



Col. Jay Johannigman, a U.S. Army Reserve general surgeon, poses for a portrait while wearing a pair of binocular loupes during a promotional photo shoot for Army Reserve marketing and recruiting in a field hospital at Fort Hunter Liggett, California, July 18, 2018. (U.S. Army Reserve photo by Master Sgt. Michel Sauret)

Virtual Recruiting

How the 1st Medical Recruiting Battalion is Shaping the Future

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The U.S. Army Medical Department (AMEDD) recruiting battalions are struggling to recruit medical doctors for the Medical Corps (MC) (one of six branches in AMEDD), the most undermanned corps in AMEDD and most needed in times of war—directly affecting Army readiness. Conversely, within AMEDD recruiting, there is a ray of hope. The 1st Medical Recruiting Battalion (MRBn) is currently challenging the status quo and using modern technology to provide the command with a competitive edge. This article provides an understanding of the complex healthcare recruiting environment, the exciting solu-

tion, and a look into the future of AMEDD recruiting.

The Future Success of AMEDD Recruiting

Understanding your market is key, both in business and in achieving recruiting numbers. According to United States Army Recruiting Command (2014), "Our strategic mission is to recruit and assess highly qualified individuals to meet near and long-term Army requirements" (p. 1). The importance and impact of this statement plays out critically as we move into the future, one that we must realize before we are left behind by other services. The legacy style of recruiting has shown signs of

failure, and in order to adapt, AMEDD recruiting must attack the market in a manner that is cooperative and understanding of the future (p. 4). As technology advances, so does the culture. If we are uninformed and illiterate on both, then the reality of failing the mission will continue to be the harsh actuality. This will directly produce a negative effect on Army readiness. In order to understand the market and achieve mission success, we must spotlight the innovative virtual recruiting methods that are currently proving successful.

The Impact

The direct effect AMEDD recruiting has on Army readiness is undeniable. While attending the Annual Training Conference for the 1st and 2nd Medical Recruiting Battalions, Command Sgt. Maj. Tabitha Gavia, USAREC, said, "Failure to accomplish our mission holds a negative impact on Army readiness that directly impacts national security. What we do in AMEDD recruiting affects Army readiness more than you think" (2018).

Soldiers are counting on AMEDD recruiting to provide the required medical experts needed.

The Problem

Within AMEDD recruiting lies an antiquated method of recruiting that is losing steam. The situation is the U.S. Army cannot match the pay and incentives that our civilian counterparts can offer. This reality cannot be ignored. Compensation is a high priority for students fresh out of medical school with a large amount of debt who expect adequate pay in return. One study has civilian compensation, on average, at more than \$98,000 higher than the military's ("Military vs Civilian Doctor Salary," 2011).

What's not being communicated properly to the potential candidates is that the military has modern loan repayment and scholarship programs that most medical students would find invaluable. According to *The Association of American Medical Colleges*, "The average medical student debt balance for graduating physicians in 2015 was \$183,000, and is no doubt higher today" (Gitlen, 2017, para. 10).

Yet the shocking reality is that the bulk of the Army's target audience has no idea that it offers programs that will pay for their entire medical education: Medical residencies through graduate medical education (GME). As medical schools continue to graduate more students, medical residencies are lacking. In recent years, the number of medical school graduates has increased by more than 23 percent, all the while the residency programs have simply not kept pace (Koeppen, 2016). Estimates from *Medical Malpractice Lawyers* claim there will be



U.S. Army Sgt. Michael Harvey, an operating room specialist assigned to Brooke Army Medical Center in San Antonio, Texas, provides medical instruments to the surgeon during Medical Readiness Training Exercise 17-2 at the 37th Military Hospital in Accra, Ghana, Feb. 8, 2017. (U.S. Army Africa photo by Staff Sgt. Shejal Pulivarti)

50 percent more medical school graduates by the year 2020 than in the 1990s. With the lack of residencies and the increased population, the nation is experiencing a shortage in physicians and medical school graduates are being hung out to dry ("Main Cause of Physician Shortage," 2013), presenting us with a massive target of opportunity.

The Solution

Perhaps the greatest struggle for AMEDD recruiters is the system we are mandated to use for prospecting. Recruiters Zone (RZ) is an antiquated system, and our civilian competitors have systems that far exceed our own. We have lost the art and ability to contact the most desirable prospects in AMEDD recruiting due to the change in culture as applicants are more comfortable in the virtual space than physical space. If we cannot contact those we are missioned to recruit, then recruiting efforts will fail. Thankfully, the solution is here and the Virtual Recruiting Station (VRS) has taken the 1MRBn to new levels of efficacy.

Since May of 2018, the VRS has broken new ground in an environment that was once looked upon with uncertainty. Army leadership recognized the need for a change and the VRS is now being utilized to accomplish the mission in a manner that is certain to become the future of AMEDD recruiting.

Recruiters Zone

While using RZ, the average contact attempt can take anywhere from thirty seconds to two minutes. At times this may take longer depending upon the systems the recruiter is given to work with and the amount of detail that is required within each individual record being updated. This means the average recruiter will make anywhere from 30 to 45 attempts an hour while working

at full capacity with no issues. In an effort to go around this ineffective model of recruiting, the virtual team has challenged the status quo. Since its inception, the VRS has been using alternate methods (mail merge, social media, and public job boards) with amazing results. Virtual recruiters at the 1MRBn are able to send thousands of emails in a matter of seconds.

Realistically, the average prospecting day allows for four to five hours of dedicated prospecting, around three to four days a week. This means the average recruiter will only make 600 to 900 attempts in a given week. However, this is a best case scenario and does not take into account processing, training, administrative duties, and other distractors that can take away from prospecting efforts. The alternate methods of prospecting (mentioned above) are being employed successfully through the virtual team at the 1MRBn and have recently been used to send out upwards of 53,000 emails in only a few seconds.

What would normally take a team of four recruiters over 17 weeks, can now be accomplished by one recruiter almost instantaneously. The remaining work is managed by recruiters in the office answering phone calls and emails from responses received from applicants.

Recently, with one virtual recruiter, in the span of two months, 55 Health Professions Scholarship Program applicants (who are qualified and have agreed to process) have been passed down to recruiting stations throughout the area of operations. Not all will cross the finish line, however, the realization that one recruiter has the ability



Col. (Dr.) Stephen Bolt leans in close to speak to his patient as he assesses his injuries at Madigan Army Medical Center's Emergency Department following an Amtrak train derailment near DuPont Wa. The incident left three dead and 62 injured with 19 of those coming to Madigan. (U.S. Army photo by John Liston)

to prospect in such an effective and efficient manner should be recognized.

Med Corp Direct Markets

Direct doctors, those that have chosen to have a more direct relationship with their patients and not go through third party billing companies (Hoff, 2018), have always proven difficult to recruit and require a new method of prospecting. AMEDD recruiters have never hit their prescribed benchmarks, but with the use of the VRS and its mass communication capabilities, it's possible to get closer than ever to reaching the proposed recruiting goals.

In the span of four months, the 1MRBn is achieving numbers for direct doctors once thought unobtainable. With one virtual recruiter using precisely targeted email campaigns, 17 MC direct doctors have agreed to process.

It is easily recognizable the VRS is changing the face of modern recruiting and is paving the way for recruiting battalions to communicate with more applicants than ever.

Conclusion

Virtual recruiting is the wave of the future, and a tool that can positively affect Army readiness. As the Army begins to maximize its VRS capabilities, a job that at one time would take 50 Soldiers to accomplish, can now be done by a minimal staff. By using this modern capability, the Army can get closer than ever to achieving its recruiting goals. ■



Staff Sgt. Jamey Neher, Healthcare Recruiter, uses the Virtual Recruiting Station at 1st Medical Recruiting Battalion, Ft. Meade, MD, February 6, 2019. (U.S. Army photo by Sgt. 1st Class Joshua Cannon)

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