Chapter 24

ROLE OF THE PHYSICIAN ASSISTANT IN THE US ARMY TRAINING AND DOCTRINE COMMAND AND INITIAL MILITARY TRAINING

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Introduction

The US Army Training and Doctrine Command (TRADOC), headquartered at Joint Base Langley-Eustis, Virginia, is the proponent for all Army training and doctrine. TRADOC works across the domains of doctrine, organization, training, materiel, leadership, personnel, facilities, and policy (DOTMLPF-P) to provide the structure and framework the Army operates within every day. TRADOC oversees 32 Army schools, organized under eight Centers of Excellence (CoE), each focused on a separate area of expertise within the Army (such as medical, maneuver, maneuver support, and signal). In total, these centers train over 500,000 soldiers, sailors, airman, marines, and international students worldwide each year.[1]

The US Army Center for Initial Military Training (CIMT), also located at Joint Base Langley-Eustis, was created by an act of Congress on September 24, 2009. CIMT is the core function lead under TRADOC for all initial military training (IMT). CIMT trains over 120,000 people annually, and the CIMT surgeon, an Army physician assistant (PA), is responsible for the health care oversight and policy affecting those trainees.

Training and Doctrine Command Unit Structure

TRADOC is commanded by a four-star general officer and has two core functional deputy commanding generals (DCGs): the DCG for

Combined Arms (Fort Leavenworth, KS), a lieutenant general (three-star) who oversees all CoEs, and the DCG for Initial Military Training (IMT), a major general (two-star) who oversees all IMT operations and the Army Training Center (Fort Jackson, SC). TRADOC also has oversight of the Army Recruiting Command, Army Cadet Command,

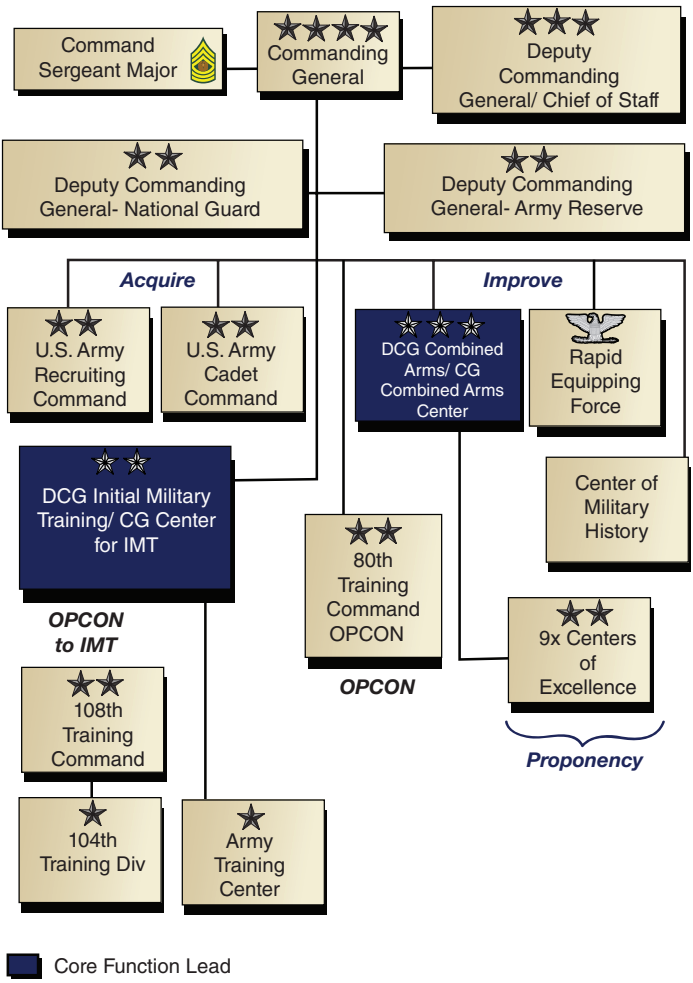


Figure 24-1. Training and Doctrine Command organizational chart (simplified).

Army Rapid Equipping Force, and Army Center of Military History. There are also DCGs (major generals) for the National Guard and Army Reserve components (Figure 24-1).

US Army Center for Initial Military Training Structure

CIMT oversees basic combat training (BCT), advanced individual training (AIT), one-station unit training (OSUT, where BCT and AIT are combined), the Basic Officer Leadership Course, and the Warrant Officer Basic Course. CIMT's Leader Training Brigade, located at Fort Jackson, educates, develops, and equips leaders with current, rigorous, and relevant curriculum in leadership, fitness, and resiliency. The brigade oversees three schools: the IMT Leadership School, Physical Fitness School, and Army Master Resiliency School. CIMT also oversees the Drill Sergeant Academy. These schools use a process that aligns the development of competencies (knowledge, skills, abilities, attributes) and behaviors so that civilian volunteers become soldiers who are physically ready, grounded in Army values, and competent in their skills. IMT includes developing baseline proficiency in warrior tasks, battle drills, and critical skills associated with the student's military occupational specialty or area of concentration. After completing IMT, graduates are prepared to contribute as leaders or members of a team upon arrival at their first unit of assignment.

CIMT is also the Army developer and proponent for the Army Expert Soldier Badge,[2] the *Soldier's Blue Book* (a guide to IMT),[3] the Army Combat Fitness Test (ACFT),[4] and the Holistic Health and Fitness (H2F) program.

Key Factors

The CIMT surgeon, an O-4 (major) PA (area of concentration [AOC] 65D), serves as the senior medical officer for the CIMT commanding general. Practically, the CIMT surgeon's role is to advise the commander on topics germane to the IMT training environment. These topics range from accessions and reception medical policy, the health care and wellness of recruits and soldiers in training at IMT courses, to evaluation and mitigation of attrition related to medical causes. Due to the proximity of CIMT to TRADOC, as well as the density of trainees in IMT, the CIMT surgeon also functions informally as the senior TRADOC PA. In the role of senior PA, the CIMT surgeon liaises with and advises the TRADOC

command surgeon (an O-6 [colonel], AOC 60A, Operational Medicine Specialist) and serves as a coordinating or informal staff officer to the TRADOC surgeon. Because nearly all TRADOC surgeon initiatives and operations specifically affect the IMT population, the TRADOC surgeon staff and CIMT surgeon staff are inextricably linked.

TRADOC Surgeon Cell

TRADOC headquarters has a modest surgeon cell under the G1/4 (personnel and logistics staff section) at the headquarters element, principally consisting of the command surgeon and a deputy surgeon/environmental science officer (an O-5 [lieutenant colonel], AOC 72D), as well as three civilian positions: a medical operations officer, clinical operations officer, and executive assistant. The surgeon staff also includes a sergeant major (E-9), civilian command psychologist, and the civilian command ready and resilient integrator (CR2I).

CIMT Surgeon

The CIMT surgeon falls within the CIMT Research and Analysis Directorate. The directorate, under civilian leadership, also includes a senior medic (sergeant first class, military occupational specialty [MOS] 68W40, health care noncommissioned officer), command physical therapist (O-5, AOC 65B), command dietician (O-5, AOC 65C), and an occupational therapist (O-5, AOC 65A). Each position is intended for a traditional 3-year assignment and all positions serve as H2F action officers. The directorate also includes a variety of civilian analysts, doctrine writers, research physiologists, and the CR2I lead for Fort Eustis. The Research and Analysis Directorate areas of responsibility include:

- development and implementation of Army-level surveys, H2F doctrine, and pilots and tests for implementation of the ACFT;
- review of all proposed human subjects research involving trainees or cadre within IMT;
- tracking of attrition within IMT (including BCT, OSUT, and AIT); and
- developing policy, including Field Manual 7-22, *Army Physical Readiness Training*[5] (the name will soon become "Holistic Health and Fitness").

Additionally, the CIMT surgeon, dietician, and medical noncommissioned officer support the CIMT's Staff Assistance Visit (SAV) program to IMT sites (Figure 24-2) to evaluate compliance with applicable TRADOC regulations (TRs) and identify areas for support and improvement in the development of all initial training programs of instruction. The CIMT surgeon reviews and updates pertinent medical policy as it pertains to IMT, including the following TRs:

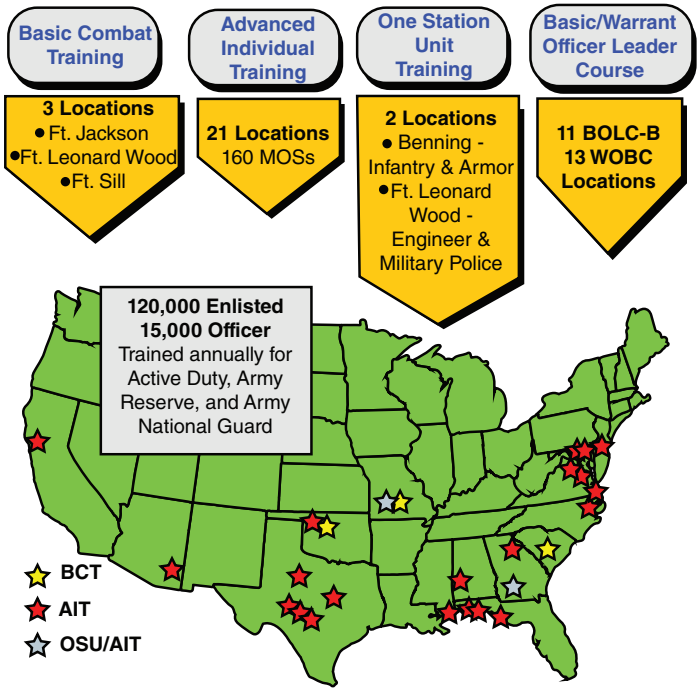
- TR 350-6, *Enlisted Initial Entry Training Policies and Administration*[6];
- TR 350-16, *Drill Sergeant Program*[7];
- TR 350-36, *Basic Officer Leader Training Policies and Administration*[8]; and
- TR 350-29, *Heat and Cold Casualties*.[9]

Other policy reviewed includes various Army regulations (ARs) as they pertain to CIMT:

- AR 40-501, *Standards of Medical Fitness*[10]; and
- AR 612-201, *Initial Entry/Prior Service Trainee Support*.[11]

Duties and Responsibilities

The daily duties of the CIMT surgeon are similar to those of other division or corps surgeon assets. Typical operations include enterprise-level observation of medical readiness, management of current and future operations, review and revision of policy guidance, generation of orders, contract preparation and execution, evaluation of studies and outcomes, evaluation of training programs for effectiveness and modification, and analysis of attrition. What truly makes the role of the CIMT surgeon unique, however, is the vast reach the position has across the DOTMLPF-P domain. In a typical day, the CIMT surgeon might address issues with the Military Entrance and Processing Command; review the program of instruction for Combat Lifesaver courses; evaluate the impact of community health threats on trainees and the greater population; participate in the planning, preparing, and budgeting and execution process; contribute to public affairs messaging; respond to congressional inquiries: present to various Army schools; meet with industry; and address problems with contracts. Because the CIMT surgeon's scope is so wide, it brings the incumbent into routine contact



Daily Load				
BCT	OSUT	AIT	BOLC	Total
17,372	7,124	12,163	2,776	39,435

Annual Mission - FY 20	
Basic Combat Training	84,959
Advanced Individual Training	107,670
One-Station Unit Training	32,153
Basic Officer/Warrant Officer	15,002

Figure 24-2. Center for Initial Military Training map.
AIT: advanced individual training
BCT: basic combat training
BOLC-B: Basic Officer Leader Course
MOS: military occupational specialty
OSUT: one station unit training
WOBC: Warrant Officer Basic Course

with military medical treatment facility (MTF) commanders, CoE leadership, Office of the Surgeon General staff, and other Army senior leaders. Due to the sensitivities of representing IMT and TRADOC, whenever the CIMT surgeon travels on temporary duty, it is appropriate to notify the local MTF and senior commander staff.

The CIMT surgeon participates in human research study proposal review and approval, oversight of all medical trends and analysis, consultation and advice on accessions health policy and line-of-duty regulations, review of training deaths and significant injuries, and other topics of concern to the IMT commander. Recommendations for changes to regulations governing IMT outside of TRADOC are submitted directly to the proponent for the regulation (in many cases, Army Medical Command [MEDCOM]). It is CIMT's responsibility to identify and address any policy, extending across all Army components, that affects the initial military population, including international students.

The CIMT surgeon also performs other missions as assigned. As an H2F action officer, the CIMT surgeon serves as an integral member of the development of the Army concept on H2F, policy and doctrine development, and fielding to the Total Army. For the ACFT, the CIMT surgeon supports doctrine and policy development, fielding, and related research.

While the CIMT surgeon position is administrative rather than clinical in nature, it is imperative that the incumbent maintain clinical practice and relevant medical technology infrastructure access. Fort Eustis is home to McDonald Army Health Clinic (MCAHC), which operates one MTF, two troop clinics (one permanent party, one for trainees), and a community medical home for dependents in Williamsburg. The CIMT surgeon should maintain privileges with MCAHC and provide the MTF with semi-routine clinician support. Maintaining privileges supports the CIMT surgeon's clinical competency, and allows the surgeon to better understand the challenges of caring for trainees, observe firsthand the medical condition of trainees, observe the implications of TRADOC policy on trainee care decisions, and provide periodic health assessment and soldier readiness processing support for the small number of operational forces on the installation when needed. While observing medical and TRADOC leadership issues related to health care on an SAV is relevant, the impact of experiencing those same issues as a clinician brings better clarity for enterprise solutions.

As the TRADOC senior PA, the officer in this position provides routine operational and programmatic updates to the Army PA branch chief, the PA consultant to the surgeon general, and other senior medical staff across the Army, Navy, Air Force, MEDCOM, Joint Staff, and Department of Homeland Security elements. The CIMT surgeon also briefs the Medical Specialists (SP) Corps chief on a quarterly basis regarding TRADOC operations affecting the SP Corps writ large. The CIMT surgeon is also encouraged to conduct regular interactions and briefings internal and external to the SP Corps and the PA community. He or she routinely works with the CIMT public affairs officer to present ACFT and H2F topics to the media and groups with an interest in military training.

Because the CIMT commander also functions as the senior mission commander/senior commander of the Army element at Joint Base Langley-Eustis, the CIMT surgeon also functions as an interlocutor and liaison between the Installation Management Command commander, the MTF commander, and the commanding general. Similarly, in case of an emergency such as a pandemic or another situation requiring a unified incident command, the CIMT surgeon works to facilitate coordination of IMT organic and installation assets and resources in support of the senior mission commander.

Training and Desired Characteristics

The CIMT surgeon must have completed Command and General Staff College, and prior service on a corps or Army service component command staff is desirable. Some background in research or public health is beneficial, as is former service on the Army staff. There is no requirement for a background in doctrine development, capabilities development and integration, or contracting; however, a familiarity with these subjects is highly beneficial.

Individuals must be extremely diligent in time and workflow management. Executive-level operations require that numerous high-level missions be conducted concurrently and executed to the highest possible standard. Individuals must think critically and apply measured responses to high-intensity drivers for change. The CIMT surgeon must consider the impact that each decision could have across TRADOC and the IMT enterprise, and be prepared to present senior and command leadership with appropriate, relevant, and thoughtful guidance.

The direct leadership role of the CIMT surgeon is small, supervising one noncommissioned officer and one Army civilian. However, the indirect leadership role spans the entire Army, involving constant interaction with leaders inside and outside the Department of Defense. The CIMT surgeon must be succinct in presenting complex ideas, considerate of Defense and Army policy and guidance, and cognizant that their comments may be perceived as official policy guidance.

TRADOC Organic Medical Structure Initiative

As of the first quarter of fiscal year 2020, TRADOC has been approved to proceed with changes to the current organic medical structure. Historically, a very low number of medical officers and medical enlisted personnel have served in TRADOC to provide health care to trainees in IMT. The TRADOC Organic Medical Structure (TOMS) initiative will bring a brigade (BDE)/battalion (BN) surgeon cell capability, traditionally seen in Forces Command, to TRADOC. TRADOC BDE-level BCT and OSUT units will be resourced with one surgeon (O-4, AOC 65D or 62B, field surgeon), a behavioral health officer (O-3 [captain], AOC 66R, behavioral health nurse practitioner), a medic (68W40), and a behavioral health noncommissioned officer (staff sergeant, MOS 68X20, behavioral health noncommissioned officer). As of this writing, BN echelons will receive one surgeon (O-3, AOC 65D or 66P, nurse practitioner, or possibly a contract clinician) and two medics (MOA 68W, health care specialist).

The intent of the TOMS structure is to provide TRADOC units with the organic support they need to generate and sustain readiness. Eventually, AIT units and Army reception battalions will also receive a complement of medical personnel. The TOMS staff will also serve as part of the governance structure for H2F (described below). Conceptually, the BDE/BN providers will function much as they do in the Forces Command realm, as personal staff to the commander advising on medical issues and readiness. It will be imperative for these staff to be well versed in their core skill sets as providers, and to be willing to use great initiative to drive needed changes and support their units. The senior BDE positions will become CoE surgeons and have an informal linkage to the TRADOC surgeon via the TRADOC DCG for Combined Arms.

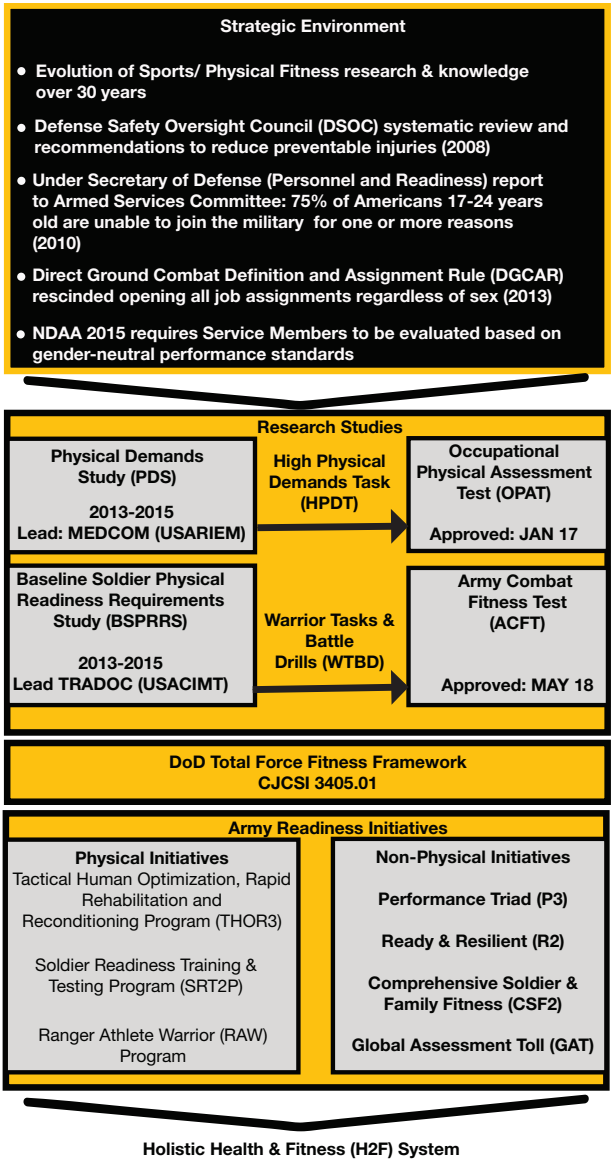


Figure 24-3. Holistic Health and Fitness (H2F) strategic environment. NDAA: National Defense Authorization Act

Holistic Health and Fitness

H2F is a comprehensive, integrated, and immersive health and fitness system that generates lethal soldiers who are physically, mentally, and spiritually ready to engage with and overmatch the enemy in multi-domain operations[12] (Figure 24-3). The system is composed of five elements—governance, programming, equipment, personnel, and leadership education—and spans five domains—physical, spiritual, mental, nutritional, and sleep. These elements, often absent or out of sync in legacy fitness programs, are essential to future Army readiness. As a system, the elements are aimed to comprehensively support all domains of soldier readiness.

The Army's continued investment in the human dimension will ensure soldiers are ready to deploy, fight, and win the nation's wars. From 2025 to 2030, physical and nonphysical performance training will continue to evolve as TRADOC, through IMT, develops plans for the integration of performance personnel into support brigades, Special Operations units, and training brigades. H2F personnel will expand to include cognitive enhancement and athletic trainer capabilities. In coordination with the Army Corps of Engineers and the Office of the Assistant Chief of Staff for Installation Management, TRADOC, through CIMT, will continue to develop the Soldier Performance Readiness Center training facility concept to provide a centralized location for unit-level physical and nonphysical performance training. Finally, TRADOC, through CIMT, will continue to align Army regulations and policies with the H2F doctrine, and begin systematic program assessment across units.

Army PAs must be prepared to support the H2F initiative as medical providers and medical readiness experts for their respective commanders. Army PAs must be integrated with the H2F leadership and staff to ensure continuity of care and conditioning for the entire command. While there are no formal leadership relationships between the BDE surgeon and the H2F staff, a preponderance of H2F staff are within the SP Corps, and include occupational therapists, physical therapists, and dieticians.

Lessons Learned and Tips for Success

Individuals considering service as the TRADOC CIMT PA should be prepared for a high-paced and rewarding position with a substantial impact on the generating force. Individuals must be willing to reach

across the Army to accomplish a wide variety of missions and champion the health of the trainee. Understanding basic research and statistical analysis principles is helpful due to the wide variety of research and analysis conducted in the trainee realm. The CIMT PA should understand the generalizability of findings and be able to convey complex analysis in general terms. The position includes moderate amounts of travel.

Conclusion

Service as the TRADOC CIMT command surgeon is a rewarding position that provides the incumbent with the unique opportunity to affect the Army generating force. The scope of the position continues to grow as CIMT and TRADOC implement new Army-wide initiatives. The position allows the incumbent to leave a lasting and profoundly positive mark on the Army for years to come.

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