



SAPA JOURNAL



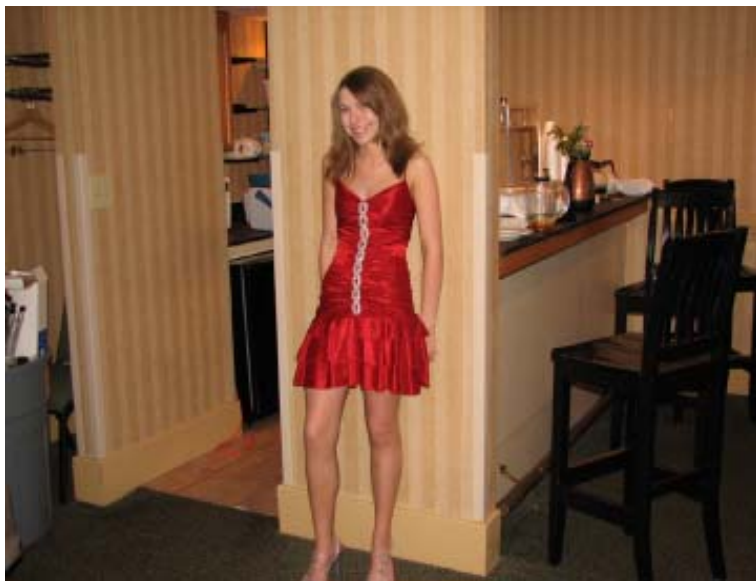
The Society of Army Physician Assistants

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Vol. 19, NO. 4 A Civilian Organization Representing Army PAs Jul/Aug 2007

THANK YOU NICOLE FOR YOUR CONTINUED SUPPORT OF SAPA

Received from Paul W. Lowe, PA-C



TO: Monmouth-Roseville High School
ATTN: Jeff Bryan
325 West 1st Avenue
Monmouth, Il 61462

Dear Sir,

On behalf of the Society of Army Physician Assistants (SAPA), I want to thank you for the hard work and dedication of one of your students. Nicole Potter performed as one our office staff members during SAPA's annual recertification conference held in Fayetteville, N.C. on 23-27 April, 2007. With over 600 in attendance, operating a conference of this magnitude is quite a logistical and administrative undertaking. Nicole had an active role in the efficient operation and success of this conference.

Our conference offers 33 category I hours of medical education approved by the American Academy of Physician Assistants. For each of these classes, lesson plans and student handouts need to be completed and copied. Nicole was instrumental in taking outlines in multiple digital formats and printing the form. She seemed to be able to take care of any "crisis" that occurred. On one particular instance, our copier was broken down. Multiple attempts to fix it, even while on the phone with a technician for over 45 minutes had not been successful. Then Nicole returned to the office. With opening the copier, clearing a few codes and a few more "clicks", the copier worked like new. When we all had come to a stand-still for over an hour, Nicole had saved the day.

Nicole is an extremely bright and energetic young lady who you can be very proud of. I know that as an educator, your desire for students is to be successful in our society. I can testify that Nicole has certainly helped made our SAPA conference successful and I can imagine her future will be no less productive. You can be proud of Nicole as we certainly are. For "loaning" her to us over this past week, I would like to present you with one of our SAPA lapel pins. We hope you will wear it with pride which is the same type pride our society feels toward Nicole.

Sincerely,

Paul W. Lowe
President-Elect
Society of Army Physician Assistants

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The SAPA Journal staff and SAPA Board of Directors encourages membership participation in this publication. Feel free to use this forum to present your views on any topic you desire. The publication of clinical articles on any subject is also solicited, however, to reduce our workload, we do request articles be presented typed, double-spaced format, and on CD, Microsoft Word format. The editor reserves the right of final acceptance of articles as well as the right to serialize articles which are too lengthy to be included in a single issue.

The SAPA Journal is the official publication of the Society of Army Physician Assistants. The views and opinions expressed herein are not necessarily those of the editors, SAPA, the SAPA Board of Directors or the Department of the Army unless explicitly expressed as such

This is not an official Army Publication.

Important News

Received from Steve Crane, MD, AAPA EVP/CEO

To my AAPA constituent organization friends and colleagues, Please forgive the informality of this message. I would have preferred to contact you individually about this news, but I thought it better to let you know as soon as possible and follow up later with a more personal message. After almost 14 very happy years at the helm of the AAPA, I have accepted a new position as Executive Director of the American Thoracic Society (ATS) in New York City. My decision to accept this position was one of the hardest that I ever have had to make. While there is no best time to leave a job that you love and the many, many good friends and colleagues that come along with the job, I feel that the Academy is in the best shape in all dimensions than it ever has been. The profession has made significant strides over the past decade and is now a well-established and well-respected group among all health professions. The ATS is an international educational and scientific society established more than 100 years ago that focuses on respiratory and critical care medicine. Its membership encompasses the leading scientists and clinicians (including PAs) in these fields. I am honored to have been selected by them to lead their organization into the next century of their work in biomedical science, health care delivery, and health policy. AAPA has an established process for identifying and selecting a new EVP/CEO. I will remain at the Academy until September 1 to assist this transition process, and then will be available after that to provide whatever help I can. I want to thank sincerely all of the leaders, members, and, most especially, the staff of the AAPA for their unwavering support and help over the past 13 years. Together, we have built what I believe to be the most capable, professional, and successful of all medical professional associations. I have no doubt that this success will continue for many years to come. I am certain that over the next several months there will be communications to you from AAPA leadership about the transition process. I ask that you provide all the support and help that you can to your AAPA leaders and staff, as I will also. To paraphrase an old saying, I can take myself out of the AAPA, but I can't take the AAPA out of me. In whatever venues and situations my new job takes me, I always will be an ardent and hopefully effective advocate for the PA profession. This profession is a critical part of the future of health care both here and abroad. I am very proud to have been a part of this impressive group of caring professionals, and I hope to continue to be a part, albeit from a different organizational home.

With all best wishes for the future,
Steve

AUGUST 2007

PAs Create Program to Train Medical Providers for Advanced Trauma Medical Care

Reprinted from AAPA News, By Doug Scott

The current environment confronting U.S. combat troops in the post-invasion era of Iraq and Afghanistan requires new skills and competencies for the military PA. U.S. forces, allies, and civilians face new weapons and tactics that cause new types of battlefield injuries. A high incidence of traumatic brain injury and limb injuries characterize the casualties confronting PAs in forward battalion aid stations.

The PA is the core medical provider in the forward echelons of combat and engagement in Iraq and Afghanistan, known as Level One or Level Two — the battalion aid stations and the forward operating bases (FOB) — and the person most responsible for care of the soldiers in Iraq on the front lines. In 2004, under the directive of the Army Surgeon General, U.S. Army Forces Command (FORSCOM), and the U.S. Army Training and Doctrine Command (TRADOC), a special unit was created to train all medical providers going into Level One or Level Two areas of engagement in a new advanced course in combat trauma care called Tactical Combat Medical Care (TCMC). Located at Ft. Sam Houston, Texas, TCMC was specifically designed and organized and is being run exclusively by military physician assistants.



Student applies a bandage to a 4x4 in the Tactical Combat Medical Care program's hemorrhage control workshop. The student is also getting practical hands-on experience with pressure dressings during the hemorrhage control workshop.

“We had two primary goals in design-ing this course,” explained Maj. James Rice, a PA, branch chief of the TCMC, and one of the creators of the program. “We first wanted to provide a realistic ap-proach for those medical providers who typically only have training in advanced trauma life support or basic life support and, second, TCMC provides the medical provider with the ability to continue their trauma training and then provide a train-ing platform to provide training sustain-ment for their junior medics in the field.

“The purpose of the course is to pro-vide medical providers — including PAs and senior line medics — with a very realistic, grassroots, down-in-the-dirt ap-proach to combat trauma management. We provide them with the training and with a starting point on how to develop that training program in their own ele-ment in Iraq or Afghanistan.”

In explaining the military’s need for the TCMC program, Rice said, “The Army is very indiscriminate; you could have worked in pediatrics for 20 years and never practiced adult medicine or seen any trauma at all. The Army calls you to go into combat and be a physi-cian or a PA in a battalion aid station. It has nothing to do with your back-ground. You’re a clinician, you’re a warm body, and good luck. There has never been any dedicated training for trauma care in the battlefield environ-ment — until now.”

Rice said that TCMC utilizes the con-cepts found in Tactical Combat Casualty Care (TC3) as the foundation for TCMC. The TCMC course then builds on those TC3 concepts to better prepare the medi-cal provider to deal with soldiers hit with improvised explosive devices (IED) or automatic rifle fire. This involves ad-vanced trauma training in penetrating in-juries, blast effects, overpressure effects, burn components, grenade fragmenta-tions, and automatic rifle fire wounds. To deal with these kinds of injuries, Rice said, TCMC created hands-on training in new pediatric trauma concepts, hemor-rhage control/splinting techniques, whole blood transfusion concepts, advanced airway techniques, use of ventilators, and a more comprehensive burn compo-nent.

The TCMC course is five days long and is taught 12 times a year by Rice and six other PAs, all of whom have seen at least one tour of duty in Iraq in Level One or Two areas. It involves 16 hours of didactic and about 42 hours of hands-on training to 20 to 30 people per class. As a joint medical training center, the TCMC is also open to Navy, Air Force, and Army National Guard PAs, physicians, and nurses. The course is not required, but is “highly recommended” by the Office of the Surgeon General, FORSCOM, and TRADOC.

“If they are going to Level One or Level Two areas and they are getting ready to deploy,” said Rice, “I want to train them.” “The course curriculum is based on after-action reports and real on-the-ground experiences and is therefore very fluid and



Students in the Tactical Combat Medical Care program are practicing rapid trauma assessment during skill stations training. dynamic,” added Rice, who is leaving for his second tour of duty in Iraq this month. “We are constantly gathering new medical information and asking [gradu-ates of the program in the field] if there is anything we can do, if there is something lacking, if they are seeing a need in a cer-tain area, and, hands down, they say, no, we’re right on target, we’re giving them exactly what they need.”

A 19-year veteran of the Army, Rice became a PA in 1996 through the Army’s PA program at University of Texas Health Science Center. The TCMC was the brainchild of Rice and Maj. Mark Stevens, a PA who taught at the Interservice PA Program and was later deployed to Afghanistan follow-ing September 11, 2001. Soon after the beginning of Operation Iraqi Freedom in 2003, Rice developed a rough draft of the plan of instruction for the TCMC and submitted it to Col. Bill Tozier, then chief, Physician Assistant Section, in the Army and PA consultant to the Sur-geon General.

“This is something that I am most proud of,” said Tozier, who is presently doing a tour of duty in Iraq as senior PA for Task Force 3rd MEDCOM (3rd Med-ical Command). “This is the first course in the Army to teach providers — not medics but providers — PAs and physi-cians, how to do point-of-injury triage and care. And it is a course put together by PAs.”

LOST MEMBERS

Every year we elect individuals to attend the House of Delegates Session at the annual AAPA conference. These delegates represent the views and concerns of the SAPA constituency. The number of delegates authorized is determined by the number of Fellow members in the chapter. If you know of prior members who have let their membership lapse; encourage them to renew SAPA and AAPA membership and declere SAPA as their constituent chapter! **cb**

The Surgeon General's Annual Physician Assistant Recognition Award



CPT Patrick Williams was recognized at the SAPA Banquet for being awarded the Surgeon General's Annual Physician Assistant Recognition Award. His recommendation reads: CPT Williams provided outstanding routine, preventive and emergency medical care to the Soldiers of the 4-23 IN BN and 172D SBCT during our deployment in support of Operation Iraqi Freedom. His knowledge of tactical casualty care is the best I have ever seen among physicians assistants. He provided superb training to the medics of his battalion, instilling the fundamentals of combat casualty care that led to life saving care on the battlefield. He provided Combat Lifesaver training to over 150 non-medical Soldiers of his battalion further building his units confidence in the care they would receive should they become injured. His rigorous medical screening of the Soldiers of his battalion led to them having minimal non-battle injury evacuations from theatre. He also provided medical training to over 150 Iraqi police cadets, thereby working to ensure capable Iraqi security forces. CPT Williams participated in over 200 combat missions in the cities of Mosul, Tal Afar and Baghdad. These missions included an air assault and a riverine operation. He provided advanced trauma management at the point of injury and saved lives. He is an intrepid Soldier. He oftentimes provided care to Soldiers while still under fire without regard for his personal safety. During one instance, he raced to provide aid to a Soldier while receiving enemy fire. He used his body to shield this Soldier while provided life saving and innovative tactical care that, without question, saved this particular Soldier's life. For his gallantry in action he was awarded the Silver Star. He augmented the 47th and 228th Combat Support Hospitals in Mosul during MASCAL

operations on four occasions and augmented their staff on a weekly basis. CPT Williams was one of three medical providers from our Brigade who supported two combat arms battalions in Western Ninevah province. He provided routine and emergency care to over 200 U.S and Iraqi Soldiers while there. He was often the sole medical provider at the combat outpost of Sinjar where he treated those wounded in action. While he was in Western Ninevah province, our brigade was notified that were being redeployed to Baghdad. CPT Williams ensured the seamless transition of medical support for his unit which allowed them to arrive in our new area of operations ready to assume combat operations. CPT William's knowledge of and experience with tactical casualty care also led to changes being made in medical logistics. He was the driving force behind the stockage of compressed gauze in theatre. This provided for an effective, yet lighter combat load, not just for providers and medics of his Battalion, but potentially for all tactical casualty care providers supporting Operation Iraqi Freedom. CPT Williams is a fearless Soldier, an innovative thinker and an outstanding medical provider. The actions described above merit his recognition by the U.S. Army Surgeon General. He embodies all that an Army physician assistant should be. He has unlimited potential and is a credit to the medical profession, the United States Army and our country.

Medical Evaluation of Rhabdomyolysis/Myositis in Fort Leonardwood Best Sapper Competition

Received by CW3 Ret Thomas H. Hume, PA-C

Scenario:

Preliminary evaluation of medical needs of the competitors was conducted in the two months prior to the events occurring, by the staff of the Sapper course and the designated Medical provider.

During the discussion, the potential health hazards of the involved personnel were considered, and the problems identified, and rated for priority.

The most serious of the problems identified were the potential for Rhabdomyolysis and myositis, a somewhat less serious problem (please see enclosed description of problems).

It was determined that the most expeditious means of determining who was potentially at risk would be by drawing lab data on arrival at Ft. Leonard Wood to compete, and then at the end of the program to repeat these tests to determine any potential injury of the service member who had participated in the program.

The Commander of the Combined Troop Medical Facility was consulted and with the approval of the Chief of Primary Care at General Leonard Wood Army Community Hospital, involved

with the logistical challenge presented. Additionally, the staff of the Lab volunteered to assist with the required testing to include both, equipment and time commitment.

With the preliminary problems identified, the planning for the operation commenced. At that point, the need of a roster of participants existed. This became an early challenge as the number of contestants and various installations involved were unknown until relatively late in the planning. The itinerary was changed to allow the arrival to FLW by an additional day, to allow labs to be done prior to beginning the event. The necessity to do this, was to determine who, by their own training at home, had put themselves at risk for injury prior to arrival at FLW.

During the competition, the conduction of several sick call evaluations was done, primarily on blisters and foot problems. This daily check on the participants prevented any infections to the various lesions as this in the past had been a significant problem with Methicillin Resistant Staphylococcus Aureus infection's.

There was a single service member who had a serious onset of Rhabdomyolysis and was hospitalized. The early identification of his problem resulted in an uneventful recovery from the acute problem and an excellent prognosis of complete recovery. The total number of participants was 26 persons. Of that number, there were 18 who sustained elevated lab values that needed to be addressed. Of that number, there were 3 moderate injury cases and 5 minor cases additionally, as well as 4 cases of minimal elevation of enzymes (enclosed data-provided).

Interestingly, all personnel from posts other than FLW were noted to have elevated lab values, while those from FLW was of only 50% of those involved. These findings may reflect the need to determine the notification of potential participants as any earlier time, and a more graduated acceleration of the physical preparation for the course competition. Multiple testimonials from the participants reflected less than 2-3 weeks total prep times which required a markedly accelerated training, and therefore an increased chance for injury, as reflected in the numbers shown.

The variance between the visiting personnel and resident contestants is still under evaluation and no particular difference has been identified.

Acclimatization may be a consideration, and it may be that an arrival of 7-10 days prior to the event to allow a more graduated training and evaluation may prevent injuries which are serious and in fact life threatening. Throughout the competition, the monitoring of the contestants was maintained and in fact the last evaluation was done the morning following the end of the event.

These labs revealed that of the 26 competitors, 18 had elevated enzyme levels, 3 had markedly elevated levels and urinary abnormalities as well. The span of elevation ranged from minor to extreme and in fact necessitated the forwarding to various providers of the findings, due to their adverse nature and the need for the service members to have care on arrival to their home stations. The potential for life long injury is significant and must be documented in the records of these individuals. The question arises as to how many in the past had departed after these events with no evaluation having been done and whether any subsequent fall out health care occurred. Prevention being the best treatment, a method of training and evaluation during the stress period is necessary to prevent this problem from causing injury that may injure or cripple a service member forever. Both, the forwarding command as well as the host command medical personnel must be involved from the beginning to determine who is in the early changes prior to the severe outcomes that occur without cessation of the stress activities. This easily could be done with screening labs at the initiation of the training period and periodically through the length of the course. This would be inexpensive, easy to determine, the early on potential onset of these problems, and prevent further injury to the service member. The data could be easily captured and communicated to all commands.

Proof Positive They Were There



Seated L-R: Paul Lowe, SAPA President, Frank Piper, SAPA Immediate Past President, Harold Slusher, SAPA Executive Director; Standing: Bob Potter, Alternate Delegate. They all swear they did more than eat my lamb chops. Report to follow. cb



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House Outstanding Service Award Honors Vitvitsky



The recipient of the 2007 House Outstanding Service Award, presented during the House of Delegates Awards Ceremony, was Jack Vitvitsky.

“The list of past winners of the House Outstanding Service Award is a veritable ‘who’s who’ of past and present leaders and past presidents of the Academy,” said House Speaker Paul Robinson. “The people on this list have all demonstrated superior leadership, and they all share a love of the House.

“The person selected to receive the 2007 House Outstanding Service Award is someone who labors out of the spotlight and has demonstrated his love of the House throughout his career as a PA. This man is so unassuming that we were only able to find three photos of him. He is always in the background. Those of you who have been in the House of

Delegates before may not recall his name, but you will certainly remember his face. Suffice it to say that Jack Vitvitsky represents the ‘heart’ of the House.

“Jack, it is with great admiration and pleasure that I present to you the 2007 House of Delegates Outstanding Service Award for all you have contributed to the progress and accomplishments of AAPA’s policy-making body, the House of Delegates,” Robinson said.

In true form, Vitvitsky accepted the award, paused briefly at the microphone, and said: “Thank you for the honor. It’s my life’s pleasure. Thank you all for coming here this year so I can meet more of you.”

Scholarship for Army Veterans, Retirees, National Guard, Reserves and Active Duty

Received by Donald A. Black, PA-C

As most of you know, the PHYSICIAN ASSISTANT family lost their first PA EVER to be killed in combat. Captain Sean P. Grimes, PA-C lost his life while serving in Iraq on 4 March 2005. Since that day SAPA with the generosity of the Grimes family has established the CAPTAIN SEAN P. GRIMES EDUCATIONAL SCHOLARSHIP AWARD. If you need, or someone you know needs educational financial assistance please visit the SAPA website for details. (www.sapa.org)

If you have additional questions please contact:

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Ret LTC, SP

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