MILITARY PA FUTURING SURVEY RESULTS: WHERE DO WE SEE OURSELVES IN 50 YEARS? WHAT CAN WE DO IN THE NEXT 15 YEARS TO GET THERE?

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Introduction

The PA profession celebrated its 50 years in 2017. US Military PAs need to take the time to assess where they see themselves in the next 50 years and beyond. The Army PA community asked RAND (Research and Development) Corporation to lead a visioning discussion with Army PA Senior Leaders on the aspirations, challenges and priorities for the next 50 years. The discussion was framed for use to gain input from military PAs.

Purpose

In the last 50 years, PAs have met and exceeded the original intent for providing battlefield care on the battlefield and in garrison. They have developed specialties and residencies and are sought out for leadership positions.

We need to open the aperture of what we are currently doing, explore all of the “what if’s” and let our minds take us into a realm of the unimaginable and make them possibilities for the future of the PAs in the Army.

The purpose of this event was to provide a framework for a discussion of where military PAs see themselves within the future framework of military medicine and what we need to do in the next 15 years to start getting us from where we are today to where we see the profession going.

Background

The PA profession celebrated its 50 year anniversary in 2017. Army PA Senior leaders conducted a teleconference with RAND to assist in preparing Army PAs for the next 50 years and beyond.

The teleconference was conducted on 25 September 2018 with 11 Army PA Senior leaders and three RAND subject matter experts. Army PA Senior leadership developed four questions with RAND for discussion.

We included the Air Force, Coast Guard and Navy for the survey to ensure a joint effort in getting the broad base of military PAs.

Four Questions

(1) How do Military PAs desire their scope of practice to change over the next 50 years?
(2) How do Military PAs desire their breadth of specializations to change, and how do they see themselves differentiated from other medical providers 50 years from now?
(3) How do Military PAs desire to allocate their focus between the MST/Beneficiary mission and the operational mission/MTOE mission over the next 50 years?
(4) How do Military PAs desire to see their institutional role 50 years from now?

Method

This was a PHQDA project method in requesting feedback from current Military PAs. Seventy-four PAs (N=74) responded to the question by the survey.

Demographics Results (Qs 1-3)

Q4. Scope Change

How do military PAs desire their scope of practice to change over the next 50 years?

- Collaborative
- Authority
- Perfecting current scope of practice (critical care, advance resuscitative skills, bridge gap to Role 2 in clinical, education and leadership in supporting Warfighters; Sports Medicine; Psychiatry)
- Expanded specialties, leadership opportunities
- Expanded scope of practice (education, operational medicine, virtual health, telemedicine)

Q5. Breadth of Specializations

How do you desire military PAs’ breadth of specialization to change, and how do you desire military PAs differentiated from other medical providers 50 years from now?

- Increased evidence-based medicine
- Fundamentals of primary/front line care even with opportunity for multiplicity
- Multiple specialties (operational medicine, more surgical skills while maintaining primary care skills)
- More tasks (e.g., ultrasound, trauma, musculoskeletal)
- Diversity (research, public health, behavioral health, leadership)
- Telemedicine
- Increased authorizations
- Continued collaboration with physicians
- Terminal degree/specialized training, treated equal with MD or DO

Q6. Allocation Focus

How do you desire military PAs to allocate between the Military Treatment Facility/Beneficiary mission and the operational medicine/MTOE mission over the next 50 years?

- Research or evidence-based medicine
- Operational medicine
- Hospital care
- Advanced training at MT
- Broadening the scope of healthcare (focus on operational medicine but also give programs to improve morale/reliability, better care)

Q7. Institutional Role

How do you see military PAs’ institutional role 50 years from now?

- Operational Medicine ("must remain the SME")
- Telemedicine
- Key leaders in combat medic training and Holistic Health and Fitness
- Facilitate
- Bridging the gap (operational medicine, research, leadership)
- Increased leadership (BDE/IV Surgeons, MTF CDRs, more senior leaders, policymakers)
- Interchangeable roles (prioritised previously to physicians and medical planners)

Q8. Trends and Indicators

Where do you see Military PAs in the next 15 years? What are the trends and indicators for the following:

- Academic:
  - Actively engaged in Mil/Civ programs to share and evolve military PA training
  - More academic slots as instructors, preceptors, course directors, (micro) courses
  - Doctorate track for all PA instructors
  - Strategic assignments/leadership opportunities
  - Increased PA (Interprofessional Physician Assistant Program) student competition
  - Complete at least one research project, publishing
  - Improving PA curriculum

- Clinical:
  - Increased PAs in medical leadership, at the Regimental level

- Command/Leadership:
  - Increased PA’s and PA leadership
  - Increased representation of rank PA’s
  - More military PA’s in leadership roles
  - More command opportunities
  - Open command/leadership positions to PAs
  - Lead in training and advising

Research:

- Partnership with civilian entities (relevant in TBI, MSK prevention, future military innovations)
- Creative solutions to current and future challenges
- Operational Medicine (trauma, austere and resuscitative medicine)
- New method to impact/extend the AR clinical impact (not just to the front)
- Research mentorship: Outreach program to teach, mentor, and develop
- Opportunities: DARPA, Army Futures Command, TWI

Mentorship:

- Joint mentorship, including civilian mentors / partnerships
- Create a PA mentor council to invest in junior PA’s starting in IAPK/PA school
- Clinical mentorship
- Mentor medical
- Regular, open communication from Senior PA Leadership
- Coaching, career development/ascension
- Talent management
- Promotion based on mentorship contribution

Q9. Additional Comments

- Army PAs are essential leaders, often leading in areas to provide the highest level of sustainable capability to the warfighter. A PA’s clinical decision making and technical skills is the optimal solution to providing a high level of expertise at the tactical and operational level. Strategic assignment of select PA’s will ensure sustainment of providing the best trained PA’s for battlefield medicine.
- We have the BDE Surgeon Course. Why can’t we start OCC and start an “intro to be a PA Course”? This would actually help a new PA with his/her new job requirements.
- Converting small billets into advancements in multiple areas are ongoing
- Shifting the entry level PA degree to a Doctorate is a terrible idea. The current Army experience for Force Commanders is “From the Line, For the Line.” Advancing the prerequisites to a Doctorate will exclude the very population that made Army PAs - the enlisted medical professionals. Please look to what has made the Army PA successful and preserve those fundamentals. Keep the Army PA program available for enlisted Soldiers that bring Army experience that you can’t buy or train to the ACC.
- Looking forward to the consolidation of all our thoughts, exciting to be part of this discussion, thanks for doing this and inclusion in the survey – multiple respondents

Discussion Senior PA Leaders are spearheading the discussion on where PAs see themselves in the next 50 years but the “future PA’s have a vested interest and definitive ideas of how they want the profession to contribute to maintaining the Warfighter and developing the PA role as they see the “center of gravity” of operational medicine. Being trained to a high standard as so as to be seen as the subject matter expert in no matter which role they are serving, is the overarching theme in the responses.

Conclusion/Future Steps Identifying where the collective PA profession sees themselves in the next 50 years is the first step in this process. Prioritizing specific desired changes and developing a roadmap to achieve them is the next step in continuing the discussion. The current state and desired state are the end states into the results of the research five categories of clinic, mentorship, leadership, research, and promotion. We are further along how and where we are heading. Future steps include a continuous effort to work together in identifying achievable goals and objectives.

Bibliography


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