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PHYSICIAN'S ASSISTANTS ATTITUDES AND PERFORMANCE

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A. David Mangelsdorff, Ph.D
Health Care Studies Division
Academy of Health Sciences, United States Army
Fort Sam Houston, Texas 78234

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20. ABSTRACT (Continue on reverse side if necessary and identify by block number) ✓ Perceptions of physician's assistants (PAs) performance and utilization were received from 274 PAs (67%), 194 physicians, and 278 commanders. PAs were asked to answer demographic and attitude questions. Responses to attitude statements were made from four sets (perspectives): NOW, SHORT-TERM Motivators, CAREER Motivators, and SATISFACTION. Multiple regression equations were developed to evaluate the predictability of PA responses to critical items. The most consistent items found in the regression analyses which contributed to PAs suggesting that they would extend beyond their current payback time were:			

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"Having retirement benefits available," "Extent feel sense of belonging to the community and social life of the military," and "Payback time completed." The factors most likely to oppose extending included: "Total years of active military service completed" and "The availability of civilian federal job opportunities." Regression equations were developed to evaluate "Likelihood remain until eligible for retirement." The most consistent descriptor was: "Total years of active military service completed," followed by "Having retirement benefits available." The concerns of most interest to the Army PAs include pay, promotions, degree completion, continuing medical education, and professional utilization.

The present findings generally support the Robinson and Thompson (1975) study which found great appreciation for the PAs. Commanders and physicians expressed high degrees of satisfaction with the performance of their PAs.

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PHYSICIAN'S ASSISTANTS ATTITUDES AND PERFORMANCE

SUMMARY

The Army projects the loss of large numbers of physicians without significant replacement. In order to more effectively utilize the physicians that will be available, physician extenders (such as physician's assistants [PAs]) are being incorporated. Projections of Army PA strength based on the present 20 year retirement option indicate an urgent need to examine the factors relating to retention of PAs.

From December 1977 to May 1978, Active Duty Army PAs (N=409), the physicians supervising the PAs, and their commanders, were requested to fill out surveys regarding their perceptions of PA utilization. Survey replies were received from 274 PAs (67%), 194 physicians, and 278 commanders.

PAs were asked to answer demographic and attitude questions. Responses to attitude statements were made from four sets (perspectives): NOW, SHORT-TERM motivators, CAREER motivators, and SATISFACTION. Separate analyses were conducted to determine to what extent issues affect individuals under each of the four sets. Multiple regression equations were developed to evaluate PA responses to critical items. The most consistent items found in the regression analyses which contributed to PAs suggesting that they would extend beyond their current payback time were: "Having retirement benefits available," "Extent feel sense of belonging to the community and social life of the military," and "Pay-back time completed." The factors most likely to oppose extending included: "Total years of active military service completed" and "The availability of civilian federal job opportunities." Regression equations were developed to evaluate "Likelihood remain until eligible for retirement." The most consistent descriptor was "Total years of active military service completed," followed by "Having retirement benefits available." The greater the number of years of service completed, the more likely the PA will remain until eligible for retirement. The concerns of most interest to the Army PAs include: pay, promotions, degree completion, continuing medical education, and their professional utilization.

The present findings generally support the Robinson and Thompson (1975) study which found great appreciation for the PAs. Specifically, commanders and physicians expressed high degree of satisfaction with the performance of their PAs. There appears to be high acceptance of Army PAs as health care practitioners.

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PHYSICIAN'S ASSISTANTS ATTITUDES AND PERFORMANCE

1. INTRODUCTION.

a. Purpose. The purpose of this study is to document how physician's assistants (PAs) are perceived by physicians, commanders, and PAs.

b. Background.

(1) The Army projects the loss of large numbers of physicians without significant replacement. In order to more effectively utilize the physicians that will be available, physician extenders--physician's assistants, nurse clinicians, and AMOSISTS--are being incorporated into the Health Care Team.

(2) PAs are being utilized in Table of Organization and Equipment (TOE) units such as in the maneuver battalion and in troop medical clinics. The PAs must work under the supervision of a physician.

(3) Until roles are clearly defined for the individual members of the Health Care Team, role conflicts between professional members of the Health Care Team can be anticipated (such as between PAs and nurses or nurse clinicians).

(4) No more classes for training PAs are scheduled. The PAs who were trained in class number one completed their service obligation in August 1977. By August 1981, all PAs will have completed their obligated payback period.

(5) Projections of PA strength based on the present 20 year retirement option indicate an urgent need to examine the factors relating to retention (see Appendix A). It is anticipated that the PA strength will fall below present authorized levels in 1978. Thereafter, PA strength may continue to decline rapidly since the incentive of higher pay in the civilian sector may induce some military-trained PAs to leave the service after completing their four year obligations.

(6) A variety of studies have addressed PA utilization and the attitudes of physicians towards PAs. Stuart and Blair (1971) examined Army physician's attitudes toward PAs. The Army physicians felt that there was a need for PAs and would be willing to delegate selected tasks to the PAs. This enthusiasm toward PAs was expressed before the Army began the formal training and assigning of PAs.

(7) The Health Studies Task Force Report entitled "The Military Physicians' Assistant" (Page, 1975), summarized the development and training programs for military PAs. In 1966, the first formal civilian training program was established at Duke University. The PA programs of the military services originated to alleviate the shortage of primary care physicians by extending their service through the use of specially trained assistants. The Army PA Program was approved by the Deputy Chief of Staff for Personnel in July 1971 and the first class of sixty students commenced training in February 1972. The Air Force PA Program was begun in October 1970 with the introduction of an education course whose first class began training in June 1971. The Navy PA Program started in 1971 with a pilot project involving 12 enlisted corpsmen to be trained in Navy facilities in a three year program. In 1972, this program was changed when Navy students began their education at the George Washington University PA Program. In the Fall of 1973, the Navy program merged with the Air Force and became a joint education program. The output of all military department sponsored PA education programs increased until FY 77, and then leveled off. The services have no retention history for PAs, but it can be inferred from physician retention studies that there will be a strong pull toward the civilian sector because of higher income and better working conditions.

(a) The same study goes on to say that the purpose of the Army PA Program has been toward providing a replacement for the General Medical Officer at the battalion level in combat organizations. Two hundred seventy five of the four hundred Army PA spaces are in combat divisions and separate brigades, with the remaining spaces in various Army medical installations. The PAs are utilized under the general supervision of a physician for the delivery of limited primary medical care. Army and Navy PAs serve as warrant officers. Air Force PAs held senior enlisted ranks (E7-E9) until April 1978, at which time the Air Force PAs were commissioned as officers in the Bio-medical Sciences Corps (Society of Army Physician's Assistants Newsletter, February 1978).

(b) The average cost of educating PAs varies. In the response to a 22 August 1974 memorandum from the Assistant Secretary of Defense (Comptroller) and validated in the response to a 17 June 1975 memorandum from the Assistant Secretary of Defense (Health and Environment), the average cost per Army PA student for FY 74 was \$10,916 per year. The Health Studies Task Force Report (Page, 1975) calculated PA cost per productive man-year for two situations: the worst case (shorter retention and highest cost) was \$23,012 per man-year and the best case (lowest cost and longest payback) was \$17,534 per PA productive man-year.

(8) Robinson and Thompson (1975) examined the tri-service programs. Questionnaires were mailed to each of the 285 graduate PAs and their physician supervisors. For the 81 Army graduates assigned to a combat maneuver unit, an additional questionnaire was included for the battalion commander. The PAs reported satisfaction with their duties, but did not feel that their rank was commensurate with their required duties. The PAs estimated that three-fourths of their duty day was spent in primary patient care. PAs felt that acceptance of the PA concept was extremely good by patients, physicians, and other commissioned health care workers. PAs also expressed interest in continuing education. Factors having the greatest impact on PA military retainability were: rank structure, pay, provision for continuing education, clarification of regulation to allow the PA to perform more duties, allow options for PA specialization, and improvement of the working environment. Supervisory physicians and battalion commanders expressed a high acceptance and confidence in the PA program.

(9) Blair (1976) in his doctoral dissertation studied the proposed appointment of civilian-educated PAs as active duty warrant officers. Blair sent questionnaires to both Army trained and civilian trained PA graduates. The crucial question of the study was, "Would you consider serving on active duty as a Physician's Assistant with the rank of Warrant Officer in the US Army?" Those responding "yes" were interpreted as willing and eligible (qualifying factors of age and national certification status) to serve as Warrant Officer PAs in the Army, with a best case estimate of approximately 600 interested non-Army PA graduates and a worst case estimate of 108 non-Army PA graduates. Generally, the non-Army PA graduates who would consider becoming an Army PA were less likely to be nationally certified, made a lower income, had greater prior military health care experience, and were more likely to be MEDEX (Medical Extender) program graduates. The essential factor in the interpretation of the results centered around the phrase "would consider serving" as an Army PA. No estimate of the intention to serve was made, though "consider" was interpreted by Blair as a 100 percent commitment. In spite of the conclusion of that study, the recruitment effort to bring civilian-trained PAs into active duty has been essentially non-productive to date.

(10) A field evaluation of 76 Air Force PA graduates and supervisors (Dudley, 1974) indicated that the Air Force PAs were well accepted in their assignments, were satisfied with their overall training, and were satisfactorily performing their duties. As for re-enlistment plans, 63 percent planned to leave the Air Force; the three most frequent reasons for leaving were: lack of commissioning, good civilian jobs, and retirement.

2. OBJECTIVES.

The study objectives were to determine:

a. What factors would increase the likelihood of PAs extending beyond their current obligation (short-term motivators).

b. What factors would increase the likelihood of PAs remaining on active duty until eligible for retirement from the military service (long-term motivators).

c. What degree of job satisfaction PAs report.

d. What attitudes are expressed toward PAs by line commanders, physicians, and PAs.

3. METHODOLOGY.

a. Overview. The general methodology was to mail to commanders packets containing sufficient survey instruments to provide distribution of one survey for each PA, one survey for each physician who was in contact with the PAs, and one survey for each commander who was in contact with the PAs. If needed, additional questionnaires were reproduced locally. When completed, the surveys were returned to the investigator by mail.

b. Procedure. Commanders (see distribution in Appendix B) were mailed packets for dissemination of surveys to PAs, physicians, and commanders in contact with the PAs (see Appendices C, D, and E). Distribution of packets was accomplished as follows: at MEDDACs by Chief, Primary Care and Community Medicine; at MEDCENs by the Chief, Department of Clinics; at FORSCOM units by the Surgeon (appropriate Division, Brigade, or Regiment); for Europe by Consultant Ambulatory Care MEDCOMEUR; and for Korea by Chief, Personnel Division. Packets were mailed for distribution in December 1977. The mailing address was obtained from the Medical Corps Career Activities Office at OTSG (using the list as of August 1977). When surveys were completed, respondents followed instructions for return using a government franked return address sheet. A total of 409 PAs were sent questionnaires. Each PA was asked to respond to attitude-related items from four sets (perspectives): how much does this item affect them now, as a short-term motivator, as a career motivator, and how satisfied are they with the issue? In addition, PAs were asked to respond to the subscales of the Job Descriptive Index (JDI; Smith, et al, 1969). Several common items were included in each type of questionnaire to allow comparison between the overlapping replies (Specifically, the same common item was included in the PA's survey, the physician's questionnaire, and the commander's survey).

4. FINDINGS.

a. Sample Characteristics. A total of 274 of 409 PAs responded (67%). The average age of the sample was 33.9 years. Table 1 summarizes some of the demographic characteristics of the PAs. Appendix B contains the distribution of responses from PAs, physicians, and commanders. Appendix C summarizes the PA questionnaire replies; Appendix D contains physicians' responses; while Appendix E depicts the commanders' returns.

b. Overview. Separate analyses were conducted to determine to what extent issues affect individual PAs under each of the four sets: NOW, SHORT-TERM, CAREER, and SATISFACTION. For each set, two critical items were examined and regression models utilized to determine which factors were more significant in evaluating PAs responses to the critical items. The replies of physicians were examined as were those of commanders. Where there was an overlapping of perceptions between PAs, commanders, and physicians, analyses of variance were accomplished on the common items (Nie et al, 1975).

c. PA Responses.

(1) Likelihood Extend. The critical item "with what likelihood do you expect to extend beyond your obligated payback period" employed a seven-point Likert scale (low probability = 1, to high probability = 7). For each of the four sets, multiple linear regression analyses were performed to evaluate responses to the critical item. All attitude section, JDI subscales, and demographic section responses were input into the multiple regression as independent variables. For each set, the reported F values indicated the degree of contribution of the independent variables entered, while the beta weights allow determining the direction and magnitude of the contribution of the variables (i.e., negative signs indicate suppressor variables, that is, have a negative impact). Tables 2 through 5 portray the beta weights and F values of items having beta weights exceeding .15 for the regression equations. Tables 6 and 7 display the distributions for Age and Total Years Active Service for "Likelihood Extend." Using "Likelihood Extend" as a dependent variable, analyses of variance and covariance were performed. Covarying out Total Years Active Service, there was a main effect for Payback Time Completed ($p < .001$) with those PAs who had completed their payback time being more likely to wish to extend. There was a significant effect for National Certification Exam ($p = .028$) with those PAs who had passed indicating a higher probability of extending. Unit Assigned or Location were not significant independent variables in these ANOVAs.

(2) Likelihood Retire. The critical item "with what likelihood do you anticipate retiring from military service" employed a seven-point Likert scale (low = 1, high = 7). For each set, multiple linear regression analyses were performed to evaluate responses to the critical item. Attitude section, JDI subscales, and demographic section responses were input into multiple regression equations as independent variables. Tables 8 through 11 depict the beta weights and F values of items having beta weights exceeding .15 for the regression equations. Tables 12 and 13 show distribution for Age and Total Years Active Service ($p < .001$), there were no significant main effects for Unit Assigned, Location, Payback Time Completed, or National Certification Exam.

(3) Satisfaction. The Job Descriptive Index (JDI) scales were scored and analyzed as dependent variables using analysis of variance and covariance procedures. The JDI consists of five subscales measuring aspects of an individual's attitudes toward their job. The subscales include: WORK, SUPERVISOR, CO-WORKERS, PAY, and PROMOTIONS. Table 14 summarizes the comparisons. There was a significant main effect for SUPERVISOR broken down by Unit Assigned, with PAs assigned in field positions being less satisfied with their supervisor than those assigned to medical positions ($p = .006$). There was a significant main effect for WORK broken down by Location: CONUS versus OCONUS, with PAs in CONUS being more satisfied than those PAs outside of CONUS ($p = .035$). There was a significant difference for PROMOTIONS broken down by Location: CONUS versus OCONUS, with PAs in CONUS being less satisfied with promotions ($p = .044$). There were no other significant effects found for the analyses using Unit Assigned (Medical versus Field) by Payback Time Completed (Yes versus No) covarying out Total Years Active Service or analyses using Payback Time by Location (CONUS versus OCONUS) covarying out Total Years Active Service.

(4) Comments. Appendix C contains the content and frequency of appearance of the remarks offered. The most frequent topics dealt with pay, promotions, job satisfaction, professional recognition, continuing education, degree completion, and status.

d. Physicians' Responses. The replies of the physicians were examined using ANOVA procedures. Comparisons were made using as independent variables: Unit Assigned (Medical versus Field) and Location (CONUS versus OCONUS). For Unit Assigned comparisons, there was a significant difference for "Frequency of individual contact with the PAs" with the field unit physicians reporting more frequent contact than medical unit physicians ($p < .0005$). For Location, there were significantly more PAs at CONUS posts ($p < .0005$) and also significantly more PAs with which the CONUS physician had a working relationship ($p = .007$). Finally, CONUS-based physicians felt the "Quality of the work relationship

between the PAs and the nurses" was less satisfactory than that PA-nurse relationship perceived by OCONUS physicians ($p = .032$). Appendix D summarizes the mean responses and comments.

e. Commanders' Responses. The responses of the commanders were examined using ANOVA procedures. Comparisons were made using as independent variables: Unit Assigned and Location. On the "Number of PAs personally work with", medical commanders reported significantly more than field commanders ($p < .001$) and CONUS commanders worked with more PAs than OCONUS-based commanders ($p = .016$). CONUS-based commanders and medical commanders had been acquainted significantly longer with PAs than their counterparts had. OCONUS-based commanders meet with their PAs significantly more frequently than CONUS commanders ($p < .001$). The field commanders were significantly less satisfied with PAs as soldiers than were medical commanders ($p = .027$). Similarly, field commanders were significantly less satisfied with the PAs appearance than medical commanders ($p = .026$). Finally, for "Age as a factor setting the PAs apart from other soldiers", CONUS commanders felt it more significant a factor than OCONUS commanders ($p = .023$). Appendix E displays the mean responses. Comparisons between battalion commanders, medical commanders, and other field commanders revealed no significant differences between groups on their responses.

f. Comparison of responses between PAs, physicians, and commanders on common items. Overlapping of perceptions on several common items occurred. Specific comparisons between the three groups (PAs, physicians, and commanders) are summarized in Table 10. The responses were analyzed as to: (1) Type: who made them (PAs, physicians, or commanders), (2) Unit Assigned: Medical (medical center, MEDDAC, hospital) versus Field (division, battalion, brigade, regiment), and (3) Location. There were significant main effects for Unit Assigned on perceptions of the "nurse-PA work relationship" (Medical > Field). Other significant main effects for Type included: "PA satisfied in professional role" (CDR > PA > MC); "physician-PA work relationship" (PA > MC > CDR); "Nurse-PA work relationship" (PA > CDR > MC); "enlisted-PA work relationship" (PA > CDR > MC); and "commander's acceptance of PAs" (CDR > MC > PA). There were significant interactions for the following items: "PA utilization of hospital resources" (CONUS Medical > OCONUS Field > CONUS Field > CONUS Field > OCONUS Medical); "PA satisfied in professional role" (Field CDR, Med PA > Med CDR, Field PA > Med MC > Field MC); "Nurse-PA work relationship" (CONUS Med > OCONUS Field > CONUS Field > OCONUS Med) (OCONUS PA > CONUS PA > OCONUS MC > CONUS CDR > OCONUS CDR > CONUS MC).

5. DISCUSSION.

a. Short-Term Motivating Factors. The most consistent items found in the regression analyses which contributed to PAs suggesting they would extend

beyond their current payback time were: "Having retirement benefits available," "Extent feel sense of belonging to the community and social life of the military," and "Payback Time Completed." If a PA had completed the payback time, or passed the National Certification Examination; the PA was more likely to intend to extend. However, the factors which were most likely to oppose extending included: "Total years of active military service completed" and "The availability of civilian federal job opportunities." With many PAs needing only a few years more to complete 20 years of active service, short-term retention of older (30 years +) PAs will be possible until the PA becomes eligible for retirement. The simple correlation between "Likelihood Extend" (item 26) and "Likelihood Remain Until Retire" (item 27) was .616 indicating a high probability of retaining PAs until the PAs have completed 20 years of service.

b. Long-Term Motivating Factors. The reliability of the criterion variable, "Likelihood remain until eligible for retirement" (item 27), was assessed using the correlation with the PA's Current Status (item 17). For those who were not already eligible for retirement, the simple correlation coefficient between items 17 and 27 was .863. This implies that the criterion variable "Likelihood remain until eligible for retirement" was a consistent indicator of the PAs' career intentions. The most conspicuous descriptor of whether a PA would remain until eligible for retirement was "Total years of active military service completed." This was followed by "Having retirement benefits available." The greater the number of years of service completed, the more likely the individual will remain until eligible for retirement. Similar findings were obtained in a study of Psychologist Retention Factors (Mangelsdorff, 1978). Specifically, "Total years of active military service completed," "Sense of Membership in Army," and satisfaction with perceived "Personal control over how career develops" were the significant explanatory variables of why psychologists remain in the Army.

c. PA Satisfaction. In looking at Tables 12, 13, and 15, it is apparent that younger PAs (30 years old or less) are more likely to be less satisfied with their work, pay, and promotions, which may lead them to plan not to remain in the service. The decision point for staying in or leaving the service appears to take place for PAs at about 11 years of active service or less (+ one year). Very few PAs with less than 11 years of service were willing to extend beyond their payback period or remain until eligible for retirement (see Table 16). With good prospects of being able to obtain jobs in the civilian sector as PAs, the Army apparently does not offer enough to retain the younger PAs.

The more experienced PAs, perhaps because of having served in the military longer and thus being more acquainted with the rewards of the military system, report greater satisfaction. These more experienced PAs are also more likely to intend to remain until eligible for retirement. The crucial question which needs to be addressed is what would keep PAs in for more than 20 years? Though this precise issue was not directly confronted, it can be inferred that professional utilization as a PA, pay, promotions, the extent of positive attitudes toward the military in general, and liking the present position all contribute toward the PAs decision to remain in the service. Some other common concerns most frequently voiced by the PAs included: continuing medical education and degree completion. For Army physicians, the availability of residencies and post-residency specialized fellowships has been cited as a very significant factor in why some physicians remain in the Army (Krause, 2978; Whelan, 2974). It appears PAs have similar education-related needs.

d. Attitudes Toward PAs. The Robinson and Thompson (1975) study serves as the prime reference for perceptions regarding PAs by battalion commanders, supervising physicians, and PAs in 1975. As found in the present investigation, the prevalent findings support those of Robinson and Thompson (1975), Fitterer and Cochran (1977), Blair (1975), McDougali (1975), and Hawkins (1978). The PAs are well accepted by physicians and commanders, and perceived as performing very satisfactorily by patients and other health care providers. The levels of acceptance of PAs have not significantly changed since the 1975 study. Field commanders were less satisfied with the PAs as soldiers than were medical commanders, particularly the PAs' appearance. There frequently have been differences in perceptions between medical and field commanders, especially related to the performance of non-medical duties by medical personnel (such as platoon leader, motor pool supervisor, and mechanic). CONUS-based commanders felt that age of the PA was a significant factor separating the PA from other soldiers. The average CONUS-based PA was more likely to be older and have performed more years of military service which may in part account for the commanders' perceptions. Judging from the comments offered by some commanders, the older, more senior field experienced PAs were preferred as soldiers to the less experienced PAs. PAs with special forces, combat, or field-experience seem to be more easily integrated as soldiers into field units like maneuver battalions. The conflicts between medical obligations versus battalion demands should be clarified for some PAs as well as their commanders. Where PAs rotate between field duties and hospital functions, priorities may need to be established to allow the PAs to adequately accomplish their missions.

6. CONCLUSIONS.

a. The factors affecting an Army PA's decision to extend beyond the obligated payback period include: "Having retirement benefits available", "Extent feel sense of belonging to the community and social life of the military," and if the PA had completed payback time. Factors most likely to oppose extending are: "Total years of active military service completed" and "Availability of civilian federal job opportunities".

b. Factors influencing an Army PA's decision to remain until eligible for retirement were: "Total years of active military service completed" and "Having retirement benefits available".

c. Overall, PAs are satisfied with their work. The PAs who probably intend to remain until eligible for retirement are older, have more total years of active service, and report greater job satisfaction as measured by the Job Description Index subscales.

d. The PAs are perceived as well accepted by commanders and physicians. The current findings update earlier work which likewise found high satisfaction with the Army PAs.

7. RECOMMENDATIONS.

a. Recommend that the findings of this report be made available to all individuals involved in the PA program to publicize more widely the issues of concern to Army PAs.

b. In order to retain more Army PAs, require applicants have at least eight years of active service with one tour in a field medical setting.

c. Provide more opportunities for PAs to obtain continuing medical education.

d. Recommend periodic surveys of Army PAs be conducted to determine current issues of concern.

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History and Influencing Forces. Military Medicine, 1974, 139: 265-72.

TABLES

Table 1

Descriptive Statistics on Demographic Section

Items for Physician's Assistants

Item Number	Content	Mean	Std Dev	Range
1	<u>AGE</u>	33.86	4.66	25 to 48
8	<u>MONTHS PRESENT ASSIGNMENT</u>	15.24	11.31	1 to 52
16	<u>TOTAL YEARS ACTIVE SERVICE</u>	14.36	4.75	6 to 28
19	<u>NUMBER OF PCSs</u>	0.85	0.94	0 to 5

Table 2

Integer F Values and Beta Weights for Independent Variables (Having Beta Weights Exceeding .15) Entered in Multiple Linear Regression Equation to Evaluate Criterion Variable "LIKELIHOOD EXTEND" for NOW SET

ITEM NUMBER	ITEM CONTENT	BETA	F
A21	Having retirement benefits available	.274	9.21
V22	Extent feel sense of belonging to community and Social life of military	.154	2.24
V15	Payback time completed (Y=1, N=2)	-.181	5.78
A10	My personal accomplishments as a PA	-.184	3.16
A26	The availability of civilian federal job opportunities	-.208	5.16
V16	Total years of active military service completed	-.236	2.20

Table 3

Integer F Values and Beta Weights for Independent Variables (Having Beta Weights Exceeding .15) Entered in Multiple Linear Regression Equation to Evaluate Criterion Variable "LIVELIHOOD EXTEND" for SHORT-TERM MOTIVATORS Set

ITEM NUMBER	ITEM CONTENT	BETA	F
A21	Having retirement benefits available	.320	15.18
A48	Having colleagues available for professional growth and exchange	.243	2.07
V10	Grade	.157	2.27
A9	My liking the geographic location of my assignment	.152	3.72
V15	Payback time completed	-.151	4.31
A44	The extent I make a meaningful contribution to my profession	-.249	3.20
V16	Total years of active military service completed	-.263	2.60
A47	Having opportunity to remain informed on current trends in medicine	-.275	3.68
A46	Not being oversupervised when doing my job	-.291	8.82

Table 4

Integer F Values and Beta Weights for Independent Variables (Having Beta Weights Exceeding .15) Entered in Multiple Linear Regression Equation to Evaluate Criterion Variable "LIKELIHOOD EXTEND" for CAREER MOTIVATORS Set

ITEM NUMBER	ITEM CONTENT	BETA	F
A21	Having retirement benefits available	.320	13.39
A18	My positive feelings toward my supervisor	.188	4.23
A10	My personal accomplishments as a PA	.178	2.31
V10	Grade	.158	2.32
V22	Extent feel sense of belonging to community and social life of military	.154	2.16
V11	Passed National PA certification exam	-.154	4.26
V15	Payback time completed	-.169	5.37
A26	The availability of civilian Federal job opportunities	-.172	4.39
A46	Not being oversupervised when doing my job	-.176	3.78

Table 5

Integer F Values and Beta Weights for Independent Variables (Having Beta Weights Exceeding .15) Entered in Multiple Linear Regression Equation to Evaluate Criterion Variable "LIKELIHOOD EXTEND" for SATISFACTION Set

ITEM NUMBER	ITEM CONTENT	BETA	F
A2	My liking my present position	.363	10.55
A44	Extent make a meaningful contribution to my profession	.250	6.15
A29	Having my supervisor's support for my decisions	.184	2.79
A19	Availability of civilian (non-Federal) job opportunities	.179	5.83
V22	Extent feel sense of belonging to community and social life of military	.170	2.80
S8	JDI co-workers	.155	4.21
V11	Passed National PA certification examination	-.157	4.78
A4	Having my supervisor respect my opinion	-.165	2.48
V16	Total years of active military service completed	-.208	1.67
V15	Payback time completed	-.222	9.57
A26	The availability of civilian federal job opportunities	-.312	16.13

Table 6

Distribution of AGE by Likelihood Extend Beyond Obligated Payback Period

LIKELIHOOD EXTEND	AGE RANGE			
	25-30	31-35	36-40	41-48
1 (Low)	22	13	24	10
2	7	2	2	0
3	3	1	1	0
4 (Undecided)	35	28	22	9
5	1	7	4	1
6	2	13	6	0
7 (High)	6	34	31	6

Table 7

Distribution of TOTAL YEARS ACTIVE SERVICE by Likelihood
 Extend Beyond Obligated Payback Period

LIKELIHOOD EXTEND	TOTAL YEARS ACTIVE SERVICE			
	6-11	12-15	16-20	21+
1 (Low)	29	4	19	18
2	7	1	2	1
3	3	0	1	0
4 (Undecided)	39	16	24	8
5	2	5	2	1
6	2	13	4	1
7 (High)	8	20	38	1

Table 8

Integer F Values and Beta Weights for Independent Variables (Having Beta Weights Exceeding .15) Entered in Multiple Linear Regression Equation to Evaluate Criterion Variable "LIKELIHOOD RETIRE" for NOW Set

ITEM NUMBER	ITEM CONTENT	BETA	F
V16	Total years of active military service completed	.566	20.60
A21	Having retirement benefits available	.288	16.52
A45	Amount of leisure time have available	.185	9.79
A16	Adequacy of base housing and facilities	.150	5.51

Table 9

Integer F Values and Beta Weights for Independent Variables (Having Beta Weights Exceeding .15) Entered in Multiple Linear Regression Equation to Evaluate Criterion Variable "LIKELIHOOD RETIRE" for SHORT-TERM MOTIVATORS Set

ITEM NUMBER	ITEM CONTENT	BETA	F
V16	Total years of active military service completed	.565	16.78
A45	Amount of leisure time have available	.228	7.82
A20	My personal accomplishments as a military officer	.195	6.03
A16	Adequacy of base housing and facilities	.191	6.89
A14	Having medical and dental benefits available	.166	4.05
A47	Having the opportunity to remain informed on current trends in medicine	-.216	3.20

Table 10

Integer F Values and Beta Weights for Independent Variables (Having Beta Weights Exceeding .15) Entered in Multiple Linear Regression Equation to Evaluate Criterion Variable "LIKELIHOOD RETIRE" for CAREER MOTIVATORS Set

ITEM NUMBER	ITEM CONTENT	BETA	F
V16	Total years of active military service completed	.552	15.53
A21	Having retirement benefits available	.276	15.20
A45	Amount of leisure time have available	.166	5.88
A20	My personal accomplishments as a military officer	-.170	4.83

Table 11

Integer F Values and Beta Weights for Independent Variables (Having Beta Weights Exceeding .15) Entered in Multiple Linear Regression Equation to Evaluate Criterion Variable "LIKELIHOOD RETIRE" for SATISFACTION Set

ITEM NUMBER	ITEM CONTENT	BETA	F
V16	Total years of active military service completed	.454	11.81
A39	Extent of positive attitudes toward military in general	.212	8.66
A8	Liking present position	.191	4.33
A36	Opportunities for children's education	.183	8.48
A47	Having opportunity to remain informed in current trends	-.183	5.82
A2	Quality of physical setting of job	-.163	4.55
A29	Having supervisor's support for decisions	-.154	2.91

Table 12

Distribution of AGE by Likelihood Remain Until Eligible to Retire

LIKELIHOOD EXTEND	AGE RANGE			
	25-30	31-35	36-40	41-48
1 (Low)	22	13	24	10
2	7	2	2	0
3	3	1	1	0
4 (Undecided)	35	28	22	9
5	1	7	4	1
6	2	13	6	0
7 (High)	6	34	31	6

Table 13

Distribution of TOTAL YEARS ACTIVE SERVICE by Likelihood

Remain Until Eligible To Retire

LIKELIHOOD RETIRE	TOTAL YEARS ACTIVE SERVICE			
	6-11	12-15	16-20	21 +
1 (Low)	30	3	3	1
2	8	1	0	0
3	7	0	0	0
4 (Undecided)	29	13	10	4
5	3	7	2	0
6	4	16	3	0
7 (High)	9	19	72	25

Table 14

ANOVA Comparisons of PA Satisfaction Scores on Job Descriptive Index Subscales

<u>DEPENDENT VARIABLE</u>	<u>INDEPENDENT VARIABLE</u>	<u>COVARIATE</u>
	<u>Unit Assigned: Medical vs. Field</u>	
<u>WORK</u>	ns	.045
<u>PAY</u>	ns	.029
<u>PROMOTIONS</u>	ns	.001
<u>CO-WORKERS</u>	ns	ns
<u>SUPERVISOR</u>	M > F (p = .006) F = 7.584 (d.f. = 1/259)	ns
	<u>Payback Time Completed: Yes vs. No</u>	
<u>WORK</u>	ns	.046
<u>PAY</u>	ns	.031
<u>PROMOTION</u>	ns	.001
<u>CO-WORKERS</u>	ns	ns
<u>SUPERVISOR</u>	ns	ns
	<u>Location: CONUS vs. OCONUS</u>	
<u>WORK</u>	CONUS > OCONUS (p = .035) F = 4.49 (d.f. = 1/262)	.044
<u>PAY</u>	ns	.029
<u>PROMOTIONS</u>	OCONUS > CONUS (p = .044) F = 4.08 (d.f. = 1/259)	.001
<u>CO-WORKERS</u>	ns	ns
<u>SUPERVISOR</u>	ns	ns

Table 14 cont.

<u>DEPENDENT VARIABLE</u>	<u>INDEPENDENT VARIABLES</u>		<u>COVARIATE</u>
	<u>Unit Assigned:</u> Medical vs. Field	<u>Payback Time Completed:</u> Yes vs. No	
<u>WORK</u>	ns	ns	.046
<u>PAY</u>	ns	ns	.030
<u>PROMOTIONS</u>	ns	ns	.001
<u>CO-WORKERS</u>	ns	ns	ns
<u>SUPERVISOR</u>	M > F (p = .013) F = 6.31 (d.f. = 1/256)	ns	ns
	<u>Payback Time Completed:</u> Yes vs. No	<u>Location:</u> CONUS vs. OCONUS	
<u>WORK</u>	ns	C > OC (p = .046) F = 4.01 (d.f. = 1/259)	.045
<u>PAY</u>	ns	ns	.030
<u>PROMOTIONS</u>	ns	OC > C (p = .042) F = 4.18 (d.f. = 1/256)	.001
<u>CO-WORKERS</u>	ns	ns	ns
<u>SUPERVISOR</u>	ns	ns	ns
	<u>Location:</u> CONUS vs. OCONUS	<u>Unit Assigned:</u> Medical vs. Field	
<u>WORK</u>	ns	ns	.045
<u>PAY</u>	ns	ns	.029
<u>PROMOTIONS</u>	OCONUS > CONUS (p = .043) F = 4.13 (d.f. = 1/257)	ns	.001
<u>CO-WORKERS</u>	ns	ns	ns
<u>SUPERVISOR</u>	ns	Med > Field (p = .007) F = 7.35 (d.f. = 1/257)	ns

Table 15

Mean Responses of Military Career Status Versus JDI Subscales,
Age, and Total Years Active Military Service
For PAs Not Already Eligible to Retire

	MAXIMUM POSSIBLE SCORE	DEFINITELY PLAN TO LEAVE	PROBABLY LEAVE	UNDECIDED	PROBABLY REMAIN	DEFINITELY PLAN TO REMAIN	F	P
WORK	54.0	25.1	32.0	31.0	31.6	37.0	6.45	<.001
PAY	27.0	5.0	4.8	7.0	7.2	7.9	3.38	.010
PROMOTIONS	27.0	6.5	8.3	8.4	8.4	7.6	0.69	ns
CO-WORKERS	54.0	40.6	43.1	44.3	45.1	46.0	1.54	ns
SUPERVISOR	54.0	44.9	42.7	38.5	44.0	46.3	3.50	.008
AGE		29.3	29.2	30.8	32.8	36.1	45.02	<.001
TOTAL YEARS		8.8	9.7	10.4	13.0	16.8	84.0	<.001
Cell Size (N)		22	33	34	54	91		

Table 16

Total Years Active Service Mean (Cell Frequency)
 For Likelihood Extend by Likelihood Retire

		PROBABILITY EXTEND							
		Low 1	2	3	Undecided			High 7	
PROBABILITY RETIRE	Low	1	9.7 (31)	8.0 (1)	7.5 (2)	9.5 (2)			17.0 (2)
		2		9.8 (7)		9.5 (2)			
		3	10.0 (1)		6.0 (1)	9.4 (5)			
	Undecided	4	8.5 (2)	19.0 (1)		12.3 (51)			17.7 (4)
		5	13.0 (1)	17.0 (1)		13.5 (4)	11.8 (5)	14.0 (1)	
		6				13.5 (4)	14.0 (3)	12.0 (10)	13.5 (6)
	High	7	20.2 (36)	21.0 (1)	18.0 (1)	18.0 (21)	19.5 (2)	16.3 (9)	15.6 (55)

APPENDIX A

DASC-HCC

12 FEB 1975

MEMORANDUM FOR: DIRECTOR OF PERSONNEL

SUBJECT: Military Physician Assistant Training Beyond Class 8

1. Reference Memorandum, DASC-PIT, Directorate of Personnel, undated, subject as above.

2. Nonconcur that no further training of PA's be programmed until definite training requirements can be established (para 5, reference 1) for the following reasons:

a. Para 3 points out the first group of 50 PA's will complete their obligation in August 1977; therefore the firm basis for projected vacancies will not be available until after that date. When the requirement becomes validated, it will take approximately one year to prepare and carry out the selection process as well as to reestablish the school (para 2). The training program takes an additional two years, therefore any replacements validated in July 1977 would not become available until July of 1980 at the earliest.

b. Para 3 states there are "rumors" that some PA's may resign or retire. Actual staff visits with at least 40 PA's and an equal number of PA candidates have failed to reveal any that plan to stay past retirement. Many of the recently interviewed candidates that have only 8 - 10 years' service, plan to resign after completion of their obligation. These facts, coupled with a normal attrition, would suggest the need for replacements to be real.

c. Statement that in 1977 the PA market may be glutted and high incomes diminished (para 3) is pure conjecture with no real basis of fact.

d. If the school is discontinued, the accreditation and the affiliation with Baylor may be lost.

e. Para 4 states we are committed to make a concrete effort toward inter-service training. That the Navy and Air Force requirements may also be reduced (para 4) is again pure conjecture.

DASG-HCC

SUBJECT: Military Physician Assistant Training Beyond Class 8

2. The direct procurement referred to in para 4 is not presently feasible since no medium exists for such action.

3. Recommend:

a. The training of PA's continue in sufficient numbers to replace losses we can reasonably expect.

b. The possibility of inter-service training to which we are committed be investigated.

c. Direct procurement methods be developed to augment the PA program.


4. The above opinion represents a unanimous position of all professional consultants in the Consultants and Ambulatory Care Division.

5. It is realized that Physician Assistant spaces are limited to 400, and that any increase would come from Medical Corps spaces on a one for one basis. A solution would be delaying the Warrant presentation until a vacancy exists if more are trained than leave the service in any one year. Additionally, there is at least a two-year lead time in which to adjust for vacancies.

6. Prior to a final decision on this matter by the Surgeon General, it is strongly recommended that a policy council meet to discuss the PA program. COL Tiffany and COL Doane will be available to the council to defend their positions on why the PA program should be continued, at least on a year to year basis.

CHARLES C. PEKLEY, M.D.
Brigadier General
Director, Health Care Operations

DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
WASHINGTON, D.C. 20314



REPLY TO
ATTENTION OF:

DASG-PTT

MEMORANDUM FOR DIRECTOR OF PERSONNEL

SUBJECT: Military Physicians' Assistant Training Beyond Class 8

1. The PCR for the PA program provided for only 400 operational spaces for PA's. The last class, class 8, is scheduled to begin July 1975. When this class completes the didactic year and moves out for the clinical year at various hospitals, there will be no students in the program at Academy of Health Sciences, US Army.
2. If we are to enroll additional classes, we must proceed now to issue a new DA Circular and prepare for the interview and selection process. However, we are not authorized more than 400 PA's; consequently, we cannot train (or directly procure) when there is no projected vacancy.
3. The first class of 52 PA's will complete their four-year obligation in August 1977. There are reports that rumors of high salaries in the civilian market may lure many Army PA's to resign or retire. Some will have reached retirement eligibility. There is no basis for firm evidence of projected vacancies. In 1977 and beyond the civilian market for PA's may be glutted. The high incomes as reported may diminish or the number of such positions be too small to have a great effect on the market.
4. Under the Inter-Service Training Review Program (ITRP) study as approved by TSG, we are committed to making a concrete effort towards Inter-Service training of PA's after the initial load has been trained. Navy and Air Force requirements may also be reduced by that time and only a single training site (probably USAF school at Shepherd AFB) would be needed for all three Services. If the training requirements exceed the capability of a single site then two sites might be needed. Direct procurement may offset some training requirements.

DASG-PTT

SUBJECT: Military Physicians' Assistant Training Beyond Class 8

5. Recommend that no further training of PA's be programmed until definite training requirements can be established.

6. This recommendation has been informally discussed with Colonel McDonald, AHS, (also a member of the ITRP Med-Dent Task Group) who concurs.

Signed

MIMS C. AULTMAN, M.D.
Colonel, MC
Chief, Professional Education
Division
Directorate of Personnel

COORDINATION:

DASG-HCC-L _____

DASG-PTB _____

DASG-PTH _____

DASG-RMB _____

SGPE-MC _____

SGPE-FD _____

DASG-PTH

15 MAY 1975

MEMORANDUM FOR: BRIGADIER GENERAL S. N. BHASKAR

SUBJECT: Projected Attrition of US Army Warrant Officer Physician Assistants

1. The records of 434 active Army personnel who are either trained warrant officer Physician Assistants (PAs) or enlisted personnel in training who will be tendered warrants have been reviewed to determine by individual, completed Active Federal Service (AFS), service commitment and service component (RA or OTRA).
2. AFS and service commitment data (displayed at Incl 1) has been projected by PA class through 1981. It was analyzed utilizing certain assumptions regarding the probable propensity of the group to remain on active duty until retirement eligibility is attained and beyond, to determine probable loss rates from current and projected PA strengths. Attrition due to factors other than retirement, or resignation prior to retirement have not been considered in this projection.
3. Service component information is pertinent to this analysis in that OTRA warrant officers are retained on a selective basis beyond 20 years. Students successfully completing the PA program are tendered warrants in the US Army Reserve, and after one year service as a reserve officer may apply for Regular Army status. During an OTRA warrant officer's 19th year of service his records are screened by a Department of the Army, Active Duty Board (AMEDD), and those selected for retention proffered the opportunity to continue on active duty for an additional 10 years with no reciprocal commitment required from the officer. None of the PAs presently hold RA warrants, even though 173 RA warrant vacancies exist in the PA career field. On 1 July 1975 the Managed Tenure Program for OTRA Warrant Officers will be instituted. This program will provide for earlier consideration of those officers to be selectively retained, and will require a reciprocal service commitment from the officer selected for retention. At this time, it is not felt that the service component in which the PA is warranted is a significant factor in retention or loss, however, as a personnel management tool it has the potential to enhance retention.

PERSONNEL DISTRIBUTION DIVISION

DMSC-PTB

SUBJECT: Projected Attrition of US Army Warrant Officer Physician Assistants

4. The following assumptions were used in estimating the yearly losses displayed in paragraph 5 below.

a. All PAs with over 10 years AFS upon completion of training (resulting in 14 years AFS upon completion of service commitment) will remain in service for 20 years to attain retirement eligibility.

b. Ninety percent of all PAs will retire as soon as eligible, and the remainder within 2 years after eligibility is attained.

5. LOSS PROJECTIONS:

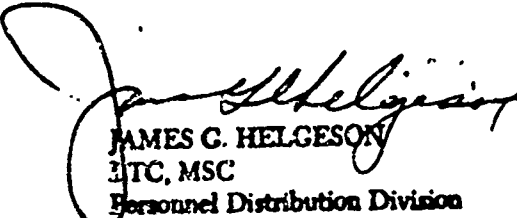
$\frac{75}{0}$	$\frac{76}{0}$	$\frac{77}{16}$	$\frac{78}{32}$	$\frac{79}{60}$	$\frac{80}{53}$	$\frac{81}{49}$
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6. Projected PA assets based on above loss projections with no input from training after August, 1977.

$\frac{75}{203}$	$\frac{76}{313}$	$\frac{77}{421}$	$\frac{78}{389}$	$\frac{79}{329}$	$\frac{80}{276}$	$\frac{81}{227}$
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F. T. H. 22

JON N. HARRIS
LTC, MSC
Chief, Personnel
Distribution Division
Directorate of Personnel


JAMES G. HELGESON
LTC, MSC
Personnel Distribution Division
Directorate of Personnel

AFS YRS - AS OF OCT 75

<u>27</u>	<u>26</u>	<u>25</u>	<u>24</u>	<u>23</u>	<u>22</u>	<u>21</u>	<u>20</u>	<u>19</u>	<u>18</u>	<u>17</u>	<u>16</u>	<u>15</u>	<u>14</u>	<u>13</u>	<u>12</u>	<u>11</u>	<u>10</u>	<u>9</u>	<u>8</u>	<u>7</u>	<u>6</u>	<u>5</u>	<u>4</u>	<u>1</u>
	1				3	2	6	5	1	7	8	6	3	3	3	2	1	1						
		1	1	3	3	4	5	4	2	4	4	1	5	2	3	1	2	2						
					1	1	4	4	5	5	5	5	3	2	2	2	5	4	1					
					2	1	5	5	2	4	7	3	6	4	2	3	3	2	4	1				
					1	1	1	2		5	3	4	4	4	3	4	5	7	5	6	2			
					4	2	1	5	1	4	1	3	1	1	3	4	5	5	5	5	5			
					2	1	1	1	2	1	5		7	1		3	2	7	8	3	4	5	8	
									1	2	2	2	2	3	4	6	3	2	7	6	7	10	3	
	1	1	1	3	16	12	23	26	13	31	35	24	31	20	20	25	26	30	30	21	18	15	11	4

<u>CLASS</u>	<u>DATE GRAD</u>	<u>SVC COMM COM</u>
1	AUG 73	AUG 77
2	AUG 74	AUG 78
3	FEB 75	FEB 79
4	AUG 75	AUG 79
5	FEB 76	FEB 80
6	AUG 76	AUG 80
7	FEB 77	FEB 81
8	AUG 77	AUG 81

TOTAL



DEPARTMENT OF THE ARMY
ACADEMY OF HEALTH SCIENCES, UNITED STATES ARMY
FORT SAM HOUSTON, TEXAS 78234

6 AUG 1975

HSA-RMS

SUBJECT: Revised Circular for Physicians' Assistant Class 9

THRU: ~~Commander~~ *MLS*
Health Services Command
Fort Sam Houston, Texas 78234

TO: HQDA (DASG-PTT)
Washington, DC 20314

1. Attached projections on PA strengths based on 20 year retirement (Incl 1, Number of PA's Remaining After 20 Year Retirement, and Incl 2, Number of PA's Eligible for 20 Year Retirement by Year (After Payback)) indicate an urgent need to begin the lengthy process of selection of projected class of 50 students to begin training the first quarter FY 77. If a class is not entered by this time, it can be anticipated that the PA strength will fall below authorized levels prior to the graduation of any class which is started at a later date. Since this is a two year program, early decision is urgent.
2. Request approval, preparation and publication of the attached circular for the Physicians' Assistant Program Class 9 (Incl 3).
3. It is understood that communication from The Surgeon General's Office (HSC msg 092120Z May 75) has placed a moratorium on further training of Physicians' Assistants until further notice.
4. Evaluation of attrition and retention rates and other parameters of the program are being carried out at this time. Further studies are being done concerning the possibility of tri-service cooperation in this training program. In the event the program goes tri-service, it will still be necessary for the Army to have an available panel of selectees to enter this program.



8 AUG 1975

HSA-RMS

SUBJECT: Revised Circular for Physicians' Assistant Class 9

5. The selection process is a lengthy one and must be completed in time to issue PCS orders to the final selectees at least three months prior to the start of the class on 12 July 1976.

6. Preparation and publication of the attached circular will provide sufficient time to carry out the selection process efficiently and effectively regardless of the final decision regarding the future of the training program. A hurried, and therefore, a necessarily limited selection process most likely would result in a somewhat less satisfactory selectee. The quality of the student in this program is extremely important and every attempt must be made to assure that only the most highly qualified and finest of young men and women are selected.

7. The final screening of applicants (in person) is done in San Antonio and requires an expenditure of TDY funds. This is scheduled to take place on 29 February 1976 through 4 March 1976. It is hoped that the final decision regarding the future of the training program will be made prior to that date. If not, this portion of the selection process (and subsequent reporting date of the class) could be postponed as required.

8. In the event the program is officially cancelled, all applications will be returned with an appropriate explanatory letter and the selection process will be terminated.

FOR THE SUPERINTENDENT:

3 Incl
as


BARRY L. BIGGS
MAJ, MSC
Secretary

APPENDIX A

PURPOSE OF THE MILITARY PHYSICIANS' ASSISTANT PROGRAM
AND OUTLINE OF THE PHYSICIANS' ASSISTANT COURSE

1. Purpose of the Military Physicians' Assistant Program.

a. General. The goal of the Military Physicians' Assistant Program is to develop an individual who can provide limited primary medical care in the maneuver battalion, in troop clinics, and in outpatient clinics under the general supervision of a physician.

b. Instructional objectives.

(1) Given a patient with any disease, disorder, or injury, collect and record historical data in proper format and to a level of detail and comprehensiveness appropriate to the case.

(2) Given a patient with any disease, disorder, or injury, perform a general medical examination to a level of detail and comprehensiveness appropriate to the case and record the results in proper format.

(3) Given a good history and results of a good medical examination, determine and describe the most likely pathophysiological disturbance in common diseases and injuries.

(4) Given a good history and results of a good medical examination in a wide variety of diseases and injuries, determine which cases require referral to a higher level of medical expertise for diagnosis and/or therapy.

(5) Assuming a case does not require referral, and given a working diagnosis, plan and implement appropriate treatment within the time, equipment and supply limitations of the medical facility to which he is assigned.

(6) Given either environmental conditions or clinical cases which have public health significance, identify these situations correctly, and plan and implement effective control measures.

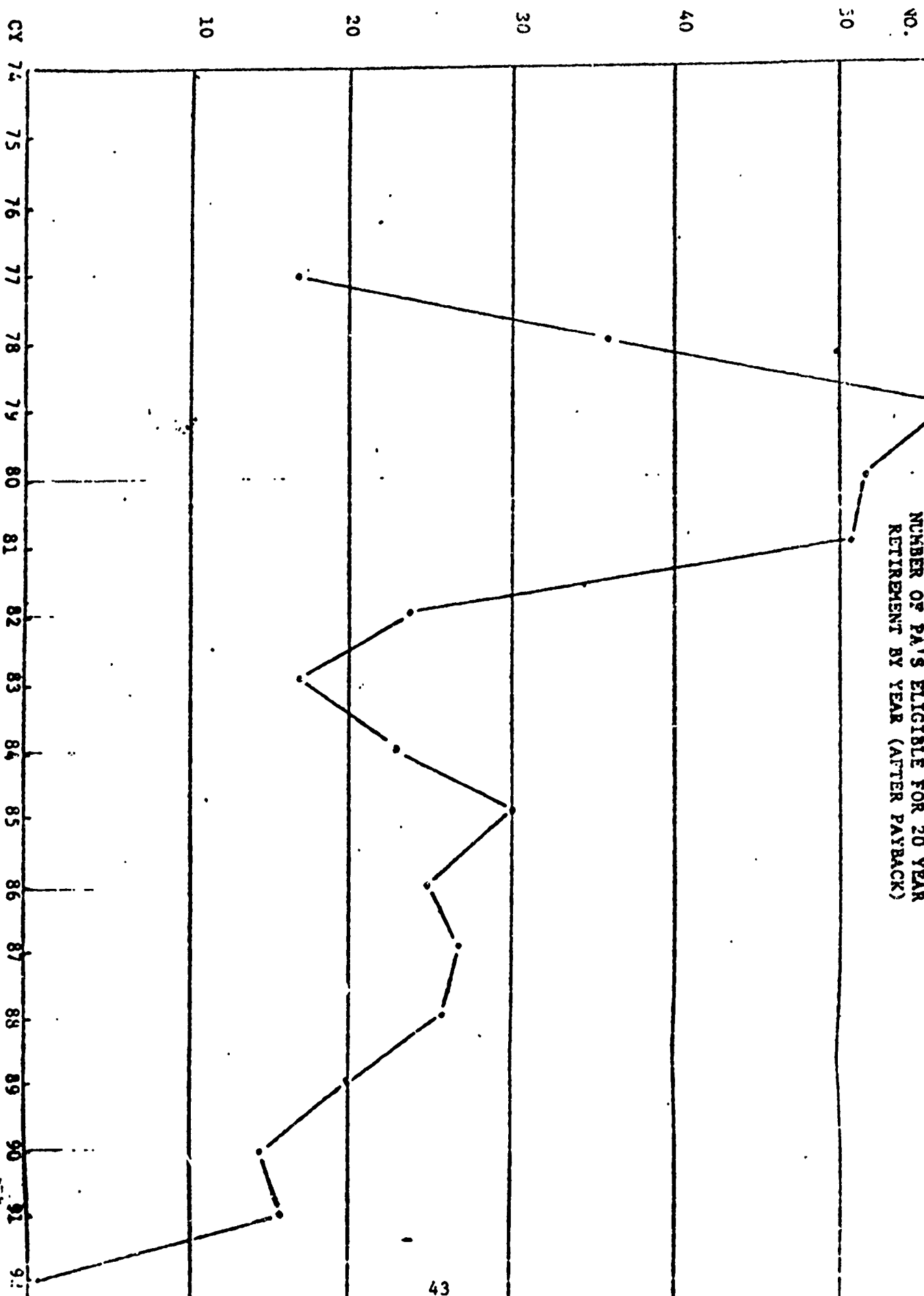
(7) Given raw medical data, including history and medical examination, communicate this data orally and/or in writing in a clear, concise and well organized manner to other health personnel.

2. Outline of the Physicians' Assistant Course. Upon reporting to the Academy of Health Sciences to begin the Physicians' Assistant Course, applicants will become Warrant Officer Candidates. The total period of time of training will be 24 months. It will be divided into two phases as follows:

a. Phase I (52 weeks). Instruction will be both didactic classroom presentation and clinical application of material presented within a hospital and/or health or troop clinic environment.

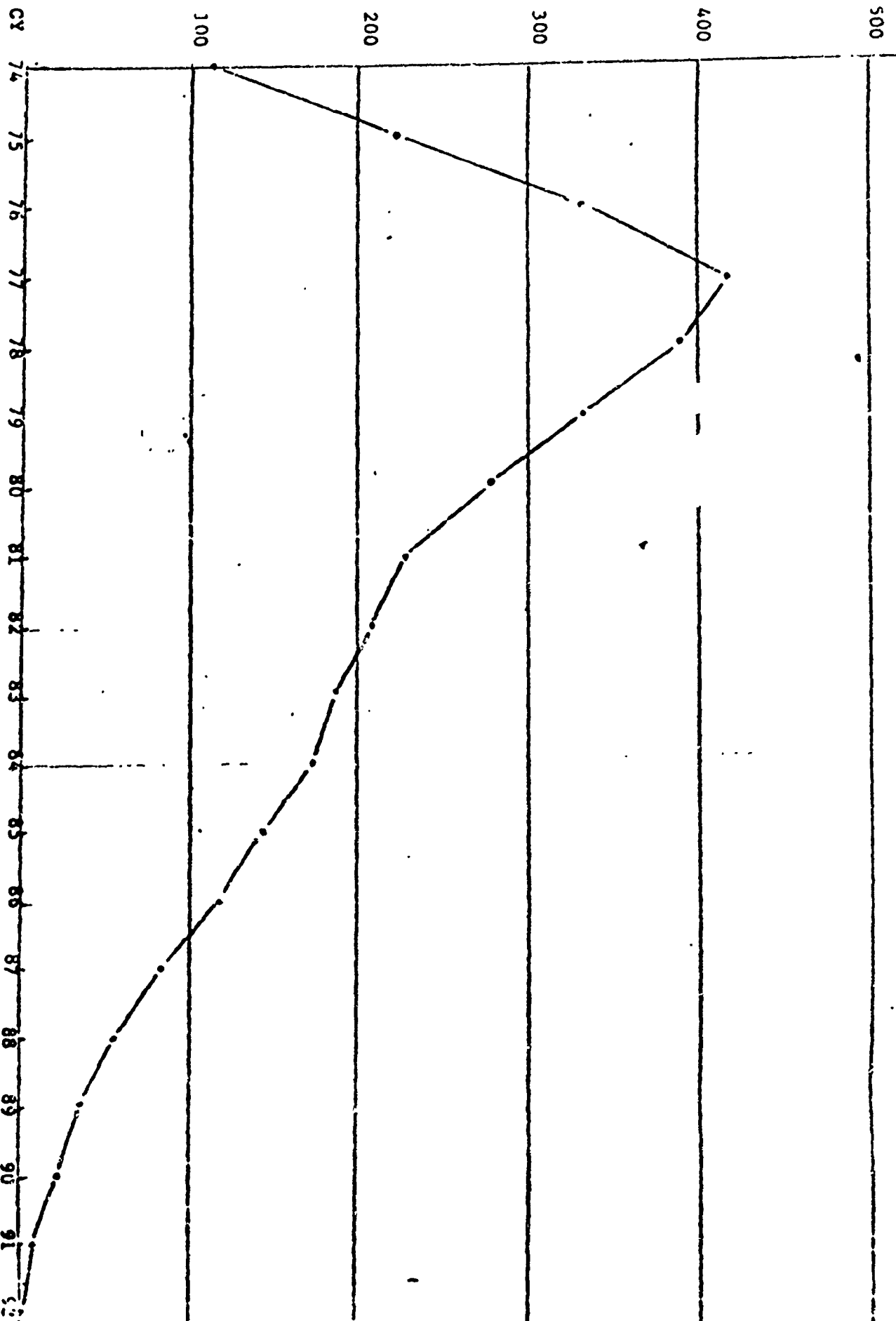
b. Phase II (52 weeks). Candidate departs the Academy of Health Sciences for duty in a selected military hospital. The student will gain experience and maturation in the application of Phase I material.

NUMBER OF PA'S ELIGIBLE FOR 20 YEAR
RETIREMENT BY YEAR (AFTER PAYBACK)



SER.

NUMBER OF PAIS REMAINING AFTER 20 YEAR RETIREMENT



**STATISTICS ON STUDENTS SELECTED
FOR US ARMY PHYSICIANS' ASSISTANT PROGRAM**

Classes	Age		Yrs of Svc		GT Score		91C	MOS 91B	Other
	Range	Mean	Range	Mean	Range	Mean			
1 & 2	24-41	32	5-23	13.6	111-145	124	67	23	30
3 & 4	24-44	31	4-20	12.2	110-146	121	71	31	18
5 & 6	22-40	30	3-23	10.5	110-144		63	45	12
7 & 8	21-42	28	2.5-19	8.5	111-160	129	67	34	19

Classes	Rank		College Education Semester Hours (Mean)	OTIS* (Mean)
	Range	Mean		
1 & 2	E6-8	E-6	18	56/75
3 & 4	E5-8	E-6	19	51/75
5 & 6	E4-8	E-6	30	57/75
7 & 8	E3-8	E-6	31	59/75

*The median score for 2516 college students (random): 53/75

U.S. ARMY PHYSICIANS' ASSISTANT PROGRAM

Classes	No. Applicants	No. Accepted	Attrition		No. Recycled	No. Graduates
			No.	%		
1	706	60	8	13%	0	52
2		60	11	18%	0	49
3	424	60	10	17%	1	49*
4		60	4	7%	0	** <i>Aug 75</i>
5	361	61	4	7%	2	**
6		60	6	10%	1	**
7	456	60	1	2%	0	**
8		60	**	**	**	**

* 1 student extended for a period of 90 days

** Classes 4, 5, 6, and 7 are in various stages of training.
Class 8 is scheduled to report for classes in August 1975;

Handwritten notes:
2-
4-
17-
10-
26

APPENDIX B

APPENDIX B

DISTRIBUTION OF RESPONSES BY PAs, PHYSICIANS, AND COMMANDERS

<u>MEDDACS</u>	<u>ASSIGNED</u> <u>PA's</u>	<u>PA</u> <u>MED</u>	<u>PA</u> <u>FIELD</u>	<u>MC</u> <u>MED</u>	<u>MC</u> <u>FIELD</u>	<u>CO</u> <u>MED</u>	<u>CO</u> <u>FIELD</u>
Aberdeen Proving Ground	2	0	1	4	0	0	1
Fort Belvoir	3	2	0	4	0	1	0
Fort Benning	8	6	0	6	0	2	0
Fort Bragg	6	5	0	4	0	1	0
Fort Dix	6	4	0	4	0	0	0
Fort Eustis	2	2	0	1	0	1	0
Fort Huachuca	2	1	0	1	0	0	0
Fort Jackson	8	8	0	2	0	1	3
Fort Knox	5	2	0	2	0	1	0
Fort Lee	3	2	0	0	0	1	0
Fort Leonard Wood	9	11	0	19	0	1	0
Fort McClellan	3	3	0	1	0	1	0
Fort Ord	1	0	1	0	1	0	0
Pine Bluff Ark Hlth Clinic	1	1	0	0	1	0	0
Fort Polk	1	0	0	0	0	0	0
Redstone Arsenal	1	1	0	1	0	1	0
Fort Riley	2	1	0	4	0	1	0
Fort Sill	7	5	0	7	0	1	33
Fort Stewart	2	1	0	1	0	1	0
Yakima	1	0	1	0	1	0	1
Fort Wainwright Alaska	1	1	0	1	0	0	0
<u>MEDCENS</u>							
WBAMC	7	2	0	5	0	1	0
DDEAMC	3	3	0	2	0	1	0
BAMC	1	1	0	4	0	1	0

APPENDIX B CONT'D
DISTRIBUTION OF RESPONSES BY PAs, PHYSICIANS, AND COMMANDERS

<u>FORSCOM</u>	<u>ASSIGNED PAs</u>	<u>PA MED</u>	<u>PA FIELD</u>	<u>MC MED</u>	<u>MC FIELD</u>	<u>CO MED</u>	<u>CO FIELD</u>
197 Inf Bd-Ft Benning	4	0	4	0	0	0	7
3rd Armored Cav-Ft Bliss	3	0	2	0	1	0	4
194 Armored Bd-Ft Knox	4	0	2	0	0	0	1
24th Inf Div-Ft Stewart	12	0	9	0	2	1	4
1st Inf Div-Ft Riley	14	0	9	0	4	0	15
5th Inf Div-Ft Polk	12	0	6	0	0	0	11
7th Inf Div-Ft Ord	12	0	4	0	3	0	7
9th Inf Div-Ft Lewis	20	0	12	0	5	0	16
2nd Arm Div-Ft Hood	19	0	11	0	0	0	15
1st Cav Div-Ft Hood	18	0	12	0	1	0	6
82nd Airborn-Ft Bragg	16	0	9	0	2	0	17
101 Airmob-Ft Campbell	15	0	4	0	0	0	4
4th Inf Div-Ft Carson	22	0	13	0	2	0	14
25th Inf Div-Hawaii	11	0	7	0	4	0	13
193rd Lt Inf Bd-Panama	4	1	2	4	1	1	2
172nd Lt Inf Bd-Ft Richardson Alaska	3	0	4	1	1	0	6
<u>KOREA</u>	23	1	15	2	8	1	13
<u>EUROPE</u>	112	4	78	26	51	2	69
<u>TOTALS</u>	409	68	206	106	88	22	256

APPENDIX C

PHYSICIAN'S ASSISTANT SURVEY

APPENDIX C

SECTION I

Please answer all the items by filling in, or circling one numerical choice, or whatever appears to be an appropriate/obvious response. (All scaled responses are preceded and followed by clarifying words to emphasize the digital scale, i.e., in the response:

minimum 1 2 3 4 5 6 7 maximum

Mean (m) or Percent(%) the digit 1 equals minimum and 7 equals maximum.)

- (m) 33.91 1. Age (years on last birthday) _____
- M: 97.8% 2. Duty Station: Installation _____ Unit _____
 F: 1.8% 3. Sex: Male Female
 Y: 97.4% 4. Are you now, or have you ever been married? Yes No
 N: 2.6% 5. Do you currently live alone? Yes No
 Y: 10.7% 6. Is there any person(s) other than yourself whose attitude would influence
 N: 89.3% your decision to remain in or leave the military service?
 Yes No
- (m) 4.76 7. If the response to the previous question (#6) was "yes" how would you
 characterize their attitude toward the military: (circle number only)
 very severe dislike 1 2 3 4 5 6 7 like very well
- (m) 15.15 8. How long (months) have you been in your present assignment? _____
- (m) 4.87 9. How do you feel about the duties which you currently perform (circle
 number only)?
 extremely dissatisfied 1 2 3 4 5 6 7 extremely satisfied
- WOC: 0.4% 10. Grade: WOC WO-1 WO-2 WO-3 WO-4
 WO-1 49.4%
 WO-2 50.2%
- N: 32.5% 11. Have you passed the National PA Certification Examination?
 Y: 67.5% a. No
 b. Yes (month and year when passed) _____
12. As a PA, where are you currently being utilized?
 a: 2.2% a. I work exclusively in Hospital Clinics.
 b: 5.5% b. I work exclusively in Troop Medical Clinics.
 c: 25.4% c. I work in both Troop Medical Clinics and Hospital (clinics, etc..)
 d: 36.9% d. I work in Troop Medical Clinics in garrison and in support of
 e: 26.9% maneuver units in the field.
 e. Other (please specify) _____

- 24.5% a. MEDDAC
 - b. Division
 - (1) Brigade (or regiment)
 - (a) Combat BN
 - (b) Medical BN
 - (c) Other (please specify) _____
 - c. Separate Brigade (or regiment)
 - (1) Combat BN
 - (2) Other (please specify) _____
 - d. Separate Battalion
 - e. Other (please specify) _____
 - 0.8%
 - 47.2%
 - 0.4%
 - 4.2%
 - 0.4%
 - 9.1%
 - 1.1%
 - 7.5%
 - 4.9%
14. In your current assignment, do you have any primary duties other than those of a PA? (Non-Medical, e.g., Morale Officer, Recreation, Voting Officer)
- 86.2% a. No
 - 13.8% b. Yes (please specify) _____
15. Has your payback time to the Army for receiving PA training been completed?
- 11.9% a. Yes (month and year it was completed) _____
 - 88.1% b. No (month and year it will be completed) _____
16. Total years of active military service completed (round off to the nearest whole year) _____.
- (m) 14.40
17. I consider my current military status as:
- 34.1% a. Definitely planning to remain in the Army until eligible for retirement.
 - 20.2% b. Probably remain in the Army until eligible for retirement.
 - 12.4% c. Undecided at this time.
 - 11.6% d. Probably leave the Army before reaching eligibility for retirement.
 - 7.9% e. Definitely plan to leave the Army before reaching eligibility for retirement.
 - 10.5% f. I am already eligible for retirement.
 - 3.4% g. Other. (please specify: _____)
18. My preference for length of stay at a given duty station as a PA would be for _____ years.
- (m) 3.61
19. How many times have you made a Permanent Change of Station (PCS) move since you have completed the academic portion of becoming a PA? (Begin counting with the first move AFTER reaching your first duty station as a P
- (m) 0.85
- 0 1 2 3 4 5 6 7 or more
20. As a PA, to what extent do you feel a sense of participation as a member of the health care team? (circle a number only as your answer)
- (m) 5.70
- minimum 1 2 3 4 5 6 7 maximum
21. To what extent do you participate in military oriented social activities?
- (m) 3.85
- minimum 1 2 3 4 5 6 7 maximum

- (m) 3.98 22. As a WOC or Warrant Officer, to what extent do you feel a sense of belonging to the community and social life of the military? (circle a number as your answer)
- minimum 1 2 3 4 5 6 7 maximum
- (m) 3.66 23. If married, to what extent does your spouse participate in military-oriented social affairs? (circle a number only)
- minimum 1 2 3 4 5 6 7 maximum NA
24. Please comment on how you feel about promotions?
25. When you become eligible for promotion, with what likelihood do you anticipate being promoted? (circle a number only)
- (m) 6.07 minimum 1 2 3 4 5 6 7 maximum
26. Disregarding eligibility for promotion, with what likelihood do you expect to extend beyond your obligated payback period? If undecided circle "undecided."
- (m) 4.05 Undecided minimum 1 2 3 4 5 6 7 maximum
27. With what likelihood do you anticipate retiring from military service?
- (m) 5.08 Undecided minimum 1 2 3 4 5 6 7 maximum
28. How would you rate your own overall performance as a PA at your post?
- (m) 6.55 very unsatisfactory 1 2 3 4 5 6 7 very satisfactory
- (m) 9.94 29. How many PAs (other than yourself) are stationed at your post? _____
- (m) 8.47 30. With how many military-trained PAs do you have direct contact at your post? _____
- (m) 6.38 31. How would you rate the overall performance of most/all PAs at your post?
- very unsatisfactory 1 2 3 4 5 6 7 very satisfactory
Comments (optional):

(m) 5.49

very unsatisfied 1 2 3 4 5 6 7 very satisfied

33. Do you work with the hospital services and staff at your post?

Y: 82.8%

a. Yes ___ (please continue with question 34)

N: 17.2%

b. No ___ (please continue with question 36)

34. How satisfactorily do you feel other PAs at your post utilize hospital resources (e.g., make referrals, use laboratory tests, x-rays)?

(m) 6.32

very unsatisfactory 1 2 3 4 5 6 7 very satisfactory

35. How would you describe the quality of your work relationship with the following hospital personnel?

(m) 6.53

a. Patients very unsatisfactory 1 2 3 4 5 6 7 very satisfactory

6.38

b. Physicians very unsatisfactory 1 2 3 4 5 6 7 very satisfactory

5.98

c. Nurses very unsatisfactory 1 2 3 4 5 6 7 very satisfactory

6.48

d. Hospital enlisted personnel very unsatisfactory 1 2 3 4 5 6 7 very satisfactory

6.12

e. Civilians very unsatisfactory 1 2 3 4 5 6 7 very satisfactory

6.68

f. Other PAs very unsatisfactory 1 2 3 4 5 6 7 very satisfactory

36. What annual salary, before taxes, would you consider to be satisfactory compensation for your service in the present military medical environment?

(m) \$20,248.

a. An annual salary of \$_____ would be satisfactory compensation in the present environment.

b. I do not believe that any annual salary would be satisfactory compensation

If you plan to leave the service answer all the following questions. If you plan to remain in the service, skip to question 41.

(m) \$6,971.

37. How much money above your standard warrant officer pay would be needed to keep you in the service as a military PA? _____

COMMENTS (optional):

38. In what type or position would you plan to use your medical qualifications if you left the service. Please choose the answer that is most likely to be your principal activity, even if you are not certain exactly what you will do. Circle choice.

- a: 7.5% a. Individual private practice (fee-for-service).
- b: 30.1% b. Working for physicians in small group or partnership (fee-for-service).
- c: 36.4% c. Working for physicians in group practice (salary plus incentive).
- d: 6.4% d. Practice for a Health Maintenance Organization (HMO) or for a group insurance program.
- e: 9.2% e. I plan to continue my professional education full-time (education of more than one year duration).
- f: 9.8% f. Another type of position not listed above (specify) _____
- g: 0.6% g. I will not enter a position requiring use of my medical qualifications.

39. Please indicate below, your best estimates of the net annual income, before taxes, that you will earn if you enter the type of position you indicated in your answer to the previous question. Please use the following guidelines: (a) "Net" income means your earnings after deducting necessary business expenses (office rent or clerical support salaries, if applicable), (b) Include only income from your medical position.

Expected Net annual medical income, before taxes:

- a: \$20,025. a. In first year: \$ _____
- b: \$25,477. b. After three years: \$ _____

40. On what are your answers to the previous question based? Write the letter selected from the list which follows, of the basis for each estimate in the space provided below:

Basis of first year's earnings _____

Basis of earnings after three years _____

- | 1st | 3rd | |
|-------|-------|--|
| 42.9% | 34.4% | a. A firm offer from a specific group or organization. |
| 5.0% | 5.2% | b. Conversation with co-workers at my present position. |
| 16.1% | 18.8% | c. Conversation with people in the area to which I am going. |
| 13.7% | 10.4% | d. Conversation with civilian PAs. |
| 11.2% | 17.5% | e. General knowledge of PA earnings. |
| 11.2% | 13.6% | f. Other (specify) _____ |

41. Which of the following do you feel best characterizes the type of location in which you would like to work as a PA? Rank order from highest (1) to lowest (5) for both military and civilian.

	AS A MILITARY PA					AS A CIVILIAN PA				
	1	2	3	4	5	1	2	3	4	5
a. Large Urban	14.5	9.7	12.1	38.7	25.0	7.2	9.6	10.0	50.2	22.9
b. Small Urban	24.0	28.8	29.6	15.6	2.0	23.8	24.6	33.7	13.1	0.8
c. Suburban	18.8	38.8	30.4	8.8	3.2	18.3	42.0	32.3	4.7	2.7
d. Rural	27.8	17.7	18.5	27.4	8.5	41.0	16.8	15.2	22.3	4.7
e. Outside US	15.4	4.0	8.5	8.9	63.2	8.3	4.8	5.6	10.3	71.0

42. How would you rate your relationships with the line officers in your unit or area?

(m) 5.95

very unsatisfactory 1 2 3 4 5 6 7 very satisfactory

43. Are there duties you perform as a PA that other medical professional officers are not required to perform? (e.g., screening beards, shot teams)

N: 42.5%
Y: 57.5%

a. No

b. Yes (please specify) _____

SECTION II

SATISFACTION SCALE

On this page you will find questions about your supervisor, the number of physicians you work with, and about your co-workers. In addition you will be provided some guidelines regarding the satisfaction scale contained on the following page which you are requested to complete.

1. Do you work with more than one physician?

Y: 75.7%
N: 23.5%

- a. Yes _____
Where? _____
b. No _____

(m) 4.57

2. If you answered "yes" to question 1, with how many physicians do you work? _____ How often? _____
Where? _____

3. My supervisor is most frequently....(circle one response)

a: 89.3%
b: 0.4%
c: 2.6%
d: 7.8%

- a. a military physician.
b. a civilian physician.
c. a line officer.
d. Other (specify) _____

4. What kind of work do your co-workers do? Co-workers are the individuals you work with most frequently. They might include physicians (other than your supervisor), other PAs, or nurses. Please list the job (MOS or SSI) of the co-worker you work with most frequently.

You will be asked to evaluate your attitude toward your SUPERVISOR. Please choose the individual with whom you work most frequently.

In determining your attitudes toward your CO-WORKERS, choose the one you work with most frequently.

Please continue.

ATTITUDE SECTION RESPONSES (7 Point Likert Where 1 = Minimum and 7 = Maximum)
 Mean and Standard Deviations for Each Set (N = 271)

ITEM NO.	ITEM CONTENT	NOW		SHORT TERM		CAREER		SATISFACTION	
		MEAN	STD	MEAN	STD	MEAN	STD	MEAN	STD
1	Way feel am being utilized professionally	5.87	1.23	5.19	1.88	5.59	1.92	4.10	1.89
2	Quality of physical setting of my job	5.30	1.57	4.73	1.83	4.87	1.93	3.86	1.94
3	Amount of time spent in administrative paperwork	3.90	2.09	3.93	1.99	4.19	2.03	4.17	2.04
4	Having supervisor respect my opinion	6.47	1.06	5.97	1.62	6.07	1.52	5.85	1.64
5	Non-availability of incentive pay	6.00	1.65	5.56	2.12	6.02	1.90	1.75	1.49
6	Amount of my total salary	6.19	1.37	5.64	2.02	6.12	1.77	2.30	1.66
7	Extent of positive attitudes of spouse toward the military	5.32	1.80	4.96	2.05	5.45	1.92	5.05	1.77
8	My liking my present position	5.95	1.27	5.36	1.83	5.51	1.84	4.45	1.96
9	My liking geographic location of my assignment	5.86	1.61	5.35	1.94	5.47	1.96	5.01	1.96
10	My personal accomplishment as a PA	6.41	0.95	5.96	1.57	6.16	1.47	5.55	1.47
11	Support of my co-workers	5.97	1.25	5.47	1.70	5.54	1.68	5.69	1.39
12	My supervisor's positive attitude toward the military	3.79	2.20	3.60	2.15	3.64	2.27	4.54	1.95
13	My career progression	5.55	1.96	5.40	2.05	6.08	1.85	2.64	1.80
14	Having medical and dental benefits available	5.83	1.66	5.45	2.01	5.90	1.84	5.33	1.81
15	My personal accomplishments as a military PA	6.16	1.16	5.78	1.64	6.03	1.57	5.34	1.52
16	The adequacy of base housing and facilities	4.56	2.39	4.63	2.30	4.93	2.22	3.87	2.16

ITEM NO.	ITEM CONTENT	NOW		SHORT-TERM		CAREER		SATISFACTION	
		MEAN	STD	MEAN	STD	MEAN	STD	MEAN	STD
17	My co-workers positive attitudes toward the military	3.77	2.09	3.50	2.04	3.61	2.09	4.45	1.74
18	My positive feelings toward my supervisor	5.77	1.52	5.16	1.97	5.16	1.96	5.40	1.80
19	Availability of civilian (non-federal) job opportunities	3.73	2.43	4.01	2.39	4.70	2.41	4.64	1.95
20	My personal accomplishments as a military officer	4.57	2.07	4.25	2.18	4.61	2.23	4.65	1.83
21	Having retirement benefits available	5.62	2.02	5.00	2.31	6.31	1.53	4.82	1.95
22	Having stability in my current assignment	5.65	1.85	5.34	2.06	5.75	1.91	4.62	2.11
23	Having cooperation from departments that support my work	6.30	1.04	5.83	1.63	5.91	1.55	4.70	1.84
24	Having clear lines of authority	5.82	1.50	5.43	1.85	5.68	1.77	3.97	2.08
25	Having opportunity to receive advanced medical training on active duty	5.55	2.14	5.80	1.85	6.40	1.44	2.44	1.85
26	Availability of civilian federal job opportunities	3.74	2.30	3.89	2.22	4.59	2.21	4.09	1.92
27	Having benefits for my dependents	6.01	1.57	5.46	1.96	6.05	1.66	4.82	1.83
28	Having opportunity to change assignments frequently	4.19	2.32	3.92	2.25	4.13	2.30	3.84	2.02
29	Having my supervisor's support for my decisions	6.21	1.20	5.90	1.59	5.96	1.62	5.75	1.63
30	Having opportunity to obtain RA warrant officer status	2.33	2.01	2.35	1.99	2.86	2.33	3.58	2.16

ITEM NO.	ITEM CONTENT	NOW		SHORT-TERM		CAREER		SATISFACTION	
		MEAN	STD	MEAN	STD	MEAN	STD	MEAN	STD
31	Having opportunity to travel	4.16	2.17	3.80	2.18	3.98	2.15	4.31	2.07
32	Having command experience	2.62	2.13	2.44	1.93	2.64	2.09	3.93	2.24
33	My feelings of being accepted by the military	5.47	1.85	4.95	2.14	5.42	2.04	5.16	1.78
34	Opportunity for self improvement in my job	6.03	1.41	5.90	1.66	6.32	1.35	3.79	1.96
35	Having administrative experience	3.98	2.17	3.25	1.93	3.58	2.03	4.19	1.92
36	Opportunities for my children's education	4.97	2.41	4.87	2.36	5.36	2.26	4.31	2.11
37	Having field experience with troop units	4.99	2.23	3.60	2.15	3.93	2.22	4.40	2.13
38	My personal control over how my own career develops	5.48	2.02	5.50	1.93	6.08	1.67	2.92	1.90
39	Extent of positive attitudes toward military in general	5.76	1.56	5.36	1.90	5.86	1.71	4.49	1.98
40	Opportunity for self improvement outside my job	5.12	1.96	5.19	1.82	5.58	1.72	3.61	1.94
41	Extent make meaningful contribution to my military organization	5.86	1.56	5.36	1.91	5.68	1.77	5.28	1.72
42	Having opportunity for independent thought/action	6.25	1.19	5.82	1.66	6.21	1.34	5.36	1.64
43	Amount of responsibility given to me	6.29	1.01	5.79	1.63	6.16	1.38	5.46	1.63
44	Extent make a meaningful contribution to my profession	6.27	1.06	5.76	1.71	6.14	1.44	5.37	1.61
45	Amount of leisure time have available	5.53	1.53	5.16	1.86	5.37	1.76	4.54	1.91

ITEM NO.	ITEM CONTENT	NOW		SHORT-TERM		CAREER		SATISFACTION	
		MEAN	STD	MEAN	STD	MEAN	STD	MEAN	STD
46	Not being oversupervised when doing my job	5.35	1.97	5.33	1.86	5.68	1.70	5.83	1.52
47	Having opportunity to remain informal in current trends in medicine	6.29	1.21	5.95	1.63	6.26	1.44	3.93	2.02
48	Having colleagues available for professional growth and exchange	6.12	1.28	5.83	1.62	6.19	1.39	4.60	1.94
49	Having opportunity for personal growth	5.92	1.44	5.73	1.64	6.10	1.49	4.35	1.83
50	Having opportunity for degree completion through the Army	5.60	2.16	5.85	1.92	6.37	1.61	1.83	1.60
51	Having opportunity to rotate from one field to a specialty clinic	4.98	2.32	5.55	2.00	6.11	1.67	2.92	2.18
52	Working with civilian trained PAs in military units	3.85	2.34	3.20	2.09	3.30	2.19	2.82	1.91

V24. COMMENTS ON PROMOTIONS

Increase Promotion Rate	112	Don't care about promotion just more pay	2
Too Slow/Long Time Between Promotions	62	Not eligible	2
Inadequate	26	Continue Education	1
By Merit/Responsibilities	22	Promoted to CW3 upon Completion of school	1
Should not compete w/other Fields Warrant Officers	16	W1 end of 1st yr of school, W2 one yr past graduation	1
CW2 Upon Completion of School	14	Separate Board for Medical WO	1
Should be Commissioned	13	Looking fwd to promotion	1
No Response/Llank	11	Not concern, getting out anyway	1
Pro/More Pay	11	Just plain don't like it	1
Appointment back dated to date entered course	6	Too little too late	1
Under present system, no incentive to remain in service	6	Degree Completion	1
Rank not equal responsibility	5	No promotion, got less money than if I had remained an E8	1
Count WOC Time	5		
Adequate Promotions	3		
Promotion should equal Responsibility	3		
End first year	3		
No career progression	3		
CW4 upon completion of school 2 yrs of duty as PA	2		
At Highest Grade before ETS	2		
Civilian education not recognized i.e. BA/BS Degree	2		
Negative Attitude	2		

V37. HOW MUCH MORE MONEY TO KEEP YOU IN THE SERVICE AS A PA?

More pay	150
Blank/No response	98
More promotions	7
Pro/Incentive pay	6
Recire after 20 years regardless	6
Admin duties	5
Civilian pay scales are higher	4
Family stability	4
Continued education instead of money	3
Dissatisfied with way being utilized	3
No amount of money would keep him in	3
Job satisfaction more important, more money is secondary	3
Should be commissioned	2
Will not stay beyond obligation	2
No more moves	2
Money not cause of dissatisfaction	2
Continue education/Degree completion	1
Sacrafice higher pay to gain more regarding work	1
Perscription writing	1
Assignment	1
Present supervisor has gone away with any thought of staying	1
Rotation of jobs	1
Drug List	1

A43. OTHER DUTIES PERFORM THAT OTHER MEDICAL PROFESSIONALS ARE NOT REQUIRED TO PERFORM

Blank/No response	127	BAS Sick Call	3
Shot Team	82	Screening Sick Call	2
Physicals Exams	43	Weekend Sick Call	2
Field Duty/Down Range	29	Preventive Med Officer	2
Stockade	27	OIC	2
Sports coverage	21	Lecturer, Wives Club	2
Platoon leader	19	Nat'l Guard/Reserve Support	2
Over Weight Program	14	Nuclear Emergency Team Ops	2
Screening Records	14	Sick Call at Confinement Facility	2
Troop Medical Clinic/Troop Clinic Sick Call	13	POM Coverage	2
Tng Med & Combat Pers	14	Bn Level Sick Call	2
Supervisor Motor Pool	9	Unsafe Drop Zones	2
Admin Duties/MSC	13	PFB Clinic	2
ER extra duty	7	Sp Staff Advisor	2
POR Screening/Qualification	11	MOS Evaluation Bd	1
Mess Hall Insp	6	AOD	1
Preventive Medicine	5	Medical Alert Team	1
Monitor Field sanitation Teams	5	Cold Weather Officer	1
Mobile Health Team	4	Accompany Bn to Ft Xs	1
Well baby clinic	4	Disaster Team	1
Screening Board	3	Hearing Tests	1
ADC Off for Drug & Alcohol Abuse	3	Field Sanitation Insp	1
Staff Duty Officer	3	Public Health Officer	1
Cell Block Coverage	3	Allergy Screening	1
		Parachute Drop Zone Coverage	1
		Mother	1
		CES	1
		Parade Coverage	1

SATISFACTION SCALE #4 CO-WORKERS AS PA'S, MC'S, etc.

PA's	147	Family Practice Resident	2
Physicians, MD Mil/Civ	99	Neuro	2
91B	81	60-E	2
91C	78	OB Gyn	2
Nurse	55	Medics	2
GMO	28	91-Q	2
Internist	15	3100	2
Med Off/MSC	8	LVN	2
No response/Blank	8	Ambulatory Health Care	1
Flt Surgeon	8	EM	1
91A	7	Physical Therapist	1
AMOSISTS	6	Dietitian	1
Surgeon	6	Osteopath	1
Nurse Clinicians	5	Artillery Officer	1
X-Ray/Lab Tech	4	91-G	1
Records Clerk, Civilian	4	91-S	1
Orthopedic Surgeon	4	91-D	1
011A	5	91-P	1
Records Clerk, Military	3	Public Health Officer	1
Nursing Asst/Aids	3	Treatment Room Duties	1
71G	3	Platoon Leader	1
Pediatrician	3	Physician Specialist	1
MSC Officer	3	Receptionist	1
92-B	3	Amb driver & attendants	1
Corpsman	2	61-M	1
Medical Clinician	2	61-E	1
Civ Screeners	2	Chief ACC	1

A53. HOW CIVILIAN TRAINED PA'S WOULD BE BEST UTILIZED IN THE ARMY

Same as Mil Trained	68	Keep them as civilian	2
Give Orientation Course Prior to Army Assignment	33	Target Practice	2
		ER	2
Would not function w/o Prior Mil Experience	45	Bn	2
Mistake to Recruit them	27	Family Practice Clinic	2
MEDDAC Area	21	As PA	1
NO, NO, NO	15	Medical Capacity	1
TMC & Clinics	16	Primary Providers	1
Hospital	11	Health & Environment Sp	1
Would not function	10	Manuver Units	1
Questionable Use unless prior Mil svc	10	MEDICS	1
		Two yrs O.T	1
Serve w/Experience PA	8	Ambulatory Care	1
Tough w/o Mil Knowledge	6	National Guard	1
Uncertain	6	Cleaning Latrines	1
No Response/Blank	6	Bn, Aid Station	1
Unsuited in Line Units	5	Away from TOE Units	1
Combat Unit/Bn	5		
Hosp, Seeing only Civ	4		
Out Patient Care	4		
Unit/Field Unit	4		
Will not workout in field	4		
TOE	3		
Non Combat Unit	3		
Sick Call	2		
Unsuited for Bn Duty	2		
MEDDAC Specialist Clinic Asst	2		

A54. WOULD YOU ENTER PA PROGRAM AGAIN

Yes	223	Frequent PCS	1
Excellant Program/ Good Training	44	Incentive Pay	1
No	23	Stress More Internal Medicine Aspect	1
Yes and No/Maybe	14	Refresher Course on a Periodic basis	1
Continue Education	11	Hard on Family Life	1
More Pay	10		
Overworked	8		
Lack Professional Acceptance	8		
Degree completion	7		
Undecided	5		
No Career Progression	5		
Would go to Civ Sch	5		
Change to AF/Navy	5		
Pay-back Time too long	4		
Accellerate promotions	4		
Poor Supervisor	3		
Job Satisfaction After Training is Lacking	3		
Assignment	3		
Under Utilized	2		
Unhappy/Frustrated	2		
No Response/Blank	2		
Leaving unless commissioned or Pro Pay	2		
No Representation	2		
Variety of Assignment	2		

<u>COMMENTS</u>			
No Response/Blank	89	Hostile	4
Promotion Dissatisfaction	36	Favorable Assignment Rotation	3
More Pay	32	All PA Nationally Certified	3
Professional Recognition	23	As Civilian Could Settle w/family	3
Incentive/Pro Pay	20	Rank not equals Resp	3
Continue Education	20	Replace Contract Physicians w/PA	2
Unable to Pursue CME	20	No Females	2
Assignment	19	Excellent Supervisor	2
Degree Completion Program	19	Favorable Place w/Program	2
Should be Commissioned	19	Free Time	1
Drug List	11	Enter Program as W2 or W3	1
Career Progression	10	PA warrent closer watch	1
Higher Pay as Civilian	10	Responsibility Should Equal Auth	1
Dissatisfied how you are utilized	10	Pay Back Time too long	1
Unable to Pursue Degree Completion	9	Graduate PA as CW2	1
Hate to Move	8	Too Many Supervisors	1
Good Training	8	Mistake	1
Retiring After 20 yrs	7	Specialty Pay	1
Open PA Program to Enlisted Military	7	Reenlistment Bonus	1
Distinctive Insignia	7	Clear Rater i.e. MD V MSC	1
PA Program Should be Re-Instituted	7	Open civilian slots	1
Prescription Writing	7		
Better Supervisor	6		
One Week Refresher Course Yearly	4		

APPENDIX D

APPENDIX D

PHYSICIAN'S ATTITUDES TOWARD PHYSICIAN'S ASSISTANTS

Please answer all the items by filling in, or circling one numerical choice, or whatever appears to be an appropriate/obvious response. (All scaled responses are preceded and followed by clarifying words to emphasize the digital scale, i.e., in the response:

minimum 1 2 3 4 5 6 7 maximum N/O

the digit 1 equals minimum and 7 equals maximum. If the situation has not been observed, please mark N/O (Not Observed).

SECTION I: Control Data

1. I am currently assigned to: Post _____
Unit _____
2. I am currently serving in pay grade: (please circle one)
0-3 0-4 0-5 0-6 0-7 0-8 civilian
3. My total years of active federal service (round off to nearest whole year and circle one response):
0-1 2-3 4-5 6-7 8-9 10-11 12-14 15-20 more than 20 NA
4. Within my current medical specialty or subspecialty, I am: (circle one)
 - a. Fully trained Board Certified.
 - b. Fully trained Board Eligible.
 - c. Partially trained.
 - d. In training (resident or intern)
 - e. Other (please explain) _____
5. I consider my current military status as (circle one):
 - a. Definitely planning to remain in the Army until eligible for retirement.
 - b. Probably remain in the Army until eligible for retirement.
 - c. Undecided at this time.
 - d. Probably leave the Army before reaching eligibility for retirement.
 - e. Definitely plan to leave the Army before reaching eligibility for retirement.
 - f. I am already eligible for retirement.
 - g. Not applicable.

6. Please identify your current position:

- a. MEDCEN Commander.
- b. MEDDAC Commander.
- c. Division Surgeon.
- d. Chief of Professional Services.
- e. Chief of Clinics.
- f. PA Supervisor.
- g. Other (please specify) _____

SECTION II: Response Data

Mean Responses

- 8.18 1. How many PAs are at your post? _____
- 5.32 2. How many PAs do you personally have a working relationship with? _____
3. How frequently do you have individual contact with the PAs?
- 1.69 a. Daily contact.
b. Several days each week.
c. Several days each month.
d. No contact.
- 6.19 5. How would you rate the overall performance of the PAs at your post?
(circle a number, or N/O, if not observed.)
- very unsatisfactory 1 2 3 4 5 6 7 very satisfactory N/O
- 6.14 6. How satisfactorily do the PAs utilize hospital resources (e.g., make referrals,
use laboratory, x-ray)?
- very unsatisfactory 1 2 3 4 5 6 7 very satisfactory N/O
- 5.01 7. To what degree do you feel the PAs are satisfied in their professional
role as PAs?
- very unsatisfied 1 2 3 4 5 6 7 very satisfied N/O
- If PAs are not utilized at the hospital where you are assigned, please circle N/O
where appropriate in questions 8 and 9.*
8. How would you describe the quality of the work relationship between the PAs
and the following personnel?
- 6.21 a. Physicians supervising PAs very unsatisfactory 1 2 3 4 5 6 7 very satisfactory
- 5.60 b. Physicians (non-supervisors) very unsatisfactory 1 2 3 4 5 6 7 very satisfactory
- 5.34 c. Nurses very unsatisfactory 1 2 3 4 5 6 7 very satisfactory
- 5.96 d. Hospital enlisted personnel very unsatisfactory 1 2 3 4 5 6 7 very satisfactory

9. How would you personally rate the acceptance of PAs as health practitioners by:
- | | | | | | | | | | | |
|------|---------------------------------|---------------------|---|---|---|---|---|---|---|-------------------|
| 5.92 | a. Patients | very unsatisfactory | 1 | 2 | 3 | 4 | 5 | 6 | 7 | very satisfactory |
| 6.23 | b. Physicians supervising PAs | very unsatisfactory | 1 | 2 | 3 | 4 | 5 | 6 | 7 | very satisfactory |
| 5.70 | c. Physicians (non-supervisors) | very unsatisfactory | 1 | 2 | 3 | 4 | 5 | 6 | 7 | very satisfactory |
| 5.32 | d. Nurses | very unsatisfactory | 1 | 2 | 3 | 4 | 5 | 6 | 7 | very satisfactory |
| 5.95 | e. Hospital enlisted personnel | very unsatisfactory | 1 | 2 | 3 | 4 | 5 | 6 | 7 | very satisfactory |
| 6.23 | f. Commanders | very unsatisfactory | 1 | 2 | 3 | 4 | 5 | 6 | 7 | very satisfactory |

The following items deal with your perception of how effectively PAs of whom you are knowledgeable are performing the duties appropriate for their SSI (Special Skills Indicator). In case of two or more PAs being considered, select a rating which is compositely representative. (Circle a number, or N/O if Not Observed).

- 5.81 10. How would you rate the diagnostic skills of the PAs?
 very unsatisfactory 1 2 3 4 5 6 7 very satisfactory N/O
- 5.85 11. How would you rate the treatment skills of the PAs?
 very unsatisfactory 1 2 3 4 5 6 7 very satisfactory N/O
- 6.33 12. How would you rate the ability of the PAs to perform physicals?
 very unsatisfactory 1 2 3 4 5 6 7 very satisfactory N/O
- 6.08 13. How would you rate the ability of the PAs to write prescriptions?
 very unsatisfactory 1 2 3 4 5 6 7 very satisfactory N/O
- 5.95 14. How would you rate the ability of the PAs to handle administration?
 very unsatisfactory 1 2 3 4 5 6 7 very satisfactory N/O
- 6.01 15. How would you rate the ability of the PAs to supervise troops?
 very unsatisfactory 1 2 3 4 5 6 7 very satisfactory N/O
- 6.21 16. How would you rate the PAs as soldiers?
 very unsatisfactory 1 2 3 4 5 6 7 very satisfactory N/O
- 6.35 17. How would you rate the background military experience of the PAs in assisting the performance of their duties as a PA?
 very unsatisfactory 1 2 3 4 5 6 7 very satisfactory N/O
- 5.92 18. How do you rate the importance of military experience of PAs to accomplish their jobs effectively?
 very unimportant 1 2 3 4 5 6 7 very important N/O

6.45 19. Have the PAs had sufficient military experience to perform effectively as PAs?
very unsatisfactory 1 2 3 4 5 6 7 very satisfactory N/O

6.11 20. Have the PAs had sufficient medical training to perform effectively as PAs?
very unsatisfactory 1 2 3 4 5 6 7 very satisfactory N/O

6.20 21. How effective would you rate the PA as a health care provider?
very unsatisfactory 1 2 3 4 5 6 7 very satisfactory N/O

5.93 22. How do you feel about the productivity of the PAs compared to physicians doing
the same work PAs presently do?
very unsatisfactory 1 2 3 4 5 6 7 very satisfactory N/O

23. Where do you feel the PA is best utilized?

24. How do you feel the PA is best utilized?

25. How do you feel the PA is improperly used?

Thank you for participating in this survey. Please feel free to make any comments
in the space provided below.

COMMENTS (Optional):

23. Where PA is best utilized?

TMC/Troop Clinic (TMC-66, TC-18)	84	Dermatology	1
Walk-in/OP Clinic/Dept	49	Psychiatry	1
Primary/Health Care Clinic	23	Podiatry	1
Aid Station/Squadron Air Station	19	Surgery	1
In Bn	15	Where Needed	1
Dispensary	13	Delivering Babies	1
Screening (Health, Walk-in, Troops)	10	GYN	1
MEDDAC	10	OB	1
General Practice/Care/Medicine Clinic	9	Shots	1
Routine Physicians/Physical Exams Section	8	ETR	1
Ambulatory Care Clinic and ACC at Hosp	8		
Surgeon (Bn, Brigade, TOE)	8		
Acute minor illnesses	7		
Field Units level	7		
Specialty Clinic	6		
Hosp/Clinic situation with direct supervision	6		
Treating Dependents	5		
GMO/Physician shortage	4		
When under direct supervision	4		
Pediatrics	4		
Assignment Rotation	3		
Triage	3		
AMIC	3		
Blank	3		
Reserve/National Guard	2		
In/Out of Hosp to replace GMO	2		
Relieving physicians of common problems	2		
Fld Unit Insp and Evaluation	2		
TMC Health Care Provider	2		
Treating AD Troops	2		
Family Practice Clinic	2		
Maneuver Bn level	2		
Unit/Annex level	2		
TOE line unit level	2		
Internal Medicine	2		
As a Bn Commander	2		
Orthopedics	2		
Medical Facilities	2		
Medical Advisor to Bn Commander	1		
Where Operational Control Belongs to MEDDAC	1		
Public Health Works	1		
Substitute for physician in primary care	1		
Family Practitioner and Supervisor	1		
Minimal Care in Hosp Wards	1		
Direct contact with troops	1		
Improper at Ambulatory Care Clinics	1		
Improper at ER	1		
Combat Arms Level			
OP Non-Specialty	1		
As a GMO	1		

24. How PA is best utilized?

OP Primary Care Clinic/Provider Asst/Extender	56	Under MEDDAC Control	1
Treatment, Minor Problems/Acute Minor Illness	23	In Patient GMO level	1
Assist/Screening	21	Family Practice Role	1
Clinic/GMC Admin/Out Pnt Contact/Out Pnt Dept	16	Medical Facility	1
Troop Medical Clinic	16	Present utilization	1
With Physician supervisor	14	OB	1
Emergency Room	12	Rotation	1
Flight/Bn Unit Surgeon	9	Basic RX	1
Ambulatory Care/Sick Call	8		
Supervised Physician Extender	7		
Clinic Situation with direct supervision	7		
Working with Hosp/MEDDAC physician	6		
Direct Patient Care	5		
Routine Uncomplicated Medical Problems/Exams	5		
Running or in Bn Aid Station	4		
Diabetic/Obesity/Pediatrics	4		
As Medical Pln Supervisor/Medical Officer	4		
Triage	4		
Physicals	4		
Sickcall	4		
Field Medicine Only/Unit	3		
Supervisor (EM in TMC/Medics/AMOSISTS)	3		
Internal Medicine Follow-up under supervision	3		
TMC Operator/Health Provider	2		
Field/Garrison primary care	2		
Fly Prevention/Health Ed	2		
Diagnostician/Therapist within his capabilities and limitations	2		
Evaluating AD Pers/Pnt	2		
General Exams	2		
Chronic Illness	1		
Assist Physician in ER	1		
Dealing with TM Problem	1		
As Physician under supervision	1		
Replacement for GMO	1		
Podiatry/Orthopedics	1		
Help physician TMC level deal with military prob	1		
Supervised provider, not assistant	1		
Bn MO, completely in charge of Bn	1		
Long-term chronic problems management	1		
Push to maximum in medical care and admin resp	1		
Given total responsibility to operate TMC	1		
Not given enough power	1		
Super specialized, narrowing health tasks	1		

25. How PA is improperly used?

Blank	34	Not being	
Admin roles/Orderlies	18	commissioned	1
Platoon Leader	14	Inappropriate	
Properly used/not done here	14	screened at TMC	1
Physician role	10	Commanders of	
Admin Officer of the Day/MSO Officer in Hosp	8	Medical Units	1
Not enough utilization/responsibility	8	TMP in PM	
Not enough supervision in TMC/Family Practice/ER	6	instead of ER	1
Field Maneuvers/Duty	6	Isolated area	
Limited prescription writing	6	without supv	1
No	6	Complicated cases	1
Physician substitute/backup	5	Minimal jobs	1
Just one job/task	5	ER	1
To do or asked to do more than qualified for	5	In-Patient care	1
Assigned or supervised by non-medical personnel	4	Constantly PCS	1
see too many patients to see them effectively	4		
Not enough supervision	4		
Physical Exams	4		
Well baby	4		
Too much responsibilities without adequate supervision	3		
Flu shots/paramedic/CME-less paper work	3		
Sub-specialty clinics	3		
With physician that will allow PA to broaden his skills/knowledge	3		
Non-medical functions	3		
Screeener	3		
Out-Patient Care	3		
Any job, requiring PA to spend less than 75% of his time with patients	2		
IG, Command level complaints/Policy formation	2		
Under MEDDAC Control/Major Training Areas	2		
Complicated cases without supervisor	2		
Rotating clinics without supervision	2		
Improperly utilized in civilian clinic by comdr	2		
Working alone	2		
Field Unit with very few patients	2		
TC without enough support/supervision	2		
Intimidated by physician supervisor	2		
Flight/Bn Surgeon	2		
Motor Pool	2		
As a specialist	2		
Minimum Supervisory	2		
Situation requiring 1 or more physicians	1		
Jobs that could be handled different office level	1		
Long-term patient follow-up	1		
Chronic cases situation	1		
Duties exceed capabilities	1		
Not enough time to teach MEDICS	1		
Work up with patient for more complicated problems	1		
Increase physician satisfaction by putting them in ER			

COMMENTS:

Blank	90
Worthwhile and necessary program/Need to reinstate program	31
Well trained/competant PA an asset	16
Outstanding training	13
More, Pro/Incentive pay	8
PA feels as full pledged physician and expects rights and privileges thereto. Openly resentful of physician supervision	8
PAs' role is to assist not replace MD	5
PAs should or could replace GMO	4
PAs better than I expected	4
Valuable adjunct to physicians but cannot replace them	4
PA vital to health care team	4
Should be commission	4
PA, military background helpful in relationship with troops/commander	4
Poor Pay	4
Useful and beneficial asset to patient and physicians	3
PAs cannot treat patients as a physician	3
Little Admin support/Poor support from MEDDAC	3
Impress with caliber of PAs/PAs 2 yrs training is impressive	3
Continue education not stress at this post	3
PAs are overworked	3
Happy PA working with me	3
PAs generally dissatisfied	3
PAs cannot function with military experience	2
PAs are functioning as physicians	2
Recommend assignment to MEDDAC/Div Med Bn	2
Replacing decreasing supply of physicians/Bn Surgeon	2
Should be under MEDDAC Cmdr or Div Supervisor and not Bn Comdr	2
Older more experience PAs more equipped to handle more serious/complicated medical problems	2
With someone to consult they do as well or better than physicians	2
Self-serving, claim inexperience/lack of knowledge if they don't want to do something	2
PA with Special Forces or Airborne medical background performed superbly (military and medically)	2
Effectively barred from attending available CME	2
PAs over prescribe drugs	1
Patient care under physician's supervision	1
PAs enjoy a clinic situation	1
Highest regard and conscientious	1
Not treated as professionals	1
PAs relieving physicians	1
Under Brigade Surgeon with duty at Battalion	1
Too late for survey SG is taken action to solve problems	1
Expected to carry load which exceed his ability	1
More publicity where PAs have work out effectively	1
MEDDAC assignment based on merit	1
Have appropriate clinical judgement for level of training	1
Do not hesitate to refer patients and ask for consultation	1

COMMENTS: (CONT'D)

Civilian PAs inferior to military PAs	1
Would like to see more PAs as extenders on clinical services	1
Comments based on very peripheral view	1
Could be assigned as family doctor with family practitioner heading prog	1
Exert maximum effort to retain combat experienced PAs	1
Impress with quality of education	1
Should be in ER rotation with a physician	1
Use in training posts	1
Out of 6 PAs, 2 are excellent	1
Stupid Army no longer training PAs	1
Auth civilian hire	1
Accelerated promotion	1
PAs should have more recognition	1
Tour at MEDDAC periodically to obtain/continue education	1
Family Practice Clinic	1
Distinctive insignia	1
Work in Pediatrics	1
GOC	1

APPENDIX E

APPENDIX E

COMMANDERS' ATTITUDES TOWARD PHYSICIAN'S ASSISTANTS

Please answer all the items by filling in, or circling one numerical choice, or whatever appears to be an appropriate/obvious response. (All scaled responses are preceded and followed by clarifying words to emphasize the digital scale, i.e., in the response:

minimum 1 2 3 4 5 6 7 maximum N/O

the digit 1 equals minimum and 7 equals maximum. If the situation has not been observed, please mark N/O (Not Observed).

SECTION I: Control Data

1. I am currently assigned to: Post _____
Unit _____
2. I am currently serving in pay grade (please circle a number):
0-1 0-2 0-3 0-4 0-5 0-6 0-7 0-8
3. My total years of active federal service (round off to nearest whole year and circle one response):
0-1 2-3 4-5 6-7 8-9 10-11 12-14 15-20 more than 20
4. Please identify your current position:
 - a. MEDCEN Commander
 - b. MEDDAC Commander
 - c. Brigade Commander
 - d. Battalion Commander
 - e. Company Commander
 - f. Other (please specify) _____

Mean Response

SECTION II: Response Data

- 6.34 1. How many PAs are at your post? _____
- 1.54 2. How many PAs do you personally have a working relationship with? _____
- 15.72 3. How long have you been acquainted with the PAs? _____ (months)
4. How frequently do you have individual contact with the PAs?
 - a. Daily contact.
 - b. Several days each week.
 - 2.26 c. Several days each month.
 - d. No contact.

- 6.20 5. How would you rate the overall performance of the PAs at your post?
(Circle a number, or N/O, if not observed.)
- very unsatisfactory 1 2 3 4 5 6 7 very satisfactory N/O
- 6.26 6. How efficiently and effectively do the PAs utilize hospital resources, e.g.,
make referrals, use laboratory, x-ray?
- very unsatisfactory 1 2 3 4 5 6 7 very satisfactory N/O
- 5.90 7. To what degree do you feel the PAs are satisfied in their professional role as
- very unsatisfied 1 2 3 4 5 6 7 very satisfied N/O

If PAs are not utilized at your hospital, please circle N/O (where appropriate) in questions 8 and 9.

8. How would you describe the quality of the work relationship between the PAs and
the following personnel?
- 5.90 a. Physicians supervising PAs very unsatisfactory 1 2 3 4 5 6 7 very satisfactory
- 5.50 b. Physicians (non-supervisors) very unsatisfactory 1 2 3 4 5 6 7 very satisfactory
- 5.34 c. Nurses very unsatisfactory 1 2 3 4 5 6 7 very satisfactory
- 5.95 d. Hospital enlisted personnel very unsatisfactory 1 2 3 4 5 6 7 very satisfactory
9. How would you rate the acceptance of PAs as health practitioners by:
- 5.97 a. Patients very unsatisfactory 1 2 3 4 5 6 7 very satisfactory
- 6.10 b. Physicians supervising PAs very unsatisfactory 1 2 3 4 5 6 7 very satisfactory
- 5.78 c. Physicians (non-supervisors) very unsatisfactory 1 2 3 4 5 6 7 very satisfactory
- 5.56 d. Nurses very unsatisfactory 1 2 3 4 5 6 7 very satisfactory
- 6.11 e. Hospital enlisted personnel very unsatisfactory 1 2 3 4 5 6 7 very satisfactory
- 6.28 f. Commanders very unsatisfactory 1 2 3 4 5 6 7 very satisfactory

The following items deal with your perception of how effectively PAs are performing the duties appropriate for their SSI (Special Skills Indicator).
(Circle a number, or N/O if not observed).

- 5.80 10. How would you rate the ability of the PAs to handle administration?
- very unsatisfactory 1 2 3 4 5 6 7 very satisfactory N/O
- 5.36 11. How would you rate the ability of the PAs to supervise troops?
- very unsatisfactory 1 2 3 4 5 6 7 very satisfactory N/O
- 5.72 12. How would you rate the PAs as soldiers?
- very unsatisfactory 1 2 3 4 5 6 7 very satisfactory N/O
- 6.05 13. How would you rate the background military experiences of the PAs in assisting
the performance of their duties as a PA?
- very unsatisfactory 1 2 3 4 5 6 7 very satisfactory N/O

6.16 14. Have the PAs had sufficient military experience to perform effectively as PAs?
 very unsatisfactory 1 2 3 4 5 6 7 very satisfactory N/O

6.39 15. Have the PAs had sufficient medical training to perform effectively as PAs?
 very unsatisfactory 1 2 3 4 5 6 7 very satisfactory N/O

6.15 16. How do you feel about the productivity of the PAs compared to physicians doing
 the same work PAs presently do?
 very unsatisfactory 1 2 3 4 5 6 7 very satisfactory N/O

17. Which factors do you feel set the PAs apart from other soldiers? (Please
 circle a number only to indicate the extent each factor distinguishes the
 PAs, i.e., 1 equals minimally distinguishes the PA from other soldiers, etc..)

5.83	a. Maturity	minimum 1 2 3 4 5 6 7 maximum N/O
4.89	b. Age	minimum 1 2 3 4 5 6 7 maximum N/O
5.07	c. Military experience	minimum 1 2 3 4 5 6 7 maximum N/O
4.88	d. Military knowledge	minimum 1 2 3 4 5 6 7 maximum N/O
6.38	e. Medical knowledge	minimum 1 2 3 4 5 6 7 maximum N/O
5.89	f. Sensitivity to patients	minimum 1 2 3 4 5 6 7 maximum N/O
5.07	g. Leadership	minimum 1 2 3 4 5 6 7 maximum N/O
5.04	h. Appearance	minimum 1 2 3 4 5 6 7 maximum N/O
6.00	i. Responsibility	minimum 1 2 3 4 5 6 7 maximum N/O
	j. Other _____	minimum 1 2 3 4 5 6 7 maximum N/O

Thank you for participating in this survey. Please feel free to make any comments you
 desire in the space provided below.

18. COMMENTS (Optional):

COMMANDERS QUESTIONNAIRE

PA is excellant/outstanding	42	Impress with capability to perform duties	4
PA program should be continued/inlarged	19	PA valuable asset to Commander as advisor on medical & related matters	4
PA program is good/super/efficient/outstanding	16	Valuable/Great with shortage of physicians	4
Response based on only one/two PAs	12	Program should be reinstated ASAP	3
PA is well motivated highly trained & very competant	11	Minimal contact but experience has been good	3
PA can replace GMO in most situations	9	Need more PAs	3
While PA does not replace physician, they are quite valuable in filling gap during physician shortage	9	PA generally more job oriented & productive than most Bn MD of days past	3
PA doing a good/super job	9	PA has tremendous capabilities; however not a self-starter	3
PA program valuable asset/Doing a good job	8	PA excellant substitute for Dr	3
Some PAs are better than others	8	No contact with PAs	2
PA particularly effective at Bn Surg level because of their military experience	8	PA program is huge success	2
Too many other duties not enough time in his unit	8	PA program has great merit	2
PA is dedicated	6	Materially enhanced health & medical responsiveness of the command/Enhanced our mission	2
PA recognizes the frequent abuse of the medical system of soldiers & promptly returns them to duty	6	PA like to have their RX auth increase	2
PA should be at Bn instead of de-tailed for duty in Hosp/TMC/Div/ER	6	PA should be allow to progress furtner (rank wise)	2
Experience, both military & medically to effectively supervise the health of the command	5	PA appears reasonably happy with their job	2
PA is excellant at Bn level	4	Comparable to a military physician	2
		Great responsibility with little supervision	2

Limited promotions	2	Assign PA to MEDDAC rather than Bn	1
PA is aware of his limitation	2	Happy doing duties such as sick call, MDs are bored	1
Acceptance by those outside military-dependent is not good yet	2	Relieve physicians of many routine treatments	1
PA is self-centered/me-oriented	2	Would like to rotate in hospital specialty areas	1
PA is mature trained professional	2	Need continue education	1
PA is pulling more than his share of extra duty (night & weekends) than doctors	2	Treated like second class citizens	1
Too many bosses can create frustration & affect ability to provide medical care	2	PA is indispensable	1
In TC & field operations the PA is far superior to physicians	2	PAs are so-so	1
Professionalism is lacking in PAs	2	Keep PA & keep units up to strength	1
PA performs better than doctor	2	Previous military service enables PA to better assist new physicians in identifying the soldier "dud" at Bn level	1
No career progression	2	My attitude in working with PAs was negative, now change & found PAs to be competent and effective	1
Appear to be more sensitive to the patient than do doctors	2	Rarely available to commander & averages ½ day per week with unit	1
Essential clear lines of communication & response be established between PA & physician	1	As individual don't feel comfortable with one but its better than being put on a waiting list	1
PA should be in charge of TMC	1	More than once have observed efforts by PA resulting in saving a life	1
Excellent basic care	1	Forced to make medical judgements not qualified to make	1
Hate to see program discontinued	1	Program successful in Regiment	1
To discontinue program is mistake	1	Survey not well designed	1
Work well in specialty clinics	1	Invaluable to efficiency & morale of a professional unit	1
PA support is generally good	1		
Need PA as MD/physician	1		
Has replaced missing Bn Surg	1		

PAs are worth their weight in gold	1	PA program unqualified success	1
Does not give 100 percent due to everybody's misguided guidance	1	PA should be locked in service for 4 yrs after becoming PA	1
When utilized in their role they function well	1	PA available in AM for 1 hr only, any attempt to correct is block by Surgeon office	1
Should be recognize as a portion of AMEDD & not WO Branch	1	Do not regard PA as a special staff officer or have not received any medical advice from PA	1
If not accepted PA tends to have no job satisfaction & functions Poorly	1	In comparison to the "old battalion physician" the PA program is a failure	1
Recognized & accepted as an experienced, professional medical technician & officer	1	Much better program than the old method of assigning an MD to a Bn	1
Patient perception good as a PA may be, he's still an assistant not a physician	1	Question is not adaptable to this Inf Bn PA	1
Resentment between PAs & MDs, PAs feel they are relieving the workload & MD picks & chooses their case load	1	Been in command 3 weeks & have not met my PA	1
Minimal acceptance into medical circles	1	PA being mal-utilized, used to attempt to cover doctor shortages	1
PAs fail to realized what a chain of command is	1	Due to experience PA more credible instructors to enlisted students	1
PAs fashion themselves as a Hawkeye Pierce	1	Military appearance much better than physicians, but fear contamination by the latter	1
Should be taken from SP4 or 91B, with 3 or 4 yrs service & less war stories	1	Troop or line experience PA do a better job overall then PA with only Hosp experience	1
Want to be commissioned officer (CPT with 8 yrs lvc)	1	Doctor is too restrictive on what type of care PA can administer	1
Tends to forget status as technician (medical type) & not platoon leader or other leadership position	1	Twist wording of Regulation to suit their purpose	1
Most of my problems at med activity manage to have a PA involved	1	Well train to do duties they desire	1
Worked with only 1 weak PA	1	Not sufficiently trained to do distasteful duties	1
PA should be awarded incentive pay	1	Unacceptable substitute for LT MSC	1

Eliminate PA program & produce more MSC LTs	1
PAs need training on auto maintenance	1
Hosp administration has tendency to consider PA as a doctor belonging in hospital rather than an asset, valuable to both Bn & hospital	1
Tragically PA is not a substitute for doctor. Their role in this community is just that	1
PA spends practically no time in tactical training of Bn medical platoon. All his efforts have been garrison oriented	1
Knowledge of medicine above expectation of a non-doctor	1

11. DISTRIBUTION:

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HQDA (DASG) (5)

Dir, Joint Medical Library, Offices of The Surgeons General, USA/USAF,
The Pentagon, RM 1B-473, Washington, DC 20310 (1)

Dir, Joint Medical Library (AAFJML), Forrestal Eldg., Washington, DC
20315 (1)

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