

2016 State of the Flight Surgeon Report

Society of USAF Flight Surgeons



Survey Author

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2016 State of the Flight Surgeon

Survey of Line Commanders and Flight Surgeons

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Introduction

In May 2003, the Surgeon General of the Air Force requested that the president of the Society of USAF Flight Surgeons (SoUSAFFS) provide an annual report capturing the “state of the flight surgeon.” This assessment, conducted outside commander channels, would provide an independent assessment of priority areas to guide senior leaders in continued improvements. Analysis of this data constitutes the fifth “State of the Flight Surgeon” report. Since the last survey was completed in 2009, the Aerospace Medicine Primary (AMP) course has undergone significant restructuring and relocation from Brooks City Base, Texas to Wright-Patterson Air Force Base, Ohio. As a method to gain greater participation from Air Force physicians already in the field, the course was split into modular blocks. AMP can be completed in a continuous stream, or can be completed in home station-friendly 2 week TDYs. The Residency in Aerospace Medicine (RAM) also moved with the School of Aerospace Medicine to Wright-Patterson. RAM XV represented the transitional class in which there was a Masters year followed by two Aerospace Medicine years. The Occupational or Preventive Medicine year following the Aerospace year has been phased out. The RAM now has added flexibility for the curriculum in that a RAM who is board- certified in another specialty can opt for the one or two-year program following the Masters. General medical Officer (GMO) RAMs are required to complete the two Aerospace Medicine year option as the rotations have been bolstered with increased opportunities for clinical education. While there are core rotations that are required by the American College of Graduate Medical Education (ACGME), each resident can customize a large portion of his or her rotations to meet their individual interests. The RAM has teamed with Greene County Municipal Airport for general aviation instruction. The RAMs undergo ground school followed by individualized flight instruction. The RAM flight training culminates with an optional solo flight in which over 90% of the RAMs have completed.

The goal of this year’s evaluation is to “check the pulse” of our flight surgeons and determine those factors that affect retention and overall job satisfaction. In addition, this year’s survey also looks to the commanders of the Line of the Air Force assets that we support and garner unfiltered feedback.

Methods

This SoUSAFFS “State of the Flight Surgeon” survey series utilized a number of resources to accomplish, then analyze, a survey of operational line leadership regarding its perceptions of the flight surgeons assigned to, or supporting, operational units. The purpose of the survey was to provide feedback to flight surgeons in the field regarding line perceptions of their performance, and to utilize it as a tool to further enhance current and future education and training emphasis areas. It was designed by a USAF RAM XV, conducted online by using www.surveymonkey.com, and sponsored by the USAF School of Aerospace Medicine. Analysis of the data was accomplished to provide actionable data for the aerospace medicine community.

In addition to flight surgeons in the field, this survey also targeted commanders of operations groups and squadrons involved in active flying or missile/launch operations. In 2006 the survey relied upon reference materials, such as unit level Personnel Accounting System (PAS) files and the Air Force Association Almanac, to construct a comprehensive list of Air Force (AF) units directly supporting major weapons systems. Due to logistical challenges that were present in previous SOFS, the survey dissemination was performed similarly to the method in 2008. The survey link was sent to each of the MAJCOM SGPs with subsequent distribution to the individual bases. The base-level SGPs then encouraged participation of the assigned flight surgeons and the operational flying/controlling unit leadership.

The survey collection period was set for four weeks. Toward the end of the collection period, a reminder email was sent out to MAJCOM SGPs, requesting that they encourage survey participation by flight surgeons and the Line commanders.

Due to the fact that it has been nearly a decade since the last survey, a new assessment of aerospace medicine was needed both from the outside-in and inside-out perspectives. The online survey questioned both flight surgeons and operational line commanders alike. The flight surgeons were questioned regarding quality of life, training, and retention decisions. The commanders were surveyed regarding their perceptions of the abilities, capabilities, and mission support of their flight surgeons. The survey questions are listed throughout the document, but contained in their entirety in Appendix B. The same survey was issued to both groups; however, survey question logic ensured that only the pertinent questions were asked to each participant.

The survey collection window spanned March through April, 2016. SGPs from ACC, AETC, AFMC, AFSOC, AFGSC, AFSPC, AMC, PACAF, and USAFE were contacted to disseminate the surveys to the base-level SGPs with variable success. The survey was conducted under control number: AF16-086SGP.

Statistical analysis was performed using XLSTAT 19.02. Statistical software run files are attached in Appendix C.

The flight surgeons were queried with questions Q1-69 with the following subject emphasis: Flight surgeon population (Q2-6), medical specialty training (Q7-11), quality of life (Q12, 13, 37, 40, 62-66), utility of training (Q14-36, 49-51, 53, 67-69), deployment feedback (Q37-45), job satisfaction (Q46-51, 53-59), and future prospects in the military (Q52, 60-63).

All commanders were queried with general questions about their respective interactions with flight medicine questions (Q70-84). Through question logic, the commander survey is then further divided into specific questions for group and squadron level commanders. Group commanders were asked more specifically regarding the interactions with the SGP (Q85-96). Squadron commanders responded generally about their interactions with the various types of flight surgeons supporting their respective units. Questions (Q101-113) are specific to Squadron Medical Element (SME) flight surgeons whereas questions (Q114-124) are directed to those squadron commanders who are supported by Medical Group attached flight surgeons.

While statistical analysis of all survey data points is the ideal outcome, the majority of the data being presented is descriptive in nature. The data may only be taken at face value to identify empiric trends or to guide future studies. The survey response data is self-evident. I will provide commentary or context where appropriate through this report.

A large limitation in this study is the relative lack of participation from Line of the Air Force squadron commanders. There were 79 Line commanders that responded to the survey, of those 57 were flying or special duty squadron commanders. Of the 57 squadron commander respondents, only 37 provided complete responses that are statistically evaluable. It is my hope that there will be a method to socialize this survey so that the maximum practical participation can be secured. On a positive note, there was significant flight surgeon participation. Of the 175 flight surgeons who answered, 123 of them were "field-level" 48G/48Rs. There were 52 RAMs that completed the survey.

In an attempt to assess the overall effectiveness of the flight surgeon at the lowest practical level for a survey, the squadron commanders' data was statistically evaluated. Questions 101, 102, 116, and 117 were combined to form the overall metric of flight surgeon success, referred to as the "benchmark". In essence, it is the individual commander's perception of the quality of the flight surgeon's advice regarding aeromedical issues, flight safety, and matters of human performance. This factor was reported via a modified Likert scale in decreasing favorability from 1 to 6 with the following verbal descriptions:

1. Superior, 2. Excellent, 3. Good, 4. Fair, 5. Poor, and 6. No opinion.

38 of the respondent squadron commanders answered the benchmark question. The data for SME flight surgeons and attached flight surgeons were combined. In regards to the perception of the quality of advice from the flight surgeons, 16 were rated as "superior", 13 were rated as "excellent", 6 were rated as "good", 2 were rated as "fair". In this survey, no flight surgeon was given the rating of "poor" in regards to advice quality. A sole squadron commander answered this item as "no opinion". Due to the sparse number of flying squadron commander responses to the 2016 SOFS, for statistical evaluation purposes, the rankings of "fair", "poor" were combined and given the numerical score of 4 and were seen as the least favorable outcome. The "no opinion" data was removed from statistical analysis.

Null hypotheses were established, stating that the additional factors of 1. Flight surgeon attendance of flying squadron commander's calls, 2. Attendance of flight safety meetings, 3. Perceived quality of the flight surgeon's presentation in briefings, 4. Performance of regular flying duties with the squadron, and 5. Attendance of social functions were not associated with any difference in the commander's perception of the flight surgeon's advice quality. The data was compiled by using the de-identified Respondent ID to link survey response so that they could undergo KWALLIS testing. Statistical software run files are attached in Appendix C.

Unfortunately, due to the dissimilar formatting of the questions with the combined nature of the 2016 survey and the unavailability of the raw data from the previous surveys, a statistical comparison to the previous surveys was unable to be performed. It is the hope that going forward there will eventually be a standardized question set so that the survey can be run on regular two or three year intervals to provide a trend over time. The raw data will be maintained by Major Ramage and a copy will also be given to the RAMs for storage in the library of the senior classroom.

Results and Discussion: Flight Surgeons

Flight Surgeon Population

Q2: What is your primary Air Force Specialty Code (AFSC)?

Answered: 175 Skipped: 87

| Answer Choices | Responses | |
|---|-----------|------------|
| A. 48G (General Medical Officer Flight Surgeon) | 32.00% | 56 |
| B. 48R (Residency Trained Flight Surgeon) | 38.29% | 67 |
| C. 48A (Aerospace Medicine Specialist) | 29.71% | 52 |
| D. 40C0C (Medical Commander, Medical) | 0.00% | 0 |
| Total | | 175 |

There are a higher portion of RAMs that responded to this survey than exist in the field relative to the 48G and 48R flight surgeons. This could either be a sampling bias due to the high concentration of RAMs in the distribution chain of the survey or this could represent a lack of emphasis to the clinic level flight surgeons of the SOFS from the base-level SGPs.

Q3: Does this AFSC match your primary duties?

Answered: 174 Skipped: 88

| Answer Choices | Responses | |
|----------------|-----------|------------|
| Yes | 91.38% | 159 |
| No | 8.62% | 15 |
| Total | | 174 |

Q4: Which of the following describes your current primary job or position? (Check all that apply)

Answered: 175 Skipped: 87

| Answer Choices | Responses | |
|--|-----------|----|
| A. Squadron Medical Element Flight Surgeon | 28.00% | 49 |
| B. Medical Treatment Facility Flight Surgeon | 30.29% | 53 |
| C. Flight Commander | 9.71% | 17 |
| D. Squadron Commander | 12.00% | 21 |
| E. Medical Treatment Facility Commander | 0.00% | 0 |
| F. Headquarters Staff | 5.14% | 9 |
| SGP | 25.14% | 44 |
| G. Other | 20.00% | 35 |
| Total Respondents: 175 | | |

Q5: Which aerospace medicine jobs/positions have you held? (Check all that apply)

Answered: 167 Skipped: 95

| Answer Choices | Responses | |
|--|-----------|-----|
| A. Squadron Medical Element Flight Surgeon | 61.68% | 103 |
| B. Medical Treatment Facility Flight Surgeon | 70.66% | 118 |
| C. Chief of Aerospace Medicine (SGP) | 45.51% | 76 |
| D. Flight Commander | 36.53% | 61 |
| E. Squadron Commander | 22.75% | 38 |
| F. Group Commander | 2.99% | 5 |
| G. MAJCOM Aerospace Medicine Staff | 4.19% | 7 |
| H. MAJCOM Chief of Aerospace Medicine | 4.19% | 7 |
| I. AF/SG Aerospace Medicine Staff | 2.99% | 5 |
| J. AF/SG Chief of Aerospace Medicine | 0.00% | 0 |
| K. USAFSAM Staff/Instructor | 3.59% | 6 |
| L. USAFSAM Staff/Clinical | 4.79% | 8 |
| M. Other Staff (IG, AFSA, SGX, etc.) | 5.99% | 10 |
| N. Other operational (Pilot-Physician, NASA, etc.) | 4.79% | 8 |
| Total Respondents: 167 | | |

Q6: I am currently or have been assigned as a flight surgeon with my primary aircraft of assignment being a fighter/attack major weapons system.

Answered: 175 Skipped: 87

| Answer Choices | Responses | |
|----------------|-----------|------------|
| Yes | 45.14% | 79 |
| No | 54.86% | 96 |
| Total | | 175 |

Due to the decreasing presence of two-seat fighter aircraft, it will be interesting to see how this metric trends over time.

Medical Specialty Training

Q7: Are you board-certified in Aerospace Medicine?

Answered: 175 Skipped: 87

| Answer Choices | Responses | |
|----------------|-----------|------------|
| Yes | 22.86% | 40 |
| No | 77.14% | 135 |
| Total | | 175 |

Q8: If board-certified or board-eligible in Aerospace Medicine, how long ago did you graduate from the USAF Residency in Aerospace Medicine?

Answered: 39 Skipped: 223

| Answer Choices | Responses | |
|---|-----------|-----------|
| A. < 1 year ago | 15.38% | 6 |
| B. 1-5 years ago | 48.72% | 19 |
| C. 6-10 years ago | 15.38% | 6 |
| D. >10 years ago | 17.95% | 7 |
| E. I am board-certified/eligible in Aerospace Medicine, but not a USAFSAM RAM graduate. | 2.56% | 1 |
| F. I am not a graduate of a Residency in Aerospace Medicine. | 0.00% | 0 |
| Total | | 39 |

In the recent decade there has been more of an emphasis to recruit younger flight surgeons into the RAM. The hope is to retain the talent as long as possible as opposed to providing residency training to a physician that is nearing the end of his or her respective military career.

Q9: The USAF Residency in Aerospace Medicine prepared me well for my duties as an Aerospace Medicine Specialist.

Answered: 39 Skipped: 223

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Total | Weighted Average |
|------------|----------------|--------------|--------------|------------|-------------------|-------|------------------|
| (no label) | 20.51% 8 | 41.03% 16 | 28.21% 11 | 5.13% 2 | 5.13% 2 | 39 | 2.33 |

This is an alarming attestation from a large number of RAMs. The RAM exists to build a cadre of leaders for aerospace medicine as well as the Air Force Medical Service as a whole. Through constructive feedback from the field, the RAM can be agile and dynamically change to serve its two masters, the ACGME and the demands of the Line. It is incumbent on each and every RAM to ping the school house with tactical lessons learned so that the future generations of RAMs will have the benefit of our experience.

Q10: Are you board-certified in a medical specialty other than Aerospace Medicine?

Answered: 172 Skipped: 90

| Answer Choices | Responses |
|----------------|------------|
| Yes | 60.47% 104 |
| No | 39.53% 68 |
| Total | 172 |

Q11: In what other medical specialty(s) are you board-certified? (Check all that apply)

Answered: 108 Skipped: 154

| Answer Choices | Responses |
|--------------------------------------|-----------|
| A. Family Medicine (Family Practice) | 69.44% 75 |
| B. Internal Medicine | 11.11% 12 |
| C. Pediatrics | 4.63% 5 |
| D. Surgery | 0.00% 0 |
| E. Occupational Medicine | 14.81% 16 |
| F. Preventive Medicine | 2.78% 3 |
| G. Psychiatry | 0.00% 0 |
| H. Other | 13.89% 15 |
| Total Respondents: 108 | |

Quality of Life

Q12: I have moved approximately every _____ years since becoming a flight surgeon.

Answered: 172 Skipped: 90

| Answer Choices | Responses |
|----------------|------------|
| A. 1 | 0.58% 1 |
| B. 2 | 28.49% 49 |
| C. 3 | 26.16% 45 |
| D. 4 | 5.81% 10 |
| E. 5+ | 2.33% 4 |
| F. N/A | 36.63% 63 |
| Total | 172 |

Q13: How long ago did you graduate from the Aerospace Medicine Primary (AMP) Course?

Answered: 171 Skipped: 91

| Answer Choices | Responses | |
|-------------------|-----------|------------|
| A. < 1 year ago | 15.20% | 26 |
| B. 1-5 years ago | 38.01% | 65 |
| C. 6-10 years ago | 19.30% | 33 |
| D. > 10 years ago | 27.49% | 47 |
| Total | | 171 |

Training Feed Back

Q14: The Aerospace Medicine Primary (AMP) Course prepared me well for my duties as a flight surgeon.

Answered: 172 Skipped: 90

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Total | Weighted Average |
|------------|----------------|--------------|--------------|--------------|-------------------|-------|------------------|
| (no label) | 8.72% 15 | 49.42% 85 | 18.60% 32 | 15.70% 27 | 7.56% 13 | 172 | 2.64 |

This survey item emphasizes the need for mentorship at the base level. AMP is not designed, nor should it be, to field a battle-ready flight surgeon to take on the perils of a very different type of clinical medicine. AMP provides a flight surgeon with the foundation on which to build knowledge, but that growth must be facilitated. All too often there is the occurrence of a manning perfect storm where an MTF has a distinct lack of experience in aerospace medicine. I have experienced first-hand two new captains essentially flipping a coin to determine the SGP position. Aerospace medicine is a specialty that requires constant mentorship and significant corporate knowledge of the enterprise. If senior flight surgeons don't take the young ones under their wings, there is a tendency for water to flow though the course of least resistance, thus the unfortunate Medical Group stereotypes regarding flight medicine are perpetuated.

Q15: Sustainment and refresher training is available after the Aerospace Medicine Primary (AMP) Course to maintain the skills I need to perform my duties.

Answered: 171 Skipped: 91

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Total | Weighted Average |
|------------|----------------|--------------|--------------|--------------|-------------------|-------|------------------|
| (no label) | 5.26% 9 | 43.27% 74 | 21.05% 36 | 22.81% 39 | 7.60% 13 | 171 | 2.84 |

Q16: Sustainment and refresher training is adequate after the Aerospace Medicine Primary (AMP) Course to maintain the skills I need to perform my duties.

Answered: 172 Skipped: 90

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Total | Weighted Average |
|------------|----------------|--------------|--------------|--------------|-------------------|-------|------------------|
| (no label) | 4.07% 7 | 38.37% 66 | 32.56% 56 | 18.02% 31 | 6.98% 12 | 172 | 2.85 |

Q17: As a flight surgeon, I have attended Advanced Trauma Life Support (ATLS) Training.

Answered: 172 Skipped: 90

| Answer Choices | Responses |
|----------------|------------|
| Yes | 81.98% 141 |
| No | 18.02% 31 |
| Total | 172 |

Q18: I found Advanced Trauma Life Support (ATLS) Training beneficial to my responsibilities as a flight surgeon.

Answered: 141 Skipped: 121

| Answer Choices | Responses | |
|----------------|-----------|------------|
| Yes | 80.14% | 113 |
| No | 19.86% | 28 |
| Total | | 141 |

Q19: As a flight surgeon, I have attended the Aircraft Mishap Investigation and Prevention (AMIP) Course.

Answered: 172 Skipped: 90

| Answer Choices | Responses | |
|----------------|-----------|------------|
| Yes | 60.47% | 104 |
| No | 39.53% | 68 |
| Total | | 172 |

Q20: I found the Aircraft Mishap Investigation and Prevention (AMIP) Course beneficial to my responsibilities as a flight surgeon.

Answered: 104 Skipped: 158

| Answer Choices | Responses | |
|----------------|-----------|------------|
| Yes | 87.50% | 91 |
| No | 12.50% | 13 |
| Total | | 104 |

Q21: As a flight surgeon, I have attended the Global Medicine Course.

Answered: 171 Skipped: 91

| Answer Choices | Responses | |
|----------------|-----------|------------|
| Yes | 36.26% | 62 |
| No | 63.74% | 109 |
| Total | | 171 |

Q22: I found the Global Medicine Course beneficial to my responsibilities as a flight surgeon.

Answered: 62 Skipped: 200

| Answer Choices | Responses | |
|----------------|-----------|-----------|
| Yes | 93.55% | 58 |
| No | 6.45% | 4 |
| Total | | 62 |

Q23: As a flight surgeon, I have attended the Advanced Clinical Concepts in Aeromedical Evacuation (ACCAE) Course.

Answered: 171 Skipped: 91

| Answer Choices | Responses | |
|----------------|-----------|------------|
| Yes | 29.82% | 51 |
| No | 70.18% | 120 |
| Total | | 171 |

Q24: I found the Advanced Clinical Concepts in Aeromedical Evacuation (ACCAE) Course beneficial to my responsibilities as a flight surgeon.

Answered: 51 Skipped: 211

| Answer Choices | Responses | |
|----------------|-----------|-----------|
| Yes | 80.39% | 41 |
| No | 19.61% | 10 |
| Total | | 51 |

Q25: As a flight surgeon, I have attended the Contingency Preventive Medicine (CPM) Course.

Answered: 171 Skipped: 91

| Answer Choices | Responses | |
|----------------|-----------|------------|
| Yes | 5.26% | 9 |
| No | 94.74% | 162 |
| Total | | 171 |

Q26: I found the Contingency Preventive Medicine (CPM) Course beneficial to my responsibilities as a flight surgeon.

Answered: 9 Skipped: 253

| Answer Choices | Responses | |
|----------------|-----------|----------|
| Yes | 77.78% | 7 |
| No | 22.22% | 2 |
| Total | | 9 |

Q27: As a flight surgeon, I have attended the Occupational Medicine Course.

Answered: 171 Skipped: 91

| Answer Choices | Responses | |
|----------------|-----------|------------|
| Yes | 34.50% | 59 |
| No | 65.50% | 112 |
| Total | | 171 |

Q28: I found the Occupational Medicine Course beneficial to my responsibilities as a flight surgeon.

Answered: 58 Skipped: 204

| Answer Choices | Responses | |
|----------------|-----------|-----------|
| Yes | 89.66% | 52 |
| No | 10.34% | 6 |
| Total | | 58 |

Q29: As a flight surgeon, I have attended the Human Performance Enhancement (HPE) Course.

Answered: 171 Skipped: 91

| Answer Choices | Responses | |
|----------------|-----------|------------|
| Yes | 1.75% | 3 |
| No | 98.25% | 168 |
| Total | | 171 |

Q30: I found the Human Performance Enhancement (HPE) Course beneficial to my responsibilities as a flight surgeon.

Answered: 3 Skipped: 259

| Answer Choices | Responses | |
|----------------|-----------|----------|
| Yes | 66.67% | 2 |
| No | 33.33% | 1 |
| Total | | 3 |

Q31: As a flight surgeon, I have attended the Critical Care Air Transport Team (CCATT) Course.

Answered: 171 Skipped: 91

| Answer Choices | Responses | |
|----------------|-----------|------------|
| Yes | 9.36% | 16 |
| No | 90.64% | 155 |
| Total | | 171 |

Q32: I found the Critical Care Air Transport Team (CCATT) Course beneficial to my responsibilities as a flight surgeon.

Answered: 16 Skipped: 246

| Answer Choices | Responses | |
|----------------|-----------|-----------|
| Yes | 81.25% | 13 |
| No | 18.75% | 3 |
| Total | | 16 |

Q33: As a flight surgeon, I have attended the Top Knife Course.

Answered: 171 Skipped: 91

| Answer Choices | Responses | |
|----------------|-----------|------------|
| Yes | 36.26% | 62 |
| No | 63.74% | 109 |
| Total | | 171 |

Q34: I found the Top Knife Course beneficial to my responsibilities as a flight surgeon.

Answered: 62 Skipped: 200

| Answer Choices | Responses | |
|----------------|-----------|-----------|
| Yes | 96.77% | 60 |
| No | 3.23% | 2 |
| Total | | 62 |

Q35: As a flight surgeon, I have attended the Chief of Aeromedical Services and Advanced Flight Surgeon Symposium (SGP Course).

Answered: 171 Skipped: 91

| Answer Choices | Responses | |
|----------------|-----------|------------|
| Yes | 37.43% | 64 |
| No | 62.57% | 107 |
| Total | | 171 |

Q36: I found the Chief of Aeromedical Services and Advanced Flight Surgeon Symposium (SGP Course) beneficial to my responsibilities as an SGP or senior flight surgeon.

Answered: 64 Skipped: 198

| Answer Choices | Responses | |
|----------------|-----------|-----------|
| Yes | 82.81% | 53 |
| No | 17.19% | 11 |
| Total | | 64 |

Q49: I am well trained to perform patient care duties expected of me.

Answered: 165 Skipped: 97

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Total | Weighted Average |
|------------|----------------|--------------|-------------|-------------|-------------------|-------|------------------|
| (no label) | 44.24% 73 | 41.21% 68 | 6.67% 11 | 6.06% 10 | 1.82% 3 | 165 | 1.80 |

Q50: I am well trained to perform operational/deployment support tasking.

Answered: 166 Skipped: 96

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Total | Weighted Average |
|------------|----------------|--------------|--------------|--------------|-------------------|-------|------------------|
| (no label) | 25.90% 43 | 44.58% 74 | 16.27% 27 | 10.24% 17 | 3.01% 5 | 166 | 2.20 |

Q51: I am well trained to perform command and leadership functions expected of me.

Answered: 167 Skipped: 95

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Total | Weighted Average |
|------------|----------------|--------------|--------------|--------------|-------------------|-------|------------------|
| (no label) | 20.36% 34 | 32.93% 55 | 28.14% 47 | 15.57% 26 | 2.99% 5 | 167 | 2.48 |

Q53: I feel properly trained to do my job well.

Answered: 165 Skipped: 97

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A | Total | Weighted Average |
|------------|----------------|--------------|--------------|--------------|-------------------|------------|-------|------------------|
| (no label) | 24.24% 40 | 44.85% 74 | 15.76% 26 | 11.52% 19 | 3.64% 6 | 0.00% 0 | 165 | 2.25 |

Q67: The Aerospace Medical Association (AsMA) annual meeting is valuable for my professional development.

Answered: 164 Skipped: 98

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A | Total | Weighted Average |
|------------|----------------|--------------|--------------|------------|-------------------|--------------|-------|------------------|
| (no label) | 20.12% 33 | 23.78% 39 | 13.41% 22 | 4.88% 8 | 4.88% 8 | 32.93% 54 | 164 | 2.26 |

Q68: The Association of Military Surgeons of the U.S. (AMSUS) annual meeting is valuable for my professional development.

Answered: 165 Skipped: 97

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A | Total | Weighted Average |
|------------|----------------|------------|--------------|-------------|-------------------|--------------|-------|------------------|
| (no label) | 1.82% 3 | 5.45% 9 | 24.85% 41 | 7.88% 13 | 6.67% 11 | 53.33% 88 | 165 | 3.26 |

Q69: Which Society of USAF Flight Surgeons products/events do you find useful? (Check all that apply)

Answered: 165 Skipped: 97

| Answer Choices | Responses |
|---|------------|
| Flight Surgeon's Checklist | 52.12% 86 |
| Aircraft Mishap Investigation Handbook | 62.42% 103 |
| Flight Surgeons Toolkit (CD-ROM) | 16.97% 28 |
| FlightLines (Newsletter) | 25.45% 42 |
| Website | 16.36% 27 |
| SOSAFFS luncheon (at AsMA annual meeting) | 12.12% 20 |
| SOSAFFS social (at AsMA annual meeting) | 12.12% 20 |
| I do not find any of the listed products/events useful | 5.45% 9 |
| I have not used or attended any of the listed products/events | 23.03% 38 |
| Total Respondents: 165 | |

Deployment

Q37: I have been deployed _____ months in the past three years.

Answered: 171 Skipped: 91

| Answer Choices | Responses | |
|----------------|-----------|------------|
| 0 | 60.82% | 104 |
| 1-4 | 15.79% | 27 |
| 5-8 | 13.45% | 23 |
| 9-12 | 5.26% | 9 |
| >12 | 4.68% | 8 |
| Total | | 171 |

Q38: I was well trained to perform the patient care duties required of me while deployed.

Answered: 68 Skipped: 194

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A | Total | Weighted Average |
|------------|----------------|--------------|------------|------------|-------------------|------------|-------|------------------|
| (no label) | 36.76% 25 | 52.94% 36 | 5.88% 4 | 1.47% 1 | 2.94% 2 | 0.00% 0 | 68 | 1.81 |

Q39: My training adequately prepared me to accomplish the operational tasks required of me while deployed.

Answered: 67 Skipped: 195

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A | Total | Weighted Average |
|------------|----------------|--------------|------------|------------|-------------------|------------|-------|------------------|
| (no label) | 40.30% 27 | 46.27% 31 | 8.96% 6 | 0.00% 0 | 4.48% 3 | 0.00% 0 | 67 | 1.82 |

Q40: My family was prepared for my deployment.

Answered: 67 Skipped: 195

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A | Total | Weighted Average |
|------------|----------------|--------------|------------|-------------|-------------------|------------|-------|------------------|
| (no label) | 16.42% 11 | 55.22% 37 | 5.97% 4 | 10.45% 7 | 4.48% 3 | 7.46% 5 | 67 | 2.26 |

Q41: My family was well cared for during my deployment.

Answered: 67 Skipped: 195

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A | Total | Weighted Average |
|------------|----------------|--------------|--------------|------------|-------------------|------------|-------|------------------|
| (no label) | 17.91% 12 | 37.31% 25 | 23.88% 16 | 4.48% 3 | 7.46% 5 | 8.96% 6 | 67 | 2.41 |

Q42: While deployed the right equipment was available for my team.

Answered: 67 Skipped: 195

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A | Total | Weighted Average |
|------------|----------------|--------------|--------------|------------|-------------------|------------|-------|------------------|
| (no label) | 14.93% 10 | 50.75% 34 | 16.42% 11 | 8.96% 6 | 5.97% 4 | 2.99% 2 | 67 | 2.38 |

Q43: While deployed the equipment was in good repair for my team.

Answered: 67 Skipped: 195

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A | Total | Weighted Average |
|------------|----------------|--------------|--------------|------------|-------------------|------------|-------|------------------|
| (no label) | 16.42% 11 | 49.25% 33 | 19.40% 13 | 5.97% 4 | 5.97% 4 | 2.99% 2 | 67 | 2.34 |

Q44: My support staff was well trained for the deployment mission.

Answered: 67 Skipped: 195

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A | Total | Weighted Average |
|------------|----------------|--------------|--------------|------------|-------------------|------------|-------|------------------|
| (no label) | 19.40% 13 | 44.78% 30 | 16.42% 11 | 7.46% 5 | 7.46% 5 | 4.48% 3 | 67 | 2.36 |

Q45: I deployed with the right complement of professional and support staff.

Answered: 67 Skipped: 195

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A | Total | Weighted Average |
|------------|----------------|--------------|------------|--------------|-------------------|------------|-------|------------------|
| (no label) | 20.90% 14 | 44.78% 30 | 8.96% 6 | 19.40% 13 | 4.48% 3 | 1.49% 1 | 67 | 2.41 |

Job Satisfaction

Q46: The most important mentor(s) I have had in my military career has been the following: (Check all that apply)

Answered: 167 Skipped: 95

| Answer Choices | Responses |
|-------------------------------|-----------|
| Supervisors/Commanders | 55.69% 93 |
| Instructors/professors | 16.77% 28 |
| Senior 4FOs | 20.96% 35 |
| Peers | 48.50% 81 |
| Other leaders | 23.95% 40 |
| I have not been mentored well | 26.95% 45 |
| Total Respondents: 167 | |

Nearly one quarter of flight surgeon respondents reported that they have never been mentored. This harkens back to the discussion that accompanies question 14. In order to continue to be viable as a medical specialty, we have to foster the growth of our own. Daily/regular informal mentorship is one of the best methods to continue passing the torch of aerospace medicine.

Q47: I have the greatest difficulty or feel most uncomfortable with ____.

Answered: 160 Skipped: 102

| Answer Choices | Responses |
|---|------------|
| Medical skills | 11.25% 18 |
| Administrative requirements | 41.25% 66 |
| Accomplishing flying events | 18.75% 30 |
| Officership/military personnel requirements | 20.63% 33 |
| Deployed operations | 8.13% 13 |
| Total | 160 |

Q48: The top three barriers to performing my job are: (Choose three)

Answered: 164 Skipped: 98

| Answer Choices | Responses | |
|-------------------------------|-----------|-----|
| Training | 50.61% | 83 |
| Staff | 62.20% | 102 |
| Guidance | 65.85% | 108 |
| Leadership | 50.00% | 82 |
| Equipment/Space | 43.90% | 72 |
| Total Respondents: 164 | | |

Q54: I have the tools and equipment to do my job well.

Answered: 166 Skipped: 96

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A | Total | Weighted Average |
|------------|----------------|--------------|--------------|-------------|-------------------|------------|-------|------------------|
| (no label) | 12.65% 21 | 52.41% 87 | 21.69% 36 | 9.64% 16 | 3.61% 6 | 0.00% 0 | 166 | 2.39 |

Q55: The Air Force provides me with adequate guidance to do my job well.

Answered: 164 Skipped: 98

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A | Total | Weighted Average |
|------------|----------------|--------------|--------------|--------------|-------------------|------------|-------|------------------|
| (no label) | 9.76% 16 | 36.59% 60 | 27.44% 45 | 18.90% 31 | 6.71% 11 | 0.61% 1 | 164 | 2.76 |

Q56: My enlisted support staff is trained and sufficient to help me do my job well.

Answered: 167 Skipped: 95

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A | Total | Weighted Average |
|------------|----------------|--------------|--------------|--------------|-------------------|------------|-------|------------------|
| (no label) | 11.98% 20 | 42.51% 71 | 19.16% 32 | 16.17% 27 | 6.59% 11 | 3.59% 6 | 167 | 2.61 |

Q57: My leadership supports me and encourages me to do my job well.

Answered: 167 Skipped: 95

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A | Total | Weighted Average |
|------------|----------------|--------------|--------------|-------------|-------------------|------------|-------|------------------|
| (no label) | 23.95% 40 | 47.90% 80 | 13.77% 23 | 8.98% 15 | 5.39% 9 | 0.00% 0 | 167 | 2.24 |

Q58: The environment I work in today is friendlier now than three years ago.

Answered: 166 Skipped: 96

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A | Total | Weighted Average |
|------------|----------------|--------------|--------------|--------------|-------------------|--------------|-------|------------------|
| (no label) | 10.84% 18 | 21.69% 36 | 26.51% 44 | 17.47% 29 | 9.64% 16 | 13.86% 23 | 166 | 2.92 |

This is another alarming bit of information that we should monitor closely in the upcoming years. A weakness that I discovered retrospectively with the survey is that I did not provide a cue for commentary following this question. There clearly is a curve centered over neutral. I am interested to see that factors that can be modified to make the flight surgeon work environment better.

Q59: I enjoy being a flight surgeon in the Air Force.

Answered: 166 Skipped: 96

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A | Total | Weighted Average |
|------------|----------------|--------------|--------------|-------------|-------------------|------------|-------|------------------|
| (no label) | 39.16% 65 | 36.75% 61 | 13.86% 23 | 6.02% 10 | 3.61% 6 | 0.60% 1 | 166 | 1.98 |

Future Military Prospects

Q52: I plan to become a medical leader in the Air Force (commander, command surgeon, etc.).

Answered: 167 Skipped: 95

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A | Total | Weighted Average |
|------------|----------------|--------------|--------------|--------------|-------------------|-------------|-------|------------------|
| (no label) | 26.35% 44 | 28.74% 48 | 10.18% 17 | 10.78% 18 | 17.96% 30 | 5.99% 10 | 167 | 2.63 |

Q60: I plan to stay in the USAF for the following term:

Answered: 163 Skipped: 99

| Answer Choices | Responses |
|---|------------|
| Only for my training commitment | 22.70% 37 |
| Beyond my training commitment but short of retirement eligibility | 12.88% 21 |
| Just until retirement eligibility | 34.97% 57 |
| Past retirement eligibility | 29.45% 48 |
| Total | 163 |

Q61: What are the top 3 things keeping you in the aerospace medicine career field? (Choose three)

Answered: 162 Skipped: 100

| Answer Choices | Responses | |
|--|-----------|-----|
| Military family lifestyle | 41.36% | 67 |
| Flying/operational opportunities | 84.57% | 137 |
| Deployment opportunities | 32.10% | 52 |
| Clinical environment | 37.04% | 60 |
| Future military opportunities (command, promotion) | 35.80% | 58 |
| Future civilian jobs unattractive | 5.56% | 9 |
| Pay/bonuses | 20.99% | 34 |
| Recession | 2.47% | 4 |
| Other | 24.69% | 40 |
| Total Respondents: 162 | | |

It appears as though most flight surgeons enjoy their work and there is an overwhelming trend among respondents to stay in at least past their commitment. It is interesting that by nearly double the amount of the closest factor, flying opportunities are the resounding reason why physicians stay in flight medicine. Aside from the importance of understanding the rigors of the aerospace environment, flying itself is an excellent recruitment and retention tool for flight surgeons. Anecdotally, when I have talked with fellow international flight surgeons from nations without the emphasis performance of flying duty for the flight surgeons, they seem to lack the zeal for the career that we do. In further discussion, there doesn't seem to be all that much that differentiates them from the average clinical practitioner from their military. The military lifestyle for the family is an interesting distant second reason. We always hear rumblings of deployment tempo taking its toll on the family; however, when a well bolstered network of military families is formed, the resilience for the family and in turn the member is magnified.

Q62: If you plan to leave the USAF before retirement eligibility, which factors most influenced this decision? (Check all that apply)

Answered: 163 Skipped: 99

| Answer Choices | Responses | |
|---|-----------|----|
| Personal/family reasons | 26.38% | 43 |
| Civilian employment opportunities | 18.40% | 30 |
| Deployments/ops tempo | 12.27% | 20 |
| Dissatisfaction with work | 25.77% | 42 |
| Electronic medical record (AHLTA) | 17.79% | 29 |
| Future military opportunities unclear | 15.34% | 25 |
| Future military jobs unattractive | 18.40% | 30 |
| Pay/Bonuses | 17.79% | 29 |
| Other | 9.20% | 15 |
| I do not plan to leave the USAF before retirement eligibility | 55.21% | 90 |
| Total Respondents: 163 | | |

Q63: The following factors are important considerations to my remaining in the Air Force:

Answered: 165 Skipped: 97

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A | Total | Weighted Average |
|-----------------------------------|----------------|--------------|--------------|--------------|-------------------|------------|-------|------------------|
| Opportunity to fly | 53.33% 88 | 32.12% 53 | 4.24% 7 | 6.06% 10 | 3.64% 6 | 0.61% 1 | 165 | 1.74 |
| Financial compensation | 40.00% 66 | 39.39% 65 | 7.88% 13 | 9.09% 15 | 3.64% 6 | 0.00% 0 | 165 | 1.97 |
| Professional autonomy | 37.42% 61 | 41.72% 68 | 11.66% 19 | 4.29% 7 | 4.91% 8 | 0.00% 0 | 163 | 1.98 |
| Confidence in leadership | 35.76% 59 | 36.36% 60 | 13.33% 22 | 7.27% 12 | 7.27% 12 | 0.00% 0 | 165 | 2.14 |
| Input into the assignment process | 38.18% 63 | 31.52% 52 | 12.12% 20 | 10.30% 17 | 6.67% 11 | 1.21% 2 | 165 | 2.15 |
| Time available to take leave | 29.27% 48 | 47.56% 78 | 10.98% 18 | 7.93% 13 | 4.27% 7 | 0.00% 0 | 164 | 2.10 |

Q63: The following factors are important considerations to my remaining in the Air Force: (continued)

Answered: 165 Skipped: 97

| | | | | | | | | |
|---|---------------------|---------------------|---------------------|---------------------|--------------------|-------------------|-----|------|
| Sense of duty | 52.73% 87 | 33.94% 56 | 6.06% 10 | 4.85% 8 | 2.42% 4 | 0.00% 0 | 165 | 1.70 |
| Quality work environment | 37.20% 61 | 43.29% 71 | 9.15% 15 | 7.93% 13 | 2.44% 4 | 0.00% 0 | 164 | 1.95 |
| Health benefits for the family | 34.97% 57 | 36.81% 60 | 19.02% 31 | 3.68% 6 | 3.68% 6 | 1.84% 3 | 163 | 2.02 |
| Lifestyle | 35.98% 59 | 44.51% 73 | 10.37% 17 | 6.10% 10 | 3.05% 5 | 0.00% 0 | 164 | 1.96 |
| Frequency of PCS | 20.73% 34 | 26.83% 44 | 32.93% 54 | 8.54% 14 | 9.15% 15 | 1.83% 3 | 164 | 2.58 |
| Frequency of deployments | 25.00% 41 | 25.61% 42 | 29.27% 48 | 10.98% 18 | 5.49% 9 | 3.66% 6 | 164 | 2.44 |
| Length of deployments | 28.05% 46 | 23.17% 38 | 29.27% 48 | 7.93% 13 | 7.93% 13 | 3.66% 6 | 164 | 2.42 |
| Unique challenges of aerospace medicine | 34.55% 57 | 40.61% 67 | 13.94% 23 | 6.06% 10 | 4.85% 8 | 0.00% 0 | 165 | 2.06 |

Q64: My family's healthcare, financial, and legal needs were met during the last 12 months.

Answered: 165 Skipped: 97

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A | Total | Weighted Average |
|------------|-----------------------|---------------------|-------------------|-------------------|--------------------------|--------------------|--------------|-------------------------|
| (no label) | 42.42% 70 | 41.21% 68 | 4.24% 7 | 4.85% 8 | 1.21% 2 | 6.06% 10 | 165 | 1.74 |

Q65: My spouse has been able to maintain a satisfying career while I have been on active duty.

Answered: 165 Skipped: 97

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A | Total | Weighted Average |
|------------|----------------|--------------|--------------|--------------|-------------------|--------------|-------|------------------|
| (no label) | 10.91% 18 | 18.79% 31 | 10.30% 17 | 13.94% 23 | 16.97% 28 | 29.09% 48 | 165 | 3.10 |

Q66: My family is supportive of my Air Force career.

Answered: 165 Skipped: 97

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A | Total | Weighted Average |
|------------|----------------|--------------|-------------|------------|-------------------|-------------|-------|------------------|
| (no label) | 38.18% 63 | 39.39% 65 | 9.70% 16 | 3.64% 6 | 1.82% 3 | 7.27% 12 | 165 | 1.83 |

Results and Discussion: Line Commanders

Q70: Do your flight surgeons speak to your personnel at safety briefings, Commander’s Calls, or other appropriate venues?

Answered: 79 Skipped: 183

| | Frequently | Occasionally | Never | Total | Weighted Average |
|------------|--------------|--------------|--------------|-------|------------------|
| (no label) | 36.71% 29 | 49.37% 39 | 13.92% 11 | 79 | 1.77 |

37% (29) of OG/CC and SQ/CC state the flight surgeons speak at various official venues frequently. **49% (39)** state that this occurs occasionally and **14% (11)** say not at all.

Q71: Please rate the impact of these briefings on your mission.

Answered: 68 Skipped: 194

| | Strong Positive Impact | Positive Impact | Neutral | Negative Impact | Strong Negative Impact | Total | Weighted Average |
|------------|------------------------|-----------------|--------------|-----------------|------------------------|-------|------------------|
| (no label) | 16.18% 11 | 69.12% 47 | 14.71% 10 | 0.00% 0 | 0.00% 0 | 68 | 1.99 |

For those commanders that experience flight surgeon briefings the following impact is reported: **16% (11) strong positive, 69% (47) positive, 15% (10) neutral, and 0% negative.** Of the write in comments that were received, this most notable negative remarks were flight surgeons “checking to container” by giving the same briefings from flight medicine’s Greatest Hits album. We would benefit by trying to instill the mindset of making these briefings meaningful or not doing them at all. “Fast or funny” rules still apply.

Q72: Please rate the overall quality of these briefings.

Answered: 67 Skipped: 195

| | Exceptional Quality | High Quality | Adequate Quality | Marginal Quality | Poor Quality | No Opinion | Total | Weighted Average |
|------------|---------------------|--------------|------------------|------------------|--------------|------------|-------|------------------|
| (no label) | 11.94% 8 | 46.27% 31 | 35.82% 24 | 4.48% 3 | 0.00% 0 | 1.49% 1 | 67 | 2.33 |

12% (8) report exceptional quality briefings, while **46% (31), 36% (24), and 4% (3)** report high, adequate, and marginal quality respectively.

Q73: Do your flight surgeons fly regularly and frequently?

Answered: 77 Skipped: 185

| Answer Choices | Responses | |
|----------------|-----------|-----------|
| Yes | 61.04% | 47 |
| No | 22.08% | 17 |
| Unsure | 16.88% | 13 |
| Total | | 77 |

61% (47) of commander's state that their flight surgeons are flying regularly. **22% (17) and 17% (13)** report no or "not sure". I am not entirely certain which is more frustrating, the fact that some flight surgeons have made a lasting impression that their commander know they don't fly or that there is so little contact that the commanders are unsure whether the flight surgeons are flying or not. I admit that there is a myriad of reasons that a flight surgeon might not fly regularly: the ever-increasing workload with decreasing manning, individual health reasons, or a personal dislike of flying. Whatever the reason, valid or otherwise, one thing remains clear. If the flight surgeon is not immersed in the operational environment of those who they support, then the intent of Dr. Lyster is not being met...in turn this could lead to disconnection from the Line and subsequent damaging human performance gaps in the future.

Q74: How credible do your flyers consider your fight surgeons as good and effective physicians/clinicians?

Answered: 73 Skipped: 189

| | Superior | Excellent | Good | Fair | Poor | Total | Weighted Average |
|------------|--------------|--------------|--------------|------------|------------|-------|------------------|
| (no label) | 23.29% 17 | 41.10% 30 | 26.03% 19 | 6.85% 5 | 2.74% 2 | 73 | 2.25 |

Credibility as a physician: **23% (17) superior, 41% (30) excellent, 26% (19) good, 7% (5) fair, and 3% (2) poor.**

Q75: Please rate your flight surgeons in terms of level of respect accorded them as aircrew.

Answered: 72 Skipped: 190

| | Superior | Excellent | Good | Fair | Poor | Total | Weighted Average |
|------------|--------------|--------------|--------------|--------------|------------|-------|------------------|
| (no label) | 20.83% 15 | 30.56% 22 | 29.17% 21 | 18.06% 13 | 1.39% 1 | 72 | 2.49 |

Respect of flight surgeons as aircrew members: **21% (15) superior, 31% (22) excellent, 29% (21) good, 18 % (13) fair, and 1% (1) poor.**

Q76: How 'easy' or 'tough' are your flight surgeons when determining flying status (DNIF or RTFS) when you balance flying safety, the manpower needs for mission completion, and appropriate medical care?

Answered: 73 Skipped: 189

| | Overly Restrictive | About Right | Overly Permissive | Total | Weighted Average |
|------------|--------------------|--------------|-------------------|-------|------------------|
| (no label) | 9.59% 7 | 90.41% 66 | 0.00% 0 | 73 | 1.90 |

There is an empiric belief held by many aircrew members that “the best you can do when seeing the flight doc is break even”. It is refreshing to see that **90% (66)** of commanders view the flight surgeon’s medical judgment to be appropriate. **10% (7)** think that he or she is being overly restrictive.

Q77: Please rate your flight surgeons' communication skills and efforts.

Answered: 71 Skipped: 191

| | Superior | Excellent | Good | Fair | Poor | Total | Weighted Average |
|------------|--------------|--------------|--------------|------------|------------|-------|------------------|
| (no label) | 26.76% 19 | 45.07% 32 | 21.13% 15 | 4.23% 3 | 2.82% 2 | 71 | 2.11 |

Q78: Please rate your installation flight surgeons' depth and breadth of knowledge in the following areas:

Answered: 71 Skipped: 191

| | Very Satisfied | Satisfied | Neutral | Dissatisfied | Very Dissatisfied | No Opinion | Total | Weighted Average |
|--------------------------|----------------|--------------|--------------|--------------|-------------------|------------|-------|------------------|
| Operational Issues | 29.58% 21 | 47.89% 34 | 15.49% 11 | 1.41% 1 | 2.82% 2 | 2.82% 2 | 71 | 1.97 |
| Flight Safety Issues | 39.44% 28 | 46.48% 33 | 9.86% 7 | 0.00% 0 | 1.41% 1 | 2.82% 2 | 71 | 1.74 |
| Occupational Health | 38.03% 27 | 43.66% 31 | 9.86% 7 | 1.41% 1 | 1.41% 1 | 5.63% 4 | 71 | 1.78 |
| General Medical Practice | 43.66% 31 | 46.48% 33 | 5.63% 4 | 2.82% 2 | 1.41% 1 | 0.00% 0 | 71 | 1.72 |

Q79: Please rate your level of satisfaction with level of demonstrated preparedness of your flight surgeons for:

Answered: 71 Skipped: 191

| | Very Satisfied | Satisfied | Neutral | Dissatisfied | Very Dissatisfied | No Opinion | Total | Weighted Average |
|-----------------------------------|----------------|--------------|-------------|--------------|-------------------|--------------|-------|------------------|
| Mishap Response and Investigation | 32.39% 23 | 39.44% 28 | 9.86% 7 | 0.00% 0 | 0.00% 0 | 18.31% 13 | 71 | 1.72 |
| Other Casualty response | 22.54% 16 | 36.62% 26 | 11.27% 8 | 0.00% 0 | 0.00% 0 | 29.58% 21 | 71 | 1.84 |

Q80: Please provide your overall rating of your flight surgeons' impact on:

Answered: 71 Skipped: 191

| | Very Satisfied | Satisfied | Neutral | Dissatisfied | Very Dissatisfied | No Opinion | Total | Weighted Average |
|--------------------|----------------|--------------|-------------|--------------|-------------------|------------|-------|------------------|
| Flying Safety | 38.03% 27 | 47.89% 34 | 8.45% 6 | 0.00% 0 | 1.41% 1 | 4.23% 3 | 71 | 1.74 |
| Mission Completion | 44.29% 31 | 40.00% 28 | 11.43% 8 | 2.86% 2 | 1.43% 1 | 0.00% 0 | 70 | 1.77 |

Q81: Do the families of your flyers obtain their basic medical care primarily at the Flight Medicine Clinic?

Answered: 70 Skipped: 192

| Answer Choices | Responses | |
|--|-----------|-----------|
| Yes | 72.86% | 51 |
| No | 17.14% | 12 |
| No, our Flight Medicine Clinic does not see dependents | 10.00% | 7 |
| Total | | 70 |

Q82: How well do your flight surgeons meet the families' health care needs?

Answered: 65 Skipped: 197

| | Superior | Excellent | Good | Fair | Poor | Total | Weighted Average |
|------------|----------|-----------|--------|-------|-------|-------|------------------|
| (no label) | 20.00% | 40.00% | 29.23% | 7.69% | 3.08% | 65 | 2.34 |
| | 13 | 26 | 19 | 5 | 2 | | |

Q84: Please select the description that applies. I am a/an:

Answered: 72 Skipped: 190

| Answer Choices | Responses | |
|----------------------------|-----------|-----------|
| Operations Group Commander | 16.67% | 12 |
| Squadron Commander | 79.17% | 57 |
| None of the above | 4.17% | 3 |
| Total | | 72 |

Operations Group Commander SGP Assessment

Q85: How long have you been, or were you, an operations group commander?

Answered: 12 Skipped: 250

| Answer Choices | Responses |
|------------------------|-----------|
| Less than 6 months | 0.00% 0 |
| 6- 12 Months | 33.33% 4 |
| 13-18 Months | 8.33% 1 |
| 19- 24 Months | 50.00% 6 |
| Greater than 24 Months | 8.33% 1 |
| Total | 12 |

Q86: For which weapon systems are your operations group responsible?

Answered: 12 Skipped: 250

| Answer Choices | Responses |
|------------------------------|-----------|
| Airborne Command and Control | 25.00% 3 |
| Attack/ Fighter | 33.33% 4 |
| Bomber | 0.00% 0 |
| Cargo | 16.67% 2 |
| High Performance Trainer | 25.00% 3 |
| Heavy Trainer | 25.00% 3 |
| Air Reconnaissance | 8.33% 1 |
| Helicopter | 8.33% 1 |
| Missile and/or Launch Ops | 0.00% 0 |
| RPA | 8.33% 1 |
| ISR/Cyber | 0.00% 0 |
| Other | 33.33% 4 |
| Total Respondents: 12 | |

 S M k

Q87: Do you consider your SGP to be your primary aeromedical advisor regarding flight or missile crew medical issues, flying safety, human factors and human performance enhancement?

Answered: 12 Skipped: 250

| Answer Choices | Responses | |
|----------------|-----------|-----------|
| Yes | 91.67% | 11 |
| No | 8.33% | 1 |
| Total | | 12 |

Q88: Please rate the performance of your Chief of Aeromedical Services (SGP) in this capacity.

Answered: 12 Skipped: 250

| | Superior | Excellent | Good | Fair | Poor | No Opinion | Total | Weighted Average |
|------------|-------------|-------------|-------------|------------|------------|------------|-------|------------------|
| (no label) | 25.00% 3 | 50.00% 6 | 16.67% 2 | 0.00% 0 | 0.00% 0 | 8.33% 1 | 12 | 1.91 |

Q89: Does your Chief of Aeromedical Services (SGP) attend any of your OG meetings?

Answered: 12 Skipped: 250

| Answer Choices | Responses | |
|----------------|-----------|-----------|
| Frequently | 50.00% | 6 |
| Occasionally | 25.00% | 3 |
| Never | 25.00% | 3 |
| Total | | 12 |

Q90: Does your Chief of Aeromedical Services attend Wing Standup?

Answered: 12 Skipped: 250

| Answer Choices | Responses | |
|----------------|-----------|-----------|
| Frequently | 50.00% | 6 |
| Occasionally | 33.33% | 4 |
| Never | 16.67% | 2 |
| Total | | 12 |

Q91: Please rate your Chief of Aeromedical Services on how well he/she advises wing leadership regarding medical and operational factors that enhance war fighter effectiveness.

Answered: 12 Skipped: 250

| | Superior | Excellent | Good | Fair | Poor | No Opinion | Total | Weighted Average |
|------------|-------------|-------------|-------------|------------|------------|------------|-------|------------------|
| (no label) | 25.00% 3 | 50.00% 6 | 16.67% 2 | 0.00% 0 | 0.00% 0 | 8.33% 1 | 12 | 1.91 |

Q92: Please rate the performance of your Chief of Aeromedical Services in identifying gaps in the capabilities of the human weapons system in your wing, and making recommendations, or implementing plans to close those gaps.

Answered: 12 Skipped: 250

| | Superior | Excellent | Good | Fair | Poor | No Opinion | Total | Weighted Average |
|------------|-------------|-------------|-------------|------------|------------|------------|-------|------------------|
| (no label) | 25.00% 3 | 50.00% 6 | 25.00% 3 | 0.00% 0 | 0.00% 0 | 0.00% 0 | 12 | 2.00 |

Q93: Please rate the performance of your Chief of Aeromedical Services as a consultant to commanders and supervisors regarding aeromedical problems related to aircraft or life support equipment, mission plans, and human performance enhancement.

Answered: 12 Skipped: 250

| | Superior | Excellent | Good | Fair | Poor | No Opinion | Total | Weighted Average |
|------------|-------------|-------------|-------------|------------|------------|------------|-------|------------------|
| (no label) | 41.67% 5 | 41.67% 5 | 16.67% 2 | 0.00% 0 | 0.00% 0 | 0.00% 0 | 12 | 1.75 |

Q94: Please rate your Chief of Aeromedical Services' advice to you and your wing leadership regarding medical, environmental and operational factors that influence war fighter effectiveness and mission completion.

Answered: 12 Skipped: 250

| | Superior | Excellent | Good | Fair | Poor | No Opinion | Total | Weighted Average |
|------------|-------------|-------------|------------|------------|------------|------------|-------|------------------|
| (no label) | 33.33% 4 | 50.00% 6 | 8.33% 1 | 0.00% 0 | 0.00% 0 | 8.33% 1 | 12 | 1.73 |

Q95: Please rate your Chief of Aeromedical Services' depth and breadth of knowledge in the following areas:

Answered: 12 Skipped: 250

| | Superior | Excellent | Good | Fair | Poor | No Opinion | Total | Weighted Average |
|-------------------------------|-------------|-------------|-------------|------------|------------|------------|-------|------------------|
| Operational Issues | 33.33% 4 | 41.67% 5 | 25.00% 3 | 0.00% 0 | 0.00% 0 | 0.00% 0 | 12 | 1.92 |
| Flight Safety Issues | 33.33% 4 | 41.67% 5 | 25.00% 3 | 0.00% 0 | 0.00% 0 | 0.00% 0 | 12 | 1.92 |
| Occupational Health | 25.00% 3 | 58.33% 7 | 16.67% 2 | 0.00% 0 | 0.00% 0 | 0.00% 0 | 12 | 1.92 |
| Medicine and Medical Practice | 41.67% 5 | 58.33% 7 | 0.00% 0 | 0.00% 0 | 0.00% 0 | 0.00% 0 | 12 | 1.58 |

Q96: How well prepared is your Chief of Aeromedical Services to lead the other flight surgeons at your installation?

Answered: 12 Skipped: 250

| | Superior | Excellent | Good | Fair | Poor | No Opinion | Total | Weighted Average |
|------------|-------------|-------------|-------------|------------|------------|------------|-------|------------------|
| (no label) | 33.33% 4 | 33.33% 4 | 33.33% 4 | 0.00% 0 | 0.00% 0 | 0.00% 0 | 12 | 2.00 |

Due to the limited participation Operations Group commanders and lack of more granular data that can be match, unfortunately there are no internal statistical analyses that can be performed with SGP data. The Squadron commanders however have provided and interesting insight into the factors that shape their perception of flight surgeon performance.

Squadron Commander

Q98: How long have (had) you been a squadron commander?

Answered: 57 Skipped: 205

| Answer Choices | Responses | |
|------------------------|-----------|-----------|
| Less than 6 months | 7.02% | 4 |
| 6- 12 Months | 43.86% | 25 |
| 13-18 Months | 7.02% | 4 |
| 19- 24 Months | 38.60% | 22 |
| Greater than 24 Months | 3.51% | 2 |
| Total | | 57 |

Q99: For which weapon system is (was) your squadron responsible?

Answered: 57 Skipped: 205

| Answer Choices | Responses | |
|------------------------------|-----------|----|
| Airborne Command and Control | 8.77% | 5 |
| Attack/ Fighter | 17.54% | 10 |
| Bomber | 8.77% | 5 |
| Cargo | 10.53% | 6 |
| High Performance Trainer | 15.79% | 9 |
| Heavy Trainer | 3.51% | 2 |
| Reconnaissance | 8.77% | 5 |
| Helicopter | 7.02% | 4 |
| Missile and/or Launch Ops | 0.00% | 0 |
| RPA | 3.51% | 2 |
| Other | 26.32% | 15 |
| Total Respondents: 57 | | |

Q100: My squadron has:

Answered: 57 Skipped: 205

| Answer Choices | Responses | |
|---|-----------|-----------|
| A squadron medical element (SME) flight surgeon | 26.32% | 15 |
| One (1) attached flight surgeon | 33.33% | 19 |
| Multiple attached flight surgeons | 14.04% | 8 |
| No SME or attached flight surgeon | 26.32% | 15 |
| Total | | 57 |

Q103: Please rate the performance of your SME flight surgeon in providing and arranging medical training for the other SME personnel.

Answered: 14 Skipped: 248

| | Superior | Excellent | Good | Fair | Poor | No Opinion | Total | Weighted Average |
|------------|-------------|-------------|------------|------------|------------|------------|-------|------------------|
| (no label) | 35.71% 5 | 57.14% 8 | 7.14% 1 | 0.00% 0 | 0.00% 0 | 0.00% 0 | 14 | 1.71 |

Q108: Please rate the performance of your SME flight surgeon in supervising the other members of your SME.

Answered: 14 Skipped: 248

| | Superior | Excellent | Good | Fair | Poor | No Opinion | Total | Weighted Average |
|------------|-------------|-------------|------------|------------|------------|------------|-------|------------------|
| (no label) | 35.71% 5 | 57.14% 8 | 0.00% 0 | 0.00% 0 | 7.14% 1 | 0.00% 0 | 14 | 1.86 |

Q111: Please rate your SME's flight surgeon's depth and breadth of knowledge in the following areas:

Answered: 14 Skipped: 248

| | Superior | Excellent | Good | Fair | Poor | No Opinion | Total | Weighted Average |
|-------------------------------|-------------|-------------|-------------|------------|------------|------------|-------|------------------|
| Operational Issues | 28.57% 4 | 57.14% 8 | 14.29% 2 | 0.00% 0 | 0.00% 0 | 0.00% 0 | 14 | 1.86 |
| Flight Safety Issues | 42.86% 6 | 42.86% 6 | 14.29% 2 | 0.00% 0 | 0.00% 0 | 0.00% 0 | 14 | 1.71 |
| Occupational Health | 57.14% 8 | 35.71% 5 | 7.14% 1 | 0.00% 0 | 0.00% 0 | 0.00% 0 | 14 | 1.50 |
| Medicine and Medical Practice | 50.00% 7 | 42.86% 6 | 7.14% 1 | 0.00% 0 | 0.00% 0 | 0.00% 0 | 14 | 1.57 |

Q112: While you have been, or were, a squadron commander, did your SME flight surgeon deploy with your unit?

Answered: 14 Skipped: 248

| Answer Choices | Responses |
|-----------------------------|-------------|
| Yes | 42.86% 6 |
| No | 21.43% 3 |
| N/A, my unit did not deploy | 35.71% 5 |
| Total | 14 |

Q113: Please rate your SME flight surgeon's performance during deployment in the following areas:

Answered: 6 Skipped: 256

| | Superior | Excellent | Good | Fair | Poor | No opinion | Total | Weighted Average |
|--|-------------|-------------|------------|------------|------------|------------|-------|------------------|
| Arranging and ensuring adequate medical support of the squadron | 83.33% 5 | 16.67% 1 | 0.00% 0 | 0.00% 0 | 0.00% 0 | 0.00% 0 | 6 | 1.17 |
| Utilizing medical intelligence resources to keep squadron personnel aware of medical threats | 83.33% 5 | 16.67% 1 | 0.00% 0 | 0.00% 0 | 0.00% 0 | 0.00% 0 | 6 | 1.17 |

Q113: Please rate your SME flight surgeon's performance during deployment in the following areas: (continued)

Answered: 6 Skipped: 256

| | | | | | | | | |
|---|-------------|-------------|------------|------------|------------|------------|---|------|
| Ensuring proper deployment sanitation including billeting, food, and water assessment | 83.33% 5 | 16.67% 1 | 0.00% 0 | 0.00% 0 | 0.00% 0 | 0.00% 0 | 6 | 1.17 |
| Readiness for mishaps and disasters (response plans, checklists, and equipment) | 83.33% 5 | 16.67% 1 | 0.00% 0 | 0.00% 0 | 0.00% 0 | 0.00% 0 | 6 | 1.17 |

Q114: Overall, how well prepared is your SME flight surgeon to lead your Squadron Medical Element?

Answered: 14 Skipped: 248

| | Superior | Excellent | Good | Fair | Poor | No opinion | Total | Weighted Average |
|----------------------|-------------|-------------|------------|------------|------------|-------------|-------|------------------|
| In garrison | 42.86% 6 | 42.86% 6 | 7.14% 1 | 7.14% 1 | 0.00% 0 | 0.00% 0 | 14 | 1.79 |
| In deployed location | 53.85% 7 | 15.38% 2 | 0.00% 0 | 7.69% 1 | 0.00% 0 | 23.08% 3 | 13 | 1.50 |

Q124: Please rate your attached flight surgeon's depth and breadth of knowledge in the following areas:

Answered: 24 Skipped: 238

| | Superior | Excellent | Good | Fair | Poor | No Opinion | Total | Weighted Average |
|-------------------------------|-------------|--------------|-------------|------------|------------|-------------|-------|------------------|
| Operational Issues | 20.83% 5 | 41.67% 10 | 25.00% 6 | 4.17% 1 | 0.00% 0 | 8.33% 2 | 24 | 2.14 |
| Flight Safety Issues | 33.33% 8 | 41.67% 10 | 12.50% 3 | 4.17% 1 | 0.00% 0 | 8.33% 2 | 24 | 1.86 |
| Occupational Health | 29.17% 7 | 37.50% 9 | 16.67% 4 | 4.17% 1 | 0.00% 0 | 12.50% 3 | 24 | 1.95 |
| Medicine and Medical Practice | 33.33% 8 | 41.67% 10 | 16.67% 4 | 0.00% 0 | 0.00% 0 | 8.33% 2 | 24 | 1.82 |

Generally, it appears as though the Squadron Commanders who have SME flight surgeons view them in a positive, and at the very minimum, non-negative light. By having a more robust reporting structure in the future it will be possible with further iterations of this survey to assess the various perceptions of flight medicine support down to the weapons-system level. Since the last SOFS there have been great strides in imbedding medical assets with the newest special duty operator, the Cyber Warrior. As the Air Force morphs to support a chaotic globe, this is a good place to remind us not to forget those that are constantly deployed in place. This is a call to action for the next bearer of the SOFS torch to include the ISR assets.

Statistical Analysis of Squadron Commander Perception of Flight Surgeon Performance

Questions 101, 102, 116, and 117 were combined in a manner that provides a benchmark by which to judge other associated factors and how they relate to Line commander perception of flight medicine. The raw data and statistical analysis is attached in Appendix C.

The questions were asked to squadron commanders who either interact with an SME flight surgeon or have an attached medical group flight surgeon. It was the intention to evaluate the success of both the SME and attached flight surgeons individually; however, with the limited squadron commander responses it was necessary to combine the SME and attached data to give the best available statistical power to the analysis. The survey questions are displayed below in an alternating pattern to allow for the reader’s comparison between the two groups.

Q101: Do you consider your SME flight surgeon to be your personal aeromedical advisor regarding flying safety, human factors and human performance enhancement?

Answered: 14 Skipped: 248

| Answer Choices | Responses |
|----------------|------------|
| Yes | 100.00% 14 |
| No | 0.00% 0 |
| Total | 14 |

Q116: Do you consider your attached flight surgeon to be your personal aeromedical advisor regarding flying safety, human factors and human performance enhancement?

Answered: 25 Skipped: 237

| Answer Choices | Responses |
|----------------|-----------|
| Yes | 84.00% 21 |
| No | 16.00% 4 |
| Total | 25 |

Q102: Please rate the performance of your SME flight surgeon in this capacity.

Answered: 14 Skipped: 248

| | Superior | Excellent | Good | Fair | Poor | No Opinion | Total | Weighted Average |
|------------|-------------|-------------|------------|------------|------------|------------|-------|------------------|
| (no label) | 50.00% 7 | 35.71% 5 | 7.14% 1 | 7.14% 1 | 0.00% 0 | 0.00% 0 | 14 | 1.71 |

Q117: Please rate the performance of your attached flight surgeon in this capacity.

Answered: 24 Skipped: 238

| | Superior | Excellent | Good | Fair | Poor | No Opinion | Total | Weighted Average |
|------------|-------------|-------------|-------------|------------|------------|------------|-------|------------------|
| (no label) | 37.50% 9 | 33.33% 8 | 20.83% 5 | 4.17% 1 | 0.00% 0 | 4.17% 1 | 24 | 1.91 |

Flight Surgeon Attendance of Squadron Commander's Call

Q104: Does your SME flight surgeon attend your Commander's Calls?

Answered: 14 Skipped: 248

| Answer Choices | Responses |
|----------------|-----------|
| Frequently | 71.43% 10 |
| Occasionally | 21.43% 3 |
| Never | 7.14% 1 |
| Total | 14 |

Q118: Does your attached flight surgeon attend your Commander's Calls?

Answered: 25 Skipped: 237

| Answer Choices | Responses |
|----------------|-----------|
| Frequently | 48.00% 12 |
| Occasionally | 32.00% 8 |
| Never | 20.00% 5 |
| Total | 25 |

A KWALLIS analysis was performed on the responses to questions 104 and 118. These results were matched by Respondent ID to the performance benchmark (Questions 101, 102, 116, and 117).

| | |
|-----------------------------|--------------|
| K (Observed value) | 9.862 |
| K (Critical value) | 5.991 |
| DF | 2 |
| p-value (Two-tailed) | 0.007 |
| alpha | 0.05 |

It was determined that there was a difference among the reported perception in the benchmark question when the data was stratified by commander’s call attendance of frequently, occasionally, and never. The KWALLIS results caused me to reject the null hypothesis of H0: Flight surgeon Commander's Call attendance is associated with no difference of commander's perception of quality of advice of flight surgeon. (K=9.862, p=0.007)

A two-tailed t comparison was performed to evaluate the differences among the three groups. A Bonferroni correction was performed and yielded the following results:

| | Frequently | Occasionally | Never |
|--------------|--------------|--------------|--------------|
| Frequently | 1 | 0.961 | 0.003 |
| Occasionally | 0.961 | 1 | 0.005 |
| Never | 0.003 | 0.005 | 1 |

Bonferroni corrected significance level: 0.0167

Significant differences:

| | Frequently | Occasionally | Never |
|--------------|------------|--------------|------------|
| Frequently | No | No | Yes |
| Occasionally | No | No | Yes |
| Never | Yes | Yes | No |

There was found to be no significant difference in the commanders’ perception of those flight surgeons who attended commander’s calls frequently verses occasionally; however, there is a significant difference between those that attended frequently verses never and occasionally verses never. The important factor is that they were attended at all.

The result is that attendance of an operational squadron commander’s call is associated with being more favorably viewed in the performance of flight surgeon duties.

Flight Surgeon Attendance of Flight Safety Meetings

Q105: Does your SME flight surgeon attend your Flight Safety meetings/briefings?

Answered: 14 Skipped: 248

| Answer Choices | Responses | |
|----------------|-----------|-----------|
| Frequently | 85.71% | 12 |
| Occasionally | 7.14% | 1 |
| Never | 7.14% | 1 |
| Total | | 14 |

Q119: Does your attached flight surgeon attend your Flight Safety meetings/briefings?

Answered: 25 Skipped: 237

| Answer Choices | Responses | |
|----------------|-----------|-----------|
| Frequently | 48.00% | 12 |
| Occasionally | 36.00% | 9 |
| Never | 16.00% | 4 |
| Total | | 25 |

A KWALLIS analysis was performed on the responses to questions 105 and 119. These results were matched by Respondent ID to the performance benchmark (Questions 101, 102, 116, and 117).

| | |
|-----------------------------|--------------|
| K (Observed value) | 11.096 |
| K (Critical value) | 5.991 |
| DF | 2 |
| p-value (Two-tailed) | 0.004 |
| alpha | 0.05 |

It was determined that there was a difference among the reported perception in the benchmark question when the data was stratified by flight safety meeting attendance of frequently, occasionally, and never. The KWALLIS results caused me to reject the null hypothesis of H0: Flight Safety meeting participation is associated with no difference of commander's perception of quality of advice of flight surgeon. (K=11.096, p=0.004)

A two-tailed t comparison was performed to evaluate the differences among the three groups. A Bonferroni correction was performed and yielded the following results:

| | Frequently | Occasionally | Never |
|--------------|--------------|--------------|--------------|
| Frequently | 1 | 0.458 | 0.001 |
| Occasionally | 0.458 | 1 | 0.010 |
| Never | 0.001 | 0.010 | 1 |

Bonferroni corrected significance level: 0.0167

Significant differences:

| | Frequently | Occasionally | Never |
|--------------|------------|--------------|------------|
| Frequently | No | No | Yes |
| Occasionally | No | No | Yes |
| Never | Yes | Yes | No |

There was found to be no significant difference in the commanders' perception of those flight surgeons who attended flight safety meetings frequently verses occasionally; however, there is a significant difference between those that attended frequently verses never and occasionally verses never. Aside from the fact that it is mandatory that all aircrew attend quarterly flight safety meetings, the important factor is that they were attended at all.

The result is that attendance of flight safety meetings is associated with being more favorably viewed in the performance of flight surgeon duties.

Quality of Flight Surgeon Briefing Presentations

Q106: Does your SME flight surgeon present aeromedical, flight safety or general safety topics at Commander's Calls and/or Flight Safety meetings/briefings?

Answered: 14 Skipped: 248

| Answer Choices | Responses |
|----------------|-----------|
| Yes | 92.86% 13 |
| No | 7.14% 1 |
| Unsure | 0.00% 0 |
| Total | 14 |

Q107: Please rate your SME flight surgeon's advice to you and your squadron leadership regarding medical, environmental and operational factors that influence war fighter effectiveness and mission completion.

Answered: 14 Skipped: 248

| | Superior | Excellent | Good | Fair | Poor | No Opinion | Total | Weighted Average |
|------------|-------------|-------------|------------|------------|------------|------------|-------|------------------|
| (no label) | 50.00% 7 | 42.86% 6 | 0.00% 0 | 7.14% 1 | 0.00% 0 | 0.00% 0 | 14 | 1.64 |

Q120: Does your attached flight surgeon present aeromedical, flight safety or general safety topics at Commander's Calls and/or Flight Safety meetings/briefings?

Answered: 25 Skipped: 237

| Answer Choices | Responses |
|----------------|-----------|
| Frequently | 36.00% 9 |
| Occasionally | 44.00% 11 |
| Never | 20.00% 5 |
| Total | 25 |

Q121: Please rate your attached flight surgeon's advice to you and your squadron leadership regarding medical, environmental and operational factors that influence war fighter effectiveness and mission completion.

Answered: 24 Skipped: 238

| | Superior | Excellent | Good | Fair | Poor | No Opinion | Total | Weighted Average |
|------------|-------------|-------------|-------------|------------|------------|------------|-------|------------------|
| (no label) | 29.17% 7 | 37.50% 9 | 20.83% 5 | 8.33% 2 | 0.00% 0 | 4.17% 1 | 24 | 2.09 |

A KWALLIS analysis was performed on the responses to questions 107 and 121. These results were matched by Respondent ID to the performance benchmark (Questions 101, 102, 116, and 117).

| | |
|-----------------------------|--------------|
| K (Observed value) | 18.275 |
| K (Critical value) | 5.991 |
| DF | 2 |
| p-value (Two-tailed) | 0.000 |
| alpha | 0.05 |

It was determined that there was a difference among the reported perception in the benchmark question when the data was stratified by quality of flight surgeon briefing: superior, excellent, and good. The KWALLIS results caused me to reject the null hypothesis of H0: Quality of briefing presentation is associated with no difference of commander's perception of quality of advice of flight surgeon. (K=18.275, p=0.000)

A two-tailed t comparison was performed to evaluate the differences among the three groups. A Bonferroni correction was performed and yielded the following results:

| | Superior | Excellent | Good |
|-----------|--------------|--------------|--------------|
| Superior | 1 | 0.002 | 0.000 |
| Excellent | 0.002 | 1 | 0.078 |
| Good | 0.000 | 0.078 | 1 |

Bonferroni corrected significance level: 0.0167

Significant differences:

| | Superior | Excellent | Good |
|-----------|------------|------------|------------|
| Superior | No | Yes | Yes |
| Excellent | Yes | No | No |
| Good | Yes | No | No |

There was found to be no significant difference in the commanders' perception of those flight surgeons who briefed excellent verses good quality presentations; however, there is a significant difference between those that briefed superior verses excellent and superior verses good. When delivering information regardless of the forum, one should convey the information in such a way to instill confidence. The commander doesn't know that the flight surgeon may be a brilliant physician, the commander only knows how the information is being presented. If he or she trusts the deliverer of the message, then the message is received with more credence.

The result is that delivering high quality briefings is associated with being more favorably viewed in the performance of flight surgeon duties.

Flight Surgeon Performance of Regular Flying Duties

Q109: Does your SME flight surgeon fly regularly and frequently with your squadron?

Answered: 14 Skipped: 248

| Answer Choices | Responses | |
|----------------|-----------|-----------|
| Yes | 71.43% | 10 |
| No | 28.57% | 4 |
| Total | | 14 |

Q122: Does your attached flight surgeon fly regularly and frequently with your squadron?

Answered: 24 Skipped: 238

| Answer Choices | Responses | |
|---|-----------|-----------|
| Yes | 66.67% | 16 |
| No | 29.17% | 7 |
| No, the attached flight surgeon is not on flying status | 0.00% | 0 |
| N/A | 4.17% | 1 |
| Total | | 24 |

A KWALLIS analysis was performed on the responses to questions 109 and 122. These results were matched by Respondent ID to the performance benchmark (Questions 101, 102, 116, and 117).

| | |
|-----------------------------|--------------|
| K (Observed value) | 1.574 |
| K (Critical value) | 3.841 |
| DF | 1 |
| p-value (Two-tailed) | 0.210 |
| alpha | 0.05 |

It was determined that there is no statistical difference among the reported perception in the benchmark question when the data was stratified by performance of regular flying duties with the squadron. The KWALLIS results caused me to fail to reject the null hypothesis of H0 Regular flying is associated with no difference of commander's perception of quality of advice of flight surgeon. (K=1.574, p=0.210)

The result is that the performance of regular flying duties with the squadron is no associated with being more favorably viewed in the performance of flight surgeon duties. That having been said,

there are several comments from this survey that point to the availability of the flight surgeon outside of the clinic makes more honest interactions likely to occur.

Flight Surgeon Attendance of Squadron Social Functions

Q110: Is your SME flight surgeon involved in squadron social functions?

Answered: 14 Skipped: 248

| Answer Choices | Responses |
|----------------|-----------|
| Frequently | 71.43% 10 |
| Occasionally | 21.43% 3 |
| Never | 7.14% 1 |
| Total | 14 |

Q123: Is your attached flight surgeon involved in squadron social functions?

Answered: 24 Skipped: 238

| Answer Choices | Responses |
|----------------|-----------|
| Frequently | 33.33% 8 |
| Occasionally | 41.67% 10 |
| Never | 25.00% 6 |
| Total | 24 |

A KWALLIS analysis was performed on the responses to questions 110 and 123. These results were matched by Respondent ID to the performance benchmark (Questions 101, 102, 116, and 117).

| | |
|----------------------|--------|
| K (Observed value) | 11.753 |
| K (Critical value) | 5.991 |
| DF | 2 |
| p-value (Two-tailed) | 0.003 |
| alpha | 0.05 |

It was determined that there was a difference among the reported perception in the benchmark question when the data was stratified by social function attendance of frequently, occasionally, and never. The KWALLIS results caused me to reject the null hypothesis of H0: Social event participation is

associated with no difference of commander's perception of quality of advice of flight surgeon. (K=11.753, p=0.003)

A two-tailed t comparison was performed to evaluate the differences among the three groups. A Bonferroni correction was performed and yielded the following results:

| | Frequent | Occasional | Never | |
|------------|--------------|------------|-------|--------------|
| Frequent | 1 | 0.112 | 0.112 | 0.001 |
| Occasional | 0.112 | 1 | 0.037 | 0.037 |
| Never | 0.001 | 0.037 | 1 | 1 |

Bonferroni corrected significance level: 0.0167

Significant differences:

| | Frequent | Occasional | Never | |
|------------|------------|------------|-------|------------|
| Frequent | No | No | Yes | Yes |
| Occasional | No | No | No | No |
| Never | Yes | No | No | No |

There was found to be no significant difference in the commanders' perception of those flight surgeons who attended squadron social function frequently verses occasionally nor occasionally verses never; however, there is a significant difference between those that attended frequently verses never. In order to evaluate the differences among commander's call attendance verses non-attendance a Mann-U-Whitney analysis was performed.

| | |
|-----------------------------|--------------|
| U | 23.000 |
| Expected value | 90.000 |
| Variance (U) | 486.429 |
| p-value (Two-tailed) | 0.003 |
| alpha | 0.05 |

When the data for frequent and occasional social function attendance was combined, there was a statistical difference of commander's perception of the flight surgeon's performance. (p=0.003)

The result is that attendance of squadron social functions is associated with being more favorably viewed in the performance of flight surgeon duties. The benefit of social function attendance is two-fold. First it allows the flight surgeon to be visible to the squadron members and their families. By being approachable, you are building a rapport that will pay dividends in the clinic. Secondly, by seeing the aircrew in their natural habitat, a flight surgeon can readily identify and more easily course-correct emerging harmful social trends within the unit.

Weaknesses

Weaknesses of this study as in the past included an imprecise technique to invite commanders to participate in the survey. The total responses were significantly down from previous SOFS and the calculation a denominator of each commander type is a daunting task, preventing a reasonable survey return rate from being formed.

I echo the recommendations from the previous survey that if using this MAJCOM SGP approach, one should start communicating with the MAJCOMs optimally three months before the survey launch date. It would have been beneficial to have the actual OG and squadron commander names.

Another design consideration as mentioned earlier would be to specifically include the ISR platforms and those flight surgeons embedded within. Expansion of these would provide better resolution of what types of squadron weapon systems we are serving and would reduce the number of "Other" responses, which is currently capturing these commanders. Additionally, including a free text box for "Other" responses could have helped future surveys.

Closing

This is a call to action for the vision of the survey to continue. If there is anyone who would take up this task, please email me on Global or send me a personal email: matthew.h.ramage@gmail.com

I will be happy to help navigate you through the process of survey design, approval, and distribution. I will be saving all of the raw data so that a longitudinal comparison can be made from year to year with similar questions.

Overall, the Line appreciates flight medicine and wants us around. It is our responsibility to follow in the footsteps of those before us and keep the tradition of Line support in the Air Force alive. Lest we forget our roles and retire to our clinic offices to perform work that is comfortable, the flight surgeon will fade into obscurity as a footnote in the annals of military medical history. I leave with a final thought; the purpose of a flight surgeon is simple...to be there.

Stercus accidit!

Matt "SNIPer" Ramage
RAM XV

Acknowledgments

I want to thank Colonel Robert York as well as the unnamed RAM mafia that helped me with getting the SOFS back to the light of day. For those of you that have never navigated the world of survey control...it is a daunting task to say the least.

Appendix A: Comments

| |
|---|
| Flight Doc(s) brief at our weekly OG Staff meetings almost every week! Great support! Drs. K and H are AWESOME!!!! |
| Hard to schedule due to high/unpredictable ops tempo in flying squadron and low flight surgeon manning/high workload. |
| I have a Flight Surgeon that is assigned/resides/deploys with my squadron. The briefing content is not as important as the rapport/trust that she builds with my troops. Very effective at making them feel comfortable enough to seek medical treatment. |
| I meet both formally and informally with the Flt Surgeon multiple times per week. I am answering these questions based on that interaction, and not necessarily briefs he gives to the entire sq. |
| My Flight Surgeon tailors his information according to the meeting's intent and it has created a great dialogue between my Group's Sq/CCs and the Flight Medicine office. |
| Obviously the quality of the briefing depends upon the individual some Flight Docs provide high quality briefings, others not so much. I've never seen a marginal or poor quality briefing from a flight doc. |
| Our flight doc is very proactive and is a definite asset to the squadron. |
| The briefings are 100% predictable and follow the "standard" formula/cookbook approach so the audience is desensitized. I think they could be very powerful but we miss the opportunity for the easy out. |
| We had a great relationship with our attached flight doc until he was deployed. Can't wait until he gets back! |
| We hold infrequent CC calls in the OSS. However, our flt surgeons are VERY engaged with our controller and pilot issues. They have frequent contact with me and with the member. Most of the squadron interaction occurs at the flight level on a monthly basis. There aren't sufficient topics that warrant taking a flight doc off the line to provide a briefing at these calls. I relay critical information as soon as I get it. |
| A flight surgeon in an RPA squadron is a unique relationship. He cannot fly with us, therefore flies with the ANG HH-60 squadron here. |
| A lot of our personnel end up seeing a PA primarily with a Flight Surgeon review of their case. |
| Always very responsive when called but always need to show up to scene if called in for an IFE.... |
| Biggest problem is the lack of them. The numbers seem to ebb and flow and we seem healthy right now, but due to an influx of fairly new, inexperienced guys. |
| Both "X" L and "X" A do an outstanding job as flight surgeons. They would and have done everything to take care of fliers and their families. I assume it is tougher for them to get more cockpit time due to the fact that we only fly a single seat aircraft, and I would like to see them get more time flying so they can even better relate to us. |
| Cannot complain about any of the XAFB flight surgeons |
| "X" K & H & F are Fantastic!!! |
| Doc L has been very responsive to the needs of the Squadron and does all he can to ensure we meet our flying mission. |
| Families find it difficult to get appointments quickly when family members are sick. |
| Flight Medicine should see all flyer's dependents. |
| Flight surgeons don't see family members. Flight docs much too lenient when putting people on medical/fitness profiles. Our younger Airmen (TSgt and below) know how easy it is to get a fitness test |

| |
|---|
| <p>exemption. You're killing us - 35% of my squadron is chronically exempt from fitness test components. Stop babying the force.</p> |
| <p>Flight surgeons need to spend more time in the squadron. In my opinion, the flight surgeon should be assigned to the squadron to facilitate better interaction.</p> |
| <p>Flt Docs are not as present as I have seen at other bases. In general, this does not increase trust between pilot and Doc.</p> |
| <p>Good manning increase to account for pilot manning. Paperwork for waivers and other issues used to be lost on a regular basis, but since a large influx of new flight docs - this has diminished greatly. I am very satisfied with our flight docs. They try their very best to accommodate for mission completion.</p> |
| <p>I did not answer the question on Family Care because we just transitioned family care to the flight medicine clinic last week and do not have the data yet. Also, the answers on quality of flight surgeon is a little misleading. I am an OG/CC so I am rating multiple flight surgeons. Generally, they are very good flight surgeons across the board and I am very satisfied. However, the ratings will vary by individual doctor.</p> |
| <p>I do not have an assigned flight surgeon. I'm in a foreign squadron</p> |
| <p>I, and my squadron, are not privileged enough to see flight surgeons. We see whoever has time for us that day in family practice.</p> |
| <p>I'm an A-10 Commander - unable to assess my Flt/Doc's flying ability since he's not flying with our unit.</p> |
| <p>Maj C is a superior FLT surgeon. He knows perfectly how to balance medical requirements and mission achievement. BRAVO!</p> |
| <p>Manning!!!! We cannot have 5 priorities that are all #1, same goes for flight medicine. We need to stop doing the "nice to have" and focus on the "must do."</p> |
| <p>My assigned flight surgeon is outstanding--she has built a rapport/level of trust with my troops, their families, and the squadron leadership that allows her to provide calibrated treatment that maximizes my squadron's operational effectiveness. While there are other outstanding flight surgeons in the Wing, they are poorly led, are discouraged from communicating their concerns to and seeking advice from squadron leadership, they author and enforce policies that are arbitrary instead of treatment-based with little concern for long-term operational impacts and little incentive to make better policy, they are not team players and purposely/routinely undermine my troops' trust and my efforts to provide them the long term care they need.</p> |
| <p>My assigned flight surgeon is phenomenal about keeping me up to date on DNIF status, waiver processes, and ways ahead to keep flyers flying.</p> |
| <p>My fliers are complaining about the scheduling/availability of the flight med clinic. there seems to be a need for remedial training for the scheduling/appointment NCOs.</p> |
| <p>Our flight surgeon situation has improved dramatically in the last 9 months. Availability and quality of care have increased and the flight surgeons have been able to fly on a somewhat regular basis which is very important in building credibility with aircrew. Very pleased with our current flight surgeons!</p> |
| <p>Our flight surgeons have been woefully under-staffed for most of my 9 months on-station. That recently improved, so we JUST started seeing a flight doc fly with us about a month ago. FYI, the one doc on base who does Osteopathic Manipulation provides a PHENOMINAL capability to the pilots in terms of preventative healthcare, reducing pain, increasing mobility, which all equates directly to improving mission success. His ability to provide OMT has been on the chopping block multiple times and the number of available time slots he is able to provide is nowhere near what the demand is. At XAFB, the on-staff Chiropractor did the same. With a pilot population numbering around 500, I really wish the medical community would provide more support in this arena. Many pilots pay out-of-pocket to go to chiropractors but I get the impression the AD (i.e. mission needs) often take a back seat to other demands/metrics (retired patients, dependents, and sheer volume of patients seen--which drives</p> |

| |
|--|
| <p>down availability for OMT). The Dr who does provide OMT is not a flight surgeon, but I know of no better direct positive impact to the flying mission, that does not involve meds and specialists (\$\$), than that skill. We need more of it.</p> |
| <p>Our flight surgeons started an initiative on human performance but they need better resources. They should do some type of human performance training (brief) in all mission briefs they fly on. Also I would like to see all flying squadrons to have their own SME doc with an IDMT that is not roped into med group work.</p> |
| <p>Our flt docs have a great grassroots approach to addressing the members' and their families' concerns. They balance operational need with flying safety and are knowledgeable, professional, and personable. I wish we could fly them more. The staffing levels of our flight medicine clinic only recently got corrected. At the busiest pilot training base in the AF (XAFB) where about 30% of pilots are trained, we had a 7-month period where we essentially had 1 clinician/flight surgeon. This was unsatisfactory in terms of manning other units/bases first. At an officer flying tech school base, we have more aviators here than at most other bases. 1 body = inadequate. Now, the 4 folks appear to be the right amount.</p> |
| <p>Small base but some of the most outstanding care I have seen in 18 years.</p> |
| <p>The only reason I downgraded our flight doc is that she is a new flight surgeon and is quickly learning our mission and flight surgeon requirements.</p> |
| <p>The primary issue I have with flight surgeons at this base are three fold. First, lack of follow through when dealing with airman. They do not communicate or explain the ramifications of conditions and courses of treatment to airman. Second, a general lack of professionalism and condescension in dealing with flight surgeons. They are in the uniformed services and, while specialists, still should adhere to basic customs and courtesies. Third, a lack of interest in caring for the airman. They do not explain situations well or present alternatives. They rarely display any concern about the airman beyond getting them out of the office and closing the appt. These are general comments and I have met exceptions but I feel that as a rule the above comments are justified and proven true in most cases.</p> |
| <p>They are excellent and have made strides to get info to our squadron. We are adding them to CC briefs but have not yet had time due to TDY and training events.</p> |
| <p>Unit assigned Flight Surgeon and medical technicians are invaluable with providing responsive care and meeting administrative needs. They have a great network within the MDG as well as HQ.</p> |
| <p>We were severely undermanned on flight surgeons, until just recently. There were serious morale problems with our flight surgeons which seemed to stem from the fact that the chief doctor holds the keys to the docs licenses but their boss, with a nursing background does not. There have been personnel changes that have improved the situation, but it seems like the current setup lends itself to this conflict of interests.</p> |
| <p>We've had a difficult time flying our flight surgeon b/c he arrived at XAB without requisite SERE training. Recommend some way of getting AF flight surgeons at least level B SERE. Level C is the standard for CENTCOM though. Maj G, ##ERQS, XAF, AFG. DSN ###-###-#### Thanks</p> |
| <p>Member has been in process of separation since he returned. Mind appears elsewhere.</p> |
| <p>My Flt Surgeon is very new to the Air Force. While knowledge of AF operations is limited, he is extremely eager to learn and motivated to perform to expectations.</p> |
| <p>Our flight surgeon deployed with the XXFS and received rave reviews for her performance. I'm confident she would do very well with the XXX ARS.</p> |
| <p>She's outstanding. Makes up for the rest of the Wing's Medical Group.</p> |
| <p>Again, we only recently gained a flight surgeon who started flying with us a month ago. Up until now, I haven't seen one in the squadron. He might participate and change my answers to this section in the future but I don't expect it or count on it.</p> |

| |
|--|
| <p>My attached flt doc is very new, but doing his very best to get on the step. He's motivated to take care of the squadron's needs. I am very satisfied.</p> |
| <p>Students are able to manipulate the DNIF system with relative ease in order to game the system and thereby navigate SUPT in a way that works to their advantage. Most students do not do this, but some do; the standard safeguards used for AD pilots are insufficient to account for the student that goes "strategic DNIF"--this seems to be an area that could be improved.</p> |
| <p>They seem like good guys, they just seem too busy to ever be in the squadron on a regular basis. Result is most pilots have no idea who they are, and as a result, are unlikely to trust them.</p> |
| <p>They should be trained to do FAA physicals and do them regularly. It is important for them to know all flying standards.</p> |
| <p>Very happy with the lean forward, mission-oriented focus of Doc L!</p> |

Appendix B: Survey Questions

2016 State of the Flight Surgeon

Welcome

The US Air Force is committed to maintaining the readiness of the professional Airmen who serve this nation. The Air Force's ability to consistently answer the call of duty includes a focus on health of our airmen. Ultimately, it is the health of our force that will maximize readiness and mission success.

The US Air Force School of Aerospace Medicine is partnering with the Air Force Survey Office to gather information from selected line leadership and flight surgeons regarding the professional performance and satisfaction of our flight surgeons in the field. We need your help in this partnership.

This survey is completely anonymous and will take 7 to 10 minutes to complete. Your replies will enable the Air Force to better serve its Airmen and maximize force readiness to meet unique mission requirement of the 21st century.

Thank you in advance for your time.

****This survey has been approved by the United States Air Force Survey Center. Survey Control Number 16-XXX.**

1. Please pick the category(ies) that best describe(s) you:

- Flight Surgeon
- Line Officer- Commander
- None of the above

2016 State of the Flight Surgeon

Flight Surgeon

2. What is your primary Air Force Specialty Code (AFSC)?

- A. 48G (General Medical Officer Flight Surgeon)
- B. 48R (Residency Trained Flight Surgeon)
- C. 48A (Aerospace Medicine Specialist)
- D. 40C0C (Medical Commander, Medical)

3. Does this AFSC match your primary duties?

- Yes
- No

* 4. Which of the following describes your current primary job or position?
(Check all that apply)

- A. Squadron Medical Element Flight Surgeon
- B. Medical Treatment Facility Flight Surgeon
- C. Flight Commander
- D. Squadron Commander
- E. Medical Treatment Facility Commander
- F. Headquarters Staff
- SGP
- G. Other

5. Which aerospace medicine jobs/positions have you held?

(Check all that apply)

- A. Squadron Medical Element Flight Surgeon
- B. Medical Treatment Facility Flight Surgeon
- C. Chief of Aerospace Medicine (SGP)
- D. Flight Commander
- E. Squadron Commander
- F. Group Commander
- G. MAJCOM Aerospace Medicine Staff
- H. MAJCOM Chief of Aerospace Medicine
- I. AF/SG Aerospace Medicine Staff
- J. AF/SG Chief of Aerospace Medicine
- K. USAFSAM Staff/Instructor
- L. USAFSAM Staff/Clinical
- M. Other Staff (IG, AFSA, SGX, etc.)
- N. Other operational (Pilot-Physician, NASA, etc.)

6. I am currently or have been assigned as a flight surgeon with my primary aircraft of assignment being a fighter/attack major weapons system.

- Yes
- No

7. Are you board-certified in Aerospace Medicine?

- Yes
- No

8. If board-certified or board-eligible in Aerospace Medicine, how long ago did you graduate from the USAF Residency in Aerospace Medicine?

- A. < 1 year ago
- B. 1-5 years ago
- C. 6-10 years ago
- D. >10 years ago
- E. I am board-certified/eligible in Aerospace Medicine, but not a USAFSAM RAM graduate.
- F. I am not a graduate of a Residency in Aerospace Medicine.

9. The USAF Residency in Aerospace Medicine prepared me well for my duties as an Aerospace Medicine Specialist.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

10. Are you board-certified in a medical specialty other than Aerospace Medicine?

- Yes
- No

11. In what other medical specialty(s) are you board-certified?
(Check all that apply)

- A. Family Medicine (Family Practice)
- B. Internal Medicine
- C. Pediatrics
- D. Surgery
- E. Occupational Medicine
- F. Preventive Medicine
- G. Psychiatry
- H. Other

12. I have moved approximately every _____ years since becoming a flight surgeon.

- A. 1
- B. 2
- C. 3
- D. 4
- E. 5+
- F. N/A

2016 State of the Flight Surgeon

13. How long ago did you graduate from the Aerospace Medicine Primary (AMP) Course?

- A. < 1 year ago
- B. 1-5 years ago
- C. 6-10 years ago
- D. > 10 years ago

2016 State of the Flight Surgeon

Flight Surgeon Training

14. The Aerospace Medicine Primary (AMP) Course prepared me well for my duties as a flight surgeon.

Strongly Agree Agree Neutral Disagree Strongly Disagree

15. Sustainment and refresher training is **available** after the Aerospace Medicine Primary (AMP) Course to maintain the skills I need to perform my duties.

Strongly Agree Agree Neutral Disagree Strongly Disagree

16. Sustainment and refresher training is **adequate** after the Aerospace Medicine Primary (AMP) Course to maintain the skills I need to perform my duties.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

17. As a flight surgeon, I have attended Advanced Trauma Life Support (ATLS) Training.

- Yes
- No

2016 State of the Flight Surgeon

18. I found Advanced Trauma Life Support (ATLS) Training beneficial to my responsibilities as a flight surgeon.

- Yes
- No

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19. As a flight surgeon, I have attended the Aircraft Mishap Investigation and Prevention (AMIP) Course.

- Yes
- No

2016 State of the Flight Surgeon

20. I found the Aircraft Mishap Investigation and Prevention (AMIP) Course beneficial to my responsibilities as a flight surgeon.

- Yes
- No

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21. As a flight surgeon, I have attended the Global Medicine Course.

Yes

No

2016 State of the Flight Surgeon

22. I found the Global Medicine Course beneficial to my responsibilities as a flight surgeon.

Yes

No

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23. As a flight surgeon, I have attended the Advanced Clinical Concepts in Aeromedical Evacuation (ACCAE) Course.

Yes

No

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24. I found the Advanced Clinical Concepts in Aeromedical Evacuation (ACCAE) Course beneficial to my responsibilities as a flight surgeon.

Yes

No

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25. As a flight surgeon, I have attended the Contingency Preventive Medicine (CPM) Course.

Yes

No

2016 State of the Flight Surgeon

26. I found the Contingency Preventive Medicine (CPM) Course beneficial to my responsibilities as a flight surgeon.

Yes

No

2016 State of the Flight Surgeon

27. As a flight surgeon, I have attended the Occupational Medicine Course.

Yes

No

2016 State of the Flight Surgeon

28. I found the Occupational Medicine Course beneficial to my responsibilities as a flight surgeon.

Yes

No

2016 State of the Flight Surgeon

29. As a flight surgeon, I have attended the Human Performance Enhancement (HPE) Course.

- Yes
 No

2016 State of the Flight Surgeon

30. I found the Human Performance Enhancement (HPE) Course beneficial to my responsibilities as a flight surgeon.

- Yes
 No

2016 State of the Flight Surgeon

31. As a flight surgeon, I have attended the Critical Care Air Transport Team (CCATT) Course.

- Yes
 No

2016 State of the Flight Surgeon

32. I found the Critical Care Air Transport Team (CCATT) Course beneficial to my responsibilities as a flight surgeon.

- Yes
 No

2016 State of the Flight Surgeon

33. As a flight surgeon, I have attended the Top Knife Course.

Yes

No

2016 State of the Flight Surgeon

34. I found the Top Knife Course beneficial to my responsibilities as a flight surgeon.

Yes

No

2016 State of the Flight Surgeon

35. As a flight surgeon, I have attended the Chief of Aeromedical Services and Advanced Flight Surgeon Symposium (SGP Course).

Yes

No

2016 State of the Flight Surgeon

36. I found the Chief of Aeromedical Services and Advanced Flight Surgeon Symposium (SGP Course) beneficial to my responsibilities as an SGP or senior flight surgeon.

Yes

No

2016 State of the Flight Surgeon

Deployment

37. I have been deployed _____ months in the past three years.

- 0
- 1-4
- 5-8
- 9-12
- >12

2016 State of the Flight Surgeon

Deployment

38. I was well trained to perform the patient care duties required of me while deployed.

| | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

39. My training adequately prepared me to accomplish the operational tasks required of me while deployed.

| | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

40. My family was prepared for my deployment.

| | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

41. My family was well cared for during my deployment.

| | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

42. While deployed the right equipment was available for my team.

| | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

43. While deployed the equipment was in good repair for my team.

| | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

44. My support staff was well trained for the deployment mission.

| | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

45. I deployed with the right complement of professional and support staff.

| | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

2016 State of the Flight Surgeon

Job

46. The most important mentor(s) I have had in my military career has been the following:
(Check all that apply)

- Supervisors/Commanders
- Instructors/professors
- Senior 4F0Xs
- Peers
- Other leaders
- I have not been mentored well

47. I have the greatest difficulty or feel most uncomfortable with ____.

- Medical skills
- Administrative requirements
- Accomplishing flying events
- Officership/military personnel requirements
- Deployed operations

48. The top three barriers to performing my job are:

(Choose three)

- Training
- Staff
- Guidance
- Leadership
- Equipment/Space

49. I am well trained to perform patient care duties expected of me.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

50. I am well trained to perform operational/deployment support tasking.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

51. I am well trained to perform command and leadership functions expected of me.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

52. I plan to become a medical leader in the Air Force (commander, command surgeon, etc.).

| | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

53. I feel properly trained to do my job well.

| | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

54. I have the tools and equipment to do my job well.

| | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

55. The Air Force provides me with adequate guidance to do my job well.

| | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

56. My enlisted support staff is trained and sufficient to help me do my job well.

| | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

57. My leadership supports me and encourages me to do my job well.

| | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

58. The environment I work in today is friendlier now than three years ago.

| | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

59. I enjoy being a flight surgeon in the Air Force.

| | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

2016 State of the Flight Surgeon

Job

60. I plan to stay in the USAF for the following term:

- Only for my training commitment
- Beyond my training commitment but short of retirement eligibility
- Just until retirement eligibility
- Past retirement eligibility

61. What are the top 3 things keeping you in the aerospace medicine career field?

(Choose three)

- Military family lifestyle
- Flying/operational opportunities
- Deployment opportunities
- Clinical environment
- Future military opportunities (command, promotion)
- Future civilian jobs unattractive
- Pay/bonuses
- Recession
- Other

62. If you plan to leave the USAF before retirement eligibility, which factors most influenced this decision?

(Check all that apply)

- Personal/family reasons
- Civilian employment opportunities
- Deployments/ops tempo
- Dissatisfaction with work
- Electronic medical record (AHLTA)
- Future military opportunities unclear
- Future military jobs unattractive
- Pay/Bonuses
- Other
- I do not plan to leave the USAF before retirement eligibility

63. The following factors are important considerations to my remaining in the Air Force:

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Opportunity to fly | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Financial compensation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Professional autonomy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Confidence in leadership | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Input into the assignment process | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Time available to take leave | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sense of duty | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Quality work environment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Health benefits for the family | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Lifestyle | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Frequency of PCS | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Frequency of deployments | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Length of deployments | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Unique challenges of aerospace medicine | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

2016 State of the Flight Surgeon

Family

64. My family's healthcare, financial, and legal needs were met during the last 12 months.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

65. My spouse has been able to maintain a satisfying career while I have been on active duty.

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

66. My family is supportive of my Air Force career.

| | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

2016 State of the Flight Surgeon

Organizational Support

67. The Aerospace Medical Association (AsMA) annual meeting is valuable for my professional development.

| | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

68. The Association of Military Surgeons of the U.S. (AMSUS) annual meeting is valuable for my professional development.

| | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

69. Which Society of USAF Flight Surgeons products/events do you find useful? (Check all that apply)

- Flight Surgeon's Checklist
- Aircraft Mishap Investigation Handbook
- Flight Surgeons Toolkit (CD-ROM)
- FlightLines (Newsletter)
- Website
- SOUSAFFS luncheon (at AsMA annual meeting)
- SOUSAFFS social (at AsMA annual meeting)
- I do not find any of the listed products/events useful
- I have not used or attended any of the listed products/events

2016 State of the Flight Surgeon

Commanders

2016 State of the Flight Surgeon

70. Do your flight surgeons speak to your personnel at safety briefings, Commander's Calls, or other appropriate venues?

Frequently

Occasionally

Never

2016 State of the Flight Surgeon

71. Please rate the impact of these briefings on your mission.

Strong Positive Impact

Positive Impact

Neutral

Negative Impact

Strong Negative Impact

72. Please rate the overall quality of these briefings.

Exceptional Quality

High Quality

Adequate Quality

Marginal Quality

Poor Quality

No Opinion

Optional Comments

2016 State of the Flight Surgeon

73. Do your flight surgeons fly regularly and frequently?

Yes

No

Unsure

74. How credible do your flyers consider your flight surgeons as good and effective physicians/clinicians?

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Superior | Excellent | Good | Fair | Poor |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

75. Please rate your flight surgeons in terms of level of respect accorded them as aircrew.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Superior | Excellent | Good | Fair | Poor |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

76. How 'easy' or 'tough' are your flight surgeons when determining flying status (DNIF or RTFS) when you balance flying safety, the manpower needs for mission completion, and appropriate medical care?

| | | |
|-----------------------|-----------------------|-----------------------|
| Overly Restrictive | About Right | Overly Permissive |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

2016 State of the Flight Surgeon

77. Please rate your flight surgeons' communication skills and efforts.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Superior | Excellent | Good | Fair | Poor |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

78. Please rate your installation flight surgeons' depth and breadth of knowledge in the following areas:

| | Very Satisfied | Satisfied | Neutral | Dissatisfied | Very Dissatisfied | No Opinion |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Operational Issues | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Flight Safety Issues | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Occupational Health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| General Medical Practice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

79. Please rate your level of satisfaction with level of demonstrated preparedness of your flight surgeons for:

| | Very Satisfied | Satisfied | Neutral | Dissatisfied | Very Dissatisfied | No Opinion |
|-----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Mishap Response and Investigation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other Casualty response | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

80. Please provide your overall rating of your flight surgeons' impact on:

| | Very Satisfied | Satisfied | Neutral | Dissatisfied | Very Dissatisfied | No Opinion |
|--------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Flying Safety | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mission Completion | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

81. Do the families of your flyers obtain their basic medical care primarily at the Flight Medicine Clinic?

- Yes
- No
- No, our Flight Medicine Clinic does not see dependents

2016 State of the Flight Surgeon

82. How well do your flight surgeons meet the families' health care needs?

| Superior | Excellent | Good | Fair | Poor |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

2016 State of the Flight Surgeon

83. Are there any additional comments that you wish to make about your flight surgeons, positive, negative or otherwise?

* 84. Please select the description that applies.

I am a/an:

- Operations Group Commander
- Squadron Commander
- None of the above

2016 State of the Flight Surgeon

Operations Group Commanders

This group of questions concerns specifically the flight surgeon who is the Chief of Aeromedical Services (SGP) at your installation. This is frequently a different individual than the Aeromedical Squadron Commander, particularly when the latter is not a flight surgeon.

85. How long have you been, or were you, an operations group commander?

- Less than 6 months
- 6- 12 Months
- 13-18 Months
- 19- 24 Months
- Greater than 24 Months

86. For which weapon systems are your operations group responsible?

- Airborne Command and Control
- Attack/ Fighter
- Bomber
- Cargo
- High Performance Trainer
- Heavy Trainer
- Air Reconnaissance
- Helicopter
- Missile and/or Launch Ops
- RPA
- ISR/Cyber
- Other

87. Do you consider your SGP to be your primary aeromedical advisor regarding flight or missile crew medical issues, flying safety, human factors and human performance enhancement?

- Yes
- No

88. Please rate the performance of your Chief of Aeromedical Services (SGP) in this capacity.

| | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Superior | Excellent | Good | Fair | Poor | No Opinion |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

89. Does your Chief of Aeromedical Services (SGP) attend any of your OG meetings?

- Frequently
- Occasionally
- Never

90. Does your Chief of Aeromedical Services attend Wing Standup?

- Frequently
- Occasionally
- Never

91. Please rate your Chief of Aeromedical Services on how well he/she advises wing leadership regarding medical and operational factors that enhance war fighter effectiveness.

| | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Superior | Excellent | Good | Fair | Poor | No Opinion |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

92. Please rate the performance of your Chief of Aeromedical Services in identifying gaps in the capabilities of the human weapons system in your wing, and making recommendations, or implementing plans to close those gaps.

| | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Superior | Excellent | Good | Fair | Poor | No Opinion |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

93. Please rate the performance of your Chief of Aeromedical Services as a consultant to commanders and supervisors regarding aeromedical problems related to aircraft or life support equipment, mission plans, and human performance enhancement.

| | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Superior | Excellent | Good | Fair | Poor | No Opinion |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

94. Please rate your Chief of Aeromedical Services' advice to you and your wing leadership regarding medical, environmental and operational factors that influence war fighter effectiveness and mission completion.

| | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Superior | Excellent | Good | Fair | Poor | No Opinion |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

95. Please rate your Chief of Aeromedical Services' depth and breadth of knowledge in the following areas:

| | Superior | Excellent | Good | Fair | Poor | No Opinion |
|-------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Operational Issues | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Flight Safety Issues | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Occupational Health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Medicine and Medical Practice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

96. How well prepared is your Chief of Aeromedical Services to lead the other flight surgeons at your installation?

| Superior | Excellent | Good | Fair | Poor | No Opinion |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

97. Do you have any further comments, positive, negative or otherwise?

2016 State of the Flight Surgeon

Squadron Commander

98. How long have (had) you been a squadron commander?

- Less than 6 months
- 6- 12 Months
- 13-18 Months
- 19- 24 Months
- Greater than 24 Months

99. For which weapon system is (was) your squadron responsible?

- Airborne Command and Control
- Attack/ Fighter
- Bomber
- Cargo
- High Performance Trainer
- Heavy Trainer
- Reconnaissance
- Helicopter
- Missile and/or Launch Ops
- RPA
- Other

100. My squadron has:

- A squadron medical element (SME) flight surgeon
- One (1) attached flight surgeon
- Multiple attached flight surgeons
- No SME or attached flight surgeon

2016 State of the Flight Surgeon

SME Flight Surgeons

This group of questions concerns specifically your own SME flight surgeon.

101. Do you consider your SME flight surgeon to be your personal aeromedical advisor regarding flying safety, human factors and human performance enhancement?

- Yes
- No

102. Please rate the performance of your SME flight surgeon in this capacity.

Superior

Excellent

Good

Fair

Poor

No Opinion

103. Please rate the performance of your SME flight surgeon in providing and arranging medical training for the other SME personnel.

| Superior | Excellent | Good | Fair | Poor | No Opinion |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

104. Does your SME flight surgeon attend your Commander's Calls?

- Frequently
- Occasionally
- Never

105. Does your SME flight surgeon attend your Flight Safety meetings/briefings?

- Frequently
- Occasionally
- Never

106. Does your SME flight surgeon present aeromedical, flight safety or general safety topics at Commander's Calls and/or Flight Safety meetings/briefings?

- Yes
- No
- Unsure

107. Please rate your SME flight surgeon's advice to you and your squadron leadership regarding medical, environmental and operational factors that influence war fighter effectiveness and mission completion.

| Superior | Excellent | Good | Fair | Poor | No Opinion |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

108. Please rate the performance of your SME flight surgeon in supervising the other members of your SME.

| Superior | Excellent | Good | Fair | Poor | No Opinion |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

109. Does your SME flight surgeon fly regularly and frequently with your squadron?

- Yes
- No

110. Is your SME flight surgeon involved in squadron social functions?

- Frequently
- Occasionally
- Never

111. Please rate your SME's flight surgeon's depth and breadth of knowledge in the following areas:

| | Superior | Excellent | Good | Fair | Poor | No Opinion |
|-------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Operational Issues | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Flight Safety Issues | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Occupational Health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Medicine and Medical Practice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

112. While you have been, or were, a squadron commander, did your SME flight surgeon deploy with your unit?

- Yes
- No
- N/A, my unit did not deploy

113. Please rate your SME flight surgeon's performance during deployment in the following areas:

| | Superior | Excellent | Good | Fair | Poor | No opinion |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Arranging and ensuring adequate medical support of the squadron | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Utilizing medical intelligence resources to keep squadron personnel aware of medical threats | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ensuring proper deployment sanitation including billeting, food, and water assessment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Readiness for mishaps and disasters (response plans, checklists, and equipment) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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114. Overall, how well prepared is your SME flight surgeon to lead your Squadron Medical Element?

| | Superior | Excellent | Good | Fair | Poor | No opinion |
|----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| In garrison | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| In deployed location | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

115. Do you have any further comments positive, negative, or otherwise?

2016 State of the Flight Surgeon

Attached Flight Surgeons

This group of questions concerns specifically the flight surgeon(s) attached to your squadron.

116. Do you consider your attached flight surgeon to be your personal aeromedical advisor regarding flying safety, human factors and human performance enhancement?

- Yes
- No

117. Please rate the performance of your attached flight surgeon in this capacity.

| Superior | Excellent | Good | Fair | Poor | No Opinion |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

118. Does your attached flight surgeon attend your Commander's Calls?

- Frequently
- Occasionally
- Never

119. Does your attached flight surgeon attend your Flight Safety meetings/briefings?

- Frequently
- Occasionally
- Never

120. Does your attached flight surgeon present aeromedical, flight safety or general safety topics at Commander's Calls and/or Flight Safety meetings/briefings?

- Frequently
- Occasionally
- Never

121. Please rate your attached flight surgeon's advice to you and your squadron leadership regarding medical, environmental and operational factors that influence war fighter effectiveness and mission completion.

| Superior | Excellent | Good | Fair | Poor | No Opinion |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

122. Does your attached flight surgeon fly regularly and frequently with your squadron?

- Yes
- No
- No, the attached flight surgeon is not on flying status
- N/A

123. Is your attached flight surgeon involved in squadron social functions?

- Frequently
- Occasionally
- Never

124. Please rate your attached flight surgeon's depth and breadth of knowledge in the following areas:

| | Superior | Excellent | Good | Fair | Poor | No Opinion |
|-------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Operational Issues | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Flight Safety Issues | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Occupational Health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Medicine and Medical Practice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

125. Do you have any further comments, positive, negative, or otherwise?

2016 State of the Flight Surgeon

Survey Complete

Thank you for your time and effort with this survey.

The results will be analyzed and published in a 2016 issue of Flight Lines. Additionally, the conclusions of this study will be presented at the 87th Annual Scientific Meeting of the Aerospace Medical Association to the Society of United States Air Force Flight Surgeons.

Appendix C: XLSTAT

2016 State of the Flight Surgeon

| Question Num 104/118 | Rank | 101/116 | Rank | RespondentID Does your flight surgeon as your personal aeromedical advisor regarding flying safety, human factors and human performance enhancement? | | | | | | | | | | | | | |
|----------------------|------------|---------|------------|--|---|------------|------------|---|------------|-----------|---|------------|-------|---|------------|-----------|---|
| 4646539021 | Frequently | 1 | 4646539021 | Excellent | 2 | 4642564666 | Occasional | 2 | 4642564666 | Good | 3 | 4617269363 | Never | 3 | 4617269363 | Fair | 4 |
| 4642358738 | Frequently | 1 | 4642358738 | Superior | 1 | 4635599835 | Occasional | 2 | 4635599835 | Superior | 1 | 4650688922 | Never | 3 | 4650688922 | Good | 3 |
| 4637305584 | Frequently | 1 | 4637305584 | Superior | 1 | 4608563348 | Occasional | 2 | 4608563348 | Superior | 1 | 4636901274 | Never | 3 | 4636901274 | Excellent | 2 |
| 4636043743 | Frequently | 1 | 4636043743 | Superior | 1 | 4654442843 | Occasional | 2 | 4654442843 | Excellent | 2 | 4605291487 | Never | 3 | 4605291487 | Fair | 4 |
| 4635941940 | Frequently | 1 | 4635941940 | Superior | 1 | 4640920806 | Occasional | 2 | 4640920806 | Superior | 1 | 4604772547 | Never | 3 | 4604772547 | Good | 3 |
| 4635609102 | Frequently | 1 | 4635609102 | Excellent | 2 | 4636740093 | Occasional | 2 | 4636740093 | Superior | 1 | | | | | | |
| 4620085209 | Frequently | 1 | 4620085209 | Excellent | 2 | 4612975071 | Occasional | 2 | 4612975071 | Excellent | 2 | | | | | | |
| 4615856306 | Frequently | 1 | 4615856306 | Excellent | 2 | 4604921714 | Occasional | 2 | 4604921714 | Superior | 1 | | | | | | |
| 4615844714 | Frequently | 1 | 4615844714 | Excellent | 2 | 4602548377 | Occasional | 2 | 4602548377 | Excellent | 2 | | | | | | |
| 4561585889 | Frequently | 1 | 4561585889 | Superior | 1 | 4600894818 | Occasional | 2 | 4600894818 | Good | 3 | | | | | | |
| 4642938284 | Frequently | 1 | 4642938284 | Excellent | 2 | 4582097709 | Occasional | 2 | 4582097709 | Superior | 1 | | | | | | |
| 4641153912 | Frequently | 1 | 4641153912 | Good | 3 | | | | | | | | | | | | |
| 4636635104 | Frequently | 1 | 4636635104 | Superior | 1 | | | | | | | | | | | | |
| 4636101937 | Frequently | 1 | 4636101937 | Good | 3 | | | | | | | | | | | | |
| 4635870816 | Frequently | 1 | 4635870816 | Superior | 1 | | | | | | | | | | | | |
| 4635344930 | Frequently | 1 | 4635344930 | Excellent | 2 | | | | | | | | | | | | |
| 4627924329 | Frequently | 1 | 4627924329 | Superior | 1 | | | | | | | | | | | | |
| 4610907628 | Frequently | 1 | 4610907628 | Excellent | 2 | | | | | | | | | | | | |
| 4591914219 | Frequently | 1 | 4591914219 | Superior | 1 | | | | | | | | | | | | |
| 4565515167 | Frequently | 1 | 4565515167 | Superior | 1 | | | | | | | | | | | | |
| 4562348921 | Frequently | 1 | 4562348921 | Excellent | 2 | | | | | | | | | | | | |

Commander's Perception of Advice Quality From Flight Surgeon Compared by Frequency of Flying Squadron Commander's Call Attendance (Frequently vs. Occa

Significance level (%): 5

p-value: Asymptotic p-value

Summary statistics:

| Variable | Observations | Obs. with missing data | Obs. without missing data | Minimum | Maximum | Mean | Std. deviation |
|--------------|--------------|------------------------|---------------------------|---------|---------|-------|----------------|
| Frequently | 21 | 0 | 21 | 1.000 | 3.000 | 1.619 | 0.669 |
| Occasionally | 21 | 10 | 11 | 1.000 | 3.000 | 1.636 | 0.809 |
| Never | 21 | 16 | 5 | 2.000 | 4.000 | 3.200 | 0.837 |

Kruskal-Wallis test:

| | |
|-----------------------------|--------------|
| K (Observed value) | 9.862 |
| K (Critical value) | 5.991 |
| DF | 2 |
| p-value (Two-tailed) | 0.007 |
| alpha | 0.05 |

An approximation has been used to compute the p-value.

Test interpretation:

H0: Flight surgeon Commander's Call attendance is associated with no difference of commander's perception of quality of advice of flight surgeon.

Ha: Flight surgeon Commander's Call attendance is associated with a difference of commander's perception of quality of advice of flight surgeon.

As the computed p-value is lower than the significance level alpha=0.05, one should reject the null hypothesis H0.

The risk to reject the null hypothesis H0 while it is true is lower than 0.72%.

Ties have been detected in the data and the appropriate corrections have been applied.

Multiple pairwise comparisons using Dunn's procedure / Two-tailed test:

| Sample | Frequency | Sum of ranks | Mean of ranks | Groups |
|--------------|-----------|--------------|---------------|--------|
| Frequently | 21 | 357.000 | 17.000 | A |
| Occasionally | 11 | 185.000 | 16.818 | A |
| Never | 5 | 161.000 | 32.200 | B |

Table of pairwise differences:

2016 State of the Flight Surgeon

| Question Nu 105/119 | Rank | Question Nur 102/117 | Rank | Question Nu 105/119 | Rank | Question Nur 102/117 | Rank | Question Nu 105/119 | Rank | Question Nur 102/117 | Rank | | | | | | |
|--|------------|--|------------|--|------|--|------------|--|------------|--|------|------------|-------|---|------------|------|---|
| Respondent Does your flight surgeon rate your performance of your SME flight surgeon in this capacity. | | Respondent Does your flight surgeon rate your performance of your SME flight surgeon in this capacity. | | Respondent Does your flight surgeon rate your performance of your SME flight surgeon in this capacity. | | Respondent Does your flight surgeon rate your performance of your SME flight surgeon in this capacity. | | Respondent Does your flight surgeon rate your performance of your SME flight surgeon in this capacity. | | Respondent Does your flight surgeon rate your performance of your SME flight surgeon in this capacity. | | | | | | | |
| 4646539021 | Frequently | 1 | 4646539021 | Excellent | 2 | 4642564666 | Occasional | 2 | 4642564666 | Good | 3 | 4617269363 | Never | 3 | 4617269363 | Fair | 4 |
| 4642358738 | Frequently | 1 | 4642358738 | Superior | 1 | 4654442843 | Occasional | 2 | 4654442843 | Excellent | 2 | 4650688922 | Never | 3 | 4650688922 | Good | 3 |
| 4637305584 | Frequently | 1 | 4637305584 | Superior | 1 | 4640920806 | Occasional | 2 | 4640920806 | Superior | 1 | 4605291487 | Never | 3 | 4605291487 | Fair | 4 |
| 4636043743 | Frequently | 1 | 4636043743 | Superior | 1 | 4636635104 | Occasional | 2 | 4636635104 | Superior | 1 | 4604772547 | Never | 3 | 4604772547 | Good | 3 |
| 4635941940 | Frequently | 1 | 4635941940 | Superior | 1 | 4612975071 | Occasional | 2 | 4612975071 | Excellent | 2 | | | | | | |
| 4635609102 | Frequently | 1 | 4635609102 | Excellent | 2 | 4610907628 | Occasional | 2 | 4610907628 | Excellent | 2 | | | | | | |
| 4635599835 | Frequently | 1 | 4635599835 | Superior | 1 | 4604921714 | Occasional | 2 | 4604921714 | Superior | 1 | | | | | | |
| 4620085209 | Frequently | 1 | 4620085209 | Excellent | 2 | 4602548377 | Occasional | 2 | 4602548377 | Excellent | 2 | | | | | | |
| 4615856306 | Frequently | 1 | 4615856306 | Excellent | 2 | 4600894818 | Occasional | 2 | 4600894818 | Good | 3 | | | | | | |
| 4615844714 | Frequently | 1 | 4615844714 | Excellent | 2 | 4582097709 | Occasional | 2 | 4582097709 | Superior | 1 | | | | | | |
| 4608563348 | Frequently | 1 | 4608563348 | Superior | 1 | | | | | | | | | | | | |
| 4561585889 | Frequently | 1 | 4561585889 | Superior | 1 | | | | | | | | | | | | |
| 4642938284 | Frequently | 1 | 4642938284 | Excellent | 2 | | | | | | | | | | | | |
| 4641153912 | Frequently | 1 | 4641153912 | Good | 3 | | | | | | | | | | | | |
| 4636901274 | Frequently | 1 | 4636901274 | Excellent | 2 | | | | | | | | | | | | |
| 4636740093 | Frequently | 1 | 4636740093 | Superior | 1 | | | | | | | | | | | | |
| 4636101937 | Frequently | 1 | 4636101937 | Good | 3 | | | | | | | | | | | | |
| 4635870816 | Frequently | 1 | 4635870816 | Superior | 1 | | | | | | | | | | | | |
| 4635344930 | Frequently | 1 | 4635344930 | Excellent | 2 | | | | | | | | | | | | |
| 4627924329 | Frequently | 1 | 4627924329 | Superior | 1 | | | | | | | | | | | | |
| 4591914219 | Frequently | 1 | 4591914219 | Superior | 1 | | | | | | | | | | | | |
| 4565515167 | Frequently | 1 | 4565515167 | Superior | 1 | | | | | | | | | | | | |
| 4562348921 | Frequently | 1 | 4562348921 | Excellent | 2 | | | | | | | | | | | | |

Commander's Perception of Advice Quality From Flight Surgeon Compared by Frequency of Flight Safety Meeting Participation (Frequent vs. Occasional vs. Ne

Significance level (%): 5
 p-value: Asymptotic p-value

Summary statistics:

| Variable | Observations | Obs. with missing data | Obs. without missing data | Minimum | Maximum | Mean | Std. deviation |
|-------------|--------------|------------------------|---------------------------|---------|---------|-------|----------------|
| Frequently | 23 | 0 | 23 | 1.000 | 3.000 | 1.565 | 0.662 |
| Ocasionally | 23 | 13 | 10 | 1.000 | 3.000 | 1.800 | 0.789 |
| Never | 23 | 19 | 4 | 3.000 | 4.000 | 3.500 | 0.577 |

Kruskal-Wallis test:

| | |
|-----------------------------|--------------|
| K (Observed value) | 11.096 |
| K (Critical value) | 5.991 |
| DF | 2 |
| p-value (Two-tailed) | 0.004 |
| alpha | 0.05 |

An approximation has been used to compute the p-value.

Test interpretation:

H0: Flight Safety meeting participation is associated with no difference of commander's perception of quality of advice of flight surgeon.

Ha: Flight Safety meeting participation is associated with difference of commander's perception of quality of advice of flight surgeon.

As the computed p-value is lower than the significance level alpha=0.05, one should reject the null hypothesis H0.

The risk to reject the null hypothesis H0 while it is true is lower than 0.39%.

Ties have been detected in the data and the appropriate corrections have been applied.

Multiple pairwise comparisons using Dunn's procedure / Two-tailed test:

| Sample | Frequently | Sum of ranks | Mean of ranks | Groups |
|-------------|------------|--------------|---------------|--------|
| Frequently | 23 | 374.000 | 16.261 | A |
| Ocasionally | 10 | 191.000 | 19.100 | A |
| Never | 4 | 138.000 | 34.500 | B |

Table of pairwise differences:

| | Frequently | Ocassionally | Never |
|--------------|------------|--------------|---------|
| Frequently | 0 | -2.839 | -18.239 |
| Ocassionally | 2.839 | 0 | -15.400 |
| Never | 18.239 | 15.400 | 0 |

p-values:

| | Frequently | Ocassionally | Never |
|--------------|--------------|--------------|--------------|
| Frequently | 1 | 0.458 | 0.001 |
| Ocassionally | 0.458 | 1 | 0.010 |
| Never | 0.001 | 0.010 | 1 |

Bonferroni corrected significance level: 0.0167

Significant differences:

| | Frequently | Ocassionally | Never |
|--------------|------------|--------------|------------|
| Frequently | No | No | Yes |
| Ocassionally | No | No | Yes |
| Never | Yes | Yes | No |

ever)

2016 State of the Flight Surgeon

| Question Numb 107/121 | Rank | Question Num102/117 | Rank | Please rate the performance of your SME flight surgeon in this capacity. | | | | | | | | | | | | | |
|-----------------------|-----------|---------------------|------------|--|---|------------|-----------|---|------------|-----------|---|------------|------|---|------------|-----------|---|
| RespondentID | Rate your | RespondentID | Rate your | | | | | | | | | | | | | | |
| 4642358738 | Superior | 1 | 4642358738 | Superior | 1 | 4646539021 | Excellent | 2 | 4646539021 | Excellent | 2 | 4641153912 | Good | 3 | 4641153912 | Good | 3 |
| 4637305584 | Superior | 1 | 4637305584 | Superior | 1 | 4642564666 | Excellent | 2 | 4642564666 | Good | 3 | 4636101937 | Good | 3 | 4636101937 | Good | 3 |
| 4636043743 | Superior | 1 | 4636043743 | Superior | 1 | 4635609102 | Excellent | 2 | 4635609102 | Excellent | 2 | 4602548377 | Good | 3 | 4602548377 | Excellent | 2 |
| 4635941940 | Superior | 1 | 4635941940 | Superior | 1 | 4635599835 | Excellent | 2 | 4635599835 | Superior | 1 | 4600894818 | Good | 3 | 4600894818 | Good | 3 |
| 4615856306 | Superior | 1 | 4640920806 | Superior | 1 | 4620085209 | Excellent | 2 | 4620085209 | Excellent | 2 | | | | | | |
| 4608563348 | Superior | 1 | 4608563348 | Superior | 1 | 4615844714 | Excellent | 2 | 4615844714 | Excellent | 2 | | | | | | |
| 4561585889 | Superior | 1 | 4561585889 | Superior | 1 | 4636901274 | Excellent | 2 | 4636901274 | Excellent | 2 | | | | | | |
| 4635870816 | Superior | 1 | 4635870816 | Superior | 1 | 4635344930 | Excellent | 2 | 4635344930 | Excellent | 2 | | | | | | |
| 4627924329 | Superior | 1 | 4627924329 | Superior | 1 | 4565515167 | Excellent | 2 | 4565515167 | Superior | 1 | | | | | | |
| 4591914219 | Superior | 1 | 4591914219 | Superior | 1 | 4654442843 | Excellent | 2 | 4654442843 | Excellent | 2 | | | | | | |
| 4636740093 | Superior | 1 | 4636740093 | Superior | 1 | 4642938284 | Excellent | 2 | 4642938284 | Excellent | 2 | | | | | | |
| 4636635104 | Superior | 1 | 4636635104 | Superior | 1 | 4604921714 | Excellent | 2 | 4604921714 | Superior | 1 | | | | | | |
| 4610907628 | Superior | 1 | 4610907628 | Excellent | 2 | 4562348921 | Excellent | 2 | 4562348921 | Excellent | 2 | | | | | | |

Commander's Perception of Advice Quality From Flight Surgeon Compared by Quality of Briefing Presentation (Superior vs. Excellent vs. Good)

Significance level (%): 5

p-value: Asymptotic p-value

Summary statistics:

| Variable | Observation | with missing | without missi | Minimum | Maximum | Mean | std. deviation |
|-----------|-------------|--------------|---------------|---------|---------|-------|----------------|
| Superior | 13 | 0 | 13 | 1.000 | 2.000 | 1.077 | 0.277 |
| Excellent | 13 | 0 | 13 | 1.000 | 3.000 | 1.846 | 0.555 |
| Good | 13 | 9 | 4 | 2.000 | 3.000 | 2.750 | 0.500 |

Kruskal-Wallis test:

| | |
|-----------------------------|--------------|
| K (Observed value) | 18.275 |
| K (Critical value) | 5.991 |
| DF | 2 |
| p-value (Two-tailed) | 0.000 |
| alpha | 0.05 |

An approximation has been used to compute the p-value.

Test interpretation:

H0: Quality of briefing presentation is associated with no difference of commander's perception of quality of advice of flight surgeon

Ha: Quality of briefing presentation is associated with a difference of commander's perception of quality of advice of flight surgeon

As the computed p-value is lower than the significance level alpha=0.05, one should reject the null hypothesis H0.

The risk to reject the null hypothesis H0 while it is true is lower than 0.01%.

Ties have been detected in the data and the appropriate corrections have been applied.

Multiple pairwise comparisons using Dunn's procedure / Two-tailed test:

| Sample | Frequency | sum of rank | mean of rank | Groups |
|-----------|-----------|-------------|--------------|--------|
| Superior | 13 | 117.000 | 9.000 | A |
| Excellent | 13 | 241.500 | 18.577 | B |

| | | | | |
|------|---|---------|--------|---|
| Good | 4 | 106.500 | 26.625 | B |
|------|---|---------|--------|---|

Table of pairwise differences:

| | Superior | Excellent | Good |
|-----------|----------|-----------|---------|
| Superior | 0 | -9.577 | -17.625 |
| Excellent | 9.577 | 0 | -8.048 |
| Good | 17.625 | 8.048 | 0 |

p-values:

| | Superior | Excellent | Good |
|-----------|--------------|--------------|--------------|
| Superior | 1 | 0.002 | 0.000 |
| Excellent | 0.002 | 1 | 0.078 |
| Good | 0.000 | 0.078 | 1 |

Bonferroni corrected significance level: 0.0167

Significant differences:

| | Superior | Excellent | Good |
|-----------|------------|------------|------------|
| Superior | No | Yes | Yes |
| Excellent | Yes | No | No |
| Good | Yes | No | No |

| Question Num 109/122 | Rank | Question Num 102/117 | Rank | Question Num 102/117 | Rank | Question Num 102/117 | Rank | | | | |
|----------------------|--------------------------|----------------------|------------|--|------|----------------------|------|---|------------|-----------|---|
| RespondentID | Does your flight surgeon | RespondentID | Rate your | Please rate the performance of your SME flight surgeon in this capacity. | | | | | | | |
| 4646539021 | Yes | 1 | 4646539021 | Excellent | 2 | 4617269363 | No | 2 | 4617269363 | Fair | 4 |
| 4642564666 | Yes | 1 | 4642564666 | Good | 3 | 4615844714 | No | 2 | 4615844714 | Excellent | 2 |
| 4642358738 | Yes | 1 | 4642358738 | Superior | 1 | 4608563348 | No | 2 | 4608563348 | Superior | 1 |
| 4637305584 | Yes | 1 | 4637305584 | Superior | 1 | 4654442843 | No | 2 | 4654442843 | Excellent | 2 |
| 4635941940 | Yes | 1 | 4635941940 | Superior | 1 | 4650688922 | No | 2 | 4650688922 | Good | 3 |
| 4635609102 | Yes | 1 | 4635609102 | Excellent | 2 | 4640920806 | No | 2 | 4640920806 | Superior | 1 |
| 4635599835 | Yes | 1 | 4635599835 | Superior | 1 | 4636901274 | No | 2 | 4636901274 | Excellent | 2 |
| 4620085209 | Yes | 1 | 4620085209 | Excellent | 2 | 4636740093 | No | 2 | 4636740093 | Superior | 1 |
| 4615856306 | Yes | 1 | 4615856306 | Excellent | 2 | 4605291487 | No | 2 | 4605291487 | Fair | 4 |
| 4561585889 | Yes | 1 | 4561585889 | Superior | 1 | 4562348921 | No | 2 | 4562348921 | Excellent | 2 |
| 4642938284 | Yes | 1 | 4642938284 | Excellent | 2 | | | | | | |
| 4641153912 | Yes | 1 | 4641153912 | Good | 3 | | | | | | |
| 4636635104 | Yes | 1 | 4636635104 | Superior | 1 | | | | | | |
| 4635870816 | Yes | 1 | 4635870816 | Superior | 1 | | | | | | |
| 4635344930 | Yes | 1 | 4635344930 | Excellent | 2 | | | | | | |
| 4627924329 | Yes | 1 | 4627924329 | Superior | 1 | | | | | | |
| 4612975071 | Yes | 1 | 4612975071 | Excellent | 2 | | | | | | |
| 4610907628 | Yes | 1 | 4610907628 | Excellent | 2 | | | | | | |
| 4604921714 | Yes | 1 | 4604921714 | Superior | 1 | | | | | | |
| 4604772547 | Yes | 1 | 4604772547 | Good | 3 | | | | | | |
| 4602548377 | Yes | 1 | 4602548377 | Excellent | 2 | | | | | | |
| 4600894818 | Yes | 1 | 4600894818 | Good | 3 | | | | | | |
| 4591914219 | Yes | 1 | 4591914219 | Superior | 1 | | | | | | |
| 4565515167 | Yes | 1 | 4565515167 | Superior | 1 | | | | | | |
| 4636043743 | No | 2 | 4636043743 | Superior | 1 | | | | | | |

Commander's Perception of Advice Quality From Flight Surgeon Compared by Performance of Regular Flight Operations.

Significance level (%): 5
 p-value: Asymptotic p-value

Summary statistics:

| Variable | Observations | Obs. with missing data | Obs. without missing data | Minimum | Maximum | Mean | Std. deviation |
|-------------------|--------------|------------------------|---------------------------|---------|---------|-------|----------------|
| Regular Flight | 25 | 0 | 25 | 1.000 | 3.000 | 1.680 | 0.748 |
| No Regular Flight | 25 | 15 | 10 | 1.000 | 4.000 | 2.200 | 1.135 |

Kruskal-Wallis test:

| | |
|-----------------------------|--------------|
| K (Observed value) | 1.574 |
| K (Critical value) | 3.841 |
| DF | 1 |
| p-value (Two-tailed) | 0.210 |
| alpha | 0.05 |

An approximation has been used to compute the p-value.

Test interpretation:

H0: Regular flying is associated with no difference of commander's perception of quality of advice of flight surgeon.

Ha: Regular flying is associated with a difference of commander's perception of quality of advice of flight surgeon.

As the computed p-value is greater than the significance level alpha=0.05, one cannot reject the null hypothesis H0.

The risk to reject the null hypothesis H0 while it is true is 20.97%.

Ties have been detected in the data and the appropriate corrections have been applied.

Multiple pairwise comparisons using Dunn's procedure / Two-tailed test:

| Sample | Frequency | Sum of ranks | Mean of ranks | Groups |
|-------------------|-----------|--------------|---------------|--------|
| Regular Flight | 25 | 418.000 | 16.720 | A |
| No Regular Flight | 10 | 212.000 | 21.200 | A |

Table of pairwise differences:

| | Regular Flight | No Regular Flight |
|-------------------|----------------|-------------------|
| Regular Flight | 0 | -4.480 |
| No Regular Flight | 4.480 | 0 |

p-values:

| | Regular Flight | No Regular Flight |
|------|----------------|-------------------|
| Var1 | 1 | 0.210 |
| Var2 | 0.210 | 1 |

Bonferroni corrected significance level: 0.05

Significant differences:

| | Regular Flight | No Regular Flight |
|-------------------|----------------|-------------------|
| Regular Flight | No | No |
| No Regular Flight | No | No |

2016 State of the Flight Surgeon

| Question Number | 110/123 | Rank | Question Number | 102/117 | Rank | Rate your flight surgeon as your personal aeromedical advisor regarding flying safety, human factors and human performance enhancement? | | | | | | | | | | | |
|-----------------|------------------------|------|-----------------|---|------|---|--------------|---|------------|-----------|---|------------|-------|---|------------|-----------|---|
| RespondentID | Is your flight surgeon | | RespondentID | Rate your flight surgeon as your personal aeromedical advisor regarding flying safety, human factors and human performance enhancement? | | | | | | | | | | | | | |
| 4646539021 | Frequently | 1 | 4646539021 | Excellent | 2 | 4642564666 | Occasionally | 2 | 4642564666 | Good | 3 | 4617269363 | Never | 3 | 4617269363 | Fair | 4 |
| 4642358738 | Frequently | 1 | 4642358738 | Superior | 1 | 4637305584 | Occasionally | 2 | 4637305584 | Superior | 1 | 4654442843 | Never | 3 | 4654442843 | Excellent | 2 |
| 4636043743 | Frequently | 1 | 4636043743 | Superior | 1 | 4615844714 | Occasionally | 2 | 4615844714 | Excellent | 2 | 4650688922 | Never | 3 | 4650688922 | Good | 3 |
| 4635941940 | Frequently | 1 | 4635941940 | Superior | 1 | 4641153912 | Occasionally | 2 | 4641153912 | Good | 3 | 4636901274 | Never | 3 | 4636901274 | Excellent | 2 |
| 4635609102 | Frequently | 1 | 4635609102 | Excellent | 2 | 4640920806 | Occasionally | 2 | 4640920806 | Superior | 1 | 4605291487 | Never | 3 | 4605291487 | Fair | 4 |
| 4635599835 | Frequently | 1 | 4635599835 | Superior | 1 | 4636740093 | Occasionally | 2 | 4636740093 | Superior | 1 | 4604772547 | Never | 3 | 4604772547 | Good | 3 |
| 4620085209 | Frequently | 1 | 4620085209 | Excellent | 2 | 4636635104 | Occasionally | 2 | 4636635104 | Superior | 1 | | | | | | |
| 4615856306 | Frequently | 1 | 4615856306 | Excellent | 2 | 4636101937 | Occasionally | 2 | 4636101937 | Good | 3 | | | | | | |
| 4608563348 | Frequently | 1 | 4608563348 | Superior | 1 | 4635870816 | Occasionally | 2 | 4635870816 | Superior | 1 | | | | | | |
| 4561585889 | Frequently | 1 | 4561585889 | Superior | 1 | 4612975071 | Occasionally | 2 | 4612975071 | Excellent | 2 | | | | | | |
| 4642938284 | Frequently | 1 | 4642938284 | Excellent | 2 | 4602548377 | Occasionally | 2 | 4602548377 | Excellent | 2 | | | | | | |
| 4635344930 | Frequently | 1 | 4635344930 | Excellent | 2 | 4600894818 | Occasionally | 2 | 4600894818 | Good | 3 | | | | | | |
| 4627924329 | Frequently | 1 | 4627924329 | Superior | 1 | 4562348921 | Occasionally | 2 | 4562348921 | Excellent | 2 | | | | | | |
| 4610907628 | Frequently | 1 | 4610907628 | Excellent | 2 | | | | | | | | | | | | |
| 4604921714 | Frequently | 1 | 4604921714 | Superior | 1 | | | | | | | | | | | | |
| 4591914219 | Frequently | 1 | 4591914219 | Superior | 1 | | | | | | | | | | | | |
| 4565515167 | Frequently | 1 | 4565515167 | Superior | 1 | | | | | | | | | | | | |

Commander's Perception of Advice Quality From Flight Surgeon Compared by Frequency of Social Event Participation (Frequent vs. Occasional vs. Never)

Significance level (%): 5

p-value: Asymptotic p-value

Summary statistics:

| Variable | Observations | Obs. with missing data | Obs. without missing data | Minimum | Maximum | Mean | Std. deviation |
|------------|--------------|------------------------|---------------------------|---------|---------|-------|----------------|
| Frequent | 17 | 0 | 17 | 1.000 | 2.000 | 1.412 | 0.507 |
| Occasional | 17 | 4 | 13 | 1.000 | 3.000 | 1.923 | 0.862 |
| Never | 17 | 11 | 6 | 2.000 | 4.000 | 3.000 | 0.894 |

Kruskal-Wallis test:

| | |
|----------------------|--------|
| K (Observed value) | 11.753 |
| K (Critical value) | 5.991 |
| DF | 2 |
| p-value (Two-tailed) | 0.003 |
| alpha | 0.05 |

An approximation has been used to compute the p-value.

Test interpretation:

H0: Social event participation is associated with no difference of commander's perception of quality of advice of flight surgeon.

Ha: Social event participation is associated with difference of commander's perception of quality of advice of flight surgeon.

As the computed p-value is lower than the significance level $\alpha=0.05$, one should reject the null hypothesis H0.

The risk to reject the null hypothesis H0 while it is true is lower than 0.28%.

Ties have been detected in the data and the appropriate corrections have been applied.

Multiple pairwise comparisons using Dunn's procedure / Two-tailed test:

| Sample | Frequency | Sum of ranks | Mean of ranks | Groups |
|------------|-----------|--------------|---------------|--------|
| Frequent | 17 | 234.000 | 13.765 | A |
| Occasional | 13 | 254.000 | 19.538 | A B |
| Never | 6 | 178.000 | 29.667 | B |

Table of pairwise differences:

| | Frequent | Occasional | Never | |
|------------|----------|------------|--------|---------|
| Frequent | 0 | | -5.774 | -15.902 |
| Occasional | 5.774 | 0 | | -10.128 |
| Never | 15.902 | 10.128 | | 0 |

p-values:

| | Frequent | Occasional | Never | |
|------------|--------------|------------|-------|--------------|
| Frequent | 1 | | 0.112 | 0.001 |
| Occasional | 0.112 | 1 | | 0.037 |
| Never | 0.001 | 0.037 | | 1 |

Bonferroni corrected significance level: 0.0167

Significant differences:

| | Frequent | Occasional | Never | |
|------------|------------|------------|-------|------------|
| Frequent | No | No | | Yes |
| Occasional | No | No | | No |
| Never | Yes | No | | No |

| Question Number | 110/123 | Rank | Question Number | 102/117 | Rank | Question Number | 102/117 | Rank | | | |
|-----------------|------------------------|------|-----------------|--|---------------|-----------------|--|------|------------|-----------|---|
| RespondentID | Is your flight surgeon | | RespondentID | Rate your flight surgeon as your personal aeromedical advisor regarding flying safety, human factors and | Participation | RespondentID | Rate your flight surgeon as your personal aeromedical advisor regarding flying safety, human factors and | None | | | |
| 4646539021 | Frequently | 1 | 4646539021 | Excellent | 2 | 4617269363 | Never | 3 | 4617269363 | Fair | 4 |
| 4642358738 | Frequently | 1 | 4642358738 | Superior | 1 | 4654442843 | Never | 3 | 4654442843 | Excellent | 2 |
| 4636043743 | Frequently | 1 | 4636043743 | Superior | 1 | 4650688922 | Never | 3 | 4650688922 | Good | 3 |
| 4635941940 | Frequently | 1 | 4635941940 | Superior | 1 | 4636901274 | Never | 3 | 4636901274 | Excellent | 2 |
| 4635609102 | Frequently | 1 | 4635609102 | Excellent | 2 | 4605291487 | Never | 3 | 4605291487 | Fair | 4 |
| 4635599835 | Frequently | 1 | 4635599835 | Superior | 1 | 4604772547 | Never | 3 | 4604772547 | Good | 3 |
| 4620085209 | Frequently | 1 | 4620085209 | Excellent | 2 | | | | | | |
| 4615856306 | Frequently | 1 | 4615856306 | Excellent | 2 | | | | | | |
| 4608563348 | Frequently | 1 | 4608563348 | Superior | 1 | | | | | | |
| 4561585889 | Frequently | 1 | 4561585889 | Superior | 1 | | | | | | |
| 4642938284 | Frequently | 1 | 4642938284 | Excellent | 2 | | | | | | |
| 4635344930 | Frequently | 1 | 4635344930 | Excellent | 2 | | | | | | |
| 4627924329 | Frequently | 1 | 4627924329 | Superior | 1 | | | | | | |
| 4610907628 | Frequently | 1 | 4610907628 | Excellent | 2 | | | | | | |
| 4604921714 | Frequently | 1 | 4604921714 | Superior | 1 | | | | | | |
| 4591914219 | Frequently | 1 | 4591914219 | Superior | 1 | | | | | | |
| 4565515167 | Frequently | 1 | 4565515167 | Superior | 1 | | | | | | |
| 4642564666 | Occasionall | 2 | 4642564666 | Good | 3 | | | | | | |
| 4637305584 | Occasionall | 2 | 4637305584 | Superior | 1 | | | | | | |
| 4615844714 | Occasionall | 2 | 4615844714 | Excellent | 2 | | | | | | |
| 4641153912 | Occasionall | 2 | 4641153912 | Good | 3 | | | | | | |
| 4640920806 | Occasionall | 2 | 4640920806 | Superior | 1 | | | | | | |
| 4636740093 | Occasionall | 2 | 4636740093 | Superior | 1 | | | | | | |
| 4636635104 | Occasionall | 2 | 4636635104 | Superior | 1 | | | | | | |
| 4636101937 | Occasionall | 2 | 4636101937 | Good | 3 | | | | | | |
| 4635870816 | Occasionall | 2 | 4635870816 | Superior | 1 | | | | | | |
| 4612975071 | Occasionall | 2 | 4612975071 | Excellent | 2 | | | | | | |
| 4602548377 | Occasionall | 2 | 4602548377 | Excellent | 2 | | | | | | |
| 4600894818 | Occasionall | 2 | 4600894818 | Good | 3 | | | | | | |
| 4562348921 | Occasionall | 2 | 4562348921 | Excellent | 2 | | | | | | |

d human performance enhancement?

Commander's Perception of Advice Quality From Flight Surgeon Stratified by Social Event Participation (Yes vs. No)

Hypothesized difference (D): 0

Significance level (%): 5

p-value: Asymptotic p-value

Summary statistics:

| Variable | Observations | Obs. with missing data | Obs. without missing data | Minimum | Maximum | Mean | Std. deviation |
|---------------|--------------|------------------------|---------------------------|---------|---------|-------|----------------|
| Participation | 30 | 0 | 30 | 1.000 | 3.000 | 1.633 | 0.718 |
| None | 6 | 0 | 6 | 2.000 | 4.000 | 3.000 | 0.894 |

Mann-Whitney test / Two-tailed test:

| | |
|-----------------------------|--------------|
| U | 23.000 |
| Expected value | 90.000 |
| Variance (U) | 486.429 |
| p-value (Two-tailed) | 0.003 |
| alpha | 0.05 |

An approximation has been used to compute the p-value.

Test interpretation:

H0: There is no difference in commander perception of advice quality when stratified for social participation.

Ha: There is a difference in commander perception of advice quality when stratified for social participation.

As the computed p-value is lower than the significance level $\alpha=0.05$, one should reject the null hypothesis H0.

The risk to reject the null hypothesis H0 while it is true is lower than 0.26%.

The continuity correction has been applied.

Ties have been detected in the data and the appropriate corrections have been applied.

Appendix D: Transcript of SNIPER's Address, 2016 SoUSAFFS Luncheon

The godfathers of our profession such as Theodore Lyster, Malcom Grow, and even Hadley Reed knew the importance of the practice environment being outside the four clinic walls...not only to be reactionary to ailments, but to observe our patients in their occupation to: prevent harms, optimize performance with ultimate goal to provide the Line maximal resources with which to execute our national defense policy...demonstrating global reach and when necessary killing people and breaking their stuff.

Flight Surgeons...we support the Line. As the Iguana says, "we are special".

Healthcare in the military, all but with a few exceptions can be contracted out to the lowest bidder. I maintain that there is no better place to examine the inextricable linkage between human sustainment and mission completion the Flight Medicine Clinic...read Operational Medicine.

Throughout our organizational history we have enjoyed a collective position of trust from the Line. This trust, built on credibility cannot be taken for granted. Once tarnished, it can rarely be restored.

The purpose of the State of the Flight Surgeon Survey as commissioned by the Surgeon General more than a decade ago is two-fold.

First: to look into the mirror to assess the condition of our morale, to define deficiencies that impede our duties, and to provide a generalized futurestate of the Flight Surgeon.

Second: to focus outwardly to the Line (our reason for existence) and get feedback to bolster or correct any trends.

In addition to the handouts provided, I will present some selected highlights from the 2016 survey. A final report with statistical analysis will be announced in a future issue of Flight Lines.

---SURVEY DATA PRESENTATION---

So what does this mean? The Line may not always understand what we do, but they do understand that we are a value-added resource. The overwhelming theme from the Line this year is that they need and want our presence. You might not always feel needed, but you would be missed.

Clinical knowledge and professional demeanor are the currency by which credibility is purchased. This credibility is ESSENTIAL in dealings with the Line and the AFMS alike. Flight Surgeons, we are indeed special, but remember that we are physicians foremost. Help bring the greater AFMS to collectively know that we are practitioners of Aerospace and Operational MEDICINE. Do not perpetuate the elitist perception that has poisoned so many of our interactions with other Medical Group entities.

Young Flight Surgeons, I have two words that will lead to your success with the Line...Be there. Be there in clinic for their healthcare needs; be there on the flight line generating credibility as aircrew, no self-loading cargo; be there in the meeting ready to confidently answer "hey doc, what do you think?" be there in the bar sharing the collective aviation heritage; be there on the weekend when your flyer's child has fever and is inconsolable; be there with compassion when sharing a new cancer diagnosis with their spouse.....just Be There.