

PA Section

By COL Tozier, Chief, PA Section

Howdy from San Antonio.

First and foremost I want to thank all of you for the tremendous job you are doing and the support to soldier medicine. Whether assigned to Active Duty, National Guard or Reserves you have all responded to this mobilization in the most positive way

I have put together a collection of thoughts and some information from the PAs in the field. My intent is to let you know what is going on with the other PAs, the PA Section, and the Profession in addition to the AMSC. Please do not hold me to any promises when I bring up new ideas. Some of my mutterings may not come true or get headed off in different directions, but I would like you to keep abreast of ideas and plans that are being tossed around. After visiting the PAs at one post recently, I was made aware of the amazing rumors floating out there. The rumors were fun to listen to, but made me think that I am not getting the word out on what is happening and who is where. So don't twist the messages around, don't take everything that is mentioned as future planning to be gospel. The AMEDD is continually fluctuating and changing directions to meet rapidly changing demands. I look for input from all of you.

Deployment success

I am happy to report that we deployed 100% of the PAs in TOE and PROFIS positions. As the missions came down, MAJ Gross and I were busy for several weeks finding replacements for those who were not able to deploy. The process of assigning PAs to PROFIS starts with the units who have required but not authorized positions registering with the local RMC. Luckily there were few PAs who could not deploy. I thank all of those who I called and asked to move into PROFIS and TOE vacancies. This was a great hardship for many, but everyone was ready to go.

AAR plan

The past Chief of the PA Section planned an AAR Conference after Desert Storm. I plan to do the same thing for FY-04. All PAs will complete an AAR after returning from the current theaters in Iraq and Afghanistan. These will be collected, along with any photos and videos. At the conference I plan to divide people into groups by categories of issues and problems mentioned in the AARs. Each group will produce one or more information papers, decision briefs, etc. to be directed to the proper proponent for action. Thus, not only will the AARs be compiled for the AMSC, the Center for Army Lessons Learned, but an action will be taken to better the AMEDD. POC for this is MAJ Jim Bean at DCDD.

First PA Baylor HCA Student

CPT Keith Powell will be the first PA to attend the Baylor University, Health Care Administration Program at AMEDDC&S in June this year. The program consists of a year here at FSH, followed by a year as a resident at a MEDDAC/CEN. The focus is on learning the military health care system, the databases, and the operations, with an eye to developing new

leaders and administrators. From my experience here in MEDCOM I cannot emphasize enough that having clinicians and especially PAs attend this course is critical. When PAs complain about something at the MEDCOM level, it takes this type of training to know how to make the change. In my position, the Chief can spearhead change, but PAs need more people versed in the dollars and policy to effectively present proposals. I plan to have CPT Powell report to all of us in a future Medallion on what he learned from the course and where he sees the application. This represents yet another example of an opportunity that is now available to PAs. This one may interest those of you who have become involved in the AMEDD and especially the PA interface.

Neurosurgical PA on Hold

The plans for a residency in Neurosurgery are on hold until after WRAMC and BAMC return to normal staffing. CPT(P) Villarreal converted the knowledge, skills, and abilities suggested by the Neurosurgical Consultant into a POI, based upon the Orthopedic Residency. This is very fitting, as the Neurosurgical PA Residency will be only offered to PAs who have completed the Orthopedic Residency. The plan is to have a six-month residency, four months at WRAMC and two months at BAMC. The need is only for approximately 4 such PAs, so I don't see this as being a large program when it eventually gets going. Any orthopedic PAs who are interested should let me know as I will be looking for volunteers. At least one or two of the positions will be in Germany. It might help if you are also a CNN reporter (kidding).

General Surgical PA

On the other hand it appears there may finally be some movement on the concept of a Surgical PA. What this residency would look like, where the PAs would be used in MEDCOM and TOE, I have no certain idea at this time. LTC Smith caught the interest of the Director of the Institute of Surgical Research. Hopefully we can work this so PAs can get training in basic surgical concepts, something that could not only be utilized in surgical subspecialties, but also in BASs.

TSG PARA

The Surgeon General's 2003 Physician Assistant Recognition Award was given to 1LT(P) Kevin Burnham for his outstanding work at Camp As Sayliyan, Qatar. While assigned to US Army Central Command, Qatar, LT Burnham was responsible for turning an empty clinic building into a Level One health care facility complete with \$750,000 Class Eight supply, that passed inspection by the Combined Forces Land Component Command. What is remarkable is the actions of this junior PA, with no prior overseas experience, not just establishing a clinic, but coordinating support with the Qatari medical establishment, setting up TRICARE operations, working with the DOD employees and the AF, running troop and family medicine, and orchestrating the first ever blood drive with the Local Red Crescent. LT Burnham is the consummate Army PA and has once again established the PA role of excellence. Congratulations to LT Burnham for the award (and his promotion to Captain May 1).

Notes from the Field

MAJ Jonathan Boswell, 1st AD Div PA in Germany reports:

We continue to spin hard to deploy. We have worked immunizations old and new, challenging new reporting systems, supply issues, and training of all kinds. We have laid on extra training to

transition our 91W's, and plan to do more of that downrange. We have sought out creative CME programs, including the PA recertification program and Audio-Digest tapes. We will plan to send providers out, if at all possible, for maintenance training. We will work with branch for downrange replacements for timely DEROS's and we will push for participation in humanitarian missions. Our Commanding General came to our conference on 17 April, and expressed full confidence in his medical people. We are excited about our mission, and the potentials for peace in southwest Asia. We will do great things for our nation. CPT Larry Clifton and LT Kenneth Rivera have been the CHCS and MEDPROS, respectively, go-to guys. I arranged ATLS training for all our providers, including PROFIS. (I got to go myself!) LT Chad Swaims has been our pro-active 91W trainer. LT Richard Acevedo developed some outstanding SOP's. CPT Elizabeth Reese and LT Louis Couly have been the rocks of our Division CMAT team.

From MAJ Gary Aspera, 1st CAV DIV:

As of late the 1st CAV has really been focusing on deployment, i.e., Deployment Medical SRP to include CENTCOM Immunizations as well as Anthrax and Smallpox. Preparing Deployment folders (2766's), pre-deployment forms (2795's), procuring our USARRED sets, anti-malarials, packing MES and PT Decon Sets, TA-50. Now that it looks like our mission has changed, we will be re-focusing on training, to include NTC rotations that have been scheduled for July 03. Presently we have CPT Roach, TDY for 6 months at JTF-B, Honduras.

From 1LT James Jones, Qatar:

1LT James J. Jones, APA-C is the Clinic commander of the Troop Medical Clinic (TMC) at Camp As Sayliyah, Doha, Qatar. The TMC staff supervises all aspects of military medical operations and host nation medical, dental, and optical services totaling \$1,000,000.00 annually. The clinic provides routine, emergent, and preventive health care to CENTCOM, SOCCENT, ARCENT-QA, and the US Embassy personnel stationed in Qatar. It also provides world-class health care with a coalition health care team consisting of one American & one British Physician and three American & one British Physician Assistants. The staff is well diversified, experienced, and innovative. 1LT Mike Shipp, PA-C, 205th ASMC MD NG, implemented the first nationally recognized military training network for Qatar. He has trained several personnel in both Basic Life Support and Advanced Cardiac Life Support. The clinic was challenged with implementing the DOD's Anthrax and Smallpox program and had to find a way to track all the services immunizations. CPT Tim Flaughner, APA-C, SOCCENT, met the challenge by supervising the implementation of the Complete Immunization Tracking Application (CITA) and MEDPROS program for the installation. In an effort to increase the medical readiness and health care status of deployed personnel, the PA's combined their experience and implemented a very successful smoking cessation program and weight loss/exercise prescription program for the installation. After six months, 84 percent of the personnel enrolled in the smoking cessation program remained smoke free and personnel enrolled in the weight loss/exercise prescription plan lost an average of 15 pounds. The clinic was challenged with establishing procedures, agreements, and payment methods with the host nation for medical, dental, and optical services that could not be provided by the MTF. In November 2002, the clinic was faced with finding a way to pay \$278,000.00 in past due TRICARE Bills that dated back to February 2000. After an extensive review, it was determined that there were three major problems: claims were not properly filed, individuals were not enrolled in TRICARE Europe (deployed soldiers), and individuals were receiving unauthorized services. 1LT Jones worked with TRICARE and the

CFLCC Surgeon to develop a comprehensive plan to pay the past due bills and implement procedures to pay for deployed soldier's health care while stationed in Qatar. The plan included setting up Blank Purchase Agreements (BPA) with the Host Nation to provide the needed services and implementing International SOS (TRICARE) insurance for permanent party and their dependents. The program provided prompt payment to host nation providers and improved the clinic's ability to provide outstanding medical, dental, and optical care to our deployed soldiers. The PAs continue to improve the installation's health care capabilities and emergency medical response procedures. The PA team is directly responsible for supervising the design and implementation of a new medical facility, implementing new lab & X-ray capabilities (i.e. performing CBC & chemistries), updating automation equipment to track (DNBI, profiles, automated clinic notes, and the implementation of Telederm), developing a comprehensive mass casualty plan, and implementing the first ever Combat Life Saver and Field Sanitation Course for Qatar. PAs will continue to "conserve the fighting strength" in Qatar!



(L to R, 1LT James Jones, ARCENT-QA, CPT Tim Flaughter, SOCCENT, 1LT Mike Shipp, 205th ASMC -- NG Missouri, FS Dave Mulvaeny, UK British PA)

I have asked PAs in special assignments to write descriptions of what they do. The latest article talks about duty in The White House:

ASSIGNMENT: THE WHITE HOUSE

By MAJ Tom Schymanski

It was 1984 when the first U.S. Army Physician Assistant was assigned to the White House Medical Unit; a joint service unit comprised of physicians, physician assistants, nurses, medics, and administrators. Since that time, this unique assignment has evolved to having two Physician

Assistants from each service. Just recently, the unit has added a physician assistant from the Coast Guard. All are active duty.

Physician Assistants assigned to the White House Medical Unit support comprehensive worldwide healthcare services for the President, Vice President, and their respective families; urgent care services to White House staff and the Secret Service both domestically and internationally; and primary emergency response for staff and visitors at the White House compound. They are also responsible for the initial medical response to any medical or traumatic emergency or minor illness affecting the principals. White House Physician Assistants are typically the only medical officer accompanying the Vice President during travel and coordinate detailed contingency plans for emergency actions in advance of both Presidential and Vice Presidential travel. The members of the medical unit can expect to spend an average of 5 to 7 days per month out of the Washington area (typical trips are two to three days, but occasional missions of 7 to 10 days can be expected). Over the course of a three-year tour, it is not uncommon for unit members to travel to 15 or more countries throughout the world.

The Medical Unit staff maintains clinical skills through an active ongoing continuing education program and by providing the clinical services as noted above in support of 2300 active duty joint service personnel, over 3000 members of the Executive Office of the President, members of the U.S. Secret Service, and over a million White House visitors each year.

Applicants interested in being considered for this unique position must be a mid level O-3 to junior O-4 with a minimum of 5 years clinical experience and be eligible for a Top Secret security clearance following an extensive background investigation. Further details can be obtained by contacting PERSCOM / PA Branch / MAJ Polly Gross @ 703-325-2349

Finally, a positive note on PAs in the press. I have received several articles on PAs and am very happy to see us listed as Physician's Assistants. While it is true that our correct title is Physician Assistant, this is such a great step up from the misnomer of Medic. Many of us were medics at one time, a very honorable role, however, I like to see proper recognition for the PA profession.

Keep up the Great Job,

COL Tozier