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QUALITY OF HEALTH CARE--THE CORPSMAN'S PERSPECTIVE

R. F. BOOTH

REPORT NO. 78-36

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**NAVAL HEALTH RESEARCH CENTER**

P. O. BOX 85122  
SAN DIEGO, CALIFORNIA 92138

NAVAL MEDICAL RESEARCH AND DEVELOPMENT COMMAND  
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Quality of Health Care---  
The Corpsman's Perspective  
Richard F. Booth, M.S.\*

Abstract

Corpsmen's suggestions for more effective use of first enlistment Hospital Corpsmen were analyzed. Responses from 1,029 corpsmen were summarized in terms of suggested improvements in training, job assignments, and working conditions. These suggestions may be helpful to Medical Department personnel responsible for providing quality health care services in a cost-effective manner.

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From the Environmental and Social Medicine Division, Naval Health Research Center, San Diego, California 92152, where Mr. Booth is Head, Occupational Health Branch.

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Quality of Health Care--  
The Corpsman's Perspective

"What suggestions do you have for using junior (first enlistment) Hospital Corpsmen more effectively in the Navy Medical Department?" This question was included in a Naval Health Research Center survey of 1,029 corpsmen who entered class "A" Hospital Corps School during 1973 and were nearing the end of their initial active duty service obligation. The large number of comments received in response to this question indicated that many respondents had strong feelings about this issue. A variety of ways was suggested in which corpsman effectiveness might be improved. The purpose of this paper is to summarize these suggestions for review by persons charged with responsibility for providing quality health care services in a cost-effective manner.

SELECTION

Approximately 5% of the suggestions that were received pertained to the need for improved selection and guidance procedures as a means for improving corpsman effectiveness. Most of these suggestions stressed the importance of considering an individual's motivations and attitudes, in addition to aptitudes, when evaluating qualifications for assignment to training for the Hospital Corpsman rating. Other suggestions were directed toward the need for better advice to HM candidates on the nature of paramedical work and the possibility of assignment to the Fleet Marine Force. Finally, a few corpsmen noted that

individuals who do not wish to become HMs should be encouraged to drop out if they are in Hospital Corps School or, if they have already been graduated, they should be allowed to change their rating. One person suggested, in addition, that the first few months following graduation from Corps School might be considered as an apprenticeship period during which time ineffective HMs could be dropped from this rating.

#### TRAINING

Approximately 25% of the suggestions that were received pertained to formal training programs, including class "A" school training, in-service training, and advanced school training courses.

Class "A" school training. Many individuals recommended that the course be extended to 16 weeks or more. The nature of these comments indicated that the present course may be too brief to permit students to acquire the knowledge that is required for them to perform satisfactorily in their jobs following graduation. Many other individuals suggested that the school curriculum might be improved by adding some new subjects, such as the psychology of patient relations, or by placing more emphasis on practical factors in training. Finally, questions were raised about upgrading scholastic standards of the curriculum to permit civilian certification or college credits be granted upon completion of the course.

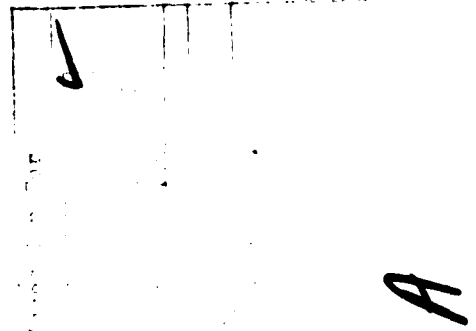
In-service training. It was suggested by many individuals that HMs could benefit greatly from a continuing program of review and update on first

aid and emergency medical procedures. Likewise, it was suggested that more time should be dedicated to in-service training, that IMs should be given more encouragement by their supervisors to participate in this training, and that in-service training should be designed to present information on a broader array of clinical, technical, and administrative topics, including such areas as diagnosis and screening (sick call), monitoring critical care patients, dispensing medications, performing laboratory tests, and maintaining administrative records.

Advanced school training. Several individuals suggested that the opportunities for "C" school training during first enlistment should be increased and that greater attention should be given to individual interests in determining who receives this training. Most of the remaining comments suggested that the incentives for personal development and reenlistment among IMs might be improved by reestablishing such advanced training opportunities as those provided by physician assistant and NENEP programs.

#### ASSIGNMENTS

About half of the suggestions that were received pertained to IM duty station and job assignments. The importance of a logical progression in work setting assignments from the ward to an operational environment was stressed. Emphasis also was placed upon limiting the amount of time IMs must spend in non-health care jobs and upon increasing the utilization of advanced school graduates in their respective areas of specialization.



Sequence of assignments. The comments in this category stressed the training and experience that HMs should be getting in their early assignments. The first area of emphasis in these comments was on the importance of ward duty as a precursor to nearly all other HM assignments, including advanced school training. Ward duty was generally considered to be the best first assignment for HMs because it tends to build confidence in one's ability to work directly with patients and reinforces the hands-on patient care skills that are developed during Hospital Corps School. It also helps the corpsman to gain an immediate appreciation for doctor, nurse, and corpsman relationships. Most suggestions in this area indicated that 6 months of ward duty were sufficient to obtain these benefits.

Another area of emphasis was avoiding the potentially stagnating effects of remaining in the same job for too long a time. The focus in these comments was usually on professional growth and the development of broad experience in Medical Department operations. Many corpsmen who described the value of ward duty also mentioned the added benefits that could be gained from rotation through several wards rather than concentrating this experience on a single ward. Following completion of ward duty, several corpsmen suggested that the orderly rotation of HMs through several departments was more beneficial than remaining in a single department for the duration of a duty station assignment. Overall, the thrust of job rotation should be toward increasingly responsible positions.

A final area of emphasis was on the need for providing IIMs with a broad range of working and instructional experiences at Naval Regional Medical Centers before assigning them to such non-medical activities as ships and the Fleet Marine Force. Supervisors at operational commands are frequently unable to provide inexperienced IIMs with the training required to perform designated health care tasks effectively, leaving both the IIM and his or her supervisor in a difficult position. By providing IIMs at the Naval Regional Medical Centers with closely supervised, on-the-job instruction and experience in such areas as the screening and treatment of patients in sick call, dispensing medications, performing laboratory tests, taking x-rays, and maintaining health records, they will be better prepared for the difficult transition into an operational environment and the chances for error under less closely supervised circumstances will be reduced significantly.

Non-health care jobs. Many corpsmen suggested that assigning an IIM to administrative, clerical, or custodial duties was a waste of health care training and manpower. Perhaps the strongest statements in this regard pertained to the inadvisability of assigning recent Hospital Corps School graduates to these positions. Since the knowledge and skills required of newly designated IIMs have not yet been reinforced by on-the-job experiences, they can be lost quite rapidly through disuse. Unfortunately, loss of these capabilities does not relieve the junior IIM of responsibility for providing patient care services during emergencies and subsequent job assignments. Although it



was generally acknowledged that these jobs must be performed, it was suggested that they not be assigned to newly designated HIs and that these assignments should be of short duration when required. Furthermore, it was suggested that consideration might be given to making greater use of individuals trained in other, more appropriate, Navy occupations to provide these non-medical services. Personnelmen, Masters-at-Arms, and Storekeepers, for example, might be assigned to the Medical Department to perform record-keeping, security, and supply functions; in addition, the Medical Department could utilize seamen in such general duty jobs as transportation and facility maintenance.

Technician utilization. It was suggested that some commitment should be made to permit advanced school students to work in their specialized field for a significant period of time following course completion. This was noted as being particularly important from the standpoint of fulfilling a student's expectations as well as reinforcing his acquired skills and abilities. Assignment of a newly designated technician to the Fleet Marine Force was cited as a major problem since the opportunities for technicians with the FMF to work in their specialized fields are severely restricted. Furthermore, since technicians assigned to sea duty generally have less opportunity to work in their specialty and are less able to keep up with new techniques and procedures, it was suggested that the availability of refresher courses and Temporary Additional Duty assignments to nearby shore facilities be increased as a means of

enabling these medical personnel to maintain their proficiency.

Individual preferences. Many corpsmen suggested that more attention and greater weight should be given to the duty station and job preferences of HMs when new assignments are being considered. Personal preferences should be considered not only when changes in duty station are due to be made, but also when a new individual is being evaluated for assignment within a particular activity. Interviews conducted by the appropriate personnel should be oriented toward assigning the individual to a department and job that will promote the best match between occupational demands and the individual's interests and abilities.

#### WORKING CONDITIONS

Approximately 20% of the suggestions that were received pertained to the indoctrination, responsibilities, and supervision of junior corpsmen.

Indoctrination. Many corpsmen suggested that greater effort should be made to provide HMs with information that will speed their adjustment to a new duty station or job assignment. Information on the local community, housing, unique characteristics of the new work setting, and job standards and requirements were cited as examples of information that would be helpful to newly assigned HMs. It was suggested, in addition, that a formal indoctrination course similar to that provided by the Field Medical Service School might be developed for HMs assigned to ships and that a Fleet Marine Force indoctrination period might be added to the class "A" school curriculum as a

means of providing all HMs with some exposure to that unique work setting.

Responsibilities. A suggestion made by many corpsmen was that junior HMs should be given more responsibility as they develop their skills and demonstrate the ability to assume more responsible positions. Too often, according to these comments, junior HMs are limited to the performance of menial chores, which tends to create demeaning work roles and such informal job titles as "bedpan pushers," "ward coolie," and "gofer." It was suggested that one means for alleviating this problem might be to increase the number of significant duties assigned to junior HMs in combination with the less rewarding duties. It also was noted that with the growing shortage of physicians, it might be necessary to assign expanded duties to greater numbers of HMs.

Supervision. The largest number of comments about working conditions pertained to the attitudes and leadership skills of supervisors. Examples of poor supervisory practices that were mentioned include supervisors "harassing" junior HMs, looking down on junior HMs as "second class citizens," unfairly favoring some junior HMs over others, promoting negative attitudes toward the Navy, failing to consider the needs and opinions of junior HMs, and leaving, rather than helping out, when the workload gets heavy; all types of corpsmen's supervisors, including physicians, nurses, Medical Service Corps administrators, and senior HMs, were mentioned in these comments. A double standard in the enforcement of dress and grooming regulations for officers and enlisted

personnel also was noted as a source of aggravation for junior EHC. One suggestion that was made by several corpsmen was that persons selected to fill supervisory positions be chosen on the basis of leadership ability or potential rather than simply considering an individual's seniority, professional status, or technical competence. Another suggestion that was offered by several corpsmen was that greater emphasis should be placed upon providing human relations training for supervisors.

In conclusion, the many constructive suggestions offered by concerned corpsmen in this study appeared to reflect a positive desire to improve the quality of Navy health care services and certainly deserve thoughtful attention.

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