

Chapter 25

ROLE OF THE DIVISION PHYSICIAN ASSISTANT

*Stephanie Bocanegra, PA-C, MPAS; David W. Broussard, PA-C, MPAS;
Peter Carroll, PA-C, MPAS; Walter Engle, PA-C, MPAS; and Bradley
Tibbetts, PA-C, MPAS*

Introduction

The mission of the division physician assistant (DIV PA) is to serve as advisor to the division surgeon (DIV SURG) on clinical operations (CLINOPS), liaise with the local military medical treatment facility (MTF), and provide mentorship and career advice to all PAs within the division. With 10 active component divisions within the US Army, being selected to serve in one of these highly sought-after positions is not something to be taken lightly. The DIV PA serves as a medical subject matter expert under the sustainment warfighting function and is pivotal in helping create policy and synchronize health service support. Additionally, the DIV PA provides guidance, leadership, and mentorship to all medical personnel within the formation. DIV PAs have similar duties and functions as battalion or brigade PAs, but with differences in the level of complexity, scope of planning, and professional obligations affecting the Army health system. This chapter will provide information on both the clinical and administrative duties and responsibilities of the DIV PA.

Division Command Structure

The commanding general (CG) has clearly defined responsibilities and authorities for key leaders of the command group. Four principal assistants help the CG carry out their duties. They are the deputy commanding general for maneuver (DCG [M]), the deputy commanding general for support (DCG [S]), the chief of staff (CoS), and the division

command sergeant major (DCSM). Each is delegated the authority to supervise execution of decisions and guidance policies, and to clarify these for subordinates as required.¹ The command group's medical responsibilities are as follows:

- The **DCG (M)** oversees brigade combat teams. Along with the DCSM, the DCG (M) also oversees expert field medical badge testing.
- The **DCG (S)** has responsibility for the combat aviation brigade, fires brigade, division headquarters, and headquarters battalion. Other areas of responsibility include force health protection, profile review boards, fatality review boards, and wounded warrior programs. The DCG (S) also oversees the division deployment and redeployment efforts, and the sexual harassment/assault response and prevention and suicide prevention programs.
- The **CoS** coordinates staff actions with the corps staff and brigade combat teams in support of policy and guidance from the CG and deputy CGs. The CoS supervises the general and special staffs, and every activity that occurs within the division is of special interest to the CoS. The DIV SURG staff works with other staff officers and reports through the CoS to the DCG (S) to ensure they are apprised of all matters related to medical support.
- The **DCSM** is the principal advisor to the CG on all matters pertaining to noncommissioned officers (NCOs), enlisted soldiers, and soldiers' family members. This includes being apprised of the health and welfare of the command. The DCSM oversees expert field medical badge testing in support of the DCG (M), all warrior tasks and drills, and individual training of soldiers, including medical training.

The Division Surgeon Section

The DIV SURG section (Table 25-1) is headed by the DIV SURG, who is a special staff officer to the CG and the senior medical advisor for the division. In accordance with Army Training Publication 4-02.3, the DIV SURG "...coordinates AHS [Army Health System] support under the sustainment warfighting function with the division assistant chief of staff, logistics, the division chief of staff, and other headquarters elements that affect AHS support in the division."^{1(p20)} The DIV SURG

Table 25-1. Division Surgeon Section personnel.

Paragraph title	AOC/MOS	Grade	Title	Branch	Quantity
Division Surgeon Section	60A00	O5	Surgeon	MC	1
	70H67	O5	Medical Operations Officer	MS	1
	60W00	O4	Psychiatrist	MC	1
	65D00	O4	Physician Assistant	SP	1
	67J00	O4	Aeromedical Evacuation Officer	MS	1
	70E67	O4	Patient Administration Officer	MS	1
	70H67	O4	Medical Plans Officer	MS	1
	70K67	O4	Health Service Materiel Officer	MS	1
	72D67	O4	Environmental Science Officer	MS	1
	68Z50	E9	Chief Medical Noncommissioned Officer	NC	1
	68W50	E8	Operations Noncommissioned Officer	NC	1
	68W40	E7	Operations Sergeant	NC	1
	68J30	E6	Medical Logistics Sergeant	NC	1
	68W30	E6	Medical Noncommissioned Officer	NC	1

LEGEND:

AOC	area of concentration	MS	Medical Service Corps
MC	Medical Corps	NC	noncommissioned
MOS	military occupational specialty	SP	Army Medical Specialist Corps

Reproduced from: Headquarters, Department of the Army. *Army Health System Support to Maneuver Forces*. HQDA; 2014. Army Training Publication 4-02.3:20.

section is staffed differently in the Army's various divisions (airborne, cavalry, armor, air assault). The example in Table 25-1 is comprised of 14 soldiers, including 9 officers and 5 NCOs. When deployed, the DIV SURG section can also be augmented by additional personnel such as a preventive medicine officer, public health nurse, and pharmacist.

Besides the DIV SURG and the DIV PA, two additional key roles within this section are the chief medical NCO and the Deputy DIV SURG. The chief medical NCO, who works closely with the DIV SURG and is the senior enlisted leader for the section, typically holds the rank of sergeant major. The chief medical NCO is responsible for the same functions as the DCSM related to medical tasks and the assignments of NCOs and enlisted personnel, while working closely with Human Resources Command (HRC), division manpower and personnel (G1), and the DCSM. The deputy DIV SURG is typically the senior medical operations officer within the section. The deputy DIV SURG coordinates and supervises the work of the DIV SURG staff, tracks all internal and external tasks and projects that involve the section, and attends the CG's staff meetings, funneling information and guidance from the meetings to the separate sections within the DIV SURG office. In some cases, the DIV PA serves as the deputy DIV SURG and chief of CLINOPS (discussed in more detail below).

Supervision

Supervision of the DIV PA is performed by the DIV SURG as outlined in Army regulations (ARs) 623-3,² 40-3,³ and 40-68,⁴ and in the local MTF credential policies. The DIV PA is typically rated by the DIV SURG and senior-rated by the division CoS.

Requirements

Those seeking a position as a DIV PA must:

- be a certified PA with ability to maintain credentialed provider status and Basic Life Support certification at the installation MTF;
- have the rank of a senior major (Intermediate Level Education graduate preferred);
- be capable of deploying outside the continental United States;

- have a history of diverse assignments, including as battalion or squadron PA, brigade or regiment PA, or another table-of-organization-and-equipment unit staff position;
- have writing skills using the Army writing style;
- have knowledge of computer automation systems, including the Medical Readiness Portal and all modules within the Medical Operational Data System (MODS); and
- be familiar with orders production.

Duties and Responsibilities

The DIV PA functions as the advisor to the DIV SURG on all PA matters and CLINOPS. In the division, the DIV PA may also serve as the chief of CLINOPS and/or as the deputy DIV SURG, depending on mission and section manning. Primary functions of the position are divided into three main categories: CLINOPS, MTF liaison, and professional development of PAs.

Clinical Operations

The DIV PA is responsible for keeping the DIV SURG informed of all clinical aspects of the division. This responsibility covers both garrison and field operations, so clinical aspects of the garrison standard operating procedures and the medical annex to all operations orders (OPORDs) are his or her responsibility, when delegated. The DIV PA coordinates and provides guidance to the brigade surgeons and PAs on:

- predeployment readiness, the sustained readiness model, and redeployment preparation, in accordance with regulatory guidance and close coordination with the installation soldier readiness processing site or deployment readiness centers^{5,6};
- battalion or brigade aid station operations and operations within the Soldier-Centered Medical Home clinics;
- the first responder program and combat lifesaver course in accordance with Tactical Combat Casualty Care guidelines and the Joint Trauma System⁷;
- medical training and sustainment for medics (68W military occupational specialty)⁸;
- clinical aspects of medical evacuation for air and ground in

coordination with the MTF, installation emergency medical services, and installation training area range control for daily operations and mass casualty management;

- profiles and the profile review board, including controlled substance profiling and reporting;
- management of the Integrated Disability Evaluation System;
- coordinate for clinical quality management⁴; and
- continuing medical education and individual critical task list (ICTL) training for credentialed providers in the division.⁸

Military Medical Treatment Facility Liaison

Close coordination between the units and the local MTF are crucial to medical support for soldiers. All garrison health care is the responsibility of the MTF commander. The way in which a DIV PA augments the MTF's mission directly impacts the support provided by the MTF for the division. The DIV PA can help foster this relationship by participating in the risk management program, or by contributing to root cause analyses after serious adverse events. Coordinating calendars for borrowed military medical personnel clinic schedules, training, or deployment with the MTF and Soldier-Centered Medical Home will support continuity of care.

Physician Assistant Professional Development

Teaching, coaching, and mentoring the division's approximately 40 PAs is essential to the success of the division's medical mission and the professional development of Army PAs. Fostering an environment of support and teamwork and providing guidance on policies and systems that work will ensure that no one fails the commander.

- The DIV PA should begin by educating the brigade PAs on the essential items in a professional officer's career: the officer evaluation report (OER), officer record brief (ORB), Army photo, and curriculum vitae. ORBs (including photos) should be reviewed during each routine counseling session and updated as necessary. ORBs are used not only by promotion boards, but also by the 65D (PA) consultant and the HRC branch representative to facilitate selections for special assignments. Recommendations for each PA's personal growth,



Figure 25-1. Major Stephanie M. Bocanegra (left), the 1st Cavalry Division physician assistant, dedicates time during a command post exercise to promote Captain Joelle I. Black (right) to major at the 1st Cavalry Division Horse Cavalry Detachment in December 2019. Photo courtesy of Major Stephanie Bocanegra.

military and civilian education, and assignments are also discussed during counseling sessions. Consideration should be given to attending appropriate military education and leadership schools, such as the flight surgeon, air assault, airborne, or expert field medical badge courses, and attaining skill sets and additional skill identifiers (ASIs) while accomplishing ICTL-required training.⁸ Each brigade PA and the DIV PA can review all OERs and ORBs to assist brigade surgeons in their rating responsibilities and PA career progression.

- The DIV PA should seek counseling and mentorship for themselves by pursuing a monthly telephone or in-person conference with the corps PA (III, XVIII, or I Corps) and the US Army-Europe PA to collaborate and share lessons learned by all DIV PAs.
- The DIV PA manages division personnel in special positions requiring ASIs or specific experience, such as serving in a combat aviation battalion or being aeromedically qualified (Figure 25-1).

Garrison Duties

The DIV PA has additional duties that can be categorized as garrison and deployment duties. Garrison duties are those that the DIV PA performs when they are not deployed. The DIV PA's garrison duties depend on the unit of assignment and the expectations of the DIV SURG. The deputy DIV SURG coordinates day-to-day operations of all DIV SURG staff personnel and their products. The DIV PA's time, unless otherwise directed, is divided among meetings, staff work, training, and clinic. A variety of meetings are attended on a weekly, monthly, or quarterly basis, such as the following (dependent on unit command, higher headquarters, and installation MTF timelines):

- clinic provider meeting (weekly),
- DIV SURG synchronization meeting (monthly),
- soldier recovery unit approval meeting (monthly),
- Suicide Engagement Response Team meeting (monthly),
- PA meeting (monthly),
- division and corps profile review board (monthly and quarterly respectively),
- medical evaluation board preparation meeting (quarterly),
- MTF risk management meeting (as needed), and
- MTF root cause analysis meeting (as needed).

The DIV PA should review all OPORDs and fragmentation orders for clinically relevant material. On occasion an order that is solely clinical in nature must be written by the CLINOPS section, with the DIV PA taking the lead. Reporting is limited to clinical information such as the disease and nonbattle injury report, narcotics inventory reports during field operations, and immunization reports. Time during the month must also be scheduled for providing health care. Because the DIV PA is a staff officer, command



Figure 25-2. Major Christopher B. Cordova, the 4th Infantry Division physician assistant, conducts a medical advising engagement with the Afghan National Army, 203rd Corps, Medical School commandant, at Forward Operating Base Thunder in Gardez, Afghanistan, in February 2019. Photo credit Sergeant First Class Shana Hutchins.

group clinical support is not a primary responsibility, but it is essential for fostering the DIV PA's education and relations with colleagues.

The DIV SURG and DIV PA are responsible for the medical training conducted for division personnel. The DIV PA's ability to coordinate with the MTF, the installation medical simulation training center, and the Medical Center of Excellence at Joint Base San Antonio is vital to ensure that sustainment and predeployment preparedness medical training are conducted in accordance with Army Regulation (AR) 40-68,⁴ Department of Defense Instruction 1322.24,⁵ AR 350-1,⁹ and Medical Command Pamphlet 40-7-21.¹⁰

Deployment Duties

During deployment operations, the DIV PA employs the training and preparation completed during garrison operations. Deployment is basically the capstone event, where the DIV PA's function will be tested. It is imperative to be up-to-date on medical regulatory guidance

and tactics, techniques, and procedures (TTPs); to remain resilient and confident; and to be available to leadership as well as subordinate unit leadership as a subject matter expert. During deployment, the DIV PA normally supports the CLINOPS section of the DIV SURG staff, which has three additional personnel assigned:

- A preventive medicine officer (60C) physician, or environmental science officer (72D) non-physician, assigned to perform disease and nonbattle injury surveillance, advise the DIV SURG on matters relating to disease prevention, and inspect food and water sites and contracting personnel.
- A public health nurse (66B), who assists the preventive medicine officer with surveillance, immunization tracking, rabies treatment monitoring, positive results on blood donation screening, and other assignments.
- A pharmacist (67E), who assists with narcotics inventory reports, adverse drug reactions, cold chain monitoring, and special drug requests (Figure 25-2).

Battlefield Circulation

One of the most important deployment functions of the DIV PA, as the chief of CLINOPS, is battlefield circulation. Battlefield circulation requires the DIV PA to move across the division footprint into brigade battlespaces to assess the different roles of care. This is not only a morale function, but will also address shortfalls, test new TTPs, and capture lessons learned from the overall experience. A regular rotation of visits to battalion aid stations throughout the operational environment can provide a wealth of experience and guidance to new providers and medics needing assistance. During battlefield circulation, information is gained that no amount of reporting can achieve.

As part of their battlefield duties, the DIV PA assists in preparations for Purple Heart presentations. The CG, DCSM, and a State Department senior civilian representative present Purple Heart medals at Role 3 MTFs to soldiers within their command. The DIV PA reviews the medical records for pertinent information to answer command group inquiries on the patient's condition prior to the presentation. The DIV SURG is responsible for briefing the CG, and may also be involved in briefing State Department officials prior to the presentation.

Personnel Recovery Coordination Cell Medical Advisor

The DIV PA is also the personnel recovery coordination cell (PRCC) medical advisor. The division is responsible if a soldier, sailor, airman, or marine becomes isolated due to capture, aviation mishap, or dislocation. During phase 1 reintegration of a formerly isolated returnee, the primary focus is the medical and psychological care of the returnee and the tactical debriefing.¹¹ The PRCC varies according to unit size and need, but contains at a minimum a chief; assistant chief; medical advisor; survival, evasion, resistance, and escape psychiatrist; and debriefer. As the medical advisor, the DIV PA advises the PRCC chief on the medical condition of the recovered personnel and the options for a timely debrief should the availability exist. Personnel recovery training is provided prior to deployment by the Joint Personnel Recovery Agency.^{11,12}

Lessons Learned and Tips for Success

Good expectation management is essential when entering this position. Intending to take the position and change the PA world overnight will result in a great deal of frustration. In a time when PA shortages are significant, DIV PAs will fill different roles within subordinate units in order to assist with their mission. It is important to remain flexible, empower junior PAs to figure things out on their own, and try to “be the change you want to see.”

Conclusion

The DIV PA plays an integral role in the overall Army health system, affecting division readiness and CLINOPS in both garrison and deployed settings. The DIV PA is a leader and subject matter expert who works hand-in-hand with the DIV SURG in key advisory and operational roles while synchronizing health service support across division activities. DIV PAs serve as a bridge between the unit and the MTF, promoting readiness, health protection, and preventive care while also coordinating sustainment warfighter functions, continuing education training, clinical quality care, and professional development. To serve as a US Army DIV PA is an incredible honor and a credit to those selected.

References

1. Headquarters, Department of the Army. *Army Health System Support to Maneuver Forces*. HQDA; 2014. Army Training Publication 4-02.3.
2. Headquarters, Department of the Army. *Evaluation Reporting System*. HQDA; 2019. Army Regulation 623-3.
3. Headquarters, Department of the Army. *Medical, Dental, and Veterinary Care*. HQDA; 2013. Army Regulation 40-3.
4. Headquarters, Department of the Army. *Clinical Quality Management*. HQDA; 2009. Army Regulation 40-68.
5. Department of Defense. *Medical Readiness Training*. DOD; March 2018. DOD Instruction 1322.24.
6. Headquarters, Department of the Army. *Standards of Medical Fitness*. HQDA; June 2019. Army Regulation 40-501.
7. Officer of the Under Secretary of Defense for Personnel Readiness. *Joint Trauma System (JTS)*. Department of Defense; 2016 (Change 1 effective August 5, 2018). DOD Instruction 6040.47. Accessed June 15, 2020. <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/604047p.pdf?ver=2018-08-06-124902-047>.
8. Headquarters, Department of the Army. *Medical Education and Demonstration of Individual Competence*. HQDA; October 2015. Training Circular 8-800.
9. Headquarters, Department of the Army. *Army Training and Leader Development*. HQDA; 2017. Army Regulation 350-1.
10. US Army Medical Command. *Algorithm Directed Troop Medical Care*. June 2006. Army Medical Command Pamphlet 40-7-21.
11. Headquarters, Department of the Army. *Army Personnel Recovery*. HQDA; 2014. Field Manual 3-50.
12. US Department of Defense. *Personnel Recovery*. DOD; 2011. Joint Publication 3-50.