SAPA JOURNAL

The Society of Army Physician Assistants

P O Box 07490, Fort Myers, FL 33919 Phone & Fax (239) 482-2162

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Kudos to Jack Hurley But Shame on the Editor

Received from Charles S. (Steve) Jackson, PA-C

October 26, 2007

Editor – SAPA Journal
PO Box 07490
Ft Meyers, FL 33919

Dear Sir,

Kudos to Jack Hurley but shame on the editor. Score: 4-Right and 5-Wrong

While it may be a minor point to some it is a major nuisance to many of us. I am not a possession. I am a Physician Assistant. I graduated from the Army's Physician Assistant program. My state license says Physician Assistant. I am a member of the American Academy of Physician Assistants. I have national certification through the National Commission on Certification of Physician Assistants. I am a member of The Society of Army Physician Assistants. And while I have seen a few doctors that thought we are Physician**'s** Assistants the fact is that we are not.

It is irritating to see Physician**'s** Assistant in the lay media but is down right embarrassing to see it used in one of our own publications.

Steve

Editor's note: When I received the above letter I considered myself appropriately chastised. Steve went so far as to enclose an edited copy of the newletter, having encircled the five inappropriate uses of the apostrophe. How could I let such a major faux pas embarrass my fellow Physician Assistants? Oh sure, if I was recalcitrant, I would point out that articles are placed in the newsletter as I receive them, without alteration. No wait, that would cast blame for this felonious use of apostrophes on the author who submitted the article. So many of you are inclined to submit articles to your "own publication", I would hate to alienate the throngs. I'm sorry Steve, I can't recall. When was the last time you wrote an article for the newsletter? Oh, my mistake. You haven't. If I were a vindictive sort, I would call attention to the fact that it is considered grammatically incorrect to begin a sentence with the word "and". I've taken the liberty of correcting in red for your edification. [~~And w~~While I have seen a few doctors that thought we are Physician**'s** Assistants, the fact is that we are not.] I added the glaringly absent comma after Assistants. You probably would have caught it if you hadn't been so riveted to policing up those run amok apostrophes. I realize this is an important issue to some of you. SAPA even had the dye for their coin recast to omit the apostrophe in an attempt to salve your deep wounds of possession anxiety. I own one of each which I intend to show my granchildren someday as I regale them with stories of the inordinate amount of time that has been wasted on the discussion of this topic. Now I'm confused, do you think I should refer to them as *my* grandchildren? I offer you my not so humble apology and my solemn promise not to waste any more of your time or mine on the subject. **cb**

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 their SAPA and AAPA membership and declare SAPA as their constituent chapter! **cb**

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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.

Do Yo have your SAPA Coin?

Those of us who have served in the military, understand the tradition associated with the challenge coin. Created during World War I by American aviators, the medallion, as it was known back then, shows one's identity to a certain group from which the coin is is-sued.
If you do not have your SAPA coin they are easily obtained from our sales booth at the April conference. Don't get caught without yours.
Want to know more? Please see the full history and the rules of the challenge coin see below.

Challenge Coin History

Received from Sharon Hanley, Veterans Caucus

During World War I, American volunteers from all parts of the country filled the newly formed flying squadrons. Some were wealthy scions attending colleges such as Yale and Harvard who quit in mid-term to join the war. In one squadron, a wealthy lieutenant ordered medallions struck in solid bronze and presented them to his unit. One young pilot placed the medallion in a small leather pouch that he wore about his neck. Shortly after acquiring the medallions, the pilots' aircraft was severely damaged by ground fire. He was forced to land behind enemy lines and was immediately captured by a German patrol. In order to discourage his escape, the Germans took all of his personal identi-fication except for the small leather pouch around his neck. In the meantime, he was taken to a small French town near the front. Taking advantage of a bombardment that night, he escaped. However, he was without personal identification.
He succeeded in avoiding German patrols by donning civilian attire and reached the front lines. With great difficulty, he crossed no-man's land. Eventually, he stumbled onto a French outpost. Unfortunately, saboteurs had plagued the French in the sector. They sometimes masqueraded as civilians and wore civilian clothes. Not recognizing the young pilot's Ameri-can accent, the French thought him to be a saboteur and made ready to execute him. He had no identification to prove his allegiance, but he did have his leather pouch containing the medal-lion. He showed the medallion to his would-be executioners and one of his French captors recognized the squadron insignia on the medallion. They delayed his execution long enough for him to confirm his identity. Instead of shooting him they gave him a bottle of wine.
Back at his squadron, it became tradition to ensure that all members carried their me-dallion or coin at all times. This was accomplished through challenge in the following manner - a challenger would ask to see the medallion. If the challenged could not produce a medal-lion, they were required to buy a drink of choice for the member who challenged them. If the challenged member produced a medallion, then the challenging member was required to pay for the drink. This tradition continued on throughout the war and for many years after the war while surviving members of the squadron were still alive.

Rules of theChallenge Coin

A. The challenge is initiated by draw-ing your coin, holding it in the air by whatever means possible and state, scream, shout or otherwise verbally acknowledge that you are initiating a coin check. Another, but less vocal method is to firmly place it on the bar, table, or floor (this should produce an audible noise which can be easily heard by those being challenged, but try not to leave a permanent imprint). If you accidentally drop your coin and it makes an audible sound upon impact, then you have just "accidentally" initiated a coin check. (This is called paying the price for improper care of your coin.)

B. The response consists of all those persons being challenged drawing their coin in a like manner.

C. If you are challenged and are unable to properly respond, you must buy a round of drinks for the challenger and the group being challenged.

D. If everyone being challenged responds in the correct manner, the chal-lenger must buy a round of drinks for all those people they challenged.

E. Failure to buy a round is a despicable crime and will require that you turn-in your Coin to the issuing agency.

F. WHEN - WHERE: Coin checks are permitted, ANY TIME, ANY PLACE.

G. EXCEPTIONS: There are no exceptions to the rules. They apply to those clothed or un-clothed. At the time of the challenge you are permitted one step and an arms reach to locate your coin. If you still cannot reach it — SORRY ABOUT THAT!

H. A COIN IS A COIN

Special Operations Medical Association Conference Lessons Learned

Received from Center for Army Lessons Learned (CALL)

Extracted from Training Supplement to Fall 07 Vol 7 Ed 4 Journal of Special Operations Medicine

The following is a summary, in no specific order, of medical lessons learned and TTP discussed at the Special Operations Medical Association (SOMA) conference of 2006:

• One can never have enough pairs of scissors available.

• Recommend that scissors, tourniquet, and a bandage (preferably HemCon) are available on your vest for immediate access.

• Place a bleeder pack in a pouch, and label it with a red cross. Everyone should carry the same pack, as a minimum. Some good medical packs are commercially available. In some, the cravats are a little inferior, and the 14-gauge catheter is a little flimsy, but the packing list and contents cover almost all of your bases for trauma treatment. A HemCon bandage for every man is necessary.

• Ensure a copy of the manifest for all missions is readily available so that you can account for all individuals aboard an aircraft, ground vehicle, boat, etc., should the vehicle or craft eject the occupants.

• Teach the basic combat lifesaver skills to everyone. Individuals need to know how to apply a proper pressure bandage before they learn a needle decompression or cricothyroidotomy. Practice at least one mass casualty exercise prior to deployment, so individuals learn to do self/buddy aid.

• Familiarize, practice, and employ all of the mechanics of casualty evacuation (CASEVAC) from the POI to the handover at a higher medical treatment facility (MTF), so you can find out what does not work before it costs a life. Always coordinate with receiving medical facilities and have a guide waiting there, if possible.

• Familiarize the use of auto-injectors prior to deployment.

• Wounded individuals can and will continue to fight. Wounded individuals can and will do self-aid if trained to do so.

• Properly package and secure fragile pieces of medical equipment. Plastic laryngoscope handles and scalpel handles can and will break at inopportune times.

• Litter carries are fundamental for good patient care; they prevent further injury and get individuals off target as soon as possible. Rehearse manual carry methods prior to deployment.

• If you are going to be away from vehicles or on foot, you should have a good CASEVAC plan that has been rehearsed prior to employment. Consider personnel requirements (litter bearers and security) if manual carry methods are used in your CASEVAC plan.

• You may want to consider placing a Kendrick traction device into a SKEDCO. There is no good substitute for a traction device. You may also want to consider adding a Valium auto-injector to your Kendrick traction devices. This is handy for a femur fracture and may be needed quickly when an individual with a head injury begins seizing.

SAPA MEMBERSHIP WOES

Unoffiicially, SAPA Membership is now a total of 895. That's the good news. The bad news is that there are 177 members that I will need to purge from the active membership over to the inactive data base files or former members. By my calculation, that is nearly twenty percent of previously active members who will be categorized as former members because they have not renewed their membership. Folks, that's way too many. As preiously mentioned, SAPA's number of authorized delegates is determined by the number of Fellow members in our society. We're not allowed to count someone as a Fellow member unless his/her membership is up to date. There truly is strength in numbers. Our society has always been fortunate in that our members are very dedicated and loyal to the organization. If you are like me, things like dues and membership renewals end up getting lost in the shuffle of life's many day to day activities. I respectfully request you all check to see if your membership is up to date. If it is expired, I encourage you to renew as soon as possible. I have sent multiple electronic messages out to remind those that are in arrears on their dues. I will also be mailing out notification of the same this month. Please don't be offended if you receive one of these notices and you have recently renewed. It takes a few days for your renewal application to get from either Jim Miller, SAPA Treasurer or Hal Slusher, SAPA Executive Director to me. Thanks everyone for you attention to this. **cb**

Editor's note: This is perhaps the oddest letter I have received since I've been doing this newsletter. I considered disregarding it, but instead, decided to include it exactly as I received it, in its anonymity. If it prompts you to respond, by all means, forward your response to me for publication.**cb**

Dear sir,

Please send the following address to your members as I believe it is an important statement and reminder for Army PA's in these times of intense workloads. Also I ask that you keep my address and name anonymous. Thank you.

Please consider the following case with an open mind. Army PA's are over worked and under resourced every day. They have 120+% patient booking in and out of theater. They are stressed with ever more stringent and ever changing regulations. They have none of the incentives of private practice. They are constantly pushed to "meet the mission" with the implication that the mission takes precedence. They face demanding patients and unreasonable family of patients. Most of their cases are for knee or back pain and easily fit cookie cutter diagnosis leading to boredom. Let's face it, Army PA's are set up for failure. Not personal failure, but they are set up to fail their patients. Eventually a hard back or knee case comes up where the symptoms don't fit the mold. A fresh PA will take this situation and sink his teeth into it. He/she will attack the diagnosis and try to get clarity from the situation. A tired PA who feels stuck in a rut will write it off as a case of poor tolerance to pain/symptoms or good old fashioned malingering. The honest truth is most PA's assume it is somewhere between these two possible explanations for the symptoms. Once you have a notion in your head you stop looking for a new one. It's all too easy to make everything fit a nice, neat new diagnosis than to spend more time on this patient which would mean further backlogging your appointments and that ever growing stack of reports to file on your desk. I believe all PA's, civilian or military, strive to overcome this mentality that is in itself a symptom of job stress and boredom. Unfortunately there is nobody trying to address this. The PA's don't suffer and neither do the Physicians or Surgeons. It is the soldier, wounded or ill, chastised already by his command and peers. The soldier who is plagued by self doubt and physical suffering. The soldier who is already stressed by the hoops he has to jump through and the time he has to wait to be seen. The soldier who waited 2 weeks to see you and got 7 undivided minutes of your attention for diagnosis, unless you were finishing the last patient's paperwork or trying to eat lunch while he explained his scenario. You are busy as an Army PA. You will continue to always be busy regardless of how much time and energy you put into patient care. Why not treat each challenge with your full attention and renewed vigor? Sure there is a chance that the patient just has "a lack of heart", "low tolerance to pain", or just an old fashioned malingerer. What if he's not? Pain is subjective, not objective. Why did you choose the field? Did you set out to diagnose and resolve a high number of cases every day? I hope you wanted to genuinely help those who look to you for hope instead of meeting combat strength figures. Please keep this in mind when you see that patient with symptoms that don't add up or are contradictory. Usually it's a case of miscommunication. Patients are scared, nervous, and want to fill you in on weeks worth of symptoms in the couple of minutes and they often misstate facts or forget symptoms and sometimes their symptoms seem to change during a visit. Just as often a busy PA hears the first few sentences and skips the full exam and just looks for the symptoms to fit the diagnosis he already suspects. All anyone can ask of you is that you please remember you are the only health care our warriors have in the congested Military Medical system.

My story,

To let you know, I am not an Army Physician. I am a soldier in the process of a MED BOARD. My care was misdiagnosed and improperly managed due to joint blame. I failed myself initially by insisting on continuing to perform my duties in combat after being injured. I was also poorly served by a PA who has been burnt out by 26 months deployed in 40 months and almost seven years in the same battalion. He is burnt out and provides medicine from the gut not the mind. He truly means well most of the time, but fails to address the environmental factors that let him keep falling back into the same behavior. His patients like him as an individual, but loathe his medical care. He is outspoken of putting the mission before all else and has adopted the mentality of an Infantry NCO, not that of sole medical provider for 1100 individuals. I endured six months of harsh words in front of my peers and the implications from him that I was "making it up" or it was psychogenic, despite the findings from X-ray and MRI showing physical cause. Finally I spent 50% of my net pay to see two separate civilian providers for objective and separate diagnosis. I had come to doubt myself as much as he did and couldn't understand why my pain wasn't going away. Like the military saw, I had a mild wide bulging of S1. They also saw the degenerative disk disease but diagnosed it with moderate-severe, not mild. Finally they also said my CSF was at 17 which explained not only my pain but an unresolved prior complaint from 2 years earlier with the same PA. These providers had nothing to gain from a diagnosis, they knew that they would not get repeat business from me due to my service in the Army and yet they both gave me almost verbatim reports. I will not directly experience any benefit from a change in your personal dedication or attitude. I will soon be out but I worry for the others because I am far from the only one who was failed.

Send responses to **casey.bond@earthlink.net**

Longtime PA Educator Honored with First Presidential Award Given by Physician Assistant Education Association

Received from Eileen Evans, Associate Editor, Journal of Phsician Assistant Education

(Alexandria, VA) — Jesse C. Edwards, MS, was recently honored as the first recipient of the presidential award given by the Physician Assistant Education Association (PAEA) at its Annual Education Forum in Tucson, Arizona. Edwards, a faculty member at the University of Nebraska Medical Center Physician Assistant (PA) program, has made historic contributions to PA education and to PAEA. The organization bestowed this award on Edwards for significant achievements over his lifetime.

Edwards is considered a pivotal figure in the annals of the PA profession. For nearly 40 years — almost as long as the profession has been in existence — he has devoted his career to PA education and to enhancing the roles of PAs locally and at the national level. This is especially remarkable considering that he is not himself a PA.

Edwards is particularly identified with the development of the profession in the military and in the state of Nebraska. He was a founding father of the Nebraska PA program in 1971, and he was instrumental in establishing the affiliation between the joint Air Force/Navy PA program and the University, which awarded a degree to the military's students. He was active duty in the U.S. Air Force for more than 20 years, retiring in 1967 as a major. In 2000 the Air Force named its annual award for junior PA officers after him.

Edwards was an early advocate of the international development of the profession. In 1985 he helped the Chinese National Medical Education Committee develop a PA curriculum, and he was also a consultant to the Canadian Military PA Program.

His service to PAEA has been just as important. He created and maintained the first national test item bank for PA programs. He has served as both president and vice president of the organization and established PAEA's liaison relationship with the National Association of Advisors for the Health Professions, which has had an increasingly active role in assisting prospective applicants to enter the profession.

Edwards continues to work part time with his institution's distance learning program.

CME Opportunity

Received by Jennifer Feirstein, PA-C

ARIZONA
March 12-15, 2008. 2008 Primary Care Conference
Sponsor: Arizona State Association of Physician Assistants
Location: Sedona, Arizona
Credits: 24
Contact: ASAPA at http://www.asapa.org/cme.htm
or contact@asapa.org; 1-800-595-6721 or 602-995-3532.

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:
Donald A. Black, PA-C,MPAS,
Ret LTC, SP
email: donald.black@se.amedd.army.mil
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Copied from AAPA News

Ready, Set . . . Register!

On December 3, registration and housing will open for AAPA's 36th Annual PA Conference and, for the seventh year in a row, registration rates have not increased. Early registration means lower fees as well as access to pre-conference registration for adjunct symposia and workshops. For immediate results, submit your registration on-line on our secure server at www.aapa.org/annual-conf. Registration rates are as follows:

	Preregistration Before April 18	On-site After April 18
Fellow/Sustaining/Associate Member	$445	$475
Student Member	$120	$130
Military PA (includes AAPA membership)	$660	$690
Nonmember	$700	$730
Student Nonmember	$175	$185

See AAPA's Annual Conference Web page for full details. NOTE: This year, HOD registration is separate from regular conference registration. Keep an eye on your Delegate News for updates. It is very important to include an e-mail address on your registration form. This allows us to send your registration and housing confirmation electronically, as well as important updates and details. It is also the easiest and most effective way to receive the registration announcements for workshops and adjunct symposia. AAPA does not give or sell these addresses to any third party. To help you easily identify these important messages quickly, all e-mails from AAPA regarding the annual conference will have "AAPA" in the subject line. Please add aapa@sherpaevents.com to your "safe" list so you won't miss out on these important announcements. Adjunct symposium registration will open on April 1 and workshop registration will open on April 21. All members should be sure to look in the mail for your Advance Registration brochure in a couple of weeks! It includes paper copies of the forms as well as useful and more detailed information on CME, conference highlights, and the exciting city of San Antonio.

SOCIETY OF ARMY PHYSICIAN ASSISTANTS
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Fort Myers, FL 33919

First Class

ADDRESS SERVICES REQUESTED

SAVE THE DATE!

Adventures in Lobbying
A Day On Capitol Hill
February 25-26, 2008

Reprinted from AAPA News

Join forces with your fellow PAs and PA students in Washington, D.C., for a day on Capitol Hill and the opportunity to deliver an important message to Congress. AAPA's ***Adventures in Lobbying - A Day on Capitol Hill*** conference will be held February 25-26, 2008. Make plans now to attend this event.

The first portion of the conference will feature briefings on some of the legislative issues of concern to PAs. In addition to learning about the issues, participants will enjoy a training session that will increase your skills as a "grassroots lobbyist." Experts will guide you through a mock visit to a congressional office, help you refine your message, and give you pointers on how to have a meaningful conversation with elected officials and congressional staff members. All your patient education skills as a PA can be transformed into making you an expert spokesperson for your profession.

AAPA will send briefing materials to everyone who registers and provide fact sheets to take on your visits to Capitol Hill.

The second day of the conference is reserved for PAs to visit the offices of their U.S. senators and representatives. When you register for Adventures in Lobbying you will receive guidelines for making these appointments in advance. Capitol Hill is a short trip from the conference hotel. You will be given Metro fare cards to facilitate travel to and from the U.S. Capitol.

Each evening will feature a reception, offering a chance to greet your fellow PAs and relate your adventures.

We encourage you to include Adventures in Lobbying in your February 2008 schedule.

Visit **www.aapa.org/gandp/ail/index.html** to learn more

MAY YOU ALL HAVE A VERY MERRY AND BLESSED CHRISTMAS AND HAPPY NEW YEAR!

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