we talk to somebody who is supportive of us, there are positive neurochemical changes that take place in the brain.”

Gillette says one key to prevention is self-awareness. “Practicing mindfulness can help us learn to tune into ourselves more, takes us off autopilot, and become more aware of the present moment.”

Gillette characterizes positive coping strategies as a “psychological first aid kit.” They offer reminders to use positive coping mechanisms, like calling a friend who makes you laugh, going for a run, or listening to motivational speakers.

“And we really do feel better for very tangible reasons. So, seeking social support, and talking to friends, and family can prove very beneficial to us.”

All service members, especially health care providers, must take time to support their colleagues and seek support when necessary.



U.S. Air National Guard photo by Master Sgt. Matt Hecht

U.S. Army Soldiers load a simulated patient on to a New Jersey National Guard UH-60L Black Hawk helicopter during a combat lifesaver course run by the Medical Simulation Training Center on Joint Base McGuire-Dix-Lakehurst, New Jersey, April 14, 2022. The Medical Simulation Training Center provides realistic medical training to both medical and non-medical Soldiers in the Active, Reserve and National Guard, and provide hands-on instruction on the latest battlefield trauma and critical care techniques.

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Frontline medicine

The 378th Expeditionary Medical Squadron GST in action

By Tech. Sgt. Alexander Frank
378th Air Expeditionary Wing

Last month, Airmen from the 378th Expeditionary Medical Squadron (EMDS) Ground Surgical Team (GST) had the opportunity to forward deploy to an undisclosed location.

The 17-day temporary duty (TDY) focused on providing medical care in austere environments and exposed the team to the logistics of traveling as a mobile medical team. The TDY took the GST to multiple locations across the CENTCOM area of responsibility to test its ability to provide critical care regardless of location and available resources.

The GST is a multi-capable team of surgeons, nurses, and physicians designed to forward deploy to rustic environments to provide life-saving care. The six-person team from the 378th EMDS at Prince Sultan Air Base (PSAB), Saudi Arabia, include surgeon Maj. Parker Filmore, nurse anesthetist Lt. Col. Darin Lee, critical care nurse 1st Lt. Aaron Freeman, medical service corpsman Capt. Alexis Sutherland, surgical technician Staff Sgt. Brady Beck, and emergency physician Lt. Col. Gregory Stiller.

The GST functions primarily as a single surgeon team capable of providing Austere Resuscitative and Surgical Care (ARSC) in support of forward operating environments where limited or no health resources exist.

During their TDY, the GST from PSAB facilitated workshops meant to educate other medical Airmen and also worked to sharpen their own skills as medical professionals. The team conducted everything from providing lectures regarding fracture management, assisting with neonatal care, conducting pre-screening surgery assessments, and even performing a C-section.

According to Maj. Parker Filmore, a surgeon with the GST, the varied and unpredictable nature of battlefield healthcare is part of the reason the team sought out the training opportunity.

“The exposure to austere medicine and logistics of small team movement learning lessons is what encouraged us to pursue additional opportunities and training,” said Filmore.

While the care the GST provides is expeditionary in nature, it’s far from simple healthcare. Lt. Col. Gregory Stiller, the emergency physician with the GST, says the team can provide a variety of complicated procedures meant to stabilize severe battlefield injuries even in the most remote environments.

“Overall [the] goal is to stop bleeding and stabilize trauma as soon as possible [to] improve survival rates,”

said Stiller. “Primary procedures are triage, airway stabilization, chest tubes, blood administration, orthopedic stabilization, and internal injury damage control surgery.”

Performing medical procedures in rugged, austere environments produces a variety of unique challenges. Things like ensuring the cleanliness of the environment and guaranteeing triaged patients are in a stable location are just some of the things the GST has to take into consideration.

“Providing care in the forward deployed location has many challenges including logistics, travel, and resource-limited procedures,” said Filmore. “Keeping the environment as sterile as possible is another challenge in buildings of opportunity; the team also has to triage patients for surgery

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Right: Members of the 378th Expeditionary Medical Squadron’s Ground Surgical Team (GST) perform surgery during a 17-day TDY to an undisclosed location, June, 2023. The GST is a multi-capable team of surgeons, nurses, and physicians designed to forward deploy to austere environments to provide life-saving care. Below: Members of the 378th Expeditionary Medical Squadron’s GST ride in a Blackhawk Helicopter during a 17-day TDY to an undisclosed location in June.

Courtesy photos



Mental Health

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Physician



PHYSICIAN - FAMILY MEDICINE

Vista Community Clinic is a nonprofit organization located in San Diego, Riverside and Orange Counties working to advance community health and hope by providing access to premier health services and education for those who need it most.

Position: Full-Time, Part-Time and Per Diem Family Medicine Physicians.

Responsibilities: Provide outpatient care to clinic patients and ensures quality assurance. Malpractice coverage is provided by the clinic.

Requirements: California License, DEA License, CPR and board certification. Bilingual English/Spanish preferred.

Contact: Visit www.vcc.org for more information. Forward CV to hr@vcc.org or fax to 760-414-3702. additional positions available

Salary (Full Time): \$239,000 – \$260,000/year EEO/AA/M/F/Vet/Disabaled

• **Frontline medicine** (Continued from page 6)

which means [they] may need to be kept stable while waiting.”

For the GST, while the training offered invaluable experience in providing healthcare in the field, the real benefit was the opportunity to help those in need.

“Most rewarding aspect of our job is the opportunity to help the most critically injured and give them the best chance to survive.” Said Stiller.

During the 17-day TDY the GST was exposed to the realities of providing healthcare in austere environments. The key takeaway for the team was understanding the necessity to adapt to whatever situation they were presented with in order to provide the best care possible.

“GST is a highly specialized small team and this TDY allowed us to successfully demonstrate our capabilities and ability to adapt and overcome any obstacles that arose,” said Stiller. “This experience will provide valuable learning lessons for future teams to come.”

Mental Health

ALASKA BEHAVIORAL HEALTH

Chief Medical Officer | Alaska Behavioral Health
Medical Team

Alaska Behavioral Health is seeking applicants for a Chief Medical Officer located in Anchorage, Alaska. Anchorage provides quick access in the winter to skiing, snowboarding, snowmobiling, dog sledding and much more with easy access to hiking trails, biking, river rafting, fishing, and hunting in all seasons. Anchorage has a population of approximately 300,000 and offers a diverse cultural setting and great schools. Residents benefit financially due to no sales tax in the Municipality of Anchorage as well as no state income tax.

Our mission is to strengthen Alaska communities and improve the lives of our clients by delivering exceptional behavioral healthcare services. We are a Certified Community Behavioral Health Clinic in Anchorage, Fairbanks, and more recently the Matanuska-Susitna Borough. We are also a member of the National Child Traumatic Stress Network.

The Chief Medical Officer supervises a collaborative team of medical professionals in a work environment that includes primary care providers, mental health prescribers, nurses, and support staff. The position also provides direct client care in an outpatient setting to include performing psychiatric assessments for new patients and providing continuity of care for existing patients.

This is a full-time, exempt position based in Anchorage, Alaska. Starting salary is \$385,000 plus (depending on experience) and is eligible for up to a \$25,000 signing bonus based on length of employment commitment. Up to \$5,000 and 40 hours of Category I CE's is also available. The position does not require weekend or evening shifts as well as no on-call shifts. A flexible work schedule of 4-10's is available.

Benefits include six weeks of PTO a year; 10 paid holidays; health insurance for employees and their dependent children; life insurance/AD&D paid by the employer; and a 401(k) plan with immediate vesting and up to a 5% employer match (Roth and after-tax options are also available in addition to pre-tax contributions). Voluntary benefits include dental, vision, and additional life insurance.

Qualified applicants must have a medical degree from an accredited medical school and are Board-certified or Board-eligible by the American Board of Psychiatry and Neurology, have or are willing to obtain an unrestricted Alaska Medical License and current DEA certificate, have a desire to work in community psychiatry and/or with chronic mental illness, and some preference will be given for child and adolescent qualifications.

Resumes can be sent to: Jim Myers at jmyers@akbh.org

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Physician



PennState Health

Penn State Health is a multi-hospital health system serving patients and communities across 29 counties in central Pennsylvania. It employs more than 16,800 people systemwide.

The system includes Penn State Health Milton S. Hershey Medical Center, Penn State Health Children's Hospital and Penn State Cancer Institute based in Hershey, Pa.; Penn State Health Hampden Medical Center in Enola, Pa.; Penn State Health Holy Spirit Medical Center in Camp Hill, Pa.; Penn State Health Lancaster Medical Center in Lancaster, Pa.; Penn State Health St. Joseph Medical Center in Reading, Pa.; and more than 3,000 physicians and direct care providers at 90+ unique medical office locations. Additionally, the system jointly operates various health care providers, including Penn State Health Rehabilitation Hospital, Hershey Outpatient Surgery Center, Hershey Endoscopy Center and Pennsylvania Psychiatric Institute.

To learn more about physician and APP job opportunities, please contact us.

pshdocs@pennstatehealth.psu.edu

Penn State Health is fundamentally committed to the diversity of our faculty and staff. We believe diversity is unapologetically expressing itself through every person's perspectives and lived experiences. We are an equal opportunity and affirmative action employer. All qualified applicants will receive consideration for employment without regard to age, color, disability, gender identity or expression, marital status, national or ethnic origin, political affiliation, race, religion, sex (including pregnancy), sexual orientation, veteran status, and family medical or genetic information.

