



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



Authors: ¹LTC Amelia M. Duran-Stanton, PhD, DSc, MPAS, PA-C; ²MAJ Jessica Horine, MPAS, PA-C

Brooke Army Medical Center and Headquarters, Installation Management Command, JBSA-Fort Sam Houston, TX; ²2nd Infantry Division, Camp Humphreys, South Korea

Disclaimer: Authors' views do not reflect the official policy of the Department of Army, Department of Defense, or the U.S. Government

Introduction

The PA profession celebrated its first 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 use of PAs in the next 50 years. The discussion was the framework used for a survey to gain input from military PAs.

Purpose

In the last 50 years, PAs have met and exceeded the original intent for providing battalion level 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 ifs" and let our minds take us into a realm of the unimaginable and make them possibilities for the future of PAs in the Army.

The purpose of this event was to provide the 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 feedback from military PAs.

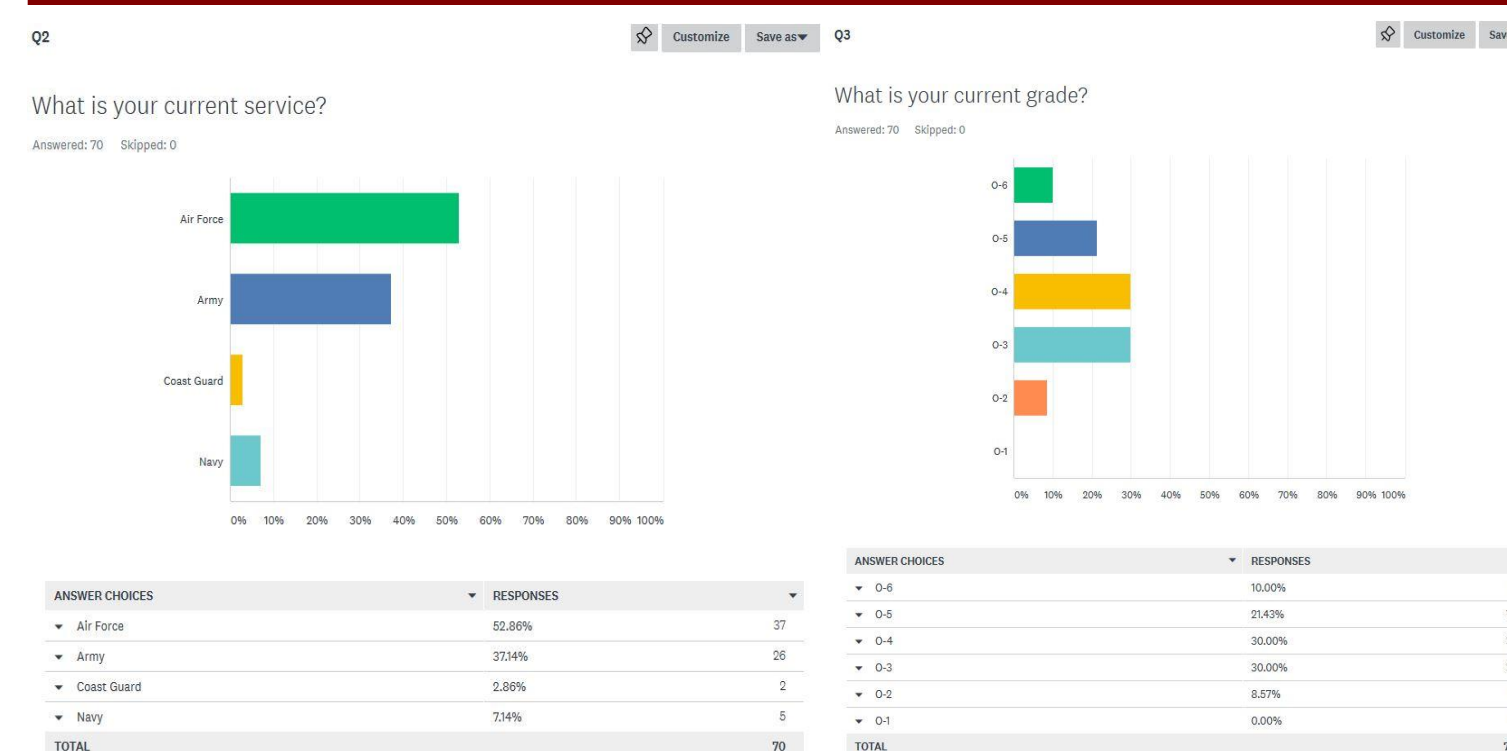
Four Questions

- (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 MTF/Beneficiary mission and the operational medicine/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 PI/QA project method in requesting feedback from current Military PAs. Seventy PAs (N=70) responded to the questions from 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
- Autonomy
- 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' breath of specialization to change, and how do you see military PAs differentiated from other medical providers 50 years from now?

- High quality evidence based medicine
- Fundamentals of primary/front line care even with opportunity for multispecialty
- Multiple specialties (operational medicine, more surgical skills while maintain primary care skills)
- More tools (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

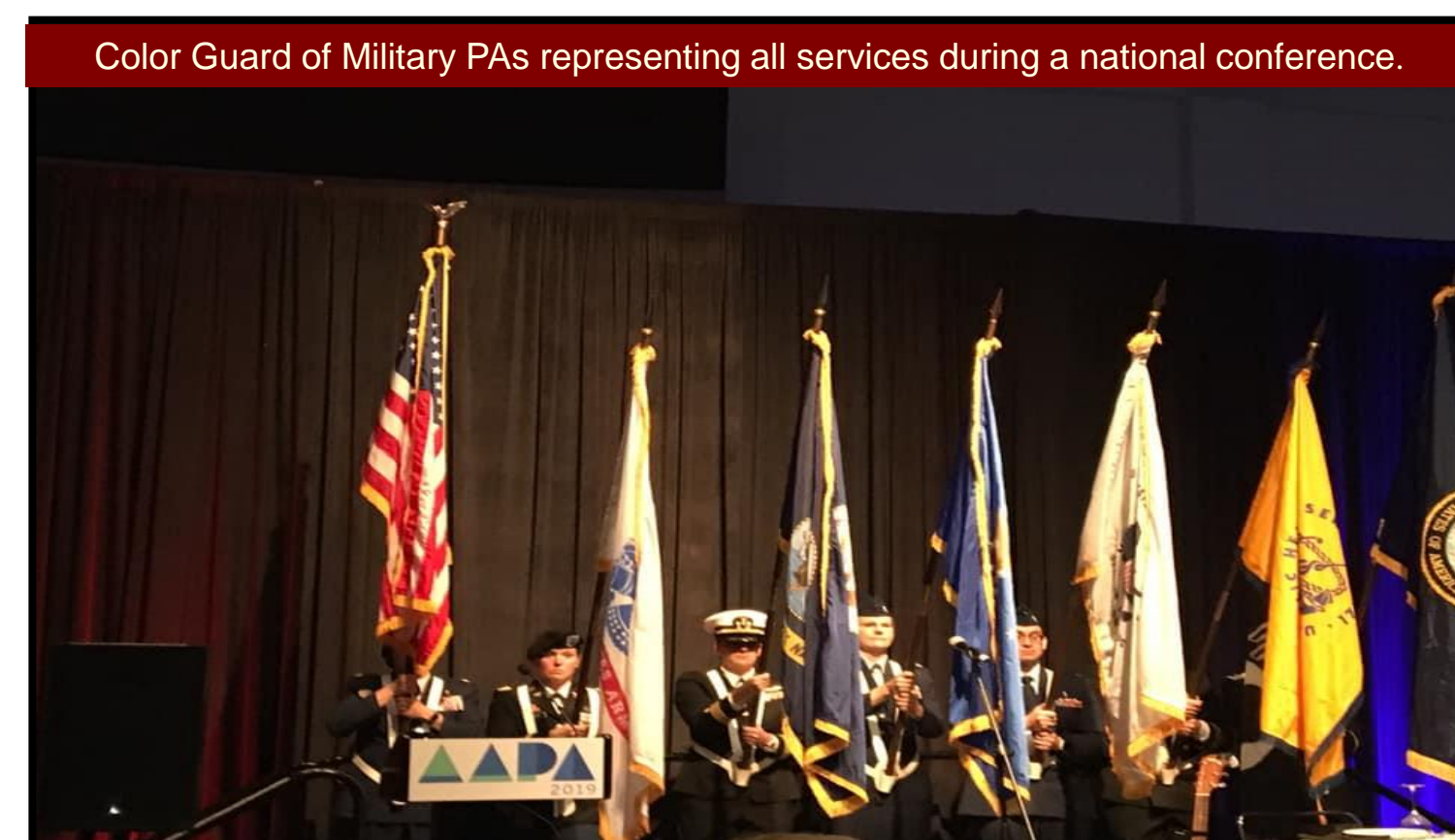
How do you desire military PAs to allocate focus between the Military Treatment Facility/Beneficiary mission and the operational medicine/MTOE mission over the next 50 years?

- Joint environment
- Operational medicine
- Hospital care
- Advanced training at MTF
- Balanced between MTF/beneficiary/MTOE mission vs more on MTOE
- Broadening challenges of healthcare (focus on operational medicine but ability to offer programs to improve morale/retainability, better care)

Q7. Institutional Role

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

- Operational Medicine ("must remain the SME")
- Academic medicine
- Key leaders in combat medic training and Holistic Health and Fitness; Faculty
- Bridging the gap (operational medicine, research, leadership)
- Increased leadership (BDE/DIV Surgeons, MTF CDRs, more senior leaders, policymakers)
- Interchangeable roles (previously limited 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:

- Academics:**
- Actively engaged in Mil/Civ programs to share and evolve military PA training programs
 - More academic slots as instructors, preceptors, course directors, (military/civilian); medic program instructors; USUHS instructors
 - Doctorate track for all PA instructors
 - Doctorate level to keep up with Nurse Practitioners (and Specialist Corps)
 - Advanced practice development
 - Increase IPAP (Interservice Physician Assistant Program) student slots
 - Complete at least one research project, publishing
 - Improving PA curriculum

- Clinical:**
- Flexibility affording equal priority between MD, PA, NP for an assignment
 - Increased clinic OIC and department chief positions
 - Increased doctorate slots and positions; earlier in career
 - Increased advanced acute care skills
 - Autonomy
 - Increased specialties and opportunities
 - Name change
 - GO level leaders

- Command/Leadership:**
- Increase resident ILE and SSC allocations to prepare for increased responsibilities
 - GO representation
 - Increased representation of higher ranking PAs in leadership roles
 - More command opportunities
 - Open command "surgeon" positions to PAs
 - Lead in training and advising

- Research:**
- Partnership with civilian entities (relevant research in TBI, MSKI prevention, future medical innovations)
 - Academic research, co-authorship and publication
 - Operational Medicine (trauma, austere and resuscitative medicine)
 - Research focused on medical community impact (not just to get published)
 - Research mentorship: Outreach program to teach, mentor, and develop medical researchers
 - Opportunities: DARPA, Army Futures Command, TWI

- Mentorship:**
- Joint mentorship, including civilian mentors / partnerships
 - Create a PA mentor council to invest in junior PAs starting in IPAP/PA school
 - Clinical mentorship
 - Mentor medics
 - Regular, open communication from Senior PA Leadership
 - Coaching, career development/officership
 - Talent management
 - Promotion based on mentorship contribution

- Strategic:**
- Strategic leadership track (Strategic commands, policy makers, serve at highest level, strategic billets)
 - Broadening opportunities (USAID advisors, DOS missions, DHHQ, DHA(CSA), Army and joint staff)
 - GO level representation
 - Increased resident SSC allocations, instructors at war college
 - More strategy mentorship from those PAs in strategic positions

- Other Comments:**
- MAP (MTOE Assigned Personnel)
 - Operational medicine (our ability to bridge the gap between operational and clinical medicine = military relevance)
 - AMEDD refocus; PAs are uniquely posed to excel during this time of change
 - Train new graduates with TC3 skills, OER understanding, medical readiness, write profiles, clinician as a commander is beneficial to the Army

Q9. Recommended References, Literature, Products

- NDAA
- TRADOC
- Operational Medicine
- Journal of Special Operations Medicine
- Histograms and promotion rates

Q10. Additional Comments

- Army PAs are essential leaders, clinicians and mentors 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 forgo DCC and start an "Intro to being a PA Course?" This would actually help a new PA with his/her new job requirements.
- Coast Guard small but definite advancements in multiple areas are ongoing
- Shifting the entry level PA degree to a Doctorate is a terrible idea. The concept that made the Army PA valued and relevant 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 medic. Please look to what has made the Army PA successful and preserve those fundamentals. Keep the Army PA program attainable for enlisted Soldiers that bring Army experience that you can't buy or train to the AOC.
- 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 "junior" PAs 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 serve as the "center of gravity" of operational medicine. Being trained to a high standard so as to be seen as the subject matter expert, 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 end states and developing a roadmap to achieve them is the next step in continuing the dialogue to continue moving forward. The desired end states are nested end states into the results of the research five categories of clinic, mentorship, leadership and strategy will further refine how and where we are headed. Future steps include a continuous effort to work together in identifying achievable goals and objectives.

Bibliography

1. Navy Medicine. Air Force and Navy Medicine Integrate at See. August 9, 2016. Accessed July 21, 2018. http://www.navy.mil/submitt/display.asp?story_id=96100
2. Journal of Extension. Futuring: The Implementation of Anticipatory Excellence. April 2004. Accessed July 21, 2018. <https://joe.org/joe/2004april/comm1.php>
3. Inovo. Future Thinking: An Innovative Mindset for Innovative Action. November 14, 2014. Accessed July 21, 2018. <https://www.theinovogroup.com/future-thinking-an-innovative-mindset-for-innovative-action/>
4. Helmer, Olaf. Analysis of the Future: Delphi Method. RAND. March, 1967. Accessed July 21, 2018. <https://www.rand.org/pubs/papers/P3558.html>
5. DHA. Migration to Defense Health Agency to Modernize Army Medicine Surgeon General Says. May 2, 2018. Accessed July 21, 2018. <https://health.mil/News/Articles/2018/05/02/Migration-to-Defense-Health-Agency-to-modernize-Army-medicine-surgeon-general-says>
6. Tier Seven. Military Health System (MHS) to Defense Health Agency (DHA) – 2018 R&D Changes. January 23, 2018. Accessed July 21, 2018. <https://tier7.us/mhs-to-dha-2018-rd-changes/>
7. Walker, R. "Are we ready? Command Team Leader Development and Training Session CTLDTs." July 19, 2017. Accessed July 21, 2018. <https://www.youtube.com/watch?v=95A5IN2eVrQ&feature=youtu.be>
8. Command, Army Medical. "Army Medicine Vision: Premier Expeditionary and Globally Integrated Medical Force." Army Medicine. 2017. Accessed July 21, 2018. <https://armymedicine.health.mil/~media/Files/ArmyMedicine/Documents/ArmyMedicineVision.ashx>
9. Command, Army Medical. "2018 Army Medicine Campaign Plan." Army Medicine. March 1, 2018. Accessed July 21, 2018. <https://armymedicine.health.mil/~media/Files/ArmyMedicine/Documents/ArmyMedicine2018CampaignPlan.ashx>
10. West, Nadja. Medicine is Key for Army Futures Talk. May 9, 2018. Accessed July 21, 2018. <https://www.ansa.org/news/medicine-key-part-army-futures-talk>

CORRESPONDING AUTHOR: LTC Amelia M. Duran-Stanton, PhD, DSc, MPAS, PA-C amelia.m.duranstanton.mil@mail.mil

[The views expressed in this presentation are those of the authors and do not reflect the official policy of the Department of the Army, or the Department of Defense.]