In 1995, I purchased a reproduction print of a 1942 Army Medical Department war poster titled “Service Above Self” when I became program director of the Family Practice Residency Program at Eisenhower Army Medical Center, Fort Gordon, Ga. The print depicts a combat medic offering water to a wounded comrade on an active battlefield. Above the medic, the words “Service Above Self” are inscribed. At the time, I simply liked the message and the artistry involved and the relevance of the print to my profession as a military family physician. Part of the success of America’s military is the fact that our soldiers count on the presence of a trained and ready medical force to care for them in battle—what we call a “combat multiplier.”

My use of this print as an interview device has taught me much about residency applicants and continues to enlighten and guide my thoughts as I continue my service. I started using it that summer during a particularly unremarkable interview with yet another applicant for whom I felt I really hadn’t developed an understanding. In that moment of frustration, I asked the applicant to “interpret” the print that was positioned above my head. What followed was a very pregnant pause; the body language registered a “what’s the answer he’s looking for?” discomfort. He then stated what I felt was a superficial interpretation of our responsibilities as physicians to care for our patients. In that moment, I had found a gold mine of real applicant information and decided to use the print for subsequent applicant interviews.

In 7 years of interviewing family practice residents and listening to their reflections about “Service Above Self,” I have discovered that there are, in general, three types of responses. The first response type is of the “duty, honor, country” variety. The second is purely descriptive and literal, focusing on the words and actions displayed in the painting. The final response variety is of a “personalization” of the actions and words. Although no single student response fits cleanly into only one category, these themes consistently appeared during all resident interviews. Beginning in 2001, the Family Practice Residency Program at Darnall Army Community Hospital conducted a faculty group interview process of student applicants. The picture interpretation was included in many of the interviews that were conducted, and the pattern of responses still seemed evident.

“Duty, honor, country” response themes are in some ways expected in light of our student applicant pool that comes from individuals with military obligations from the Uniformed Services University of the Health Sciences, West Point, the Reserve Officer Training Corps, and the Health Professions Scholarship Programs. Responses with this theme are often characteristic of individuals who could be envisioned as career military medical officers.
These individuals might typically draw on their prior military experiences and training to relate that this print depicted the essence of what they were "called upon" to do. For many, the picture symbolized the entire reason for their joining the military medical profession. The self-sacrifice implied by the background war scene and explicit wording were felt to be core to the job of becoming a military medical professional.

The "describers" could be characterized as individuals who conducted their interpretation in much the same way as they might analyze a chest X-ray: they noted the calm in the soldier-medic’s face, the offering of simple comfort through the provision of water, the evident professionalism of the medic caring for the wounded soldier. The words "Service Above Self" served as an overall impression of the work.

My personal reflections on this category of responses are that these students approached the interpretation in a clinical manner, seemingly searching for the clues to the right answer. These individuals were often caught off guard by the nature of the interview question. For some, their physical and verbal behaviors suggested a struggle in creating an unscripted, coherent response.

The "personalizers" are by far the most memorable. The first response from one applicant was, "It scares the hell out of me." The discussion that followed was a frank, open conversation about the challenges of providing care to patients, the challenges of military service, and the real threat of giving up one's life to save another.

Another memorable exchange occurred during a group interview that included an applicant with extensive past military experience. After viewing the picture and receiving the question, a profound silence followed, and the faculty participating in the interview felt the intense emotion building in this particular applicant. Finally, through tears, the applicant shared his grief over lost friends and the roles they played in his life and he in theirs.

The effect of art on different audiences was evident when the painting was presented as a topic for discussion to the spouses of new military family practice residents. The intended purpose of this discussion was to orient spouses to the importance of military family support groups and the unique demands placed on our soldiers. The goal of the discussion was to explore feelings, beliefs, and coping mechanisms for dealing with the job stressors of being a military physician. My wife, a veteran of my Somalia deployment during Operation Restore Hope, was the group leader.

We were unprepared for the depth of fear, anger, and worry for their spouses that the painting unmasked in these men and women. All worried for the physical safety of their spouse if deployed to a hostile environment. All displayed angst for the mentality of "service above self" and how the residency would potentially disrupt family life. All prayed for "uneventful" military service.

Several of these spouses are currently waiting for their soldier-physicians to return from their service in Afghanistan and a potential war with Iraq. My wife and I hope that discussion 6 years ago prepared them in a small way for the separation, fear, and reunion that stems from the deployment of their "medics" to America's war on terrorism.
has developed through my clinical practice and position as an educator of young physicians. In particular, I express my fervent hope that I demonstrate the same degree of compassionate, professional caring for my patients as that exhibited in the painting. I disclose my hope that I will never again be called on to go to war for my country, yet my willingness to do so if called again. I offer my interpretation that the patient cared for in the painting could also represent my family and friends whom I love and support. I offer that the patient could be me and that I must care for myself. Finally, as a leader in the department, I need to care for the residency program with the same dedication as the medic in the painting cares for the patient.

“Service above self” can occur on the battlefield of a war. More often, it is conducted in the privacy of the clinic exam room or the middle of a long on-call night admitting people with diseases and injuries that are often brought about by self-inflicted wounds. The explosions, devastation, bombs, and bullets may be real at times but more often are found in the challenges of juggling the demands of our profession, family, and personal needs.

Art is important because it is expression without words. The interpretation of art allows for limitless expression of beliefs and attitudes that may be similar or different from our own. The emotions uncovered by interpretation can allow for true communication and insight into an individual’s soul.¹

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