

**SAN ANTONIO BRAC 2005
GROWTH MANAGEMENT PLAN**

TASK 6b REPORT

MILITARY CLINICAL TRAINING

**PREPARED FOR
CITY OF SAN ANTONIO
OFFICE OF MILITARY AFFAIRS**

**BY
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MILITARY CLINICAL TRAINING

MILITARY CLINICAL TRAINING

The Growth Management Plan considers the impacts that Fort Sam Houston BRAC actions could have on the community. It describes potential issues, identifies potential opportunities and suggests strategic actions for mitigating or resolving issues and capitalizing on opportunities. This specific part of the plan considers potential clinical training issues and opportunities.

FOCUS OF THE STUDY

The 2005 Base Realignment and Closure (BRAC) commission initiated consolidation of Air Force and Navy medical technical training with Army medical training at Fort Sam Houston. Army training will also grow somewhat, but considering the number of personnel involved in Air Force and Navy training mission, the Army increase is relatively small. The military cautions that the exact numbers of students are subject to change as the BRAC moves take place, so order of magnitude numbers are used as appropriate to support the information provided. The Navy and Air Force will each be sending several thousand new trainees. The addition of Air Force and Navy trainees to the present Army training is expected to create the largest technical medical training facility in the United States, with a population of nearly 8,000 at any one time and more than four times that number passing through annually.

Navy training will span 21 different medical specialties and may involve both a classroom component and a clinical experience component. All trainees will receive classroom training at Fort Sam Houston facilities on the campus of the Medical Education and Training Command (METC). However, where trainees require a clinical experience, there is a need to arrange for that clinical experience component of the training to be completed in an operating medical facility.

The Army and Air Force will continue to use their existing clinical training arrangements to support future training at Fort Sam Houston. The Navy is currently training medical technicians in facilities at Great Lakes, IL; San Diego, CA; and Portsmouth, VA. At these locations, Navy trainees receive both classroom training and the clinical experience component of their training at the same location. The Navy would prefer to continue having trainees in most specialties receive clinical training at the same location as classroom training once the mission has relocated to San Antonio. However, military medical facilities in San Antonio are heavily used for Army and Air Force clinical training, and there is not enough additional capacity at these facilities to meet METC requirements. Thus, there is a need for civilian medical facilities to support METC clinical training needs.

The San Antonio region has many civilian medical technical training programs. These programs also have both classroom and clinical experience components. As a result, there are existing relationships between various educational institutions and hospital

systems whereby the hospital provides the clinical experience for the civilian trainees. Thus, it is important to establish a coordinating mechanism whereby the METC trainees can seek out additional capacity within the civilian hospital system in order to place METC trainees in a manner that is compatible with the existing civilian relationships.

There are several complicating factors in finding places for trainees to obtain their clinical experience. Examples are:

1. There is a difference in training protocols. Some clinical experience requirements can be satisfied in weeks; others may take much longer.
2. In some cases, the trainee must gain experience in a facility managed by a properly credentialed person.
3. In some cases the trainee must gain experience with certain procedures, and a medical event presenting that experience may not occur within the expected stay at a facility. If that happens, it may be necessary to either extend the stay or make other arrangements. For example, one comment on such a “cold injury” requirement was, “You don’t run into frostbite much in San Antonio.”
4. The San Antonio civilian health education requirement is also growing, and therefore, the civilian need for training capacity within health care facilities is also growing. Some programs are planning to double their training output over ten years.
5. Accommodation of trainees by hospitals is voluntary. Though hospitals may be willing to accommodate trainees, they may also impose conditions or requirements. Examples are: (1) Limitations on the numbers and types of trainees; or (2) A requirement that teachers accompany the trainees with a set student/teacher ratio; or (3) Affiliation agreements and orientation which is not currently standardized.
6. Civilian training requirements often do not exactly match those of the military.

WORK IN PROGRESS

The City of San Antonio, Bexar County and the Greater San Antonio Chamber of Commerce formed a task force to work with the military on BRAC issues. This Military Transformation Task Force established a Medical Partnership and Clinical Training Committee, which in turn incorporated the already existing Assignments Collaborative Group as a forum for helping METC address its clinical training requirement. This Clinical Training Committee is a working group composed of military representatives and representatives from both health care and health care education systems in the San Antonio area. The goal of this working group has been to establish an ongoing relationship whereby the clinical training needs of both METC and the civilian health care schools can be met. Their approach has been to work with the health care institutions on a means of coordinated scheduling of trainees into “slots” within the health care system that meet the trainee requirements. The City of San Antonio and this Clinical Training Group should be recognized as a model of community/military cooperation. Although there are some examples of military civilian cooperation in medical training, nothing of this magnitude has ever been tried before.

Early meetings of the committee developed information useful for analysis of the most appropriate approach to meeting METC requirements. This involved: (1) Discussion among members; (2) Gathering of information on the arrangements at major hospital systems, and on requirements that those systems might impose on acceptance of additional trainees, and in addition, (3) Clarification of the numbers of trainees that the Navy would have, trainee disciplines, duration of training and specialty training needs by discipline.

The discussions did much to allay early concerns, and the discussions also produced meaningful results. For example, an early concern was that dealing with the large number of trainees could tax the capacity of civilian hospitals which also supply clinical experiences for civilian trainees. However, continuing committee discussions have helped ease such concerns. First, METC has consistently articulated that they will take “slots” only after civilian needs are met, and they have demonstrated a willingness to take appropriate steps to minimize the impact of the large numbers protocols. Examples are expressed willingness to:

- Schedule training over the year in a manner that helps to avoid peaks in the number of trainees needing clinical training any one time;
- Assigning trainees to any available shift;
- Providing faculty oversight for trainees while at a hospital or clinic in the proportion required by the hospital or clinic, e.g. one faculty for each ten trainees;

Note: The Navy is currently considering some specialties for training at military medical facilities outside the San Antonio area. Examples are radiology technician, surgical technician, medical laboratory technician, pharmacy technician, and preventive medicine technician.

Mutually beneficial progress was made in addressing business relationships or rules which form the core of an agreement between a training institution and a facility that provides clinical training. Examples of areas for joint consideration include:

- Development of core business rules for an agreement between the training institution and the hospital;
- Establishing a common orientation which all training institutions could provide to trainees, in order to minimize the time required to orient students at their host clinical training facility.

A second area of progress was in clarifying the METC needs. While there will be many individuals in training, the probability is that only eighty (80) corpsman trainees will need to be in a clinical training situation at any one time with the possibility that a few additional trainees will also need clinical training opportunities at the same time. Furthermore, these discussions revealed that most civilian training is accomplished during the day shift. Thus, since METC is committed to using only unused capacity, there should be such unused capacity available even in those San Antonio hospitals that support civilian training institutions.

In addition, early inquiries by the METC have been promising. In parallel with ongoing committee discussions, the Growth Management Study team surveyed several hospitals and other health systems. The survey resulted in a preliminary conclusion that, with the changes noted above, the METC requirements for clinical training could be met within health care facilities in San Antonio. It was suggested that the METC concentrate on placing trainees with hospitals clustered in the city center and at the Medical Center in order to minimize the transportation requirement. Because some METC training is presently accomplished in cooperation with the Veterans Administration, the METC initiated discussions with the Veterans Administration hospital located in the Medical Center in San Antonio. These discussions indicate that the VA should be able to accommodate a significant percentage of METC's requirement as long as METC meets the appropriate student to faculty requirement, e.g. one faculty for each ten students on a ward.

In summary, METC is well on the way to finding slots for the first trainees who are expected to need training slots in San Antonio by 2010. In addition, the Medical Partnership and Clinical Training Committee's Assignment Collaboration Group has proven to be an effective forum for exchanging information and establishing cooperation among both military and civilian training institutions and the participating medical facilities that are partners or potential partners in providing training.

Matching students with sites in medical facilities that meet the student's training needs is a complex issue that involves many factors. Traditionally, institutions have done that through a liaison relationship with one or more hospitals. The result has been a very real concern whenever something occurs which might disturb such existing personal relationships. However, with growth in health care and health care education in San Antonio, this one-on-one approach is rapidly becoming inadequate to meet needs of either the training institutions or the medical facilities that support them. A coordinated effort is required to effectively utilize available clinical training capacity within the host health care facilities. This coordination requires both personnel communications between the involved organizations and a means of systematically screening capabilities of host sites against the suite of individual trainee needs.

These complexities mean that there is a need for:

1. Designated points of contact at each participating training and host facility who can serve as a communications network; and
2. A computerized scheduling system which allows quick, real-time screening of an individual trainee's needs against available capacity to meet those needs. This system needs to be able to handle the numbers of trainees that will be in the system over a reasonable period of time, such as a year. The time period must be sufficiently long to permit forward planning by both the training facilities and the facilities hosting trainees.

The Workforce Solutions Alamo recently was awarded a Robert Wood Johnson grant which was matched by funds from local contributors to develop a system for scheduling clinical training for nursing students. This system is just now being deployed, with the

first trial placement of nurses in cooperating health care facilities. If the trial of the nurse placement system is successful, it could provide a model for effective placement of allied health trainees.

Both military and civilian members of the Medical Partnership and Clinical Training Committee have expressed interest in the nurse placement system. If the committee or members could participate in system implementation, such participation would permit them to determine whether this system could be expanded or replicated to support medical technician scheduling. METC is willing to partner in this effort and, in fact, would prefer to get involved in the front end before military trainees arrive. A significant advantage of participating with nurses in their system would be access to the network of contact relationships at the both the training institutions and the cooperating health care facilities.

CONCLUSIONS AND RECOMMENDATIONS

The Growth Management Planning Team finding is outlined in the preceding section. Placement is a continuing process which requires a network of representatives as well as a robust placement system.

The Medical Partnership and Clinical Training Committee's Clinical Training Group (Group) has proven to be an effective forum for communication among civilian and military education and health care professionals. The group is an effective forum to identify issues and training needs and to develop the means to address the needs.

This group should become a continuing organization with a charter to establish a continual improvement agenda for Clinical Training in San Antonio by:

1. Fostering communications and cooperation among training institutions and the health care facilities that support training programs of those institutions;
2. Identifying needs and recommending actions to address such needs;
3. Identifying opportunities and recommending actions.

Suggestions to consider for the first annual group goal-setting meeting include the following:

1. Determine the capacity of the nurses' deployment system. This was actually accomplished just prior to publication of this GMP, and the system will have adequate capacity for all METC and civilian allied health trainees. The next step will be work with the nursing system to determine the best process for adding other allied health trainees to the system.
2. Continue using the network of contacts established to support the nurse and other clinical trainee placement.
3. Follow-up on the idea of common business rules. The group could develop rules, which are acceptable to all facilities that provide clinical training opportunities and all the training institutions which utilize those facilities. Having such common business rules would facilitate accommodation of continual growth which can result in both new education programs and new health care facilities being brought into the network.

4. Follow-up on the idea of a common orientation for students. Such an orientation could be provided by training institutions as part of the classroom curriculum. This would relieve the facility providing clinical experience of some of the burden of orienting students at their facility.
5. Continue to coordinate and cooperate with METC in helping to place METC students.
6. Continue to coordinate and cooperate with VA in setting up a student clinical training support system for METC students by hosting a “lessons learned,” “idea sharing” meeting with other hospital systems supporting student training.

In summary, the health care sector in San Antonio is growing rapidly. By developing a cooperative system that meets both civilian and military needs, health care education in San Antonio will be strengthened. The immediate goal should be to accommodate every person in training in San Antonio at a convenient host facility that can provide an experience meeting his or her training requirements. Where a comprehensive matching system is utilized, should the number of trainees exceed the capacity of participating hospitals, the group would have necessary data to support a recommendation for action to create additional training capacity.

APPENDIX A

WORK SCOPE QUESTIONS AND RESPONSES

Task 6b: Military Clinical Training

Subtask 6b.1 Identify the programs at Medical Education and Training Command (METC) which are expected to grow in order to determine the military's requirements for off-post clinical training. Determine the capacity/ability for local hospitals to accommodate growth in combat-medic training.

While there will be many persons in training, the probability is that only 80 trainees will need to be in a clinical training situation at any one time. Training provided for Navy students at METC involves 21 clinical specialties. The Navy recently decided that four specialties will continue to get their clinical training at Navy bases. Those are radiology tech, surgical tech, medical laboratory tech, and pharmacy tech. Another specialty, preventive medicine tech, is unique to the military and so will also continue to train in the Navy.

Matching students with sites in medical facilities that meet the student's training needs is a complex step that must consider many factors. However:

1. Preliminary discussions with the VA indicate that this one hospital has three 36 bed wards that can take 10 students per shift and 3 Intensive Care Unit opportunities for 5 students per shift. This is a substantial part of the needed capacity.
2. While many San Antonio educational facilities use civilian hospitals to support student clinical experience aspects of training, they most often use the day shift. Thus, there is expected to be capacity in those hospitals on other shifts.
3. Other medical facilities in the region could provide a "clinical" experience for some types of technician training.
4. There is a growing need for training space to support civilian training institutions, but there is also a growing number of civilian hospitals and hospital beds (e.g. new bed towers at existing hospitals).

The conclusion of the study is that are enough spaces are available, but effective utilization of the available spaces will require continual coordination and cooperation.

Subtask 6b.2 Identify how military clinical training can be made more efficient and effective and whether a central clearing house should be established to coordinate student training needs with availability at local hospitals.

As noted above, effective utilization of available clinical training space is a complex process that will require continual coordination and cooperation. A cooperative forum is needed, and that forum must have both the resources and the capability to continually match students with available space on a real-time basis.

APPENDIX B

MILITARY TRANSFORMATION TASK FORCE

MEDICAL PARTNERSHIPS & CLINICAL ASSIGNMENTS

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