

Chapter 2

THE COUNCIL OF JUNIOR PHYSICIAN ASSISTANTS

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Introduction

The Council of Junior Physician Assistants (CJPA) originated as a team of accomplished junior Army physician assistants (PAs), eager to focus awareness on current and potential future challenges and provide relevant feedback from the field to senior leaders. This team of PAs was hand-selected by senior mentors to provide time-sensitive input regarding a host of matters affecting Army medicine. Army PAs continue to serve as the “tip of the spear” to ensure readiness and increase lethality, while also supporting Army medicine’s lines of effort, ensuring that forces are ready to fight today and prepared for the challenges of tomorrow. Army PAs remain front runners in the Army’s ready medical force, and serve tirelessly to promote a medically ready force. Army PAs serve throughout the military, from the battalion aid station to the corps headquarters, from the Pentagon to the White House, spanning the full spectrum of warfighting from the tactical to the strategic level. Because Army PAs often function in remote operational locations, and regularly perform duties independently, mentoring them can be a challenge. Many senior leaders provide mentorship to promote the success of the Army PA; however, sustained face-to-face interactions are infrequent due to geographical separation and autonomy.

Literature Review

There is a reported gap in mentorship between senior and junior PAs—work often gets in the way of professional guidance and mentoring, and as a result junior PAs feel they are often left to seek out mentoring opportunities on their own. Junior PAs may feel they need to “pull”

knowledge from leaders, rather than having guidance routinely “pushed” from above. Recently, more emphasis has been placed on advising junior PAs to seek out a mentor and establish the mentor-mentee relationship early in their careers. Ideal mentor-mentee relationships span an extended period and require a significant time commitment by both parties.^{1,2} Studies have shown that mentees initiate the most successful mentorship relationships,^{3,4} and that mentorship improves the success and productivity of individuals and organizations as a whole.⁵⁻⁸ The Army advocates mentorship because “mentoring develops great leaders to lead great soldiers”⁹; however, junior PAs may not know what they do not know in terms of mentorship, and how to reach out to their senior leaders.

Background

Lieutenant Colonel Amelia Duran-Stanton created the CJPA in 2017 as an informal group of junior PAs who showed initiative and drive in accomplishing projects outside the scope of their regular duties and responsibilities. The original group provided “boots on the ground” feedback on regulation updates, offered junior-level feedback to senior leaders, and processed strategic-level information and products from the Department of Defense, Department of the Army, Medical Command, Medical Specialist Corps, and civilian organizations that were then prioritized and disseminated to the PA community. The group was later formalized in 2018 with the approval of the PA consultant (then Colonel John F. Detro), and CJPA membership was extended to recipients of awards or recognitions such as the Surgeon General Physician Assistant Recognition Award (TSG-PARA), Iron Majors Week attendance, and the Junior Leadership Course attendance. Senior PA leaders identified their stellar junior PAs for inclusion. The inaugural director of the CJPA is Major P. Jason E.E. Auchincloss, the 2016 TSG-PARA.

Selection

Personnel selected informally by the PA leadership comprise the CJPA until a formal process is established. In addition to the award winners discussed above, other selectees are leaders within the organization, including brigade and division PAs, who are making great strides in the advancement of medicine within the military. Additionally, with the

establishment of new 65D (Army PA) committees in 2020, the senior PA leadership in each corps (I, III, and XVIII) will identify a group of outstanding junior PAs as selectees. To date, the CJPA team has been divided among committees, as follows:

- **Senior Executive Committee.** Composed of selected colonels and their deputies, acts as the board of directors, receives and reviews the work of other committees, and coordinates strategic action.
- **Committee on Recruitment and Retention.** Includes leaders from Human Resources Command, Recruiting Command, Forces Command, Medical Center of Excellence, and corps and division leadership. Focus is on junior officer outreach and mentorship, PA recognition (awards), career and talent management, bonuses, and other recruitment and retention tools.
- **Committee on Professional Policy and Modernization.** Concentrates on regulatory policy and guidance, synergizing medical organization initiatives for modified table of organization and equipment (MTOE) changes, personnel and equipment, Defense Health Agency transformation, and privileges and credentials.
- **Committee on Combat Medicine and Medical Readiness/Sustainment.** Applies to individual critical task lists, the postprofessional short course program, 5-year long-term health education and training plans, continuing medical education, and force generation management.

Activities

The CJPA is frequently called upon by PA senior leaders to provide timely feedback for policy revision, updates to regulations and procedures, and bottom-up input for projects that affect the medical force. Many of these tasks garner high-level visibility within the Medical Command, Medical Specialist Corps, Office of the Surgeon General, Defense Health Agency, Pentagon, and the Joint Staff. Input from the field is critical to maintaining a ready and relevant medical force, and information is also often disseminated through the CJPA to the line elements. Much of the knowledge passed to the unit medical teams is time-sensitive and carries essential policy updates and messaging. Additionally, these activities inherently provide senior leadership availability, exposure, and mentorship to CJPA members.

Roles and Responsibilities

The CJPA group is responsible for providing timely feedback based on their current location and expertise. The varied experience of each CJPA member, whether coming from their area of concentration or military occupational specialty before becoming an Army PA, or from their current duty station, must be utilized in providing diverse and comprehensive feedback and communication, both within the group and to senior leaders. CJPA members are encouraged to provide candid feedback about products and other subjects of discussions that otherwise would not have reached the PA leadership. This communication offers visibility to senior leaders working at operational and strategic levels, separated from the tactical “boots on the ground” experience. CJPA members should take personal responsibility for their careers, initiate installation-level mentorship, leverage available modern technology, seek and provide products available for continuous updates and reviews, and improve current methods of communication.

Desired Skills and Attributes

Desired skills and attributes of a PA selected for the CJPA include:

- being current in all PA skills mandated by the individual critical task lists;
- operational experience;
- the rank of captain or junior major;
- outstanding written and oral communication skills and a willingness to provide meaningful input on short notice; and
- being outspoken and eager to bring about change within the organization.

The following attributes are helpful for success:

- operational medical experience within a variety of units (eg, infantry, artillery, aviation), with a minimum of Role 1 deployment experience preferred;
- readiness experience and understanding of the tactical and operational environments;

- ability to work well with both military and civilian personnel and organizations; and
- willingness to provide honest feedback to senior Army leaders.

Training

No additional training is required for the position other than the standard credentials requirements and those expected in Department of Defense Instruction 1322.24, *Medical Readiness Training*,¹⁰ and by the Army. However, junior PAs are encouraged to seek training availability such as Lean Six Sigma, continuing medical education, and at least one Army Training Requirements and Resource System (ATRRS) readiness course annually.

Recommended Certifications

Beyond those required for credentialing, recommended certifications include Advanced Life Support and Lean Six Sigma courses such as Lean Leader, Green Belt, Black Belt, and Master Black Belt (see Chapter 66).

Opportunities and Experiences

The CJPA provides input into medical personnel management, equipment acquisition, training, and development of a ready medical force. Through the council, opportunities exist to provide real-time modifications to regulatory guidance that affect not only the Army Medical Department but also its beneficiaries. The CJPA is keenly aware of the positive impacts it has on enabling change within the organization.

Tips for Success

Members of CJPA should:

- identify challenges within the operational environment, document these challenges, and develop ideas and ways to improve systems and processes;

- not only look for areas to improve, but also provide solutions and alternative courses of action to bring about change;
- seek self-improvement and steward the profession at every opportunity (publishing or participating in research projects are great ways to develop critical thinking and writing skills); and
- become a subject matter expert in their organization and the medical capabilities it possesses.

Conclusion

Working behind the scenes with equity holders to improve the delivery of medicine, CIPA members are groomed for further service by exposure to the experience of executive leadership. The privileges and responsibilities of elite junior PAs in the CIPA require additional work beyond daily duties; however, the rewards of influencing tomorrow's medical force, and enhancing the readiness of the military, are immeasurable to the Army readiness posture.

References

1. Hauer KE, Teherani A, Dechet A, Aagaard EM. Medical students' perceptions of mentoring: a focus-group analysis. *Med Teach*. 2005;27(8):732–734.
2. Simonton DK. Historiometric methods. In: Ericsson KA, ed. *The Cambridge Handbook of Expertise and Expert Performance*. Cambridge University Press; 2006:327.
3. Amonoo HL, Barreto EA, Stern TA, Donelan K. Residents' experiences with mentorship in academic medicine. *Acad Psychiatry*. 2019;43(1):71–75. DOI: 10.1007/s40596-018-0924-4
4. Jackson VA, Palepu A, Szalacha L, Caswell C, Carr PL, Inui T. "Having the right chemistry": a qualitative study of mentoring in academic medicine. *Acad Med*. 2003;78(3):328–334.
5. Cochran A, Paukert JL, ScalWes EM, Neumayer LA. How medical students define surgical mentors. *Am J Surg*. 2004;187(6):698–701.

6. Aagaard EM, Hauer KE. A cross-sectional descriptive study of mentoring relationships formed by medical students. *J Gen Intern Med.* 2003;18(4):298–302.
7. Sambunjak D, Straus SE, Marusic A. Mentoring in academic medicine: A systematic review. *JAMA.* 2006;296:1103–1115.
8. Straus SE, Johnson MO, Marquez C, Feldman MD. Characteristics of successful and failed mentoring relationships: a qualitative study across two academic health centers. *Acad Med.* 2013;88(1):82–89.
9. Department of the Army. *Army Medical Department Officer Professional Development and Career Management.* HQDA: September 2018. DA Pamphlet 600-4. Accessed April 7, 2020. https://armypubs.army.mil/epubs/DR_pubs/DR_a/pdf/web/ARN13783_P600_4_admin_FINAL.pdf
10. Department of Defense. *Medical Readiness Training.* March 16, 2018. DoD Instruction 1322.24. Accessed April 8, 2020. <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/132224p.pdf?ver=2018-03-16-140510-410>

