

# WOMACK ARMY MEDICAL CENTER



## INTERSERVICE PHYSICIAN ASSISTANT PROGRAM PHASE 2 TRAINING ORIENTATION AND POLICY MANUAL

<http://www.wamc.amedd.army.mil/dme/GME/ipap>

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## **WELCOME**

Welcome to Womack Army Medical Center (WAMC), Home of America's Finest. WAMC is a vital part of the Northern Regional Medical Command. The site is a 163-acre wooded site north of Albritton Junior High School bordered by Normandy Drive to the south, Longstreet Road to the north, Reilly Road to the east and the All American Expressway to the west. The new health care complex has increased quality care and access to beneficiaries by bringing more medical and specialized resources to Fort Bragg. Some of the specialties added since the current facility became a medical center include gynecology-urology, reproductive endocrinology and infertility, and refractive eye surgery. Other notable new additions include surgical oncology, bariatric surgery, colo-rectal surgery, plastic surgery, vascular surgery, spine surgery, foot and ankle surgery, gyn-oncology, child psychiatry, developmental pediatrics, forensic pediatrics, pain medicine, interventional gastrointestinal endoscopy, and traumatic brain injury. The Army Medical Department is committed to providing quality, cost-efficient care for "The Total Army Family." Womack Army Medical Center is proud to serve the more than 160,000 eligible beneficiaries in the region, the largest beneficiary population in the Army. This facility has three connecting buildings. Building "A" is the clinic mall area at the All American Expressway entrance and it houses the outpatient clinics. Building "B", which is the building in the middle, houses most of our ancillary clinics and departments. Building "C", the inpatient tower, is located at the Reilly Road entrance. The inpatient tower is seven floors with an interstitial space between each floor that allows access for repair without interrupting patient care. The new Womack is 1,020,359 square feet.

The Staff at WAMC is committed to training you to be a competent Health Care Provider, PA, and Officer. You will be challenged while here, both mentally and physically. We are not training you to be a PA in a Battalion Aid Station (BAS); we are training you to be a PA for Life. The Army program is much different from civilian PA schools and the expectations of an Army PA are much higher. We will prepare you for the challenges to come. You must prepare yourself, study, and be on your toes at all times. Any student that is not motivated to do their part or complete the mission will find it hard to succeed.

This guide was prepared to assist you in your transition from Phase 1 at Fort Sam Houston to Phase 2 at Fort Bragg. In this guide you will find answers to questions that were asked by students preceding you. Read through the entire guide, print it and have the final page signed for me to collect when you in process. Remember, this guide is just that, a guide. In the absence of specific guidance, use common sense and good judgment. Ask questions!

## **ORIENTATION**

The first three weeks are used to in-process the hospital and post. It is crucial that you follow your specific in-processing schedule in order for you to be able to see a patient once you start your first rotation. You will receive your in-processing schedule upon your arrival to Phase 2. Spouses are an integral part of the support network that has allowed each student to progress to the Phase 2 level. Spouses are invited to a walk-through of the facility and may participate in orientation activities as appropriate.

The orientation will be conducted by course personnel and will include integration into the clinical aspects of training. Other training requirements include local facilities and policies, standards of performance, staff responsibilities, and health care professional training including

Defense Medical Human Resource System- internet (DMHRSi), Composite Health Care System (CHCS) and Armed Forces Health Longitudinal Technology Application (AHLTA). Newcomer's Orientation and the Advanced Cardiac Life Support (ACLS) will be scheduled by the IPAP WAMC Administrator prior to or upon your arrival to Phase 2. **Mr. Randal Shivy is the current IPAP WAMC administrator.**

Phases 1 and 2 have similar goals for training, but the approach and philosophy of student instruction is completely different. Phase 2 requires a great deal of self-motivation and study. This activity prepares the PA student for a life of professional enrichment by self-directed study. The transition from student to professional provider begins with the orientation.

### **SIGNING IN AND IN-PROCESSING**

Staff duty desk WAMC through the Reilly Road Entrance is open 24 hours a day (910) 907-6000. You will then in-process with C. Co., the IPAP WAMC administrator and the Phase 2 Clinical Coordinator.

### **MEDICAL CHAIN OF COMMAND**

Hospital Commander	COL Brian T. Canfield
Deputy Commander for Clinical Services	COL Frank Christopher
Director of Medical Education	COL Michael Sundborg
Phase 2 Medical Director	Dr. Y. Sammy Choi, MD
Phase 2 Clinical Coordinator	MAJ Amelia M. Duran-Stanton, OPA-C, PhD, DScPAS-CO (Ortho)
Phase 2 Deputy Clinical Coordinator	MAJ George Barbee, EMPA-C, DScPAS-EM

### **ADMINISTRATIVE CHAIN OF COMMAND**

C. Company Commander	CPT Terri Bayne, MSC, Commanding
C. Company First Sergeant	1SG Bryan T. Brown
Phase 2 Coordinators, OIC	MAJ Duran-Stanton/MAJ Barbee (Deputy)
NCOIC, C. Co. WAMC Students	SFC Frank J. Ehlinger
Phase 2 Education Technician	Mr. Randal Shivy

### **MAIL/MESSAGES**

Your official mailing address is:  
Womack Army Medical Center  
MCXC-GME-IPAP  
Building 4-2817 Reilly Road  
Ft Bragg, NC 28310

My direct office number is (910) 907-8269 (IPAP WAMC 2N office). MAJ Barbee's is (910) 907-6696. Check your Outlook e-mail at least twice daily, once before 0730 hours and once after 1600 hours. Pass along information to each other as appropriate.

## IMPORTANT PHONE NUMBERS

<b>Womack's Information Desk:</b>	910-907-6000 910-907-9262
<b>Active Duty Family Member Dental Plan:</b>	1-800-866-8499
<b>Retiree Dental Plan:</b>	1-888-838-8737 Option 2
<b>TRICARE Service Center:</b>	1-877-TRICARE
<b>Admissions:</b>	910-907-7078
<b>Advice Nurse:</b>	910-907-6877
<b>Allergy/Immunization Clinic:</b>	910-907-6662 910-907-7182
<b>Appointment Line:</b>	910-907-APPT(2778)
<b>Audiology:</b>	910-907-6473
<b>Blood Donor Center:</b>	910-432-8964/ 910-396-9925
<b>Behavioral Health:</b>	910-907-8679 910-907-6825
<b>Breast Clinic:</b>	910-907-8383
<b>Cardiology:</b>	910-907-6253
<b>Care Authorizations (for active duty):</b>	1-888-610-7420
<b>Chaplain:</b>	910-907-PRAY(7729)
<b>Civilian Personnel, Job Information Line:</b>	910-907-7851
<b>Community Health Nursing Program:</b>	910-396-6374 910-396-7410
<b>Drug Information Line:</b>	910-907-7045
<b>Emergency Department:</b>	910-907-7467 910-907-6559
<b>ENT/Audiology:</b>	910-907-6751
<b>Exceptional Family Member Program (EFMP):</b>	910-907-7591
<b>Educational Developmental Intervention Services:</b>	910-907-EDIS(3347)
<b>Expanded Care Nursery:</b>	910-907-7626
<b>Fisher House:</b>	910-432-1486
<b>Gastroenterology:</b>	910-907-7808
<b>General Surgery:</b>	910-907-7405
<b>Health Benefits Advisors:</b>	910-907-6926
<b>Hematology/Oncology:</b>	910-907-7511
<b>Hospital Education &amp; Staff Development:</b>	910-907-8368 910-907-8144
<b>Human Resources:</b>	910-907-7127
<b>Information Desk:</b>	910-907-6000 910-907-6292
<b>Inpatient Ward</b>	
2N:	910-907-8731
4S:	910-907-8078
6S:	910-907-6521

<b>Inspector General:</b>	910-907-8993
<b>Intensive Care Unit</b>	
ICU West:	910-907-6428
ICU East:	910-907-6285
<b>Internal Medicine:</b>	910-907-8583 910-907-7462 910-907-6253
<b>Labor &amp; Delivery:</b>	910-907-7563
<b>Mental Healthcare:</b> <i>*All other active duty soldiers, family members, eligible retirees &amp; their families can access mental healthcare through the TRICARE Service Center.</i>	82nd soldiers: Contact Robinson Health Clinic: 910-907-9486
<b>Military Personnel:</b>	910-907-7963
<b>MRI:</b>	910-907-7966
<b>Neurology:</b>	910-907-6412
<b>OB/GYN Advice Nurse:</b>	910-907-8778
<b>OB/GYN Appointment Line:</b>	910-907-8333
<b>OB/GYN Clinic Information:</b>	910-907-6249
<b>Oncology/Hematology:</b>	910-907-7511
<b>Outpatient Pharmacy Refill Call-in:</b>	910-907-7427/7676 1-888-316-8639 (toll-free)
<b>Ophthalmology:</b>	910-907-6423
<b>Optometry:</b>	910-907-7106
<b>Orthopedics:</b>	910-907-6785
<b>Outpatient Records:</b>	910-907-7179 910-907-7953
<b>Pain Clinic:</b>	910-907-7209
<b>Patient Administration Division (PAD):</b>	910-907-7078 910-907-6864
<b>Pediatrics/EFMP:</b>	910-907-7337
<b>Pediatrics Ward 3 North:</b>	910-907-7114
<b>Pharmacy</b>	
Womack Pharmacy:	910-907-7427
Outlying Clinic Pharmacies	
Clark Pharmacy:	910-907-7427 Option 5
Joel Pharmacy:	910-907-7427 Option 6
PX:	910-907-7427 Option 8
Refill Distribution Center:	910-907-6112
Robinson Pharmacy:	910-907-7427 Option 7
<b>Physical Exam Section:</b>	910-907-7639
<b>Physical Therapy:</b>	910-907-7538
<b>Plans, Training, Mobilization, &amp; Security:</b>	910-907-6688
<b>Podiatry:</b>	910-907-7763
<b>Pregnant Soldier Wellness Program:</b>	910-907-8241

<b>Public Affairs/Marketing Office:</b>	910-907-7247
<b>Quality Services Division:</b>	910-907-7607
<b>Radiology Services:</b>	910-907-7966/8266
<b>Red Cross:</b>	910-907-7124 910-907-6444
<b>Refractive Eye Surgery:</b>	910-907-7620
<b>Report a Problem:</b>	910-907-REPO (7376)
<b>Safety Office:</b>	910-907-SAFE (7233)
<b>Sick Call:</b>	910-907-6451
<b>Social Work:</b>	910-907-7869 910-907-8272
<b>Strep Throat Hotline:</b>	910-907-8737
<b>Substance Abuse &amp; Rehabilitation Services (SARS) Clark Health Clinic:</b>	910-907-2576

## CODES



Red Fire



Blue Cardiac or Respiratory Arrest



Pink Infant or Child Abduction



Silver Young Adult/Child or Adult – LOST



Black Bomb Threat



Grey Disaster (MASCAL)



Green Combative Person / Workplace Violence



Orange HAZMAT



White Armed Intruder / Active Shooter



Yellow Utility Failure

## EQUIPMENT

You will need your own stethoscope upon arrival to WAMC. I also recommend that you have at a minimum the *Tarascon Pocket Pharmacopoeia* and *The Sanford Guide to Antimicrobial Therapy* and a pair of shoes dedicated for use at the hospital while wearing scrubs. You will be issued a lab coat and scrubs. You will have a work station/cubicle in the PA student room (4-North) for storage of your personal items. You are sharing the room with the nurse anesthesiology residents so please keep your areas clean.

## DUTY UNIFORM

The clinical rotation or work location determines the duty uniform. Hospital policy dictates that **you must wear a uniform when coming to and from duty**; you can wear either the PT uniform or ACUs. Typically, the Army Combat Uniform (ACU) or scrubs are authorized in your rotations. The white lab coat will be worn while seeing patients or as dictated by your preceptor. The WAMC Hospital ID badge will be furnished and worn at all times while on duty in the hospital or any outlying clinics. The badge will be worn on the left side. Hospital scrubs are only authorized when performing duties in the Emergency Medicine, Mother-Baby Unit, Hospitalist or any days that surgeries or procedures are being performed (e.g. Dermatology, Orthopaedics). **Privately owned scrubs will not be worn.** During these rotations, if you must leave the area, cover the scrubs with your white coat. Scrubs are not authorized outside the hospital. During recall, the duty uniform is the ACU. MEDCOM patches and WAMC unit crests are authorized on the uniforms; National Guard may continue to wear their unit patch. At graduation, the follow-on unit patch and crest is authorized.

## DUTY HOURS

Duty hours are rotation and clinical preceptor dependent. Hours may be adjusted to spend additional time in rotations to meet the objectives of each clinical area. Students are expected to make ward rounds and take call with their preceptor. Generally, expect to spend 50 hours per week at a minimum in the hospital during regular duty hours, 10-15 hours in the ER after hours and 10-20 additional hours per week in self-study. **There may be times that you may have to stay beyond the schedule such as disasters and MASCAL events.**

## ABSENCES

Students are required to obtain a signed approval from their preceptor when he/she will be absent from the clinic for more than 2 hours. This request is then forwarded to the Phase 2 Clinical Coordinator, who will remain the approval authority for all clinic absences. You must notify the Phase 2 Clinical Coordinator of any absences of less than 2 hours via e-mail in order to keep a record of your clinical hours.



## ON CALL DUTY

Performing call is an integral part of the student education. Presently Family Medicine, Orthopaedics, OB/GYN and most surgery rotations require the student to be on call. Students may be required to pull call in any rotation as directed by their preceptors. If your preceptor requires call in any other rotation to the extent that it interferes regularly with the ER schedule, any adjustment must be requested by your preceptor. You must return all pages/calls within 5 minutes and report to the ER within 45 minutes. No exceptions! Your preceptor will determine post call activities as appropriate.

## SICK CALL

Sick call is conducted in the Family Practice Clinic, 1<sup>st</sup> Floor. Sign in begins at 0630 hours. If you are due to be on shift and are ill before they are open, contact the Phase 2 Clinical Coordinator, your preceptor, and class leader. There is no excuse for not providing notification if you are ill.

## KEY AND ESSENTIAL PERSONNEL

Despite wearing the uniform you are NOT considered key or essential personnel. You are considered in training and therefore not required to report to work when only key or essential personnel are to report for duty. Normally this applies to inclement weather situations. I will call you and advise you if your help is needed at the hospital. Otherwise these days are considered self study at home.

## WAMC IPAP V DRIVE

Link to V Drive: <V:\GME\IPAP>

Above are the links to our IPAP V drive. This is only available on a WAMC computer. This is where we will post everything related to IPAP Phase 2 WAMC such as announcements, calendars (including ER schedule, meetings, and presentation), learning objectives, and preceptor information. **You will be required to check this site at least once daily.** You will be responsible for all information that is put on this site. Ignorance is not an excuse for non-compliance. If you have questions or concerns regarding the V drive or other information please notify the Phase 2 Clinical Coordinator immediately.

## LECTURES/MEETINGS

Lectures are scheduled throughout the year on a variety of topics and attendance is mandatory. These may not correspond to scheduled clinical rotations. All absences from lectures must be cleared through the Phase 2 Clinical Coordinator and preceptors. The lectures are an important aspect of the Phase 2 educational process and should not be dismissed. The following is the current lecture schedule:

- Testing hours: Mon-Fri 0700-0830 hours (place the date on your calendar at least a week prior and “invite” the WAMC IPAP administrator and “cc” the Phase 2 coordinators)
- PA Coordinator Meeting: Wednesdays from 0900-UTC (you will return to your rotations after the student meeting is adjourned)
- Clinic Level Training: clinic dependent, you may be required to present a topic
- Hospital CME: Varies
- ED Grand Rounds: 2<sup>nd</sup> Wednesday of every month, Weaver Auditorium 0900-UTC hours
- 5<sup>th</sup> Wednesdays: Outside hospital Jump TOC meetings
- Journal Club: every other month, usually the 4<sup>th</sup> Wednesday

## LIBRARY

The hospital Medical Library is available for student use at all hours. The PA student section in the librarian’s office and is marked “PA Student Use Only”. Students have the same access, checkout privileges and responsibilities as other hospital personnel. Please follow the rules regarding the library so that we may keep these privileges. Specific texts related to the rotations and end of rotations examinations are available at the library. The medical librarian is Jennifer Kuntz at (910) 907-7323.

## LEAVE POLICY

Students may take two weeks during the Christmas holidays and an additional two weeks while in Phase 2 (total of 4 weeks). However, ordinary leave may not be approved if a student is on academic and/or nonacademic probation(s). Students are encouraged to use their leave time to reinforce their skills and knowledge. **Ordinary leave will not be given at any other time for any other reason.** If you are in a “use or lose” situation, there are no mechanisms to carry excess leave over to the next year. Consult the Phase 2 Clinical Coordinator concerning all matters of leave. For emergency leave, contact the Phase 2 Clinical Coordinator telephonically, and then contact the Medical Company 1SG or Commander as soon as possible. You may only take a pass during WAMC training holidays or federal holidays. **You will not take a pass/leave if your preceptor requires you to work, have ER shifts scheduled or you are on call.** All requests must be approved by the Phase 2 Coordinator not less than 2 weeks prior. No leave or passes will be granted (outside Christmas break and the two-week prescheduled dates) if you are on academic or non-academic probation. All students going on pass and leave must complete all required forms and will sign in and out IAW WAMC Policy. The NCOIC for WAMC Students in C. Co., SFC Frank J. Ehlinger, will process your documents once your packet is complete and ready for signature and turn in. Note: Mileage passes are required when traveling outside a 250-mile radius. All travels that require driving need an approved risk assessment (<https://safety.army.mil/trips>).

## PHYSICAL FITNESS/WEIGHT CONTROL

All students are responsible for maintaining appropriate level of physical fitness and meet height and weight standards. The Army Physical Fitness Test (APFT) is administered in April and October and attendance is mandatory. Students with illness/injury that may prevent them from passing the APFT must document the illness/injury and receive appropriate duty modification (profile). **DO NOT** wait until just before the APFT to do this. Failure to pass the

APFT or Ht/Wt is cause for non-academic probation. **You are required to take another APFT within 30 days of graduation.**

## OFF-DUTY EMPLOYMENT

Off duty employment is **NOT** authorized. NO exceptions!

## PHYSICIAN ASSISTANT NATIONAL CERTIFICATION EXAMINATION (PANCE)

Certification through the National Commission on Certification of Physician Assistants (NCCPA) is required within two testing opportunities. I will notify you when you are eligible to register for testing which will be approximately 3 months prior to graduation. At that point you may contact NCCPA online at [www.nccpa.net](http://www.nccpa.net) to register. There is a 7-day waiting period after your graduation date. Pay attention to deadlines and requirements in the test announcement. Failure to complete requirements in a timely manner will result in unnecessary delays in testing and certification. You will pay out-of-pocket for your test however you'll be reimbursed after you receive your grade so be sure to keep your receipt of payment.

## COMMISSIONING

For the officer candidates, this is an important event in the life and career of each individual and it should be treated accordingly. I have outlined what is expected of a basic graduation ceremony. The class will decide the specifics of this ceremony, pending approval of the Phase 2 Clinical Coordinator and WAMC Command Sergeant Major. The class is responsible for costs (if any) for the graduation (e.g. reception cost, cake, etc).

*Prior to Commissioning:* Obtain all uniform items well in advance of the commissioning ceremony. Clothing Sales has rank and uniforms, but often must special order Specialist (SP) Corps badges and unit patches. A pre-graduation uniform inspection will take place 30 days prior to graduation and will be held by the Class Leader or other student as delegated by the leadership.

*Commissioning Physicals:* Your commissioning physical must be initiated 3 months prior to graduation and at least 6 months if you need waivers.

*Once Commissioned:* Request new ID cards for yourselves and family members on day of commissioning. AG will need documentation of dependency for re-enrollment in DEERS. Carry marriage, birth, adoption records, etc. **Do not allow these documents to be packed with your household goods.**

## PCS ORDERS

The Phase 2 Clinical Coordinator will conduct all correspondence regarding PCS orders on the student's behalf. Normally, 3-6 months prior to graduation, HRC will contact each Phase 2 Clinical Coordinator with a list of potential assignments. Future graduates will provide their preferences and special considerations (joint domicile, EFMP, family member illnesses, etc.) to the Phase 2 Coordinator for forwarding to HRC. **DO NOT contact HRC yourself, this is strictly prohibited.** You may request exception to this rule by the Phase 2 Clinical Coordinator

only. The assignment process is not intended to be impersonal and regimented. Assignment personnel attempt to meet individual desires, but the needs of the Army always come first.

## **ROTATION TRAINING GOALS**

At least one week prior to each rotation, report to the preceptor of that service or clinic and discuss the dates of your rotation, reading requirements, and their expectations. Ask the NCOIC or Head Nurse to give you a quick orientation of their clinic on the first day of your rotation to include crash cart/AED and fire equipment location—*prior* to performing any clinic duties. Once you are in the service, do not wait for someone to tell you to pull a chart; ask the preceptor what is expected. For example, you may ask, “Should I begin by seeing patients or by shadowing you first?”

## **PHARMACY, LAB, & RADIOLOGY ORDERS**

Students will not independently write prescriptions or possess pre-signed prescriptions. The preceptor must co-sign all student prescription orders. AHLTA/CHCS1 access will allow you to order prescriptions under your preceptor’s name; however, these medications will not be dispensed until your preceptor’s signed off of the prescription in the AHLTA/CHCS1 system. You are authorized to order radiological and laboratory studies under your preceptors name as well. You must clarify your preceptors comfort level with allowing you to input any orders prior to entering any orders under their name.

## **WEEKLY EVALUATIONS**

Your weekly progress is monitored by your preceptor and documented on the weekly evaluation form. You must turn in these forms every Wednesday for the previous week unless you are in the last week of your rotation. This serves to inform you and the Phase 2 Clinical Coordinator of your progress. Pay close attention to these evaluations because they are a direct reflection of your performance and they are a good predictor of your grade in the clinical portion at the end of your rotation.

## **PERFORMANCE EVALUATIONS**

The preceptor for each rotation will be required to complete a Performance Evaluation on <http://www.myevaluations.com> during your last week of every rotation. This evaluation counts for 75% of your rotation grade. On a case by case basis a preceptor may be asked to complete the Performance Evaluation reflecting a passing grade before the student may take the written exam.

## **CRITIQUES**

Student critiques are an important element of Phase 2. They provide students opportunities to express opinions, suggestions, or concerns about any aspect of the Phase 2 training. We take all comments, positive and negative, seriously and strive to continually improve the program. End-of-rotation critiques will be turned in with your performance grade.

They are reviewed by the medical director, clinical coordinators and the preceptors. Ensure you make honest and defensible statements. Being “anonymous” on the critiques does not give you freedom to be unprofessional on your comments.

## **TESTING**

The rotation grade is derived from clinical performance rating (75%) and a written examination (25%), both of which must equal at least 75%. You must successfully complete the clinical portion and have all of your evaluation forms completed and signed by the rotation preceptor. New tests have been published and all tests are 60 question tests with the exception of Internal Medicine and Family Practice which are 100 question tests. You will have 75 minutes to take the 60 question tests and you will have 2 hours to take the 100 question tests. Each test contains multiple choice questions and is based on the rotation’s objectives and reading list. Written references from your reading list are required to argue a test question. The maximum score you can receive on a retest is 75%. Testing will take place on the last week of your rotation; however, you may take your test as early as a week prior and no later than a week after your rotation. If you do not pass a test, inform the Phase 2 Clinical Coordinator immediately in order to process your counseling. You will take the retest in 5-10 days however under no circumstances will you take the retest earlier than 5 days.

## **READING LISTS AND OBJECTIVES**

Rotation objectives for Phase 2 will be provided for you at the end of Phase 1. If you do not have a copy, a copy is retained on IPAP WAMC SharePoint and University of Nebraska Medical Center (UNMC) Blackboard. These objectives provide a cognitive framework for study and help focus the study in preparation for the examination. The study of medicine however, cannot be completed within the allotted time, no matter how diligent you are. As a professional, you must continue to pursue knowledge as long as you practice.

## **ROTATIONS**

***INTERNAL MEDICINE/NEUROLOGY*** (6 weeks): PA students are exposed to all subspecialties in Internal Medicine and see a variety of patients. PA students are also exposed to a variety of diagnostic procedures. You obtain skills in history and physical examination including admission history and physical. Instruction in problem oriented medical record maintenance and oral presentation is emphasized. You will develop a working knowledge for protocols in patient evaluation and management. Appropriate utilization of ancillary services including laboratory and x-ray are emphasized. Students learn limitations and appropriate indications for immediate and delayed consultation. Management techniques for chronic illnesses, polypharmacy, multiple problem patients, and the terminally ill are encountered. The student will perform five weeks of Internal Medicine (a week or two may be at the Fayetteville VA Hospital at the discretion of the IM primary preceptor) and one week of Neurology at WAMC. While on the ward, the PA student functions as a member of the health care team and learns appropriate interactions and complementary functions of its various aspects. The PA student is required to stay in-house when their preceptor is on 24-hour duty.

**DERMATOLOGY** (4 weeks): Students are exposed to a wide range of dermatological conditions and learn to recognize and manage them. Technical training includes obtaining tissue scrapings, shave biopsy, patch testing, KOH preps, use of a Wood's light, and skin therapy with liquid nitrogen. Assisting with and performing outpatient minor surgery using techniques and procedures that are necessary for success as a primary provider are emphasized.

### **DERMATOLOGY TIPS**

*Dermatologic conditions are among the top reasons for patient visits to primary care facilities. A strong foundation of knowledge in the diagnosis and treatment of common skin disorders is therefore an essential component of your clinical training.*

*In order to get the most from your time with Dermatology you will need to do a great deal of reading. As a minimum, you will need to thoroughly familiarize yourself with the conditions listed under learning objectives in this handout. It is strongly recommended that you obtain a good basic dermatology text. "Color Atlas and Synopsis of Clinical Dermatology" by Fitzpatrick and "Clinical Dermatology: A Color Guide to Diagnosis and Therapy" by Habif are both excellent basic references for primary care, and each has a section on the proper dermatologic terms for description of skin lesions. These texts are available in the Medical Library; however, you are strongly encouraged to purchase them for your personal library. The e-Medicine Online Textbook of Dermatology is also an excellent reference available free online at [www.emedicine.com](http://www.emedicine.com). Another free resource is the online atlas of dermatology available through Johns Hopkins University at [www.dermatlas.org](http://www.dermatlas.org). This website also has a self-diagnostic photo quiz.*

**PEDIATRICS** (5 weeks): Students receive exposure and training in general pediatrics through involvement with the clinic, nursery, and inpatient services. The student will perform 5 weeks of both inpatient and outpatient rotations at WAMC. The nursery provides intense exposure to newborn assessment and physical examination skills. Neonatal resuscitation in the nursery and delivery room is included. Inpatient services enhance the complete pediatric history and physical examination skills. Further training in prescribing and drug administration is included in the clinic setting. Parent and patient education, safety, child development, and poison control issues are addressed in the clinic through involvement with all practitioners.

**OBSTETRICS AND GYNECOLOGY/LABOR AND DELIVERY** (4 weeks): PA students receive experience with inpatients and outpatients through the clinic, ward, and labor & delivery. Extensive training in routine pelvic examinations is essential for helping each student differentiate normal anatomy from pathology. Such training is essential for the evaluation of abdominal pain in the female patient. Each student will become familiar with pre and post-natal care and examination. A working knowledge of birth control methods, pre and post-menopausal hormone therapy, routine health maintenance, evaluation of vaginitis, and abnormal menses are essential. While there, you are required to perform routine deliveries under the supervision of your preceptor. A Terminal Learning Objective is for the student to perform a set amount of deliveries, however, do not expect to deliver a baby unless you are actively working with the nurses who are following the patient from active labor through delivery with the physician or midwife. You will greatly enhance the training and skills required in emergency situations that you may encounter in the community and during deployment. Labor and delivery instruction

includes use of fetal monitors and equipment. Each student is required to pull call with their preceptor including working in labor & delivery.

**PSYCHIATRY** (3 weeks): This rotation will provide you exposure to a variety of common mental health problems in the inpatient and outpatient settings. Students learn comprehensive history taking, mental status examination, and how to interact with potentially unstable patients. Students learn from several disciplines, including psychiatry, social work, and child advocacy while participating in family therapy and group dynamics. The rotation is divided so each student can spend some time in each aspect of behavioral medicine. You should do at least one intake history.

#### **PSYCHIATRY TIPS**

*Know the differences between the five dimensions (axes) prior to your rotation. Know the general types of drugs and what they are used to treat.*

**GENERAL SURGERY** (5 weeks): Students are exposed to inpatient and outpatient surgical patients and procedures. Training in complete surgical histories and physical examination techniques are covered. You receive training in emergency patient management and appropriate referral of surgical patients. Students pull call and attend surgical cases with the preceptor. Students participate with pre and post-op surgical care. Opportunities to perform minor outpatient procedures routinely accomplished by PAs are provided. You are also required to prepare and present a power point presentation on a surgical topic of your choice.

**ORTHOPEDICS/ /PT/OT/ PODIATRY** (5 weeks/1 week): Inpatient and outpatient experiences ensure students can accomplish a complete and appropriate orthopedic history and comprehensive examination. Application of splints, casts, orthotic devices, traction, and local anesthetics are part of the skills training. Students will pull call with the preceptor. Students observe and participate in surgical procedures to the extent of their skills and cooperatively manage inpatients. This rotation will include five weeks of Orthopaedics/PT/OT and one week of Podiatry. You will become seasoned in performing physical exam techniques and therapies you will use throughout your career. No student should have any time that they are not engaged in patient care.

#### **ORTHO TIPS**

*Prior to this rotation, students are expected to have a basic understanding of musculoskeletal anatomy as well as history and physical exam techniques specific to Orthopedics. This rotation is a hands-on learning experience and it is up to the student to take the initiative to see patients, write notes and present patients to the staff as well as ask questions. Taking an observational approach during this rotation will not be beneficial to the student and will result in less than a passing grade. An excellent reference book for the rotation is "Essentials of Musculoskeletal Care" by the American Academy of Orthopedic Surgeons; this text is available in the medical library however you are strongly encouraged to purchase this for your personal library. Another recommendation is "Netter's Concise Atlas of Orthopaedic Anatomy: by Jon C. Thompson; this text is NOT available in the library however if you do not have an anatomy book, or even if you do, this is the one to purchase. Another excellent reference recommended by Ortho is the website [www.wheelsonline.com](http://www.wheelsonline.com)*

***OTORHINOLARYNGOLOGY/ALLERGY*** (4 weeks): Various ENT conditions, their recognition, and common management principles are covered. Students obtain skills in use of ENT microscopes, special equipment, headlamps, diagnostic techniques, tympanometry, and direct and indirect visualization procedures. Principles and guidelines for referral are covered. Observation and participation in ENT surgical procedures, patient evaluations, and call with their preceptor is expected.

***OPHTHALMOLOGY*** (2 weeks): Students receive exposure to acute and chronic eye diseases relative to primary care and emergency room care. Training is included in physical diagnosis, management of common eye disorders, and guidelines for referral or consultation. The student should develop reasonable proficiency in use of the slit lamp and tonometry. Students are expected to pull call with the preceptor and observe surgical procedures. Assistance with procedures is dependent on student skills and at the discretion of the preceptor.

***FAMILY PRACTICE/LONG TERM CARE*** (4 weeks/1 week): This rotation is scheduled to allow as much time with the preceptors when medical students are not rotating in the clinic. During this rotation the Long Term Care portion of your training will take place at the Fayetteville Veteran Nursing Home (behind the VA Hospital) as determined by Dr. Jennifer Yates (FP) and Dr. Megan Belprez (LTC). You will rotate between several different providers; therefore, your weekly, even daily, evaluations are crucial. Outpatient examinations will exhibit some shift to problem focused evaluation in contrast to the comprehensive nature of examination skills acquired during the medicine rotation. Students are expected to continue doing comprehensive examinations for admissions. The ability to select the appropriate skills to apply from a repertoire gained during prior clinic rotations is felt essential to the success of a practicing PA. Your clinical grade will consist of FP (80%) and LTC (20%).

***EMERGENCY MEDICINE*** (2 weeks + 160 hours **minimum**): The emergency medicine experience is a requirement that occurs concurrently with other rotations. Each student will work a solid two-week rotation, (100 hrs) in the ER and complete a minimum of 160 hours after hours in the Emergency Department to meet graduation requirements. You will be working above and beyond the additional 160 hours and you will pull approximately 250 hours. This site specific requirement which will aid in your development as a competent, well trained PA.

Preceptors are required to certify that the student was present for the entire shift. Your daily progress in the ER during the year is monitored and documented by your preceptor. You will continue to pull ER rotations throughout the entire year.

On weekdays your shift will begin at 1700 hours and last at least until 2200 hours depending on your ER preceptor and current situation while you are on shift (e.g. MASCAL, specific trauma or patients that your preceptor deems necessary for you to see, etc). You may start your time in the ER no earlier than 1600 if you have been released by your preceptor for the day. If you have been released by your preceptor prior to 1600 hours, you will NOT leave the facility; you have several options such as self study in the library (basement) or student classroom (4-South) and work in any other rotation already passed. When in doubt, ask the clinical coordinators; other arrangements will be made on a case by case basis. On the weekends the time is your choice as long as it is a 10-hour block. In the last hour of your scheduled time in the ER, present your evaluation sheet to the preceptor you worked with most and turn it into the locked box marked "PA Student Evaluations." Pay close attention to these evaluations because they reflect your progress and predict your performance in the clinical portion of the end-of-rotation grade. Your grade will be given by **Dr. Paul Kleinschmidt, MD**. Ensure that you



spend time with a variety of providers in the ER and avoid sticking to one preceptor unless it is with Dr. Kleinschmidt or MAJ Barbee. The student entrusted with preparing schedule will attempt to adjust your hours based on your current rotation schedule. As always, if you have a conflict or would like to request a change in your ER schedule, notify the student scheduler, Dr. Kleinschmidt and Phase 2 Clinical Coordinator and we will adjust accordingly. There is also an ER workup guide on SharePoint and additional orientation documents from Dr Kleinschmidt in the V drive.

#### *ER TIPS*

*Several important policies will be covered during your ER orientation however, here are the basics:*

- *Students will NOT work independently.*
- *The preceptor WILL see all patients and co-sign the ER record prior to disposition.*
- *Students may NOT have pre-signed prescriptions or independently dispense drugs.*
- *The shift will be a 5 hour shift on the weekday evenings or a 10- hour shift on the weekends. Weekend hours includes breaks and lunch. During the evening shift it is for 5 hours straight without a break. Eat your dinner prior to your rotation. If you determine you need a break for dinner ensure that time is made up at the end of your shift.*

*The primary reference for your training rotation here will be:*

*Emergency Medicine: A Comprehensive Study Guide, by Tintinalli, Judith E.*

**RADIOLOGY** Required Elective (1 week): This rotation is intended to teach students of the fundamentals of reading plain films that are most commonly used in the TMCs. The student spends time reviewing films with a radiologist one on one. This is a "pass" or "fail" rotation.

**ELECTIVES** (Allowed 2, 1 week each): The electives are Cardiology, GI, and any other as approved by the preceptor and Phase 2 Clinical Coordinator.

**MASTER PAPER:** Your Master Paper should have been completed and graded in Phase 1. You will e-mail the Phase 2 Clinical Coordinator your paper as a .doc or .docx document, your grade, name of grader, and PDFs of your references. If this has not been completed in Phase 1, CPT Jennings or CPT Worsham will return your final graded copy and you are required to make corrections to your graded copy and return it to the Phase 2 Clinical Coordinator to be submitted to the University of Nebraska Medical Center (UNMC).

**STUDENT ORAL PRESENTATIONS (3):** All presentations will be on Microsoft PowerPoint with at least three objectives. The first page will be a title page, then the objectives, then the body of the presentation which will correspond with the objectives, and then the final page which will be the references. You will be notified once you have met your time limit. You will not go over 5 minutes past the allotted time and will be asked to stop at that point. You will not receive credit for any portion of the presentation you are delinquent on. You will provide the presentation in handout form for the audience. You may practice your presentations to the Phase 2 Clinical Coordinator and/or class at least one week prior to the graded event if needed.

1. **Master Presentation-** You will select a mentor/subject-matter-expert for your topic that will assist you in fine tuning your presentation. At a minimum, you are required to provide your mentor your Phase 1 rubric graded master paper, hard copies and PDFs of your references. This presentation will summarize your research paper and will last for 30 minutes. You will prepare an announcement flyer, abstract and a poster. This

presentation is open to all hospital staff members and will take place in the Weaver Auditorium or Emerson conference room where your poster will be displayed. Any other location must be approved by the Phase 2 Clinical Coordinator. Uniform when presenting is in ASU with your mentor, medical director and Phase 2 Clinical Coordinator present for grading. Ensure you have multiple handouts, CME sign in sheet, abstract, hard copies of your master paper and hard copies of actual references for the grader.

2. ***Medical Topic of Personal Interest***- All medical topics are applicable and should not have been presented by a fellow student currently at this site. It should last 20 minutes.
3. ***Medical Topic of Military Significance/Professional Topic*** – This topic is not simply a medical topic, but can be a professional topic of significance to military PAs. The actual presentation should be no more than 30 minutes. You are expected to “think outside the box” which may mean selecting a location outside of the classroom or even outside of the hospital (e.g. simulation training center, procedure room or office, bringing training aids and equipment, etc.)

***PROFESSIONAL ATTRIBUTES:*** Your “professional attributes” grade is based on your performance throughout Phase 2 regarding your interpersonal relationships with clinical coordinators, the staff, preceptors, fellow classmates and subordinates alike. You are expected to exude a high level of professionalism because this is also a commissioning program that grooms you to become not only a highly skilled clinician but also as a military leader.

## CONCLUSION

- These rules were established for the protection of all: the student, patient, and hospital. **FOLLOW THEM WITHOUT DEVIATION.**
- Anytime a student is placed in an uncomfortable or compromising situation, regardless of the rotation, he/she should notify the Phase 2 Clinical Coordinator.
- Reading is the best thing you can do for yourself. You are in charge of your learning. If you read **BEFORE** going to your next day's clinic/OR, you will better understand what you are seeing. You will be more articulate with your preceptor and learn more.
- The preceptor is there to challenge and teach you specific techniques and pearls. If you choose not to come prepared, the preceptor may (and often does) leave you to yourself. Be prepared to be a considerate, but an aggressive self-starter and learner.
- Along with becoming a medical provider, many of you will be commissioned as officers in the United States Army. You are expected to carry yourself with the utmost integrity and selflessness. You must strive for the highest levels of excellence. Speak kindly and considerately with every person you meet. You can learn something from everyone within the realm of their credentials. Listen and learn. Lead by example. Thank those around you and be helpful when appropriate.
- Respect others and conduct yourself with dignity. Do not discriminate against or harass anyone. The most common reason students are removed from the program is nonacademic. Good luck with your training here. Become an adult learner as soon as possible. It will greatly aid your education.
- We know that you will continue to communicate with your fellow classmates at other Phase 2 sites. However, do not expect each Phase 2 site to be the same. There are many different approaches to accomplish the same goal. Your schedule of rotations and leave are mandated and some of your electives are chosen for you. The flow of your rotations may be very different from other sites. The WAMC leadership, staff and preceptors are dedicated in ensuring you have the best training possible.

**Womack Army Medical Center  
Interservice Physician Assistant Program  
Sequence of Probation and Remediation for End-of-Rotation Test and Evaluation Failures**

**1. Academic Issues**

- a. **End-of-Rotation Test Failures:** Students who fail an end-of-rotation test will be placed on probation and retested within 5 -10 days of the failure. While on academic probation students are required to perform 1 hour of additional study at WAMC daily during this period. Books are available for the student through the WAMC library.
  1. Passing the retest on any exam will earn you a maximum score of 75% and will result in continued probation, rehabilitation, and expectation of increased home studying.
  2. Failing the retest will result in an Academic Review Committee (ARC). A recommendation for relief, recycle, or retain with an achievable remediation plan depending on the circumstances. Local determination of a student's capacity to remediate will be made to the IPAP Program Director, Fort Sam Houston, TX.
  3. Subsequent end-of-rotation test failure on the first attempt during the remainder of Phase 2 will result in a request for relief.
- b. **End-of-Rotation Evaluation Failures:** Students who fail on an end-of-rotation evaluation from the primary preceptor will be placed on academic probation. They will be required to take the end-of-rotation test. (An end of rotation failure from the preceptor also triggers an ARC whether or not they pass the EOR exam since the overall grade remains an F regardless of the numerical calculation).
  1. Passing the test will result in a recommendation for recycle or retain with a remediation plan based on local determination of student's capacity to remediate. Local determination of a student's capacity to remediate will be made to the IPAP Program Director, Fort Sam Houston, TX.
  2. Failing the test will result in a local Academic Review Committee (ARC) for consideration of recycle or relief based on the circumstances. The ARC consists of the Phase 2 Medical Director, the Phase 2 Clinical Coordinator and the Phase 1 Army Clinical Coordinator. Generally, the student will be on probation and perform the rehabilitation requirements as outlined below. They also continue with their scheduled rotations while awaiting results or may be placed on an administrative probation based on the circumstance(s) leading to the failure(s).

**2. Remediation**

- a. The student will conduct at least 5 extra hours weekly and will use the IPAP objectives for the subject they failed and summarize no less than 10 of their choosing each week. The **handwritten** outline will be due to the Phase 2 Clinical Coordinator no later than 0900 hours each Wednesday weekly. The summary will include the following:
  1. Mechanism of injury and/or patient presentation
  2. Physical exam findings
  3. Pertinent studies and expected results
  4. Treatment Plan

**3. Recycled Students**

- a. Students in an academic recycle status will remain on academic probation and will continue rehabilitation assignments using the entire Phase 2 objective list until graduation.
- b. Subsequent End-of-Rotation evaluation failure will result in a request for relief. The student will continue training and testing while the request is being processed. The request will be processed IAW the Phase 2 IPAP Student Evaluation Plan (SEP).
- c. Subsequent End-of-Rotation test failures without successful retest will result in a local ARC for consideration for relief. The student will continue to train and test while any request is being processed IAW IPAP SEP.

**Note: A student that does not have the clinical skills or the basic knowledge of any rotation is at such a deficit that the successful completion of the program is highly unlikely. Allowing the student to continue is not in the best interest of the Army nor for the future of the student. This will allow them to continue in their past MOS and seek other adventures in the Army without adversely impacting their career.**

**PRINT AND SIGN THIS DOCUMENT AND HAVE IT WITH YOU DURING  
INPROCESSING FOR SUBMISSION INTO YOUR PHASE 2 STUDENT 6-SIDED  
FOLDER.**

I, (Name) \_\_\_\_\_, have read the Student Orientation Guide for Womack Army Medical Center Phase 2 PA Student Training (updated 01 FEB 2012). I have been given the opportunity to ask questions and I do not have any questions regarding the contents of this manual or any questions of what is expected of me during Phase 2. I understand that I am accountable to the contents of the manual. I have been given a copy of this manual and I understand a current copy is also available for reference on the WAMC IPAP website under Shared Documents.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Phase 2 Clinical Coordinator's Signature