

# PROFESSIONAL FORUM



## The Battalion PA

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The Army's physician assistant program is one of its newest, largest, and highest quality programs. Its graduates have long enjoyed a reputation of offering concerned care to soldiers and other beneficiaries of Army medical care. Since the first Army physician assistant class graduated from the school at Fort Sam Houston in 1973, physician assistants (PAs) have played an integral part in maintaining the combat readiness of our infantry units.

Today's PAs continue the proud tradition of service to the infantry community and have expanded their practice to include family care. Not only are PAs trained practitioners, they are also valuable staff members and trainers who, when used properly, can contribute significantly to unit readiness.

When Congress authorized the Army to train 400 physician assistants in 1971, the purpose was to augment Army Medical Department (AMEDD) capabilities by freeing physicians from duties as battalion surgeons and to implement a training program that would produce individuals who were highly skilled in primary medicine for duty in combat arms battalions. Since the inception of the program, the PA's role has expanded to include specialty training in the areas of emergency medicine, aviation medicine, occupational health, orthopedics,

and cardiopulmonary perfusion.

On the basis of my observations during 20 years of commissioned service and my recent command of an infantry battalion, together with numerous conversations with fellow battalion commanders and members of the staff of the U.S. Army physician assistant program, I would like to offer a few recommendations to our junior leaders on employing the battalion PA to gain the most benefit from his services.

Most of our junior leaders are familiar with the more traditional roles of physician assistants. PAs generally monitor morning sick call and advise company and battalion leaders on the medical welfare of the soldiers in the command. Additionally, PAs serve in the troop medical clinics where they see soldiers who have been referred from morning sick call. PAs also provide medical care to dependents during family practice hours.

In addition to these important functions, PAs have other skills that can help company commanders and first sergeants improve the physical well being of the soldiers in their units. Too frequently, though, leaders fail to take full advantage of these skills.

As with most leaders, the PA can contribute more to the effectiveness of a command if he clearly understands

what is expected of him. A battalion commander must define what he expects his PA to do and must also delineate the PA's responsibilities from those of the medical platoon leader or medical platoon sergeant.

By the time a physician assistant reaches a battalion, he has had considerable training. He is a graduate of the Advanced Cardiac Life Support (ACLS) Course and the Trauma Management Course, and is a qualified instructor in Basic Cardiac Life Support (BLS or CPR) Courses. Moreover, the Army's physician assistant program recently received an unprecedented five-year accreditation from the Committee on Allied Health Education and Accreditation, the American Medical Association's certifying arm. Consequently, a battalion PA is uniquely qualified to lend his professional expertise to training a battalion's medical personnel.

In an infantry battalion, the physician assistant has overall responsibility, along with the medical platoon sergeant and platoon leader, for training the members of the medical platoon. One responsibility is preparing and training for the annual Expert Field Medical Badge (EFMB) competition. The EFMB program is an invaluable opportunity to improve the professional skills of the medical personnel. My battalion

PA, for example, developed a training program that resulted in the highest number of EPMB recipients of any infantry battalion in the division for three consecutive iterations. I was as proud of those soldiers as I was of the infantrymen in the battalion who earned Expert Infantryman Badges.

Equally important is the development of a viable combat life-saving course. The PA is the principal trainer in this area. He can ensure that the medics who actually conduct the training teach the soldiers who are to be combat lifesavers the critical skills that will enable them to save the lives of their fellow soldiers in the fire teams and rifle squads in their units. Like all principal trainers, the PA must closely monitor the instruction to ensure that these soldiers have the emergency skills they need to operate in a combat environment, particularly when the assigned medic is not available or when the number of casualties exceeds the medical team's capability. Does the combat life-saving course teach the soldiers all they need to know to save the life of a fellow soldier? The PA can provide that answer.

The PA is also the primary trainer of the medical aidmen in pre-hospital trauma life support and in the emergency measures they need to know to sustain life on the battlefield until the wounded can be evacuated to an aid station. The aidmen may have had this training, but they may not have had an opportunity to practice its execution. This training is the unit PA's primary responsibility. Too, medical aidmen must develop their skills in performing military medical triage on the battlefield, which is markedly different in some circumstances from civilian triage standards. The PA has a tremendous amount of knowledge in this area, and his training is essential to the success of the medical platoon's combat mission.

Additionally, the PA should be familiar with both the battalion and the company training schedules, because these schedules will indicate higher or lower sick call rates and will help the medical platoon allocate its resources. If a unit is to field march over rugged terrain, for example, the physician

assistant should be able to inform a commander what the probable unit sick call rate will be the morning of the march, what additional supplies the platoon medics should carry, and what preventive measures should be taken to ensure that the soldiers receive the proper medical attention before, during, and after the exercise. An increase of 10 to 20 percent over the normal sick call rate is frequently the norm when units schedule rigorous training, and this is information a commander should have available.

Aside from monitoring sick call, the PA also plays a vital role in a garrison environment. One of my colleagues actively employed his physician assistant in running the battalion gym and supervising the profile physical training program. Using his medical knowledge, the PA made significant improvements in the unit PT program and greatly reduced the number of orthopedic injuries. Moreover, he had the technical skill to see that soldiers on profiles performed the physical activities that would lead most quickly to their recovery.

A smart commander makes full use of his physician assistant. The PA is his

personal expert on fitness, wellness, preventive medicine, field sanitation, and occupational health issues. If the PA does not immediately know the answer, he is trained to find the answers within the AMEDD community. This pertains to matters such as physical training (including aerobic and weight training), cholesterol counseling, diet, smoking, accident prevention, hearing conservation, asbestos in motor pools, laser hazards, and the like.

The PA also provides important support for family support group (FSG) activities. In addition to dependent care, the physician assistant can also conduct school physicals for the soldiers' dependents and teach first aid classes in support of unit FSGs. All of these efforts can contribute to the establishment of a positive command climate.

Still, it is in the field where PAs often make their greatest contribution to a command. During one month-long deployment to the outback of Australia, my battalion task force, numbering nearly 1,000 soldiers, suffered an average of one sick call a day. From a medical perspective, the tremendous success of the deployment was based substantially on the PA's energetic



supervision of the medical training program. Daily he visited the companies and platoons, ensuring that the soldiers were drinking enough water, checking their feet, and inspecting the unit medics. The result was phenomenal. In the entire task force, only two soldiers had to be hospitalized during the five weeks the unit was deployed.

The battalion had similar results during a deployment to Japan in the dead of winter. After initial adjustments were made due to the frigid conditions, a preventive medicine program (consisting of classes and noncommissioned officer inspections) reduced cold weather injuries to a minimum. Again, our success was due primarily to the energetic program supervised by the physician assistant.

Local training exercises can produce similar results, but only if the PA is aggressive in executing his duties. Too frequently, commanders are content to allow the PA to remain in the field trains or combat trains. There are certain times when the trains are indeed the place for the battalion's medical expert, but if time and circumstances permit, there is nothing wrong with the PA visiting the companies and platoons in their field locations.

There are many benefits to these visits. He can see to it that the medics are complying with sick call policies and procedures; he can inspect company latrines (in accordance with AR 40-5, Field Sanitation), company personal health practices in foot care and bathing, company mess facilities, and sources of water; and he can improve the soldiers' morale by demonstrating his personal commitment to their health.

At the same time, the PA can learn, for example, whether the NCOs are ensuring that their soldiers maintain medical discipline within the ranks and whether field sanitation meets the standard. Nothing should escape his eye.

The PA also has the responsibility both to collect and to interpret medical intelligence for the commander in relation to its effect upon the unit's operational ability. If the PA is to

provide adequate input on selecting casualty collection points, evacuation routes, and landing zones, he must become knowledgeable of the terrain features in the operational area, familiar with map reading, and skilled in current communications procedures.

In addition to inspecting the command for medical shortcomings, the PA can also conduct classes to improve the combat readiness of the command. As an expert on medical treatment and evacuation, the physician assistant probably has more experience than any other leader in the command. He should be able to offer suggestions on marking the casualties during hours of limited visibility — maybe a certain color of



chemlite for the most seriously wounded, another for the less seriously wounded, and a third for the dead. He also should be able to teach the medics and the graduates of the life-saver's course to make a number of different field expedient litters.

Too few units actually practice moving casualties or coordinate and train in the use of litters, loading of vehicles, and the number of personnel required to evacuate the dead and wounded. These internal unit procedures must be rehearsed and coordinated before actual combat, even though they may temporarily delay the tactical training designated by the unit commanders. Again, the PA is the expert who evaluates the effectiveness of this training from a medical perspective.

Additionally, given the capabilities and the temperament of the enemies we are likely to confront in the future, practice in chemical warfare must include well-rehearsed plans for decontamination and treatment of chemical casualties. This is a nightmare scenario, even in training, and many trainers are reluctant to execute the training regularly. But it must be done. No one understands the personnel and logistics requirements until they actually train on the finer points of chemical casualty evacuation.

Instructors in the PA school will tell you that it takes 12 men (non-medics) to run a decontamination line. If these men are in the highest heat category and are working in MOPP 4 and butyl aprons, a commander must plan for three shifts working 20 minutes and resting 40. Even at that rate, they can decontaminate only one patient every 20 minutes. Again, the PA is the expert who can help work through this most difficult situation.

The physician assistant, therefore, is an important staff member. The average Army PA is a staff sergeant with 11 years of service. Because of this experience, he has a unique ability to communicate with the enlisted soldiers, the junior NCOs, and the first sergeants. The PA understands things from both the enlisted and NCO perspective. Consequently, he can foster smooth communications within the unit.

The physician assistant will not make an important contribution to the command, however, unless the commander uses his technical training and talents to the greatest possible extent. A commander's imagination is frequently the only constraining factor. Successful leaders use every tool at their disposal to improve the readiness and effectiveness of their units. The physician assistant should be no exception.

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