

THE WINSTON CHURCHILL MEMORIAL TRUST OF
AUSTRALIA

Report By Captain Selena Joiner

2006 Churchill Fellow

To examine the management procedures of soldiers injured during Initial Employment Training (IET) and to assess initiatives used in order to ensure that Australian Defence Force IETs successfully return to the Training Force.

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Signed : CAPTAIN Selena Joiner Dated : 15 Dec 2006.

INDEX

Introduction	3
Appreciation	3
Executive Summary	4
Highlights	4
Programme	5
Churchill Fellowship	6
TRW	7
Recommendations	9
Conclusion	14

INTRODUCTION

The Fellowship enabled me to travel to the UK and USA in order to examine the management procedures of soldiers injured during Initial employment training and to investigate best practice initiatives in order to ensure that Australian Defence Force Initial Employment Trainees successfully return to the Training Force.

APPRECIATION

I extend my appreciation firstly to my daughter Eden for being my guiding light and for accepting and supporting me in my chosen career as an Army Officer. To the Winston Churchill Memorial Trust, what an amazing initiative. I am forever grateful for the opportunity to undertake this study and I know that I can speak on behalf of the Australian Defence Force (ADF) in particular Training Command – Army in thanking the Trust for providing me with this opportunity. I hope that there are many more ADF members who seek to be Winston Churchill Fellows. I extend my gratitude to my mentors within the Royal Australian Army Medical Corps, LT COL Whelan, LT COL Mallet and LT COL Brennan, all of which have supported and guided me in my quest to raise the profile of the Training Command – Army Rehabilitation Wing (TRW) in order to secure the best staff and resources for the soldiers undertaking the program. Finally, to my staff, you are truly the reason TRW has returned 88% of injured trainees back into the Training Force and played an integral role the successful transition from trainee to trained soldier.

EXECUTIVE SUMMARY

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The fellowship travel was undertaken from 08 September through to 08 November 2006. The Aim of the fellowship was to visit similar Army Trainee Rehabilitation Programs within the British and American Army's. In the UK, I was based at the Defence Military Rehabilitation Centre (DMRC) Headley Court. This Centre provides centralised support for the network of facilities available to assist in the rehabilitation of injured trainees and soldiers throughout the UK. Whilst in the USA, I was based at Fort Jackson. This facility is a Training Establishment that graduates around 40 000 recruits and trainees into the Army. Fort Jackson is home to the Army's largest Fitness Training and Rehabilitation Company, of which I spent most of my time observing.

HIGHLIGHTS

- Working from DMRC Headley Court in the UK. At this facility I was able to interact with injured soldiers from a wide range of backgrounds and training experiences. It provided me with an understanding of the overall process of rehabilitation with the British Army and also exposed me to trainees and trained soldiers with injuries ranging from stress fractures to lower limb amputations.
- Army Training Regiment – Purbright, UK. I spent some time investigating the administrative and rehabilitation procedures within GOLD PLATOON. GOLD PLATOON is the Rehabilitation Platoon within the Holding Company (SWORD COMPANY) this was a highlight as the Command Structure, Training program and trainee referral process is very similar to that of TRW. One hour into my visit to GOLD PLATOON, I knew that TRW was headed in the right direction for the continued successful rehabilitation our precious trainees.
- Fitness Training Company (FTC) - Fort Jackson. For me, this was particularly interesting as the size of the Company and the amount of injured trainees really surprised me. The trainees at FTC require the same administrative and rehabilitation procedures as the Trainees I have at TRW, however at FTC I quickly realised that whilst the results were similar, the procedures were very different.

PROGRAMME

From 08 to 29 September 2006 I was based at the Defence Medical Rehabilitation Centre (DMRC Headley Court in Surrey, UK. My host officer was LT Gareth Thomas who is the Senior Army Physiotherapist for Rehabilitation at Headley Court. Along with his personal Assistant, he arranged for me to visit several different Army Training Establishments across the entire country. My itinerary over the following three weeks in the UK was very busy, exposing me to as many Rehabilitation Programs as possible at the following facilities.

- Remedial instructor's School – DMRC Headley Court
- Williams Company – Infantry training Centre, Catterick
- Hook Company – infantry training Centre, Catterick
- Regional Rehabilitation Unit, Catterick
- Primary Care Rehabilitation Facility, Catterick
- Royal Marine Training Centre, Lympstone
- Hunter Company – Royal Marine Training Centre
- Regional Rehabilitation Unit, Plymouth
- Stonehouse Division, HMS Raleigh
- Lucknow Platoon -Royal Military Academy Sandhurst
- Sword Company – Army Training Regiment, Purbright
- Gold Platoon – army Training Regiment, Purbright

From 01 October through to 06 November I was based at Fort Jackson. Fort Jackson is the largest Training Base in the USA, producing around 40 000 trainees and soldiers each year. At Fort Jackson I was hosted by MAJ Gene Fine who is a General Service Medical Officer. Whilst at Fort Jackson I was exposed to the rehabilitation programs and administrative procedures currently being used by the following facilities.

- Moncrief Army Community Hospital
- Fitness Training Company
- Drill Sergeant School
- Peak Performance Unit – Westpoint

CHURCHILL FELLOWSHIP

It is important to state from the beginning that the main intent of this report is to provide recommendations that have been drawn from my exposure to several rehabilitation programs in the UK and USA. My intent whilst visiting the facilities was to always compare them to the Training Command – Army Rehabilitation Wing (TRW) against certain criteria. The reason for this was to immediately identify those initiatives that may be working in other programs, yet would not prove to be realistic for TRW to implement. That criteria included the administrative and physical inclusion/ exclusion criteria for entry into the rehabilitation program, the demographic of the trainees accepted onto the rehabilitation program, the command structure and background of the military instructors, the significance of the military instructors role in managing the trainees during the rehabilitation process, the relationship between the clinical and military staff and how this affected the chain of command from a trainees perspective, initiatives to maintain and improve morale in injured trainees and the types of barrier tests trainees must negotiate and successfully complete in order to be fully rehabilitated and return to the Training Force.

In most cases I discovered that the rehabilitation programs were structured very similar to TRW, however on a much larger scale than that of TRW. In my initial draft of this report I began detailing the management procedures of injured soldiers and highlighting all initiatives I observed being implemented to best maintain the morale and sense of belonging within the trainees undergoing rehabilitation. I quickly realised that I was repeating myself and providing the reader with a far too detailed and complicated report. Coupled with this was the complicated task of writing a report that is not targeted specifically for a military audience but a wider community audience. Finally, I concluded that the most effective way to articulate my experiences from being exposed to rehabilitation programs within the UK and USA was to firstly provide the reader with a background of TRW. Following that, I have identified three main Recommendations. I will present these recommendations individually and in detail. They will form the main body of my Report and also allow me highlight the specific program that I drew the recommendation from.

TRAINING COMMAND – ARMY REHABILITATION WING

The Training Command Army Rehabilitation Wing (TRW) was established to improve the return to training rate for injured soldiers; reduce the time taken to successfully rehabilitate injured soldiers; improve retention by ensuring soldiers are fit enough for Corps re-allocation; and improve the morale of soldiers under going rehabilitation. It was established in order to provide soldiers who are fit in mind, body and spirit, to return to the training force at a level that will support their success in subsequent training.

Process of Rehabilitation

Once accepted, members receive a copy of the TRW Joining Instruction which outlines all information that the member requires prior to arrival at TRW. Upon arrival at TRW, members are placed in One Section, and undergo intensive physiotherapy intervention, rehabilitation and training as per the generic weekly program for One Section. Once the trainees injury has recovered sufficiently, he/she is moved to Two Section. Upon promotion from two Section, members will undertake the Preparatory Program, which is the final stage of their rehabilitation. The military training that the members undergo whilst attached to TRW is in accordance with the TRW 15 Week Training Program. This program is designed so that any stage it can be attempted by a member, regardless of when they march in.

Training.

It was identified that the continuation of Military Skills and Knowledge was an important factor in the rehabilitation process, and a military training program was developed. The program is aimed at all Corps and is designed to keep basic soldier skills at an acceptable level, so that upon return to a TE members are at no disadvantage. In addition to the training program every opportunity is taken to attend displays or demonstrations that take place around the Liverpool Military Area. This is seen as a readily accessible way to improve the motivation of members. The regimented nature of the training and the TRW staff, has significantly improved the soldier's standards in dress and bearing, weapon handling, communications, navigation and military history.

Whilst TRW has proven very successful over the past two years, it required a reassessment and an action plan to continue to grow and meet the requirements of the trainees being accepted onto the program. Enter the Winston Churchill Fellowship. Undertaking the fellowship has given

me the experience and exposure to make several recommendations to ensure that TRW continues to move forward. The rehabilitation prospects of trainees injured whilst undergoing training will be greatly increased and ensure a rise in the efficiency of TC-A and the retention of valuable trainees. In the current environment correct soldier management is all-important and TRW – the next phase, is well established to provide this.

RECOMMENDATIONS

TRAIN THE TRAINER PACKAGE

It must be acknowledged that the professionalism and dedication of my staff at TRW is exemplary, however, I recommend that these current qualities be developed by arming them with further skills to ensure they are able to continue with this standard.

Whilst visiting Sword Company at the Army Training Regiment in Purbright, the Platoon Commander (Pl Comd) and I discussed the level of training our staff had achieved prior to taking up post as an instructor of trainees in the rehabilitation process.

Sword Company has an initiative known as the Train the Trainer Package. The fundamental aim of this package is to provide instructors of injured trainees with relevant skills that may be overlooked or not as required by an instructor who is working with soldiers who are not injured. It is acceptable to expect that a trainee who receives an injury and is subsequently removed from training is more likely to have motivational issues. The trainee may feel firstly that they have failed and secondly that they are going to be seen as a sub standard soldier because they have sustained an injury. It is also acceptable to expect that not all instructors posted to command and develop such soldiers have the innate skills to be able to effectively do this. As a consequence, all instructional staff posted to Sword Coy are required to participate in the Train the Trainer package.

The package is organised by the Pl Comd and includes interactive seminars delivered by integral members of the multidisciplinary team dealing with the rehabilitation of the trainees. The following lists those topics and the person suited to deliver the topic that I identified as recommendations for the TRW specific Train The Trainer Package.

- **The Y generation.** This could be delivered by the Padre and should assist older member of staff in understanding the Y or Nintendo generation that are now forming the majority of trainees at TRW.
- **Coaching and motivation techniques.** This could be delivered by an Army Phycologist. Making this an interactive and role playing based seminar will assist in putting the instructor in the shoes of the injured trainee. It will also assist instructor to find the balance between assisting the trainee to increase there motivation rather than perceive the situation as a discipline issue.
- **Alcohol and drug awareness.** Whilst it is current practice that all instructors posted to Training Command positions must undergo a

mandatory Drug and Alcohol Awareness seminar, Sword Coy identified a significant benefit in Sword Coy instructors being further educated on binge drinking and peer pressure to drink. In some situations an injured trainee is more susceptible to succumbing to the peer pressure of his mates that are not injured. It was identified that some members of Sword Coy felt that the only way to be accepted was to be a victim of peer pressure, in particular when alcohol is involved. Additionally, it was identified that some trainees did not understand the implications of consuming alcohol whilst on medication or restricted duties. It is integral that the instructor is exposed to this possibility and is able to subtly articulate the dangers of this to his/her trainees. TRW trainees are constantly interacting with other trainees who are not injured and are continuing with training. It is recommended that the local Alcohol and Drug program Co-ordinator and the future PI Comd of TRW discuss ways to best develop and implement a tailored course for TRW instructor posting in.

- **Suicide prevention Course.** Once again, this course should be attended by the TRW instructor as opposed to the Suicide Awareness Seminar. Whilst suicide and self harm are not common for TRW trainees, it is vital that all instructors are able to identify warning signs and able to react should this occur.
- **Defence instruction techniques.** Whilst all instructors posted to training command positions are highly competent in the delivery lessons for there specific Corps, Sword Coy identified that it is difficult to maintain the motivation of an injured trainee who may feel as though are not progressing in there training. TRW is restricted in regards to the scope of lessons that may be taught to trainees and each trainee will have received the same lesson during Recruit training at Kapooka. It is therefore recommended that the PI Comd work with the instructors to ensure excellent instructional technique. It is also recommended that the current lesson plans be reviewed by fresh eyes to add new ways of delivering the same content.

It is recommended that TRW staff develop a Train the Trainer package tailored specifically to the type of trainees who are undergoing rehabilitation at TRW.

PHYSICAL TRAINING INSTRUCTOR EXCHANGE

Each and every Rehabilitation facility that I visited within the UK had one initiative that clearly stood out to me as the backbone for the successful rehabilitation of injured trainees. That initiative is the employment of the Remedial Instructor (RI). In the Australian Army we have a similar position, the Physical Training Instructor (PTI). And, in the USA it is the Drill Sergeant (DS). In all countries this role is similar and all work with the Physiotherapist and the injured trainee throughout the entire rehabilitation process. I am not a Clinical Officer and as such, my report will provide no clinical data, however I believe that it is important that the role of the RI be included in my report. I also feel that it should be a recommendation that PTIs from Training Command – Army be offered an exchange to the UK in order to be trained at the school of Remedial Instructors at DMRS Headley Court. The philosophy behind the RI role within the multidisciplinary approach is that of Clinical Diagnosis belongs to the Physiotherapist whilst the Clinical Reasoning is the role of the RI.

As I stated earlier, I am not a clinical officer, however I would like to provide the reader with a brief outline on the role of the RI. The following information has been given to me directly from the Senior Instructor at the Remedial Instructor School at Headley Court. It is also important to note that he is very supportive of this recommendation. The RI delivers exercise based group therapy and are unique to the Service, so no civilian equivalent exists. They are Physical Instructors who have undertaken a physically and academically demanding six month course. Focussing on the theory and practice of current trends in exercise therapy. This allows the RI to develop expertise in the creation and delivery of safe and effective exercise based treatment. As service Health professionals, the RI possess a unique body of knowledge in this field. The core task of the RI is to design, implement and supervise physical rehab programs for individuals suffering from a range of musculoskeletal injuries. The aim of this is to return to trainee back to the training force as soon as possible.

There is currently nothing available to PTIs in the Australian Army that matches the depth of knowledge and experience that would be gained from attending this course in the UK. It is my belief that this is a best practice initiative that the Australian Army should attempt to have access to. I will be following up this recommendation with the Commanding Officer of the First Health Support Battalion, so that we may initiate this recommendation as soon as possible, should it be approved.

BARRIER TESTING FOR MOTIVATION

One of the main challenges faced by Staff at TRW is motivation. Injured trainees are less likely to remain motivated if there is uncertainty and lack of goal setting. In both the UK and the USA the holding Platoons that I visited were faced with the same issue. At the Fitness Training Company (FTC), Fort Jackson I observed a very successful method of introducing goal setting by using barrier testing and therefore gave the trainee a sense of belonging and achievement. In turn this significantly improved morale. At TRW we currently run a 15 week rotating military training program. We have implemented one barrier test and that is the final test at the end of the 15 weeks and is focussed on the physical aspect of rehabilitation. Whilst this is essential, FTC also introduced barrier testing during the earlier phases of physical training, which provided the trainee with a short term goal, generally 3 weeks, as opposed to the 15 week timeframe TRW utilises. Currently the decision for a trainee to progress from one section into two sections is made at a case conference and usually comes as a surprise to the trainee. It is therefore recommended that the next phase of TRW implement barrier testing for progression from one section and two sections. The final decision will still have to be agreed on by the entire multidisciplinary team, however the trainee should be given goals both physical and military training goals to achieve prior to being considered for a move to the next session. The importance of military training should not be lost as this is also a vital and unique part of TRW that is working well. The US model places very little emphasis on military training, which is the main cause of motivational issues within FTC. Of all of the trainees that I spoke to, all reported that they did not feel confident in military skills due to being in rehabilitation. It is clear that trainees in rehabilitation are more likely to have a degradation of military skills. TRW is fortunate to have this process working well, however should focus on the inclusion of goal setting and barrier testing for both the physical and military training progression into the next phase of rehabilitation.

ADDITIONAL RECOMMENDATIONS

Whilst in the UK and USA undertaking this fellowship, I quickly realised that TRW is currently on the right path for implementing best practice initiatives. In fact, many of the Rehabilitation facilities I visited were very impressed with the way TRW manages injured trainees and were equally as impressed with the initiatives in place for maintaining morale and a sense of belonging in the injured trainees currently being rehabilitated. In saying that, however, TRW is moving into the next phase and the following final recommendations are being presented in less detail because further recourses and staff would be required to implement them.

- TRW Road show. It was clear throughout the UK and USA that advertising and an excellent understanding of the mission of a rehabilitation Wing was a strong factor in receiving the right trainees. TRW staff should include time in the program to visit other Training Command –Army schools around Australia, firstly to advertise the TRW program, but to also examine the procedures of the smaller rehabilitation and holding Platoons within the schools.
- Shoe fit Program. At Fort Jackson all trainees are educated by a podiatrist as to their foot type and how to best care for there feet when wearing certain types of shoes. Currently, TRW has minimal access to a podiatrist as a part of the multidisciplinary team. Time with the podiatrist should be programmed early in the year with the intent of hands on interactive workshop to educate trainees and staff.
- Maintain a link to the trainees Corps. Trainees who are isolated form there corps can feel as they do not belong. It is imperative that staff ensure that guest speakers and visitors support the TRW program to ensure that the trainee’s morale and sense of belonging is maintained.

CONCLUSION

The opportunity to undertake the Winston Churchill Fellowship has been truly rewarding. I gained so much simply from having exposure to other Rehabilitation facilities in both the UK and the USA. I have returned home with many ideas and initiatives for the next phase of TRW. All of these findings will be disseminated to the staff of TRW for 2007. Additionally, I will be providing an article advocating the benefits of the Fellowship to the wider Army Community via the Army Newspaper and the RAAMC yearly magazine Paulatim.

The primary goal of TRW is to return injured trainees back to the Fighting Force, Fit to Fight, mentally and physically robust. The main issue faced by staff involved in the TRW program has been the ability to come up with new initiatives to maintain the morale and a sense of belonging to injured trainees. Additionally, to consistently provide effective management procedures of trainees pose problems. After having travelled to the UK and USA and having had the opportunity to examine these procedures and initiatives, I have no doubts that TRW will continue to have a long lasting positive effect on the Army and therefore the wider Australian community.