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The Medical Staff Ride – An educational tool for military medical education

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Author

Brigadier Martin CM Bricknell L/RAMC

Head Medical Operations

Ministry of Defence, 6.E.08, Main Building, Whitehall, London SW1A 2HB

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ABSTRACT

This paper provides a description of the Medical Staff Ride as an educational tool for military medical leadership. It is based upon two Medical Staff Rides covering the Somme Campaign 1916 and the Normandy Campaign 1944. It describes the key educational activity 'The Stand' at which history and current issues are brought together through study of a particular location on the historical battlefield. The Medical Staff Ride can be divided into six distinct phases, each of which have common question sets for analysis by attendees. The Medical Staff Ride can be shown to have valuable educational outcomes that are efficient in time and cost, and effective in achieving personal learning. The supporting Readers for the two Medical Staff Rides covered by this paper are available as electronic supplements to this edition of the Journal.

INTRODUCTION

The staff ride is widely used by the UK Armed Forces as an educational tool. The aim is to provide, through a military historical example using a battlefield or other relevant site, a practical focus for the study and analysis of the command, planning and execution of an historic battle or campaign, in order to draw lessons for future operations. The staff ride differs from a battlefield tour in that it requires the participants to study the battle before arriving at the location and then to contribute to the learning experience, either in the field or in a follow-up report. It is a more formal event than a battlefield tour and should have a number of learning outcomes (1). Whilst staff rides frequently consider logistics and other support issues, few staff rides are specifically designed to educate military medical personnel in the organisation and design of medical support to military operations. This paper describes the conduct of two staff rides (Somme 1916 and Normandy 1944) designed to educate military medical personnel. They were organised by the Medical Policy, Operations and Capability Directorate of the Headquarters Surgeon General. These staff rides can be used as a template for the design of staff rides covering other campaigns. The Reader for each staff ride is available as an electronic supplement to this edition of the Journal.

EDUCATIONAL PROCESS

The aim of these staff rides was to consolidate the key concepts taught as Defence Medical Services (DMS) policy and doctrine by use of small group discussion on the experiences of the medical services in the campaigns studied. The campaigns were selected because both had strategic, operational and tactical implications for the military medical services in their concept, planning and execution. Both were conducted as combined (involving Maritime, Land, Air components) and multinational campaigns and were highly significant to the subsequent outcome of either the First or Second World War.

There are six accepted assumptions for the adult learner (2): the need to know why they need to learn something, the adult self-concept to be seen as capable and self-directed, the need to link learning to prior experience, the readiness to learn those subjects that can be applied in real life, the orientation to learning those subjects that can solve day to day issues and are best motivated by internal factors.

These assumptions should influence the design of the staff ride. The most important aspect is to set the expectation that all participants have a specific responsibility to contribute throughout based on preparatory work and active engagement with the study material throughout the staff ride. However, it should also be made clear that the whole staff ride was an informal educational setting and therefore workplace formalities were relaxed.

‘The Stand’ is the core educational event of the Staff Ride (Figure 1). The Stand is selected to be held at a location that exemplifies the essential learning outcome to be achieved. One example is the siting of a stand at a farmhouse that was the site of an advanced dressing station during the battle of the Somme. Both staff rides considered the medical aspects of the campaigns for the operational/strategic level at the location of the largest Commonwealth War Graves Commission cemetery of the respective World War (Etaples and Bayeux) as these were also the locations of the hospital concentration area in the theatre logistics zone. The Stand follows a standard process (Table 1).

Orientation to the ground	A member of the group points out key terrain and physical features on the ground.
Historical summary	A historian provides a summary of the military situation at the time in the campaign being considered.
Medical overview	The Stand leader provides a summary of the education outcomes relevant to the stand and introduces the questions.
Consideration of specific medical questions	Nominated members of the group introduce the question and their analysis of the answer. They explain how their answer is relevant to current issues facing military medical services.
Closing summary and linkage to next Stand	The Stand leader then summarises the discussion by linking back to the intended educational outcomes for the stand. The stand closes with the Staff Ride Director orientating attendees to the next stand.

Table 1. The key features of the Stand on a Staff Ride.

Many stands are located at or near a museum of direct relevance. Museum visits can be a valuable activity to access to historical artefacts that provide addition evidence to illustrate the intended learning outcomes. These are particularly useful for maps illustrating the campaign and to give a sense of the human experience of conflict. Many museums have specific exhibits covering medical and health issues. The attendees should be primed with particular questions to consider at these exhibits as means of enhancing their analytical and interpretive skills. Common questions include: how has stretcher design changed through the ages, is there any difference in bandage design between then and now, how do the contents of medical packs differ from the present day, what force health protection exhibits have you seen?

The educational material was designed to make maximum use of all types of media. The Staff Ride Reader is the key document. This followed a common format: an overview, the timetable, the summary list of all Stand questions, detailed description of each phase, and evaluation form. The material is designed to be hosted on a tablet or smart phone with much supporting material

available as hyperlinks to external websites, including videos hosted on YouTube. Core reading material is provided within the pack and contemporaneous reference material provided as scanned documents from museum sources. One purpose of this style is to introduce attendees to external sources of educational material for military medicine and to develop their skills in analysing and summarising large volumes of information. This sets the expectation that the knowledge set of a professional military medical leader is no less than their clinical professional peers.

KEY LEARNING OUTCOMES AND OUTLINE TIMETABLE

The medical Staff Ride has two high level educational outcomes: to build mutual understanding amongst DMS teams of the challenges faced in commanding and leading military medical services on operations and to orientate attendees to the strategic, operational and tactical context of the campaign being studied. This enables attendees to examine the challenge of caring for casualties from point of wounding to deployed hospital care and to compare this with the challenge of medical care in the hot/warm zones in the contemporary era, to examine the challenge of medical evacuation and patient care in the Division and Corps area and to compare this with the current functions of pre-hospital care and deployed hospital care and to consider theatre and national strategic medical issues and compare these to the current roles of Service medical directorates, HQ Surgeon General and cross-government co-ordination bodies. The Staff Ride has particular value for commanders to develop their command team by providing an opportunity for attendees to demonstrate their analytical and presentational skills. It also allows commanders to share their approach to decision-making and to highlight critical leadership attributes.

Both medical staff rides follow the same format (Table 2).

Phase 1	Preparatory study.	Includes the issuing of the Staff Ride Reader and the specific Administration Instruction (AI) for attendees. The nominations for functional appointments and allocations of questions should be included in the AI.
Phase 2	Orientation to the campaign.	This is hosted at the 'form-up' location in the UK. It provides an overview to the military strategic, operational and tactical situation at the start of the campaign and a confirmatory briefing of the administration arrangements for the Staff Ride. This may include a visit to a museum that provides an overview to military and medical issues to the campaign.
Phase 3	Care of casualties at the tactical level	This is held at a suitable location(s) on the ground that provides insight into the realities of tactical operations and medical evacuation in the front line. It may be possible to walk the evacuation route from the 'hot zone' to the 'warm zone' casualty clearing station function (3). Indicative questions include: compare the system for tactical combat casualty care 'then and now', what factors were considered as part of the Force Health Protection plan at the time, what clinical advances have occurred in pre-hospital emergency care since the campaign of study?
Phase 4	Care of casualties at	This is held at a suitable location(s) on the ground to illustrate

	the operational level.	the challenge of patient evacuation and regulation. Indicative questions include: how might the modern concept of a Patient Evacuation Control Cell have been used in this campaign, how have recent clinical advances changed the role of deployed hospital care since the campaign studied, how do the medical services contribute to manpower conservation?
Phase 5	Strategic factors influencing care of casualties	This is held at a suitable location(s) on the ground to illustrate the challenge of mobilising the medical forces and the interface to strategic evacuation. This was the location of the Commonwealth War Grave Commission Cemeteries for these Staff Rides. Indicative questions include: how were the uniformed medical services expanded in each World War, how was casualty estimation and medical resource planning undertaken, what was the impact of conflict on the indigenous population and did the military medical services care for the current construct of the Defence Population at Risk?
Phase 6	Consolidation of learning.	Led by the Staff Ride Director and aims summarise collective learning against the Staff Ride intended educational outcomes. It includes the completion of the evaluation form and immediate feedback on the conduct of the Staff Ride.

Table 2. The six phases of the Staff Ride

The most critical aspect of learning is the facilitation of the attendees to understand the evolution and revolution in military medical support between the campaign studied and the current. This requires attendees to be familiar with current doctrine, emerging concepts of employment (CONEMPs) for medical units and clinical concepts including Clinical Guidelines for Operations. At the time of publication, the CONEMPs in development cover pre-hospital care, the future protected battlefield ambulance, deployed hospital care and the patient evacuation co-ordination centre.

PRACTICAL CONSIDERATIONS

The exact arrangements for running a specific staff ride will depend on the circumstances pertaining to the target audience. For these medical staff rides, it was certainly beneficial to have a rank range from Brigadier to Captain (or equivalent rank) across all professional groups in the DMS. The allocation of approximately a ½ day per phase worked well. It was found that the ideal number is 24-30, which is about two minibus loads. Key responsibilities need to be allocated early (Staff Ride Director, Phase leader, Project Officer, Historians), and attendees need about one month to prepare their questions. It is helpful to signpost key sources of supporting information. The Defence College of Healthcare Education and Training library, the Army Medical Services (AMS) Museum and the Army Knowledge Exchange are particularly useful. It is important for the Staff Ride Director to maintain pace and interest during the event, as it is better to have complaints about too little time rather than too much!

The Somme Campaign 1916.

This campaign was chosen because it was the first battle of Lord Kitchener's citizen army. The Somme campaign was framed against the experience of the French at Verdun and so the strategic and operational plan was adjusted as a result of wider events. The first day saw the greatest losses ever experienced by the British Army. The Somme campaign extended over several months and included the first ever use of tanks. The AMS had expanded in response to the introduction of conscription. The medical evacuation chain had changed as a result of experiences on the Western Front. The volume of casualties resulted in significant challenging in casualty regulation and transfer of military casualties into the UK civilian healthcare system.

There is a considerable volume of literature, videos on YouTube and other media that can support individual study on the medical aspects of the Somme Campaign. The Somme is readily accessible from England. Battlefield study is supported by an extensive network of preserved sites and museums. The reader and timetable for this staff ride is included as an electronic resource on the JRAMC website.

The Normandy Campaign 1944.

This campaign was chosen because it represented the culmination of joint and allied military planning for theatre entry operations. It covers all component operational environments except 'blue water' maritime operations. It provides an opportunity to consider issues from the detailed tactical challenges of medical support to airborne and amphibious operations to the strategic challenge of redesigning the concept of medical support to the Land environment and mobilising the medical force from the UK health sector.

Study of the Normandy campaign is supported by a substantial volume of information across all media that is available electronically. Additionally there are excellent museums that complement physical examination of selected locations on the battlefield. The Caen Memorial museum provides an outstanding venue for a closing reflection on the ethics and morality of war and its impact on populations and politics. The reader and timetable for this staff ride is included as an electronic resource on the JRAMC website.

EVIDENCE OF LEARNING

The effectiveness of each Staff Ride was confirmed through an evaluation report completed by all attendees. The Medical Staff Ride provides a much richer medium for professional study of military medicine than can be achieved from classroom based teaching of the same material in the same amount of time. The combination of directed preparatory study, confirmation of learning through collective discussion and managed consolidation of learning reinforced by physical experiences was reported by attendees to be far superior to any other educational activity directed at the same learning outcomes. The most visible evidence of learning was the number of conversations generated between attendees from different ranks and backgrounds.

The results of the evaluation of the Normandy Staff Ride are shown in the evaluation report available as supplementary material. All attendees reported that the Aim and Concept were met. There was considerable variety in the selection of learning points from each phase suggesting that a

good range of material was covered. The most repeated comment was the comparison in issues between 1944 and the present day. Many attendees suggested more time was needed, either at individual locations or overall. The evaluation process is also a good method to consolidate learning by obliging attendees to reflect on their learning.

Other campaigns suitable for developing into a Medical Staff Ride include: Gallipoli 1915-16, Battle of Passchendaele 1917, Operation HUSKY 1943, the Italian Campaign 1943-1945, Battle of the Scheldt and the opening of the port of Antwerp 1944, Operation MARKET GARDEN 1944 and Operation VARSITY 1945.

CONCLUSIONS

The Medical Staff Ride is a valuable tool for enhancing the education of DMS personnel in the military medical domain of leadership competence. Whilst moderately demanding to set up and run, it is an efficient and effective activity for leaders and commanders to use to develop their teams. The Staff Readers that support the two Medical Staff Rides covered by this paper are available as electronic supporting papers accessed by the JRAMC website for adaptation by readers interested in delivering their own Medical Staff Rides for these campaigns.

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