From NCC-Family Medicine Residency, Fort Belvoir Community Hospital, Fort Belvoir, VA.

Combat Mentoring
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DS: In December 2005, I deployed from Eisenhower Army Medical Center to Iraq as an infantry battalion surgeon with the 101st Airborne. During this time, I was the only medical provider on a small Forward Operating Base that was home to about 780 US military personnel. Such a remote and austere setting forced me to use my family medicine training to its fullest extent. It was both personally challenging and professionally rewarding.

While in Iraq, I was approached by an eager and intelligent Infantry Platoon Leader, First Lieutenant Richard (Rick) Hawkins. He told me he was interested in attending medical school and wanted to spend some time in the aid station to gain more perspective on the profession of medicine. Rick was obviously highly motivated if he was willing to spend some of his precious time between combat missions hanging out in the aid station. The operational medicine setting allowed Rick to observe a wide spectrum of medicine tasks, some of which might occur in any family medicine setting—minor acute visits, chronic disease management, outpatient procedures, and some that were unique to operational setting, such as combat trauma management.

RH: While I was an undergraduate at the United States Military Academy in West Point, NY, I began preparing to eventually apply to medical school. My only exposure to physicians had been in non-clinical settings, so I didn’t know exactly where in medicine I would fit in best. After graduating from West Point, I deployed to Samarra, Iraq, where I served as a rifle platoon leader for 38 enlisted infantrymen and one medic. In February 2006 the Golden Mosque in Samarra was blown up by Sunni insurgents, sparking massive sectarian violence in our area of operations. While on patrol with my platoon we were frequently attacked with small arms fire, improvised explosive devices, machine guns, mortars, and once by a suicide truck bomb. The only medical personnel with us was our medic, a 19-year-old private first class who had a few months of medical training before joining our unit. Fortunately our battalion surgeon, Dr Seehusen, scheduled time to teach our medics while in theater. He let me attend several of these training sessions, and that’s when I first learned of physicians’ roles as educators; my previous notion of a doctor was someone who saw patients in clinic and did little else. Seeing Dr Seehusen performing so many varied roles and being so integral to the health of the unit made me start to seriously consider family medicine as a career option.

DS: Medicine in an austere combat environment can force a physician to use every facet of their medical training. In addition to clinical knowledge, quick thinking and the ability to improvise when needed are essential. This is why family physicians are so valuable in these environments. Family physicians in a combat zone practice population health, preventive medicine, acute and chronic medical care, and trauma resuscitation.

Family physicians are used to coordinating a team, and in combat medicine, teamwork is the key to saving lives. The best physician will not be able to handle a mass casualty situation, or even a single serious casualty, alone. This means bonds that are formed among medical personnel in a combat zone are truly special. Each member of the team is essential, and there is minimal time for hesitation in the heat of the moment. The difference between success and failure is gut wrenching and haunting. Additionally, somewhere in the back of everyone’s mind lurks the knowledge that tomorrow, it could be you lying on the stretcher.

My team in Iraq was made up of young medics who were eager and courageous but relatively inexperienced. I knew I was going to need these young medics, so I set about...
teaching them and molding them into a trauma team. As an educator, the importance of teaching took on a new level of meaning. Mentoring Rick in this setting was both easy and enjoyable.

RH: I was impressed that Dr Seehusen treated acute and chronic problems and trained medics to deal with trauma as well as low-acuity problems like ingrown toenails and sutures. Seeing Dr Seehusen in action made me enthusiastic about the idea of family medicine, because I too would like to care for soldiers while deployed. Dr Seehusen, and battalion surgeons in general, are not just “doing a job;” they are members of a team that develop important relationships with the officers, soldiers, and medics in their battalion.

DS: Rick spent time at the aid station when he could, and we were able to discuss his future goals and desires. I was able to express what I felt was important to the military health care system and why I was passionate about my personal career choice. Taking care of the members of the US Army Services is truly an honor. These service members willingly put themselves in harm’s way for little reward and rarely complain. Rick was a prototypical example of this selfless service and, in addition, had the intelligence and talent to become a physician. Fortunately for the Army, Rick was accepted to the Uniformed Services University of the Health Sciences.

I am now the program director of the Fort Belvoir Community Hospital’s Family Medicine Residency Program. On July 1, 2012, I was honored to welcome Captain Rick Hawkins as a PGY-1 into the class of 2015.

RH: In the infantry I never liked leaving our forward operating base to go out on patrol, but I was comforted by the knowledge that when my soldiers were hurt they would be taken care of by a physician and well-trained medics. After my deployment with Dr Seehusen I was pretty sure I wanted to go into family medicine, and my time in medical school reinforced that desire. Providing primary care is the way I can have the greatest impact on the next generation of war fighters. I consider myself extremely fortunate not only to now be in family medicine residency but to also get to be trained by the same man who sparked my interest in family medicine 6 years ago.

DS: This sort of longitudinal association between an educator and learner is a relatively rare thing, and the particular circumstances of our association are almost certainly one of a kind. I am not the only family physician who has played a role in Rick’s specialty choice. However, getting to see a family doctor serve as an infantry battalion surgeon in an austere environment as an educator, mentor, and physician did show Rick a unique aspect of what our specialty is all about and what will be expected of him on the path that he has chosen.

The combat environment allows family physicians to practice to the fullest extent of their training. These were excellent conditions under which to introduce the specialty to an aspiring physician. After seeing what family medicine in the combat zone is like, it is not surprising to me that Rick fell in love with it. Luckily for me, I get to continue mentoring him for another 3 years.

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