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14. ABSTRACT This study forges the existing gap in the literature on military health care providers by focusing solely on Combat Medics. Medics serve a vital role in the OEF/OIF theatres, yet, there is a paucity of research on Combat Medics. The overall purpose of the study was to conduct a behavioral health assessment among Combat Medics, to determine what factors account for resiliency among combat medics, and if resiliency is static, wanes, or cycles over time. The study incorporates a mixed-methods, prospective longitudinal design utilizing US Army Combat Medics. Findings can assist educators and leaders of Combat Medics to better prepare future Combat Medics for service in combat zones. Results: only preliminary demographics are available at this time.					
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INTRODUCTION

This study attempts to forge the existing gap on military health care providers by focusing solely on Combat Medics. Combat Medics serve a vital role in the OEF/OIF theatres, constantly placing themselves in danger in order to assist a fallen comrade. Yet, there is a paucity of research on Combat Medics generally, and factors accounting for their wellbeing, particularly. The overall purpose of the study is to conduct a behavioral health assessment among Combat Medics, to determine what factors account for resiliency among combat medics, and if resiliency is static, wanes, or cycles over time. By investigating resiliency, educators and leaders of Combat Medics can better prepare future Combat Medics for service in combat zones. The study incorporates a mixed-method, prospective longitudinal design utilizing three groups of Combat Medics. Group 1 consists of Combat Medics who recently returned from deployment to OEF/OIF theatre within the past three months; Group 2 includes Combat Medics who have not been deployed to OEF/OIF theatres within the past 12 months and Group 3 consists of Combat Medics who have never deployed to either Iraq or Afghanistan. From all data collected, we will create a model of resiliency to be tested in future studies.

Activities Related to the Approved Statement of Work

Goal One: Start up Activities Completed August 2009

Goal Two: Generate Samples. We had originally proposed to cluster sample among units stationed across Europe. However, this was not feasible due to the limited number of installations. Convenience sampling was utilized with the sample comprised of Soldiers at the following installation locations within Europe Regional Medical Command: Landstuhl Regional Medical Center, Heidelberg ERMHC Headquarters, Mannheim, Illsheim, Katterbach, Baumholder, Vilseck, and Vicenza.

Goal Three: Baseline Quantitative Data Collection. Year 1 data collection in Europe occurred in Nov 2009. The main BCTs from which to draw a deployed group had deployed back stateside. With their departure, the required sample size could not be met and required a contingency plan. The contingency plan consisted of utilizing Ft Hood as an alternative site. A call went out to MAJ Monty Baker and Dr. Alan Maiers to assist in lining up Soldiers at Ft Hood. Preliminary analysis began with priority given to assessing the ERMHC peer nominated resilient medics so that qualitative interviews could be conducted January 2010, followed by quality control of scanned data and cleaning of data.

Medics from Ft Hood were recruited if they were 3 months post deployment. The largest number of Medics were recruited from the 1st Calvary Division 2nd Brigade Combat Team, with other elements from 166th Aviation Brigade, 69th Air Defense Artillery Brigade, 36th Engineer Brigade, Soldier Development Center, 1st Medical Brigade, 62nd Expeditionary Signal Battalion, 504th Battlefield Surveillance Brigade, Carl R. Darnall Army Medical Center, 1st Battalion, 21st Field Artillery Regiment, 2nd Battalion 20th Field Artillery Regiment. First year Data collection with Ft Hood occurred in May 2010.

Due to the necessity of obtaining medics from Ft Hood to complete our sample size, analysis for year 1 has been delayed. We document the resilient medics from Ft Hood, and then began the long process of scanning the teleforms, and conducting quality control. This was expedited by some additional financial assistance from the funding agency, and was completed in December 2010.

Goal Four: Qualitative interviews. Tulane University is the responsible party

Participant Demographics

Demographics are presented in Table 1. Deployment refers to being attached with a front line unit such as a BCT, where the majority of time is spent outside of the wire.

Characteristic n(%)	Never Deployed	3-6 mo. Post Deployment	12 mo. Post Deployment
Grade/Rank			
E-1 – E-4	192 (80.67)	224 (64.18)	80 (37.74)
E-5 or higher	46 (19.33)	125 (35.82)	132 (62.26)
Age			
Mean (SD)	25.73 (5.97)	28.00 (6.17)	30.98 (6.44)
Sex			
Male	136 (57.38)	287 (82.47)	164 (78.10)
Female	101 (42.62)	61 (17.53)	46 (21.90)
Race			
White	153 (65.38)	249 (72.81)	137 (65.55)
Black	35 (14.96)	50 (14.62)	38 (18.18)
Other	46 (19.66)	43 (12.57)	34 (16.27)
Education			
High-school or less	64 (26.89)	103 (29.51)	45 (21.23)
Some college	160 (67.23)	212 (60.74)	156 (73.58)
College graduate	14 (5.88)	34 (9.74)	11 (5.19)
Marital Status			
Not married	91 (38.24)	96 (27.51)	35 (16.51)
Married/Separated	133 (55.88)	209 (59.89)	153 (72.17)
Divorced	14 (5.88)	44 (12.61)	24 (11.32)
Deployment			
OIF	0 (0.00)	336 (97.67)	175 (93.09)
OEF	0 (0.00)	20 (10.70)	41 (38.68)

LOGISTICAL AND ADMINISTRATIVE MATTERS

* An Adverse event was report in December 2009 due to a Soldier suicide. This was determined to not be study related.

*A modification to the BAMC IRB was submitted by the Military PI, allowing for items of a medic mettle scale to be included in the Year 2 on-line data collection. Originally, this was to be conducted via focus groups. After

conversing with the Military PI about the importance of utilizing focus groups rather than sending the 127 items to all Soldiers to answer and then comment on, the Military PI insisted that this be conducted online and sent to all 700 plus Soldiers. As the main survey for which this study was funded is already challenging in length, the items were placed as a separate online survey. Updates for this online survey have been provided to the Military PI. Additionally, numerous offers to assist in setting up focus groups for the qualitative team have gone unanswered.

*Annual meeting was conducted April 12-13, 2010. We reviewed variable frequencies, discussed Year 2 survey, and discussed publications.

*Attended IPR August 2010

KEY RESEARCH ACCOMPLISHMENTS:

- A methodology template was created to streamline the publication process
- Year 1 data collection and analysis completed.
- Year 2 data collection completed. Data being cleaned.
- Presentations, publications and abstracts listed below
- Mentoring of graduate students: Two posters submitted and accepted to AMSUS conference. Both posters are authored by graduate students being mentored in Soldier Resiliency and pertain to the dissemination of the two manuscripts listed below.
- Additional funding based on preliminary findings from this grant.

REPORTABLE OUTCOMES

Symposium Oral Presentations

Chapman, P., Cabrera, D., & Figley, C. (2010, August). Combat medics 3-6 months post deployment and MHAT findings: Preliminary analysis of a 3 year mixed methods study designed to build a model of resiliency. 2010 US Army Force Health Protection.

Funding applied for based on work supported by this award

Based on Year 1 preliminary findings, a pilot grant to assess personality characteristics of in-coming medics was funded. A BAA will be submitted to follow these medics.

Employment or research opportunities applied for and/or received based on experience/training supported by this award.

Not at this time

CONCLUSION:

Due to the initial stage of the study, there are no conclusions at this time