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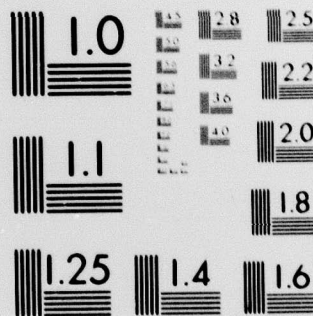
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**PROCEDURAL INCONSISTENCIES BETWEEN FIXED AND FIELD MEDICAL
INPATIENT FACILITIES**

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AMEDD personnel if a further study was done. Preparation of an orientation handbook concerning the many facets of field medicine should be done. It could be distributed to all AMEDD officers.

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SUMMARY

The purpose of the study was to determine whether or not individuals assigned to fixed medical facilities have difficulty adjusting to the procedural differences found in field facilities. The study results could be used in the planning and conducting of a more generalized comprehensive study of adjustment difficulties of members of the AMEDDs to field medical facilities.

The objectives of the study were: to discover if there are problems of personnel adaptability to TO&E units resulting from increasing procedural inconsistencies between fixed and field MTFs, and to determine if the identified problems or potential problems should be further identified and quantified in a more comprehensive study.

Commonalities of responses were looked for, following interviews with Army Nurse Corps (ANC) officers attached to the 41st Combat Support Hospital (CSH) during unit test periods. The most frequent problem foreseen concerned differences in the equipment used in field facilities versus that used in fixed facilities. The concerns were for lack of experience as well as differences in field equipment, and included reusable items not encountered in fixed MTFs. The need for adaptability and creativity was brought out both for working and living in the field. "Cultural shock" was a term frequently used to label feelings toward lack of privacy, field sanitation, food differences, and sterile versus clean concepts. Administration of patient care was not a problem in and of itself. It appeared that problems surfaced by ANC officers were found also by other AMEDD officers.

Report recommendations are: (a) Increased period of orientation to a field unit during basic training, including living and sleeping under canvas; (b) preparation of an orientation handbook that can be prepared from afteraction reports or by a group of individuals who have field experience; (c) availability of an orientation handbook for all individuals at the time of first assignment or prior to field training while in basic training, or when assigned as a TO&E assignee; and (d) completion of a more comprehensive study which encompasses the AMEDDs and uses as subjects individuals participating in REFORGER or as members of a TO&E unit sent to respond to an emergency situation.

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TABLE OF CONTENTS

SECTION	PAGE
REPORT DOCUMENTATION	1
SUMMARY.	111
TABLE OF CONTENTS	iv
1. INTRODUCTION	1
1.1 Purpose	1
1.2 Background	1
2. OBJECTIVES	2
3. METHODOLOGY	2
3.1 Overview	2
3.2 Procedure	2
4. FINDINGS	2
5. DISCUSSION	4
6. CONCLUSIONS	4
7. RECOMMENDATIONS	4
8. REFERENCES	5
9. DISTRIBUTION	6

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1. INTRODUCTION.

1.1 Purpose. The purpose of this study was to determine whether or not individuals assigned to fixed medical facilities have difficulty adjusting to the procedural differences found in field facilities. The study results could be used in the planning and conducting of a more generalized comprehensive study of adjustment difficulties of members of the AMEDDs to field medical facilities.

1.2 Background. Management improvements and changes within the Health Services Command (HSC) medical treatment facilities (MTF) have caused changes in the functions of personnel and organizational elements. Few, if any, comparable changes have been made or carried out in medical Table of Organization and Equipment (TO&E) Special Operating Procedures (SOP) or organizations. It is apparent that in times of emergency, personnel with experience in fixed facilities will be assigned to TO&E units and will be ill-prepared to function without additional training and reorientation.

In January 1979, the 41st Combat Support Hospital (CSH) underwent reconfiguration to a Mobile Army Surgical Hospital (MASH). The unit was to face an Army Training and Evaluation Program (ARTEP) in March and testing as a MASH by the Training and Doctrine Command (TRADOC) Combined Arms Test Activity (TCATA) in May. Additional personnel were assigned to the unit in order for it to fulfill its missions. Ten Army Nurse Corps (ANC) officers, including a designated chief nurse, were added to the unit by the beginning of March. Five of the eleven ANC officers came from field units (including the one from the 41st CSH) and six were from fixed facilities. Immediately prior to the move of the unit to Ft. Hood for the TCATA testing, 19 more ANC officers, all from fixed facilities, were added to the unit. These individuals had been alerted 36-48 hours before their arrival.

Preparation of the FY 80/81 studies for Health Care Studies Division (HCSD) had included questions concerning adaptation of the new form of nursing notes, SF 510-109, from fixed to field facilities. Consideration was given also to preparation of sterile additives in the field. Pharmacy services in fixed facilities prepare these medications and deliver them to hospital wards. Such services are not available in field units.

After-action reports concerning the use of a field medical facility and problems encountered in field exercises, such as REFORGER, have been prepared. Little or no use has been made of these reports to prevent similar problems from recurring during other exercises or emergency activation of TO&E units.

2. OBJECTIVES

The objectives of the study were:

- a. To discover if there are problems of personnel adaptability to TO&E units resulting from increasing procedural inconsistencies between fixed and field MTFs.
- b. To determine if the identified problems or potential problems should be further identified and quantified in a more comprehensive study.

3. METHODOLOGY

3.1 Overview. It was determined that while problems in orientation and utilization would occur in all of the hospital functional areas, the study would be limited to members of the ANC. Originally, only the 11 ANC officers were to be interviewed, but, serendipitously, 19 ANC officers were inserted into the unit after a very short alert period.

3.2 Procedure. Review of after-action reports led to the decision to use open-ended questions in an interview technique to gain the desired information. The interview questions were:

- a. Have you had any previous field experience?
- b. What potential problems can you foresee for individuals who came from a TDA unit to a TO&E unit?
- c. What potential problems can you foresee for individuals coming from a fixed facility to a mobile one and immediately having to work?
- d. What potential problems can you foresee for the individual who has never lived in the field before?
- e. What suggestions do you have for someone going to the field for the first time?

The 11 ANC officers with the unit from January through May were interviewed twice. The first interview was done the first day the unit was in the field. The second interview was done several days after the unit had completed the ARTEP and had returned to garrison. Eleven of the 19 ANC officers who joined the unit immediately prior to the move to Ft. Hood were interviewed during the MASH testing for TCATA.

4. FINDINGS

4.1 Approximately one-third of those interviewed had had previous field experience. Their responses to questions during the interviews were similar to those of individuals without field experience.

4.2 The first objective of the study was to determine if there were adaptation problems for individuals coming from fixed facilities to field medical facilities.

4.2.1 The most frequent problem foreseen by all individuals concerned differences in the equipment used in the field situation versus that used in fixed facilities. A specific example was that of the field anesthesia machine. Army trained anesthetists receive some orientation and experience with it. However, civilian trained anesthetists would have to be taught how to use the machine.

4.2.2 As part of the foreseeable problems for individuals coming to TO&E units and going to work at once was a concern for the jargon or language unique to the field. Too, there was the concern for equipment differences and lack of experience with the equipment. One problem mentioned was that individuals had to clean and sterilize reusable items when they had used only disposable items in the fixed facilities. Lack of creativity regarding equipment adaptation as well as being part of living in the field was a concern of some of the senior officers.

4.2.3 Individuals living in the field whether for the first time or fiftieth time expressed similar concerns regarding mechanical and psychosocial adaptation. They emphasized the importance of learning to use the equipment found in the TA 50-901, Individual Field Equipment. The need for adaptability was emphasized. "Cultural shock" was a term frequently used to label feelings toward lack of privacy, field sanitation, food differences, and sterile versus clean concepts. There was little difference in response regardless of whether individuals had or had not had any previous field experience.

4.2.4 Suggestions for individuals going to the field for the first time varied but several common themes were discerned.

4.2.4.1 Approach as though preparing for a camping trip (e.g., take suitable personal items, be prepared to entertain one's self).

4.2.4.2 Be familiar with TA 50-901.

4.2.4.3 Recognize that mechanical and emotional adaptability are required.

4.2.4.4 Be assured that the quality of nursing care will be the same under all circumstances once the individual is oriented to the situation and acquainted with the equipment.

4.2.5 A final frequent suggestion directed at field training planners was the need for better orientation to the field per se.

4.3 The second objective of the study was to determine if the identified or potential problems warranted further investigation in a comprehensive study. The problems of equipment differences and use, reuseable items, medication limitations, and an expressed need for better exposure to the field make it apparent that further study would be advisable.

5. DISCUSSION

5.1 The study findings indicated that there were a number of problems brought to the surface through interviews with the ANC officers of the TO&E unit. Administration of patient care was not a problem in and of itself. Use of unfamiliar equipment, differences in jargon, field sanitation, need for adaptability, creativity, and the like, were considered to be important problems.

5.2 No significant differences in response were apparent among the ANC officers whether they had joined the unit prior to the ARTEP or had been alerted and joined the unit as it went to Ft. Hood. It must be presumed that similar or additional problems would be elicited if other members of the AMEDDs were queried in a more complete study.

6. CONCLUSIONS

6.1 Better orientation to all aspects of field medicine is needed.

6.2 A more comprehensive study of potential or identified problems is advisable.

7. RECOMMENDATIONS

a. Increased period of orientation to a field unit during basic training including living and sleeping under canvas.

b. Preparation of an orientation handbook that can be prepared from after-action reports or by a group of individuals who have field experience.

c. Availability of an orientation handbook for all individuals at time of first assignment, or prior to field training while in basic training, or when assigned as a TO&E assignee.

d. Completion of a more comprehensive study which encompasses the AMEDDs and uses as subjects individuals participating in REFORGER or as members of a TO&E unit sent to respond to an emergency situation.

8. REFERENCES

1. REFORGER 78 (4th CSH) After Action Report.
2. Report: Gallant Eagle '79, 5th Combat Support Hospital.
3. After Action Report: Exercise Certain Sentinel (REFORGER 79).
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