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Women in Leadership in Healthcare: Perspectives from Army Medicine

STRENGTH TO HEAL

You are listening to ReachMD XM 157, the channel for medical professionals. Welcome to the strength to heal, brought to you by the United States Army Medical Department AMEDD. Your host is trauma surgeon, Dr. John Armstrong. Dr. Armstrong is a former army colonel who served as director of the US Army Trauma Training Center in Miami, Florida and is chair of the ACS Army Committee on Trauma.

Leaders in healthcare in the United States Army, our guest is major general, Carla Hawley-Bowland, commanding general of Walter Reed Army Medical Center, chief of the United States Army Medical Corps and the first female medical corps general in the history the United States Army.

Dr. JOHN ARMSTRONG:

Welcome, Dr. Hawley-Bowland.

Dr. HAWLEY-BOWLAND:

Thank you very much. I am glad to be here.

Dr. JOHN ARMSTRONG:

What is happening in army medicine?

Dr. HAWLEY-BOWLAND:

Army medicine is at an exciting point, besides caring for over 3 million beneficiaries across the world. We also are at the <____> of research for healthcare throughout the world with virus technology, vaccine technology, as well as prosthetics and reconstruction for our wounded warriors that are coming back. Trauma medicine has changed remarkably for civilian healthcare because of the advances that we have done in army medicine on the battlefield. We now have a salvage rate of 90% survive their wounds in the battlefield and we

actually are helping them to not only just recover but to return to active life and we are retaining more than 52% of those on active duty as a result of those efforts in rehab. So, lot of exciting times as far as research capability and then putting research into practice and putting that then back into the civilian sector as well to benefit healthcare throughout the world.

Dr. JOHN ARMSTRONG:

Ooh, 3 million patients worldwide, that sounds like the largest healthcare system in the world.

Dr. HAWLEY-BOWLAND:

It is. It's a huge population to take care of and some tiny little countries, some places where we have little outpost, I personally have been in charge of 3 of those regions. So, I have covered most of the world. I have the European Regional Medical Command which covered all of Europe and North Africa. I had the Pacific Regional Medical Command which had 18 time zones including the dateline and 52% of the world surfaces we did the entire Pacific Rim and now have the North Atlantic regional medical command.

Dr. JOHN ARMSTRONG:

And the north Atlantic regional medical command covers what territory?

Dr. HAWLEY-BOWLAND:

It goes from North Carolina to Canada and west to Wisconsin and Illinois.

Dr. JOHN ARMSTRONG:

So, clearly a sizable chunk.

Dr. HAWLEY-BOWLAND:

Indeed. Throughout the military, we have 9 medical centers in the army and 16 community hospitals, so a total of 25 hospitals and then have numerous clinics over a 100 clinics throughout the world as well as dental facilities, veterinary facilities and research laboratories and so it is a huge corporation to run.

Dr. JOHN ARMSTRONG:

And I imagine there are some challenges in just trying to keep it all connected.

Dr. HAWLEY-BOWLAND:

Well, we have a very good system with our office at the surgeon general and our medical command, that is a huge administrative structure, but it basically is a one staff communication via e-mail, telemedicine, etc. to keep all of the acts together. We have command structure of all the hospitals and clinics that meet on a regular basis to keep stuff together. We have regional medical commands that have a portion of those hospitals and clinics underneath them and so we at that way, we have communication from the top all the way down to the lowliest clinic with one provider in it and then also back up the other way for issues that need to be resolved.

Dr. JOHN ARMSTRONG:

I hear leadership resonating throughout the structure.

Dr. HAWLEY-BOWLAND:

Yes, army medicine is a great place to get experience if you want to do leadership. We have several tracks that I offer, you know, doctors for example, since I am in charge of the all the docs and you can do a clinical track and see patients. You can do academics where you teach residents and that is one of my key retention tools. We have operational medicine deployment and then we have the leadership and administrative part of healthcare where you can participate in a staff function, changing policies and regulations to make them timely as well as improve care and then move up into the leadership positions of deputy a commander of hospital, commander of a hospital, commander of a region, ultimately reaching up to the surgeon general.

Dr. JOHN ARMSTRONG:

So, I would think that it takes quite a bit of time to actually achieve some of those leadership levels.

Dr. HAWLEY-BOWLAND:

Well, it does take time and experience, but in the army, with the variety of experiences and the variety of tracks and we don't even have a track that a person has to pick, you can try out new things, operational medicine, then go into administration, go back to academics, go back to clinical without any penalties, so it allows people to get a variety of careers that suit their individual needs that you can move up with increasing responsibility fairly rapidly. I have found in my career that I have got leadership jobs, program director of a residency department, chief of a large OB/GYN department in a medical center, commander of a hospital and now commander of whole a regional corporation. Usually, about 10 years earlier than you would get in the civilian sector.

Dr. JOHN ARMSTRONG:

And you have broken a glass ceiling as the first female medical corps general in the history of the army, what has that been like?

Dr. HAWLEY-BOWLAND:

Well, I will say that the army has been very fair in my career. I have not felt any discrimination felt even with my male peers. We have had female generals in the nurse corps initially as well as the medical service corps, I am the first female doc that has made that, but now we have 2 additional docs, Laurie Sutton and Rhonda Cornum that have made the rank of general.

Dr. JOHN ARMSTRONG:

This sounds like exciting time.

If you are just tuning in, you are listening to the Strength to Heal, brought to you by the United States Army on ReachMD XM 157, the channel for medical professionals. I am your host, Dr. John Armstrong and our guest is major general and Dr. Carla Hawley-Bowland. We are discussing the broad-spectrum of leadership opportunities in army medicine.

Dr. JOHN ARMSTRONG:

Well, is there any story that sticks out in your mind since you have become a general that captures the enthusiasm in army medicine?

Dr. HAWLEY-BOWLAND:

I would say that one of my rules is to have fun and that is something that I have been able to do throughout my career in army medicine. I have been offered challenging jobs, different jobs, they do require moving sometimes, sometimes as often as every 2 years, but every place is a new challenge and latest challenge is the North Atlantic Regional medical command where we take care of the worst casualties of the war has been truly inspiring. If I ever have a down day, I just go over to our military advance training center and watch my soldiers and my wounded marines, sailors, airmen recuperating and rehabbing in that facility and you just get excited about all of the stuff they are doing with prosthetics, with reconstruction and with rehabbing these folks back into normal life.

Dr. JOHN ARMSTRONG:

It sounds like in particular with a 52% retention rate for those who are injured that there is real emphasis on making hope a reality.

Dr. HAWLEY-BOWLAND:

It truly is here a reality. You see folks I go out for my morning walk and I am having the soldiers with their amputations and their Cheetah prosthetics will zip and past me on the jogging trail. We also train them in new jobs, sometimes we have to change what job they are doing in the army to stay in, but the people we retain the average rank is an E4 to E8, which means an experienced army soldier, so whatever job they go into they carry that experience with them and therefore can do a better job. If we replace them, if I put everybody out of the army and just replace them that would be a private straight out of basic which then I would have to train, so retaining these individuals is very important and we have even had once go back to theater redeploy with their prosthetics with spares in the back of the <____> so that they can still do their jobs.

Dr. JOHN ARMSTRONG:

Well, there has been a fair amount of tension about the future of Walter Reed. Clearly, it is the place now where the most seriously injured are receiving further care and moving into rehabilitation and there is a sense that somehow Walter Reed is closing and yet that is not accurate.

Dr. HAWLEY-BOWLAND:

No, we actually are merging with our neighbor naval facility in Bethesda and we will become in 2011, the new Walter Reed National Military Medical Center. It will be a joint facility, staffed by army, navy, and air force on the Bethesda campus to take care of the warriors. We have just broken ground for construction to add a new outpatient wing as well as remodel the inside of the naval hospital to accommodate adding together, basically the Bethesda campus as well as the Walter Reed campus. We are also building facilities to start a joint warrior transition unit to care for those wounded warriors and to provide all the administrative functions that they need. This joint staffing will allow the expertise across all the services to take care of all the wounded warriors across all the services and will be also co-located with the medical school, the uniform service is medical school as well as right across the street from the National Institutes of Health and the National Cancer Institute so it will allow for great collaboration with a huge campus with research as well as clinical opportunities.

Dr. JOHN ARMSTRONG:

This sounds like a merger made in heaven.

Dr. HAWLEY-BOWLAND:

It's going to be a new way to do business. We are looking at our organizational structures and how to merge those 2 into a common operating picture and it will lay the ground for joint medicine across the spectrum of the army, navy, and air force for the future.

Dr. JOHN ARMSTRONG:

You are by training an obstetrician/gynecologist and have expertise and experience in looking at women's health in army medicine, what can you share about the state of women's health initiatives in the army.

Dr. HAWLEY-BOWLAND:

Women's health is very important because 14% of the army is women and 11% of the deployed forces are women as well and then we have a huge beneficiary population as well to take care of and since I came in the army, it has been unchanged that delivering babies is our number one diagnosis across this whole medical department, so that remains an important part and we are able to keep our active duty soldiers who have their babies on active duty. We have changed postpartum leaves to be extended. They get 6 weeks off completely and then they are non-deployable for 6 months, so that they have time to bond with their babies, so we have been able to extend that. We also have developed a leader's handbook for women's health to keep women healthy in the field as well as developed ways that they can stay healthier in the field with equipment specific for women and we continue to look at that. We have consultants both in obstetrics and gynecology as well as a consultant for women's health issues to continually address how we do women's health in the field and keep them healthy.

We have been talking with major general and Dr. Carla Hawley-Bowland, a leader who understands the needs of soldiers, sailors, airmen, and marines and is working within the army medical department to bring care around the globe.

Dr. JOHN ARMSTRONG:

Dr. Hawley-Bowland, thank you very much for being our guest.

Dr. HAWLEY-BOWLAND:

Well, thank you, I have thoroughly enjoyed it.

Dr. ARMSTRONG:

Thank you for listening to the Strength to Heal on ReachMD XM 157, the channel for medical professionals. The Strength to Heal is brought to you by the United States Army Medical Department, AMEDD. For more information on this or any other program and to access our on-demand features, please visit our site reachmd.com. For more information regarding army medicine, go to healthcare.goarmy.com/heal to learn more.

When we talked to captain, Ernesto Cardenas, an OB/GYN in the Army Medical Corps, we asked him why he chose the army for his practice. His answer surprised us. He didn't talk about being given an established practice or not having to worry about insurance, employees, or rent. He didn't say that he enjoyed having the most advanced technology at his disposal or being a member of one of the world's largest healthcare systems, Captain Cardenas talked about giving back to the country that had given him so much. He went onto tell us about practicing on a humanitarian mission who has made Columbia and was sense of pride he felt in providing pre-care to people in need there. A medical career in the US Army or Army Reserve is rewarding on many levels, personal and professional. You can reward your career, your country, and your life for a lifetime. Exercise your strength to heal. Visit at healthcare.goarmy.com/heal to learn more, that is healthcare.goarmy.com/heal.