Managing a Mature Military-Civilian Partnership: Civilian Perspective

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Disclosures

- No relevant financial interests to disclose
- Speaking in my civilian role as TMD at UAB
- Product of Mil-Civ Partnership- 6 years AD at Cincinnati C-STARS
- IMA on staff at AMC/SGK
At the conclusion of this activity, participants will be able to:

1. Describe the impact a mil-civ partnership has on the patient care mission of an academic Trauma center

2. Describe the impact a mil-civ partnership has on the education mission of an academic Trauma center

3. Describe the impact a mil-civ partnership has on relationships within an academic Trauma center
Overview

- Brief History of the Program
- Programs impact on:
  - Patient Care
  - Education
  - Relationships
- Closing thoughts
History of UAB Mil-Civ Partnership

- **Pararescue Special Operations Trauma Skills Sustainment (PSOTSS)**
  - Developed in 2006
  - Regular two week rotations in trauma skills for up to 4 pararescue jumpers (PJs) per rotation
  - Added Army 18-Delta training program in 2017

- **Special Operations Surgical Team (SOST)**
  - Developed in 2010
  - Fully embedded teams
  - Camp UAB: now includes 20 active duty personnel
UAB PSOTSS Training Rotations

- **UAB Highlands**
  - Airway management
  - Intubation training

- **UAB Emergency Room/Trauma Bay**
  - Initial trauma resuscitation and stabilization
  - Procedures

- **Trauma Burns Intensive Care Unit**
  - Work with Physician Assistants and Bedside ICU Nurse

- **Orthopedic Trauma Clinic**
  - Fracture care/wound care/casting/splinting
Special Operations Surgical Team (SOST) - six person surgical team

Air Force Special Operations Command asset.

- 720th Operation Support Squadron, 720th Special Tactics Group, 24th Special Operations Wing
- Provide DCR/DCS capabilities to special operations forces

Home unit is Hurlburt Field in FL (4 hr drive from UAB)
Established in 2010 through a Memorandum Of Understanding with the USAF

All team members assigned to UAB
  - Live and work in Birmingham unless deployed

Began with one SOST/SOCCET team which was increased to 3 teams in 2014, then to 4 in 2019
  - Typically, one team deployed, one team preparing for deployment, one returning
  - Operational tempo still high
Impact on Patient Care

- **Benefit for SOST**
  - High volume and high acuity Trauma, Emergency General Surgery and Critical Care practice
  - Clinically proficient for their deployed mission
  - Team cohesiveness prior to deployment

- **Benefit for UAB**
  - SOST bring latest advances from military medicine to civilian center
  - Helped us adopt REBOA, Whole Blood, U/S proficiency, improved multi-d team integration
Impact on Patient Care

- Expectations must be clearly defined
  - SOST personnel are fully integrated into the clinical partnership
    - Independent Call
    - Independent Clinical Weeks
  - But we understand they are augmentation… Not counted on in staffing models
  - Variable time for ‘on-boarding’ based on experience
  - FTE expectation defined for clinical expectations on both sides… guarantees clinical opportunity and SOST makes every effort to maintain a minimum level of in-town stability
Impact on Education

- Benefit for SOST:
  - Elevate non-fellowship trained physicians clinical capabilities
  - Mentorship from former senior military members that may not be present in smaller MTF’s

- Benefit for UAB:
  - SOST members bring austere expertise to multiple courses as well as resident and fellow education
  - Instruct in ATLS, ASSET, BEST and Stop the Bleed courses that all benefit UAB as well as regional health care providers
Impact on Education

- SOST members have the benefit of exposure to academic medical center infrastructure and didactics
- Deconflict SOST ‘team’ call with fellows call
- Large number of former military providers surgeons provide mentorship for SOST members straight out of residency training
- SOST members bring expertise to multiple trauma training courses improving our civilian attendings, residents and fellows
Impact on Relationships

- Buy-In from leadership in all embedded clinical departments and hospital leadership critical to success
- Has helped improve relationships between civilian departments
- Broadens active military members exposure to academic trauma research and societies
- Possible positive effect on recruiting/retention
Closing Thoughts

- Mature Mil-Civ partnerships provide mutually beneficial opportunities for the military and civilian trauma centers

- Devil is in the details on how to successfully implement
  - Program Champion on the civilian side that understands the mission
    - Former military with operational experience ideal
  - Focused military site leadership that holds embedded members accountable for clinical duties and focused on the military mission
  - Business model that is conducive to full integration
  - Understand that institution is there to support the military team, the military is not there to support them