

## Chapter 38

# THE INTERSERVICE PHYSICIAN ASSISTANT PROGRAM

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## Introduction

The United States has recognized the physician assistant (PA) profession since 1967, when an insufficient number of medical doctors in the military and civilian health care systems led to the development of the first PAs.<sup>1</sup> Dr. Eugene Stead, chair of the Department of Medicine at the Duke University Medical Center in Durham, developed the first PA academic program in 1965. Less than 2 years later, the first PA students graduated from the program on October 6, 1967. In 1971, the US Air Force developed the first military PA program, modeled after the program developed by Dr. Stead. The US Army and Navy developed their own programs later that same year.<sup>1</sup>

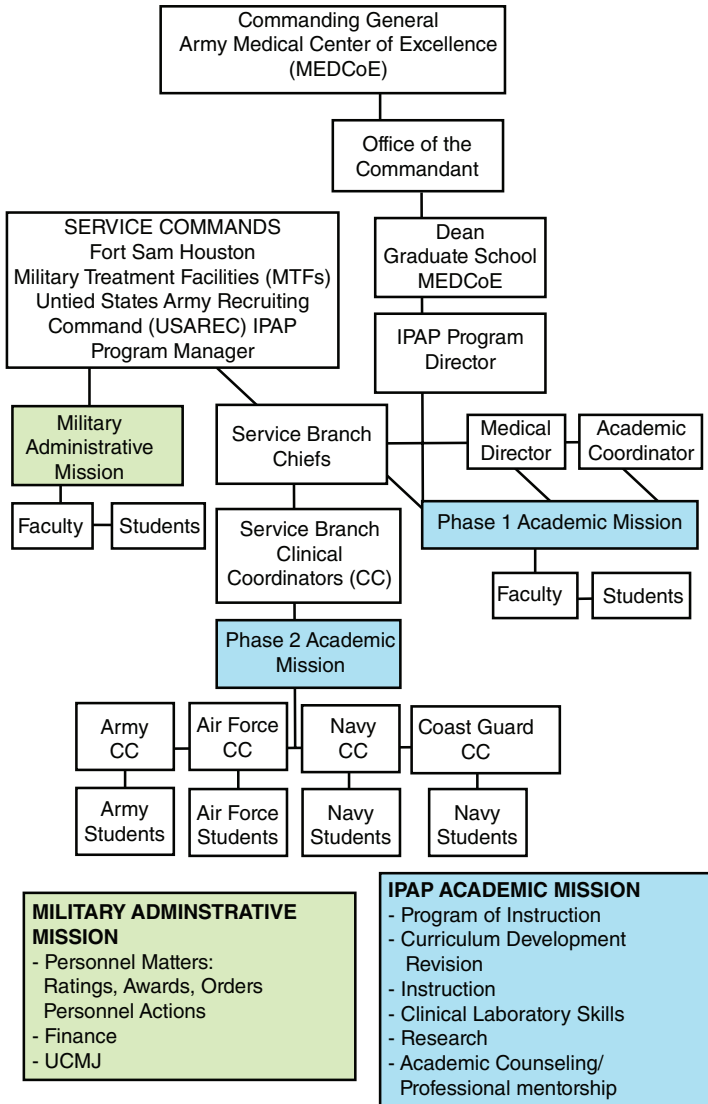
In the early 1990s, the chairman of the Joint Chiefs of Staff directed an internal review to determine ways to reduce waste, including combining analogous programs throughout the services (US Navy Vice Admiral Timothy W. Wright, written communication, August 22, 1995). In 1992, the Interservice Training Review Organization (ITRO) examined analogous programs across the services to determine those capable of consolidation. To evaluate the possibility of consolidating the PA programs of three services (Army, Navy, and Air Force), ITRO created three teams of two representatives from each service (US Navy Captain [Retired] C. Brakhage, PA-C, former Interservice Physician Assistant Program [IPAP] program director, written communication, July-August 2014, San Antonio, TX). On “30 May 1995, the ITRO Executive Board . . . approved the consolidation” of the military PA

programs (Timothy W. Wright, written communication, August 22, 1995). The intent was to consolidate approximately 180 candidates matriculating among three classes per year: “approximately 90 Army, 30 Navy, and 60 Air Force Students will train at the [Army Medical Department] AMEDD Center and School” (Timothy W. Wright, written communication, August 22, 1995). With this consolidation, the AMEDD Center and School at Fort Sam Houston in San Antonio, the site of the former Army PA program, became the new home of the IPAP. On April 29, 1996, 59 students began the first class (C. Brakhage, written communication, July-August 2014, San Antonio, TX).

Today, instruction at the IPAP occurs in two phases. Phase 1, the didactic phase, occurs at the Army Medical Center of Excellence (MEDCoE) at Joint Base San Antonio–Fort Sam Houston (JBSA-FSH). Phase 2, the hospital-based training phase, occurs at 23 military medical treatment facilities (MTFs) in the Department of Defense (DOD) footprint: 16 Army, 1 Navy, and 6 Air Force. After completing the 16-month Phase 1 portion of the curriculum, students conduct a permanent change of station (PCS) to one of the Phase 2 sites. The Phase 2 MTFs have the general and specialty medical services required to train the future military PA. Since 1995, the University of Nebraska Medical Center (UNMC) has been the affiliated university, which is the degree-granting institution for the IPAP. The Accreditation Review Commission on Education of the Physician Assistant (ARC-PA) certifies all US PA programs, and the IPAP has maintained ARC-PA accreditation since 1996. This accreditation allows a PA program graduate to sit for the National Commission on Certification of Physician Assistants (NCCPA) Physician Assistant National Certifying Exam (PANCE). The IPAP organizational chart is shown in Figure 38-1.

## **Interservice Physician Assistant Program Army Leadership Positions**

The IPAP mission is to educate PAs for the uniformed services through a shared division of leadership and faculty responsibilities among the Army, Air Force, Coast Guard, and Navy. The three core leadership positions in the IPAP are the program director (PD), medical director (MD), and clinical coordinator (CC). The Army, Air Force, and Navy



**Figure 38-1.** Interservice Physician Assistant Program organizational chart showing administrative and academic missions.

MTF: medical treatment facility; UCMJ: Uniform Code of Military Justice

rotate these core leadership positions according to an agreement in which no single service can occupy more than one of the positions at any time. The services switch the leadership positions every 3 to 4 years, or as necessary. For example, from 2017 to 2020, the Army held the PD, the Air Force the MD, and the Navy the CC position. The planned rotation for 2021 has the Air Force holding the PD, the Navy the MD, and the Army the CC. Though this rotation has been in place since 1996, a 2010 addendum to the ITRO memorandum of agreement between the services allows the Coast Guard to petition for the PD position. Regardless of service, individuals serving as the PD and MD must meet the minimum positional requirements in accordance with the Accreditation Standards for Physician Assistant Education as outlined by ARC-PA.<sup>2</sup>

For the Army, senior PAs and physicians serve in a number of key IPAP leadership positions (see Figure 38-1). Generally, these are senior commissioned officers in ranks ranging from major to colonel, with each position having a rank requirement. For instance, the positions of PD and branch chief require a 65D (PA area of concentration) colonel or a highly qualified lieutenant colonel, the Phase 2 CC requires a 65D major or lieutenant colonel, and the Army Phase 2 site CC can range from captain to lieutenant colonel. When occupying the position, the MD must be a physician in the rank of lieutenant colonel. The IPAP PD, MD, branch chief, and Phase 2 CC are located at MEDCoE. The IPAP program manager is located at the US Recruiting Command (USAREC) at Fort Knox, Kentucky. The Phase 2 site CCs are located at various MTFs (Table 38-1).

## **Program Director**

The PD must be a PA with at least 3 years of full-time higher education teaching experience,<sup>2</sup> a current NCCPA certification, and the rank of colonel or lieutenant colonel. The PD is responsible for the overall management of the IPAP, and serves as the program's representative to the ITRO, the Health Care Interservice Training Advisory Board (HC-ITAB), and the dean of the MEDCoE Graduate School. The PD is also the representative to civilian agencies such as the ARC-PA, the NCCPA, the Physician Assistant Education Association (PAEA), and other PA professional organizations.<sup>3</sup>

## ***Duties and Responsibilities***

- Responsible for overall management of the IPAP.
- Plans and manages the budget through channels within the MEDCoE Graduate School.
- Reviews and submits ARC-PA applications and reports necessary to coordinate actions required to maintain accreditation.
- Uses the Army Training Requirements and Resources System (ATRRS) to track student allocations within each cohort.
- Meets all suspenses for the Graduate School, MEDCoE, and Training and Doctrine Command (TRADOC).
- Recommends acceptance or rejection of out-of-branch taskings in accordance with ITRO policy.
- Reviews and acts upon student end-of-course surveys from both Phase 1 and Phase 2 in conjunction with the MD and the academic coordinator.
- Hosts all opening and closing ceremonies for all IPAP classes.
- Coordinates input from all services on the program of instruction (POI) in accordance with the ITRO memorandum of agreement, TRADOC requirements, and ARC-PA accreditation standards.
- In coordination with executive committee and IPAP faculty, validates currency and pertinence of the POI, the individual student assessment plan (ISAP), textbooks, additional instructional materials, tests, curriculum, instructor performance, and ongoing program self-study. Keeps HC-ITAB apprised of any issues affecting resources.
- Recommends students for appropriate student actions in accordance with the ISAP, as well as advising the Graduate School dean on appeals cases.
- Supervises all IPAP faculty and staff, including all primary, intermediate, or supervisory evaluations.
- Reviews duty-related travel and leave requests for IPAP faculty and staff to ensure adequate staffing for uninterrupted instruction.
- Tracks current regulations and policy letters applicable to IPAP as a tenant of the MEDCoE, particularly the POI, ISAP, and MEDCoE Regulation 351-12, *Enrollment, Relief, New Start/Recycle, Administrative Disposition, and Counseling of Student Personnel*.<sup>4</sup>
- Performs duties of Phase 1 instructor as required.
- Chairs the IPAP executive committee.<sup>3</sup>

6 TABLE 38-1

**POSITIONS, LOCATIONS, AND ROLES OF ARMY POSITIONS IN THE INTERSERVICE PHYSICIAN ASSISTANT PROGRAM**

<b>Phase</b>	<b>Position</b>	<b>Location</b>	<b>Role</b>
Student selection	USAREC IPAP Program Manager	Fort Knox, KY	Manages IPAP applications and board selections
	Affiliate university admissions office	Depends on contract, currently UNMC, Omaha, NE	Approves students for academic enrollment into the IPAP
	IPAP Leadership	MEDCoE, JBSA, TX and various MTFs	Selected board members travel to USAREC to conduct IPAP Selection Board
Phase 1, Didactics (16 months)	IPAP Program Director*	MEDCoE, JBSA, TX	Manages all Phase 1 and Phase 2 IPAP students
	Army, Branch Chief, IPAP*	MEDCoE, JBSA, TX	Manages all Phase 1 and Phase 2 Army students; service liaison to Program Director regarding entry criteria, academic actions, and Army faculty assignments
	Graduate Faculty	MEDCoE, JBSA, TX	Academic and clinical skills instruction; academic mentor/counselor

Phase 2, Clinical (13 months)	IPAP Program Director*	MEDCoE, JBSA, TX	Manages all Phase 2 (and Phase 1) IPAP students
	Army, Branch Chief, IPAP*	MEDCoE, JBSA, TX	Manages all Phase 2 (and Phase 1) Army students; service liaison to Program Director regarding entry criteria, academic actions, and Army faculty assignments
	Army IPAP Phase 2 Clinical Coordinator	MEDCoE, JBSA, TX	Serves as liaison to IPAP leadership and faculty for administrative issues from Phase 2; conduit between Phase 1 and Phase 2 Transition
	Army Phase 2 Site Clinical Coordinator	Designated MTFs	Administrative coordination and clinical preceptor for Army Phase 2 students
Graduation	USAREC IPAP Program Manager Phase 2 Site Clinical Coordinators	Fort Knox, KY, & MEDCoE, JBSA, TX, and various MTFs	Manage the administrative requirements for graduation and/or commissioning
	Affiliated university	UNMC, Lincoln, NE	Awards bachelors and MPAS degree; provides to Phase 1 administration for distribution to the Phase 2 Site Clinical Coordinators

\*These positions are the same for Phase 1 and Phase 2.

IPAP: Interservice Physician Assistant Program

MEDCoE: Army Medical Center of Excellence

MPAS: Master of Physician Assistant Studies

MTF: medical treatment facility

UNMC: University of Nebraska Medical Center

USAREC: US Army Recruiting Command

### ***Skills and Attributes***

- Rank of colonel, or highly qualified lieutenant colonel (eg, prior graduate school teaching experience preferably in IPAP).
- Mandatory 3 years of Phase 1 IPAP instructor experience (ie, higher education teaching experience in accordance with ARC-PA accreditation requirements).
- Extensive experience as a PA and AMEDD officer.
- Master's degree required, doctoral degree preferred.

### ***Training***

The MEDCoE Instructor Training Course is required. The PD must be knowledgeable about ITRO policies, ARC-PA standards, PAEA guidelines, IPAP policies, standard operating procedures, handbooks, the ISAP, and MEDCoE Regulation 351-12.<sup>3,4</sup>

### ***Key Factors***

The PD position is not an enduring TDA position since it rotates among the different services. This position is typically a 4-year tour and coded for a 65D colonel (O-6) with a 5K (instructor) additional skill identifier requirement. The position is primarily administrative with some academic duties; however, the PD must maintain national certification and clinical privileges.

## **Army Branch Chief**

The IPAP branch chief is a 65D (PA) officer responsible for the day-to-day administration of the program. The branch chief coordinates with the PD, MD, and academic coordinator; USAREC; US Army Human Resources Command (HRC); the dean of the MEDCoE Graduate School; National Guard Bureau and Army Reserve liaisons; and the 187th Medical Battalion (the unit all IPAP staff and students are assigned to) leadership to work on issues concerning Army faculty, staff, and students.<sup>4,5</sup>

### ***Duties and Responsibilities***

The branch chief is the senior Army PA instructor. He or she is responsible for the Army administration (excluding academics) of



the IPAP. The branch chief supervises and rates Army PA instructors, physicians (based on positional authority), education technicians, and noncommissioned officers. The branch chief advises Phase 2 MTF staff on Army-specific student issues, accreditation inspections, site clinical coordinator selection, and administrative issues.

Additionally, the branch chief is staff officer for Army PA training issues that are extraneous to the IPAP but affect staffing and education decisions for PAs. The branch chief advises the chief PA of the Army Medical Specialist Corps on PA training, utilization, and career management, as well as deployment of Army IPAP instructors. The branch chief is the alternate IPAP Army recruitment point of contact for Army applicants, including active duty, Reserve, and National Guard troops. The branch chief interfaces with USAREC, HRC, the Office of the Surgeon General (OTSG) PA consultant, MEDCoE National Guard and Army Reserve liaisons, and Phase 2 site leadership.<sup>2,5,6</sup>

### ***Skills and Attributes***

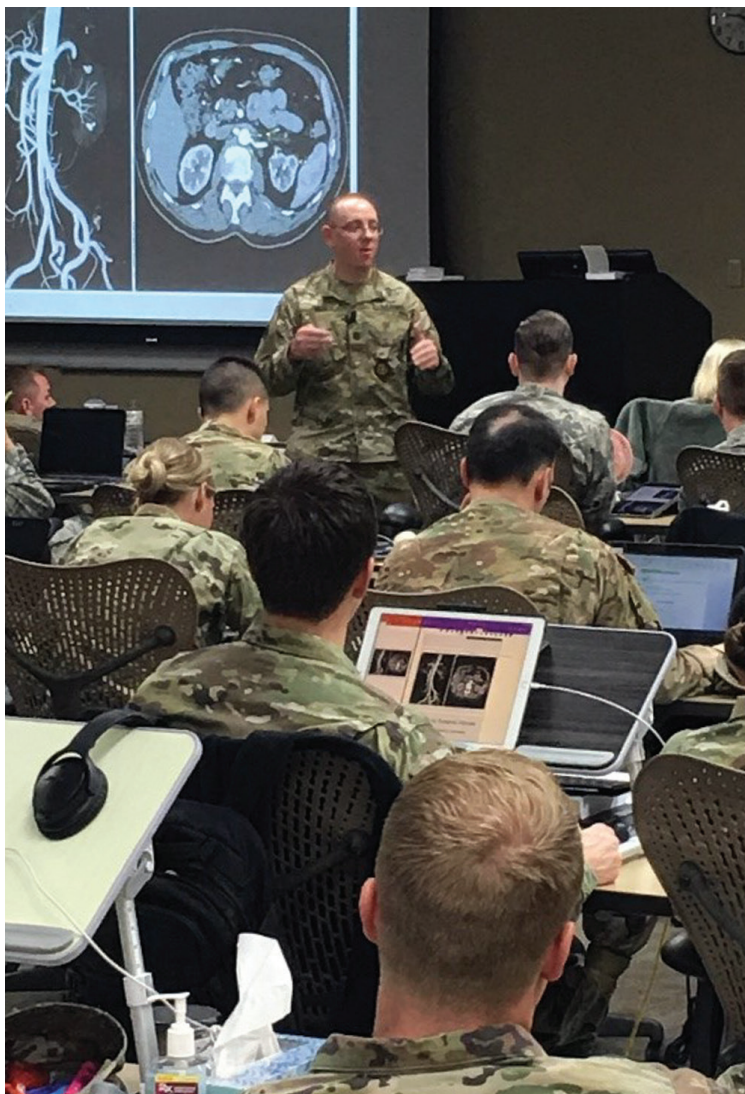
- Extensive experience as a PA and AMEDD officer.
- Rank of colonel, or highly qualified lieutenant colonel.
- IPAP instructor experience preferred.
- Good speaking, writing, and communication skills.

### ***Training***

The MEDCoE Instructor Training Course is required. The branch chief must be familiar with USAREC and National Guard IPAP application processes, HRC assignment and promotion processes, and MEDCoE Regulation 351-12.<sup>2,4-6</sup>

### ***Key Factors***

This position is typically a 3-year tour and coded for a 65D colonel (O-6) with a 5K (instructor) additional skill identifier requirement. This position is primarily administrative with some academic duties; however, the branch chief must maintain their national certification and clinical privileges (Figure 38-2).



**Figure 38-2.** The senior Army PA instructor is the Army branch chief and Army senior service representative. Pictured is Lieutenant Colonel James Jones during a genitourinary class session on February 26, 2019. Photograph courtesy of Colonel Brian E. Burk.

## **IPAP Clinical Coordinator and Army Phase 2**

### ***Clinical Coordinator***

Because one of the key leadership positions in the IPAP is the CC, the Army Phase 2 CC may serve in both positions (IPAP CC and Army Phase 2 CC) when the Air Force holds the PD position and the Navy holds the MD position. During this 3- to 4-year duration, the IPAP CC has responsibility for all Phase 2 sites. When another service holds the IPAP CC, the Army Phase 2 CC, located at MEDCoE, oversees the all Army Phase 2 clinical training sites and the Army Phase 2 Site CCs.

### ***Job Duties and Responsibilities***

**IPAP Clinical Coordinator.** The IPAP CC oversees the hospital-based training (HBT) at all Phase 2 sites and serves as the lead CC for all services. The primary responsibility is to ensure HBT remains in compliance with applicable TRADOC and ARC-PA procedures and standards.<sup>2,7</sup> As a key member of the IPAP executive committee, the IPAP CC advises the PD, MD, and all senior service representatives of any issues involving Phase 2 training. He or she coordinates an IPAP site CCs' conference every other year at JBSA-FSH to facilitate distribution of IPAP policies and procedures and conduct training. The IPAP CC also conducts quarterly video teleconferences with the Army Phase 2 site CCs. Additional responsibilities encompass all the duties of the Army Phase 2 CC.

**The Army Phase 2 Clinical Coordinator (IPAP).** The Army Phase 2 CC oversees HBT at all Army Phase 2 sites. He or she ensures all Army site CCs coordinate HBT experiences in accordance with IPAP policies and established ARC-PA procedures and standards.<sup>2,7</sup> These include overseeing the selection and training of Army site CCs, mentoring the site CCs on administrative management of students, and assisting with Phase 2 examination reviews.<sup>3</sup> The Army Phase 2 CC manages the Phase 2 assignment process for the Army, National Guard, and Army Reserve students in coordination with the Army branch chief. Additionally, he or she is responsible for reviewing and coordinating updates of the memoranda of understanding between MEDCoE and the Army MTFs, as well as conducting annual site accreditation inspections of each Army HBT site.

### ***Desired Skills and Attributes***

The IPAP CC and Army Phase 2 CC must:

- have at least 2 years' experience as a Phase 2 Site CC;
- have at least 1 year experience as an IPAP instructor;
- have extensive experience (preferably with deployments) in battalion and brigade PA positions;
- be an excellent role model with the desire to mentor others;
- have solid leadership, administrative, and academic skills;
- be experienced in evaluation and rating; and
- have good speaking, writing, and communication skills.

In addition, it is preferable that candidates for these positions have completed Intermediate Level Education (ILE).

### ***Training***

IPAP uses the affiliated university's educational platforms. Currently, these primarily consist of two online educational platforms called CANVAS<sup>8</sup> and MyEvaluations.<sup>9</sup> CANVAS contains policies and procedures that Phase 2 CCs must learn upon entering the positions. MyEvaluations is used for grading and certification for students' rotations, hours, and patient/procedure logs, along with qualitative and quantitative assessments of rotational efficacy by the preceptors.<sup>9</sup> These systems are best learned through hands-on experience and over-the-shoulder coaching.

### ***Key Facts***

**IPAP Clinical Coordinator.** Because it does not exist specifically on the TDA, this position encompasses the roles and responsibilities of the Army Phase 2 CC. In accordance with a 2010 ITRO memorandum of agreement amendment, the IPAP CC must be a 65D lieutenant colonel (O-5) with the 5K skill identifier.

**Army Phase 2 Clinical Coordinator.** The Phase 2 CC position is typically a 3- to 4-year tour, coded for a 65D major (O-4) or lieutenant colonel (O-5) with the 5K identifier. Currently, the IPAP Army Phase 2 sites are

- Blanchfield Army Community Hospital, Fort Campbell, KY
- Carl R. Darnall Army Medical Center, Fort Hood, TX
- Evans Army Community Hospital, Fort Carson, CO
- Fort Belvoir Community Hospital, Fort Belvoir, VA
- General Leonard Wood Army Community Hospital, Fort Leonard Wood, MO
- Ireland Army Health Clinic, Fort Knox, KY
- Irwin Army Community Hospital, Fort Riley, KS
- Keller Army Community Hospital, West Point, NY
- Landstuhl Regional Medical Center, Germany
- Madigan Army Medical Center, Joint Base Lewis-McChord, WA
- Martin Army Community Hospital, Fort Benning, GA
- Brooke Army Medical Center, Joint Base San Antonio-Fort Sam Houston, TX
- Tripler Army Medical Center, Honolulu, HI
- William Beaumont Army Medical Center, Fort Bliss, TX
- Winn Army Community Hospital, Fort Stewart, GA
- Womack Army Medical Center, Fort Bragg, NC

Sites may open and close depending on the capacity for students and availability of required rotations at the hosting MTFs. In coordination with the IPAP CC, an IPAP faculty member conducts a site accreditation inspection every other year at each HBT location (see Table 38-1).

## **Phase 2 Site Clinical Coordinator**

Although some of the duties and responsibilities of Army Phase 2 CC and the Phase 2 site CC overlap, there are certain distinct functions. Overall, duties of positions are synchronized to ensure students receive proper training and management at the various MTFs serving as Phase 2 sites. The IPAP Army Phase 2 CC, located at MEDCoE, oversees all Army Phase 2 clinical training sites and the site CCs. The IPAP Phase 2 site CC is responsible for supervising and mentoring new IPAP Phase 1 graduates through their 13 months of clinical rotations.

### ***Duties and Responsibilities***

The main responsibilities of the IPAP Phase 2 site CC are to prepare new PAs to perform duties as primary care providers. Students must

be prepared to operate in settings such as a remote aid station during deployments, a garrison clinical environment, and in the field during training exercises; to interface with their battalion staffs to optimize battalion medical readiness and 68W (combat medic) training; and to serve as a mentor to help guide new PAs through their careers. IPAP graduates three classes per year, and each Phase 2 site CC receives up to six students from each class, depending on the MTF's capacity. This typically results in two to eighteen students at a Phase 2 site at any one time, arranged in freshman, junior, and senior classes. Students may be assigned class leadership positions to aid in student accountability and management.

The site CC position is generally a 0.5 full time equivalent (FTE), with the other 0.5 FTE of the person's time performed in a primary care or specialty clinic position. Specific responsibilities vary based on the Phase 2 site. Some sites (usually those with Graduate Medical Education [GME] programs) have an assistant to the CC who builds and maintains academic rotation schedules, manages grades, proctors tests, and performs various other administrative tasks. Many smaller sites require the CC to do those tasks.

Serving as the IPAP Phase 2 site CC provides experienced PAs, those with a variety of battalion, brigade, clinical, and staff PA assignments, the opportunity to shape the next generation of Army PAs. This rewarding assignment allows the transfer of clinical, professional, and soldiering skills to new PAs, and sets up a lifetime network of mentoring relationships to guide PAs through successful careers. One mentoring technique used by clinical coordinators is to team up a PA student with a staff PA on the installation. This enables the student to attend battalion staff meetings, observe sick call at the aid station, interface with battalion medics, and potentially participate in a field problem or soldier readiness processing from a PA's viewpoint. CCs perform many administrative tasks, including creating training schedules, managing students' presentation requirements, and meeting with clinical preceptors. Additionally, the CC organizes the weekly academic half-day to ensure students are prepared to pass the PANCE. Monthly student counseling sessions and feedback from preceptors must be conducted and documented to meet IPAP standards. Test scores must also be recorded. If a student is struggling academically, academic probation and a remediation plan must be developed and approved by the MD (usually the physician GME director, the deputy commander

for clinical services, or the chief of primary care) and monitored for adherence and progress until the student proves competence.

Some flexibility in the IPAP ISAP allows academic or administrative delays to allow students to repeat a limited number of rotations, or provide time to manage personal crises. However, the IPAP PD must approve such actions.<sup>4</sup> Professional relationships with preceptors, department chiefs, and the local IPAP MD are critical for the student success. In facilities with large GME programs, IPAP student rotations require careful scheduling to provide the maximum student contact with the preceptor. DOD students must have priority over other PA students in clinical rotations. With student motivation and effective CC involvement, almost every student who reaches Phase 2 graduates and becomes a successful Army PA.

### ***Desired Skills and Attributes***

All Army Phase 2 site CCs must:

- have extensive experience (preferably with deployments) in battalion and brigade PA positions;
- be an excellent role model with the desire to mentor others;
- have solid leadership, administrative, and academic skills; and
- be experienced in evaluation and rating.

In addition, it is preferable that candidates for these positions have completed ILE.

### ***Training***

The most important training to help Phase 2 site CCs be successful is gained on the job experience and developing a vision for education. A 2-month overlap with the outgoing CC is imperative for effective preparation. Phase 2 site CCs use the online educational platforms CANVAS and MyEvaluations, as described above.<sup>8,9</sup> When starting in the position, CCs must review policies and procedures on CANVAS, and CCs use MyEvaluations for grading, certification of student rotations, patient/procedure logs, and the qualitative/quantitative assessment of students by the preceptors.<sup>9</sup> In addition, expertise in the current electronic medical record systems and standard office

programs (particularly Microsoft Excel and Outlook) are critical for the Phase 2 CC.

### ***Key Facts***

The Phase 2 site CC position is typically a 2- to 3-year tour and is coded for a 65D major (O-4), although a 65D captain promotable (O-3) or lieutenant colonel (O-5) can also be selected, with no additional skill identifier requirement. Sites may open and close depending on the capacity for students and availability of required rotations at the hosting MTFs. The site CC is usually rated by the clinic officer in charge, and senior-rated by the MTF's deputy commander for clinical services or chief of the site CC's department. An IPAP site accreditation inspection is conducted at most sites every other year. The site CC must maintain excellent rapport with clinic and service chiefs, MTF leadership, and the medical company to maintain a solid rotation curriculum and protect students' interests.

Time management is a key skill because student management can easily encroach on the CC's clinic productivity, and vice versa. The CC serves as a mentor, supervisor, clinician, program chief, educator, preceptor, scheduler, assignments manager, and resource manager for the site. Often the Phase 2 CC may be one of senior PAs (or the senior PA) on the installation, which extends these mentoring responsibilities to all of the PAs on the installation.

## **IPAP Phase 1 Associate Professor**

### ***Duties and Responsibilities***

The main responsibilities of an IPAP associate professor is the coordination and instruction of an assigned course during the 16-month didactic phase of the IPAP. This includes ensuring course content remains aligned with the current NCCPA blueprint, reviewing course curriculum each semester, and recommending any necessary changes to curriculum committee. Additional duties involve academic counseling of IPAP students, grading master's papers of assigned counsees, and supporting other IPAP educational activities such as physical exam practice and testing, exam proctoring, and other identified educational activities. Associate professors also serve as



members of committees assigned by the PD as part of program support and development.

### ***Desired Skills and Attributes***

All Army associate professors must:

- hold an appropriate Doctorate of Clinical Science or equivalent degree if assigned as the orthopedic, general surgery, or emergency medicine professor;
- have current NCCPA certification and maintain clinical privileges at a local MTF;
- have extensive experience (preferably with deployments) in battalion and brigade PA positions;
- be an excellent role model with the desire to mentor others; and
- have solid leadership, administrative, and academic skills.

Also, it is preferable that candidates have completed ILE.

### ***Training***

All new faculty must attend and complete the MEDCoE Instructor Training Course or already have the 5K additional skill identifier.

### ***Key Facts***

IPAP associate professor positions are typically a 3- to 4-year tour and are coded for a 65D major (O-4) or lieutenant colonel (O-5), although a 65D captain promotable (O-3) can also be selected. Some positional authorizations require additional skill identifiers, such as M1 (orthopedic) and M2 (emergency medicine), and general surgery recognitions gained through a DSc program (Figure 38-3).

## **Program Manager**

The IPAP program manager receives, processes, and boards applications for the IPAP at USAREC headquarters. This position is rated by the director of USAREC's Health Service Directorate and is senior-rated by the USAREC chief of staff.



**Figure 38-3.** The multiservice faculty and staff of the Interservice Physician Assistant Program at the Army Medical Center of Excellence, December 12, 2019. Front row, left to right: Maria Charles, Lieutenant Commander Lance Beahm, Lieutenant Jeremy Fisher, Major Jamie Robey, Colonel Brian Burk, Lieutenant Colonel James Jones, Lieutenant Colonel Jacqueline Bvlgari, Major Karen Salyars, Sergeant Ashton Cole-Johnson. Second row, left to right: Dr. James Jelen, Major Zachary Leftwich, Major Jason Unsworth, Lieutenant Colonel Vu Nguyen, Denise Fricchione, Stacyann Walters, Colonel Edward Michaud, Major Lauris Trimble, Major Chad Roasa. Third row, left to right: Dr. James Murray, Captain Kevin Graham, Captain Terrance Nevels, Lieutenant Commander Joe Hamm, Richard Weber, Lieutenant Commander Jeff Bateman, Major James Winstead, and Lieutenant Colonel Bruce Callahan. Photograph courtesy of Lieutenant Colonel James Jones.

### ***Desired Skills and Attributes***

- Extensive experience as a PA and Army officer.
- Rank of major or lieutenant colonel.
- ILE graduate preferred.
- Brigade senior PA or brigade surgeon experience preferred.
- Excellent communication skills.
- Must be an excellent role model with a desire to mentor others.
- Knowledge of Microsoft Word, Access, and Excel software is helpful.

## ***Training***

Training required for the IPAP program manager includes access and familiarity with several USAREC systems:

- Total Army Personnel Management Information System, used to create new regular Army accessions;
- Medical Operating Data System, which holds Active Component Health Professional Loan Repayment Program documentation;
- IPAP accession database, used in processing and managing IPAP applicants and selectees;
- Direct Commissioning and Accessing System, which allows recruiters to build new accession packets remotely for boarding direct accession AMEDD officers and future officers for AMEDD commissioning programs; and
- The Health Care Recruiter Course and specialized training in procurement and processing procedures unique to AMEDD recruiting efforts.

## ***Duties and Responsibilities***

The duties of the IPAP program manager are many and varied. They include managing the active duty and Reserve PA recruiting and accession programs; processing all documents for boarding, selection, and appointment of IPAP students; overseeing policy revision (Army Regulation [AR] 601-20, *The Interservice Physician Assistant Training Program*<sup>10</sup>); and coordinating application and appointment procedures. Additionally, the IPAP program manager develops recruiting strategies to ensure that high-quality soldiers participate in IPAP, and oversees the marketing of civilian-trained PA recruitment. The IPAP program manager provides input to the chief of the Army Medical Specialist Corps and the Army PA consultant on strategic issues affecting IPAP and direct accession recruiting. Additionally, the IPAP program manager is responsible for in-processing new IPAP students, processing commissioning documents for graduation, and coordinating staffing actions among command headquarters, recruiting staff, and external agencies, including OTSG, MEDCoE, and HRC.

This position is typically a 3-year tour and coded for a 65D major (O-4) with no additional skill identifier requirement. The IPAP program

manager performs face-to-face counseling and field interviews for prospective IPAP applicants. Fiscal constraints may restrict travel to make contact with IPAP applicants; however, whenever feasible these visits are key to interacting with applicants in the field. This position is primarily non-clinical; however, the program manager must perform limited clinical duties to maintain their credentials. Duties are further described below.

- **Advertising.** The IPAP program manager evaluates admission criteria annually based on guidance from the OTSG PA consultant, the Army Medical Specialist Corps chief, MEDCoE, National Guard Bureau, and HRC, and advertises the updated annual application criteria through an annual military personnel (MILPER) message, articles, the IPAP USAREC webpage (<http://usarec.army.mil/army/PA>), broadcasts, and flyers.
- **Recruiting.** The IPAP program manager coordinates installation and video teleconference briefings with soldiers interested in IPAP, the AMEDD Enlisted Commissioning Program, and other AMEDD commissioning programs. The program manager further ensures that major Army installations inside the continental United States are briefed every 24 months, and installations outside the continental United States are briefed every 36 to 48 months. The IPAP program manager maintains communication via email, Facebook, and telephone, and requisitions and mails recruiting materials for presentation purposes as needed.
- **Direct accessions.** “Direct accession” is a term used when a trained professional enters military service. The IPAP program manager performs curriculum vitae reviews on all regular Army and Reserve PA applicants through the Direct Commissioning and Accessioning System, and conducts phone interviews and addresses applicant questions as needed. When requested, the program manager will conduct briefings or presentations at civilian PA training programs and conferences. The program manager also performs curriculum vitae reviews on all civilian PAs who wish to serve in the regular Army or Army Reserve. Additionally, the IPAP program manager provides input for the fiscal year mission with guidance from the OTSG PA consultant, Specialist Corps chief, and HRC through articles, the USAREC webpage, flyers, and the annual American Academy of Physician Assistants conference.

- **Applicant processing.** The IPAP program manager reviews all IPAP applicant packets to ensure that packets are complete and that candidates meet the eligibility requirements for commissioning in accordance with ARs 40-501, 135-100, 135-101, 600-9, 601-100, and 670-1.<sup>11-16</sup> The program manager evaluates each commissioning physical exam and processes all medical waivers through the USAREC surgeon. They ensure that the PA consultant has reviewed all “P2” profiles (an activity-limiting condition under the Army Physical Disability Evaluation System) and that all approved exceptions are boarded. The program manager ensures that all moral, age-in-grade, and time-in-service waivers are processed through the Army Medical Specialist Corps prior to boarding. When an applicant is deemed academically ineligible by the affiliated university (currently the UNMC), the program manager performs an academic review to ensure that all eligible packets are processed. If the UNMC academic review of an applicant identifies a discrepancy, the IPAP program manager performs a final review to ensure the affiliate university was not in error.
- **Boarding.** The program manager briefs the IPAP selection board members on the IPAP application requirements and provides additional requested information to the board president during the boarding process. Applicants are not enrolled in IPAP until the boarding process is complete.
- **Post-board.** The program manager releases the board results via a MILPER message. “Selectee” is the term used for board-selected IPAP candidates (pre-matriculation). The IPAP program manager contacts all HRC branch managers to discuss the start date for each selectee (January, April, or August) based on the branch’s needs, and provides a welcome letter and initial instructions to each selectee.

Additionally, the program manager “scrolls” all selectees and requests assignment instructions through HRC. (All soldiers recommended for commissioning are placed on a list [“scroll”] submitted to Congress for approval, then signed by the secretary of the Army, after which appointment orders are generated, and enlistees tender their oath.) The program manager ensures that all background investigations have been completed, reenlistment contracts have been signed, and students remain eligible (academically, morally, and medically) throughout the length of the program.

- **Classes.** The program manager ensures that all remaining academic coursework has been completed and all documents have been received prior to orders being published, and further ensures that each candidate signs a statement of understanding outlining their service within 60 days of reporting to school.
- **Graduation.** The IPAP program manager ensures that all program graduates have an approved scroll, have up-to-date security clearances, and complete qualifying physicals prior to graduation. The program manager ensures that all new waivers are processed within 12 months of graduation, and forwards all graduation documents and contracts to HRC.

## **Conclusion**

Assignment to the IPAP constitutes significant recognition of an individual's leadership, dedication, and desire to mentor the next generation of PAs in the military. Because both civilian and military agencies govern education for PAs, any position related to the IPAP depends on an individual's awareness and understanding of these mandated educational requirements. For the PD, the most crucial association for the IPAP is the accreditation received from the ARC-PA, since without this accreditation, IPAP graduates cannot sit for the PANCE. Furthermore, the PD, Army branch chief, and CC must ensure adherence to TRADOC requirements and those of the different services as outlined by the ITRO agreements. From didactics to supervised clinical practice experiences, all IPAP members must ensure students receive only the highest quality of training in accordance with the ARC-PA, ITRO, and TRADOC standards. Success depends on the efforts of the IPAP PM to recruit the best applicants, the IPAP associate professors to provide the highest quality of didactic instruction, and the CCs to ensure exceptional supervised clinical practice experiences. The ability of the IPAP to function as the world's largest PA program depends on effective leadership at all levels, and a thorough understanding of the requirements for PA education. An important consideration is that IPAP graduates will spend only a short time as military PAs, since nearly all will become civilian PAs after completing their military service. For most, the bulk of their years as a PA will occur in the civilian sector. Therefore, all IPAP members must ensure all graduates receive preparation to succeed in the PA profession across the scope of the nation's health care landscape.

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### **Additional Source**

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