

Training for the Treatment of PTSD and TBI in U.S. Medical Schools

Medical schools have long recognized the sacrifice and commitment of service members and their families.¹ As a part of a national effort to provide high-quality care to returning veterans, many medical schools have pledged to enrich their medical education programs to ensure that current and future physicians are trained in the unique clinical challenges and effective practices associated with caring for military service members, veterans, and their families. This pledge is a part of the larger “Joining Forces Initiative,” launched by the White House.² In this *Analysis in Brief* (AIB) we present findings from a survey to assess the current state of the clinical and educational programs related to military cultural competence, and the treatment of posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI) in U.S. medical schools involved in this initiative.

According to a 2012 report, 2.6 million U.S. service members served in Iraq and Afghanistan in the past decade and, of those, an estimated 13-20 percent were likely to experience PTSD.³ One research study estimates rates of TBI related to military service as high as 19 percent.⁴ Another study reports that among those with TBI diagnoses, 89 percent were diagnosed with a psychiatric diagnosis, with the most

frequent being PTSD (73 percent).⁵ About 60 percent of all veterans receive their care outside of the Veterans Affairs (VA) system,³ suggesting that hundreds of thousands of veterans who suffer from PTSD and TBI will be seen by non-VA health care providers.

Methodology

In early 2012, we developed and distributed the survey to designated contacts at each of the 110 U.S. medical schools that pledged their commitment to the Joining Forces Initiative. We received responses to our Web-based survey from 104 of those schools (a 94 percent response rate). The survey instrument included questions about educational activities for students, residents, and community physicians (in the form of continuing medical education) with respect to military cultural competence, PTSD, and TBI. It also queried ways in which schools currently work and plan to work with the VA, Department of Defense (DoD), and the Military Health System to address the health care needs of active military personnel, veterans, and their families. We present descriptive findings and themes in this AIB.

Results

Results show that in undergraduate medical education (UME), about half of the schools expose students to PTSD-related (57 percent) and

TBI-related (47 percent) topics as they pertain to military service members and veterans; about two-thirds of the schools responded that their residents see military service members or veterans with these illnesses during residency (GME) training (66 percent and 62 percent, respectively; see Table). Conversely, less than 40 percent responded that they provide continuing medical education (CME) training in these domains (35 percent and 39 percent, respectively).

To understand how these topics are covered at schools and how they are integrated into the curriculum, respondents described their educational activities. The most frequent responses identified patient care activities during rotations at a VA or military medical center as part of a clerkship or residency program. This finding is consistent with statistics from the AAMC Graduation Questionnaire, which suggests that 65 percent of U.S. trained physicians receive at least some of their professional training in VA facilities.⁶ Other educational activities that schools reported included grand rounds, lectures, and other classroom instruction that included a patient case or session using military personnel or veterans as the topic.

Respondents also described educational activities related to helping family

1 The relationship between the VA medical centers and academic medicine dates back to World War II. For more information see, for example: Magnuson PB. *Ring the Night Bell: The Autobiography of a Surgeon*. Boston: Little, Brown & Co.; 1960.
2 For more information and a list of participating institutions see: <http://www.whitehouse.gov/joiningforces>
3 Institute of Medicine, Committee on the Assessment of Ongoing Effects in the Treatment of Posttraumatic Stress Disorder. *Treatment for Posttraumatic Stress Disorder in Military and Veteran Populations: An Initial Assessment*. Washington DC: National Academies Press, 2012. Available at: http://www.nap.edu/catalog.php?record_id=13364#toc
4 Tanielian T, Jaycox L, eds. *Invisible Wounds of War. Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*. Santa Monica, CA: RAND Corporation, 2008. Available at: <http://www.rand.org/pubs/monographs/MG720>
5 Taylor BC, Hagel EM, Carlson KF, Cifu DX, et al. Prevalence and costs of co-occurring traumatic brain injury with and without psychiatric disturbance and pain among Afghanistan and Iraq War. *Med Care*. 2012;50(4):342-6.
6 For more information on the GQ, see: <https://www.aamc.org/download/263712/data/gq-2011.pdf>

Table: Number and percentage of schools that cover topics of cultural competence, PTSD, and TBI for the civilian population and military service members or veterans*

Topic		Undergraduate Medical Education (UME)	Graduate Medical Education (GME)	Continuing Medical Education (CME)	Not covered anywhere
Cultural Competence/ Military Cultural Competence	For civilian population	97 (93%)	81 (78%)	46 (44%)	<5%
	For military service members/veterans	22 (21%)	32 (31%)	17 (16%)	52 (50%)
Post-Traumatic Stress Disorder (PTSD)	For civilian population	94 (90%)	83 (80%)	50 (48%)	<5%
	For military service members/veterans	59 (57%)	69 (66%)	36 (35%)	21 (20%)
Traumatic Brain Injury (TBI)	For civilian population	82 (79%)	80 (77%)	50 (48%)	<5%
	For military service members/veterans	49 (47%)	64 (62%)	41 (39%)	23 (22%)

* Percentages reported out of 104 respondents

members care for military personnel and veterans suffering from PTSD and TBI, as well as treating family members when they are the patient with illnesses related to the stress of being within a military family. Responses indicate that about half of the schools had taken steps to address these matters through, for example, exposure in VA facilities through residency training. Respondents described what would help them address shortfalls in these domains, the identification of best practices being the most frequently cited.

Discussion

These survey results suggest that there is a critical need to enhance training with respect to understanding military service as an aspect of providing culturally competent care—an essential component of providing effective care.⁷ This issue is especially true in light of national statistics regarding the incidence of PTSD and TBI in military personnel and veterans. Results also suggest shortfalls related to CME-level training, particularly in the context of the increasing number of veterans returning from Iraq and Afghanistan that will be seen by community

physicians. Additionally, results suggest that medical schools need to identify and deploy educational and health care programs to address the needs of family members related to military personnel and veterans experiencing PTSD or TBI.

For millions of Americans, serving in the military has entailed making a commitment where encountering extreme risks is part of the job and, unfortunately, a very high number of military personnel are suffering or will suffer from PTSD and TBI. The imperative to support those who made this commitment is clear. A critical component of the Joining Forces Initiative is to raise awareness and understanding of the unique health needs of those who have served in the armed forces, and the family members who support them. The AAMC is working with its member schools, the VA, and the DoD to address the educational training for physicians described here, which shows that much can be done to enhance physicians training with respect to the needs and treatment of individuals who have served in the military and their families. Military experience can be

viewed as an aspect of patient diversity, and opportunities exist for it to be addressed and included across the span of the educational continuum, especially in terms of treating TBI and PTSD. Medical schools are uniquely positioned to have great impact on the health and wellness of service members and their families, and this initiative renews their commitment to these individuals.

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7 Betancourt JR. Cross-cultural medical education: Conceptual approaches and frameworks for evaluation. *Acad. Med.* 2003;78: 560–569.