



Perspective

The Impact of Military Service on a Clinician–Educator’s Career: A Personal Story

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My time in the U.S. Navy has had a profound impact on my career, both through enriching and challenging times. However, the collective and cumulative experience left its mark in ways I did not expect when I entered the Navy through the health professions scholarship program (HPSP) after graduating from Franklin and Marshall College in 1981. I am the first to admit I joined for financial reasons to pay for medical school at the University of Rochester.

This scholarship program was a godsend as it enabled me to pursue my dream of becoming a physician without going into substantial debt and creating additional burdens for my parents who were, at the time, dealing with a business bankruptcy. Little did I know, however, that the decision to enter the Navy would open up a number of opportunities that would substantially impact my career to this day.

“Life is what happens to you while you’re busy making other plans”

Interestingly, my darkest period in the Navy was my internship at the National Naval Medical Center (NNMC) in Bethesda Maryland. I arrived in the midst of a major [scandal](#) involving a cardiothoracic surgeon associated with several deaths and eighteen malpractice claims. The culture of the institution was toxic, and everyone was negatively affected.

As a result, I decided I would not return to NNMC to complete my residency and instead began a four-year stint to complete my payback obligations as a General Medical Officer (GMO) at the Philadelphia Naval Hospital. To my pleasant surprise, the GMO experience provided us with multiple early leadership opportunities that physicians in most healthcare institutions would not receive at that stage of their careers. For example, I had the opportunity to head the Pharmacy and Therapeutics Committee, giving me insights into policy and decision-making on behalf of the people we served. I also learned a tremendous amount on-the-job working in the Level 3 emergency department, rotating through ambulatory clinics, and experiencing training deployments with the Marines.

I would be remiss if I did not confess that some of the responsibilities I was given were probably premature. I was fortunate to have excellent senior leadership in our department during my GMO time but, with only a year of internship training prior to providing a lot of care via indirect supervision, there were probably things I was asked to do that were beyond my capabilities. I have little doubt that this period of lax supervision has affected how I see supervision today in relation to patient care and safety. I often reflect on these experiences to learn from them and to avoid what I call the *nostalgialitis imperfecta profunda* syndrome. Yes, I learned a lot, but one question will always be: *At what cost and to whom?*

After completing my GMO tour in Philadelphia, I fully intended to separate from active duty and enter Yale University's internal medicine residency program as a PGY-2. As John Lennon sings in his song *Beautiful Boy*, "*life is what happens to you while you're busy making other plans.*" I was unexpectedly offered Full Time Out Service training (FTOS) by Admiral James A. Zimble, a fellow Franklin and Marshall alumnus. With FTOS support, I was still technically on active duty, but able to complete my residency in a civilian program. I was fortunate to serve for an additional year at Yale as Chief Resident, an experience instrumental to catalyzing my research and medical education career.

Great mentors and training opportunities while learning education theory

My first experience as a faculty member occurred at Naval Hospital Portsmouth (NHP), Virginia, fresh off my chief year at Yale. At NHP, I became the training officer for the internal medicine residency program and the onsite internal medicine clerkship director. During that time, I had the opportunity to work with many wonderful researchers and educators through USUHS, including [Dr. Louis Pangaro](#), a well-known educator who directed the internal medicine clerkship for the USUHS and had helped create the [RIME](#) educational model. The NHP experience provided me with my first formal training in education theory and principles, and it sparked my interest in assessment. Dr. Pangaro and USUHS graciously supported my training in the [Stanford Faculty Development Program](#).

USUHS and the NHP leadership also provided another new opportunity – the chance and support to innovate. This was a paradoxical surprise: A traditionally hierarchical organization that literally wore rank on its sleeves turned out to be a fertile and welcome ground to innovate. For example, at NHP we experimented with a number of assessment approaches for the residency program. We used standardized patients, audit and feedback of medical records for preventive care and care of chronic disease. We developed a new joint pre-operative consult service with the Department of Anesthesiology to help prepare higher risk patients for safe surgery. NHP also supported my growing interest in research and supported several small projects in medical education and quality. My first experience presenting a workshop at a national meeting, creating abstracts, and writing manuscripts all occurred at NHP.

I realized from this early experience I needed to acquire additional training and skills in order to effectively conduct research.

This insight led me back to Yale for a two-year fellowship in the Robert Wood Johnson Clinical Scholars Program ([RWJCSP](#)). Having the opportunity to work with the famous clinical epidemiologist [Alvan Feinstein](#) and other wonderful mentors such as [Harlan Krumholz](#) and [John Concato](#) was a life-transforming experience. This fellowship was also supported by the Navy. I was extremely

grateful for this support because one of our dependents needed health care coverage. The opportunity to stay in the Navy enabled that support and also provided me with the high-quality training I continue to use to this day.

Putting research training into practice to improve care and education

After RWJCSP, I then became the division chief for general internal medicine back at NNMC. In a way, life had come full circle. Here, I was able to apply my training in both medical education and in health services research & epidemiology across a range of activities. Our clinic became the first in the Navy to implement the [Wagner Chronic Care Model](#) in 1998. This project would lead to substantial improvement in the quality of care for our patients with diabetes, and would also serve as the precursor for the clinic becoming a patient centered medical home (PCMH) some years later. In addition, we conducted a number of educational research projects that were integrated with improving care for patients in the clinic and hospital. These included examining the quality of care for pneumonia in the hospital, performing a clinimetric patient survey study to improve patient experience, and providing ongoing quality report cards to both staff and the residents so that they improve their care. The clinic was also involved in a national study of the Mini-Clinical Evaluation Exercise for Trainees ([Mini-CEX](#)) with the American Board of Internal Medicine. We conducted a sub-study looking at the quality of feedback related to the use of the Mini-Clinical Evaluation Exercise that would ultimately be published in a peer-reviewed journal.

We were pleased that the clinic became an important site not only for clinical education and ambulatory care, but also for helping residents perform a number of projects that enhanced their education but also would help to improve care for patients.

After fifteen years on active duty, I did make the hard decision to leave National Naval Medical Center and return to Yale as a clinical faculty member. However, I remained in the Naval Reserves for another five years until I retired from the US Navy in 2005. My association with the Navy continues via an adjunct appointment at USUHS. I have the privilege to teach in their faculty development

assessment course each year and continue to collaborate with valued colleagues and friends on research in medical education.

My experiences as a US naval officer were invaluable, whether the experience was wonderful or challenging. The lessons will stay with me as I enter the latter phases of my career.

The essential value of Service

Perhaps the greatest lesson has been *the essential value of Service*. I am so grateful to the members of the armed forces who make sacrifices each and every day in service to our country and their fellow citizens. I was incredibly fortunate and privileged to serve. One of my heroes is my daughter, a social worker caring for homeless veterans. She reminds me every day of the consequences of service and trauma.

I have seen firsthand the sacrifices and consequences of those who have served in our country's two longest running wars. They are not "losers and suckers" and, when I hear such words, anger rises quickly within me. We must continue to recognize the ongoing sacrifice of members and their families and provide whatever support they need while on active duty and after they leave the military. This is the lesson and obligation all should veterans take with them.

In the end, regardless of political party or orientation, we all have an obligation to support our active duty and our veterans.

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