

**Interviews with the first five PA doctoral graduates of the U.S. Army's Emergency
Medicine Residency Program
Interviews by Doug Scott
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**Excerpts from an interview with Captain George Barbee, PA, Womack Army
Medical Center, Fort Bragg, NC**

Why did you decide to become a PA?

Well, I had pretty much been an Army medic my whole career and then I just really loved in medicine are really taking care of people and taking care of soldiers and serving my country and I thought that was the best way to do it. I was getting promoted more and more and I started getting away from doing medicine and I kind of missed and there were several routes for me to go and I thought applying for the PA program would be a good route and I did and my grace of God I was selected. And feel very fortunate to be selected and to me it was an opportunity of a lifetime.

Now, how did you find out about the PA doctoral program?

Well, I got interested in doing emergency medicine; when I first became a PA and when I was first assigned to Ft. Bragg, one of the senior PAs sent me to a (emergency medicine) course and there is a short course that is taught for emergency medicine and it's called the Emergency Medicine Basic Skills Course. And I went to that course in 2001 and I met several PAs there and several PAs who are running the program and its only a two-week course but it introduces you to emergency medicine concepts and just a basic skills course. And that time I was a very junior PA and I had only been out of PA school only eight or nine months and this was right around the time that 9/11 kicked off. And I said, you know what, you have to have five years in the Army to apply for that emergency medicine program and I said that I was going to do my best and continue to learn as much as can and I said when it (the doctoral program) was put into a packet, I would apply. And then I put in a packet in 2004 or 05 but I was sent to deploy again...

And the reason why you wanted to go into the doctoral program was what, further you knowledge of emergency medicine?

Yes, basically I just enjoy taking care of sick and injured patients. I like the pace of the emergency department and I like being able to look at situations and make decisions and enjoy the pace and learning and the instruction; the instructors that I met were impressive and I said that this is what I wanted to do, this is for me.

Well, what did you think when you first heard about a PA doctoral program? Was it something that excited you, was it something that you wanted to do? Considering PAs have never had a clinical doctorate degree, what was your reaction?

Well, I am going to say to you straight up and I don't know if this is good or bad but MAJ Gruppo basically said hey, we are going to try and get this as a doctoral program approved and I am going to extend the program to 18 months and he said that if he extends the program for 18 months, and you don't get a doctorate out of it, is it ok with

you guys. And I think the response was pretty much unanimous, listen I am an Army guy and any extra training that I can from the military that can benefit taking care of soldiers and their dependents is a benefit to my patients. So whether the doctorate goes through or not, I will do the 18 months, first the 12 months. And just took the ball from there.

But I am sure that you are aware that there never has been a PA with clinical doctoral degree before the five of you graduated, so was that something in the back of your mind? Did you now that, did you think about? Or were you just looking to expand your knowledge of emergency medicine?

No, actually it was a combination of the two and I was elated when he (Gruppo) gave us the news that finally we were going to get recognition for going through the program. Because before then, it was just a certificate program and you went 12 months and you did an emergency medicine residency and now he was going to extend it 18 months and include a doctoral degree on that, I mean all of us were ecstatic pretty much, it was just unbelievable. We were all just hoping that it was going to happen and basically started us from day one as if the program had begun (as a doctorate), it was pretty.....and I know there were major differences from what we went through and what was done before. And not taking anything away from the guys who were there before but I know the program.....he completely revised the program and made it very strong.

Tell me about the program and what did you learn from it.

I am one of those guys that save everything and I have an old schedule so get your pencil and paper ready and I actually pulled up a schedule and some of the old tests and stuff. The first month we did an introduction to emergency medicine and basically we started when the emergency medicine residents start their program, it started the first of July. When the medical students graduate medical school in their transition to become doctors, we are integrated with the emergency medicine residents at Ft. Sam at what they call the SAUCHE (pronounced Shawshack), which is the San Antonio Uniformed Consortium of Health Education and so we started with them and the first month was an introduction. The second month we did an emergency medicine rotation in the Army Medical Center ED, then the next month we did Neuroimaging CT rotation and an ultrasound rotation basically focusing on emergency medicine ultrasound. The next month I did a rotation at University (Health System), which is one of the level one trauma centers and there is three level trauma centers in San Antonio and this is the one civilian one level trauma center and I did month rotation there. Then I did a toxicology rotation and then an all maxillofacial rotation and came back and worked in the medical ICU for a month, actually I worked there for five weeks because it was an elective and I learned a lot there. Then I did a research elective and basically went to a research class course with the residents and then worked in worked in the downtown (CHRISTUS Santa Rosa) Children's Hospital, in the pediatric intensive care unit, then worked in the downtown Children's Hospital emergency department and then did another rotation at Brooke Army Medical Center, then I did another research elective and then I worked back at the level one trauma center and emergency department (at University Health System) for two more rotations, came back and worked in the surgical ICU and then the coronary care unit, back to the civilian level one trauma center (at University Health System) and then did a month of resuscitation in their trauma center where all we did was basically just with the

most urgent patients who need the resuscitation, just worked there in the resuscitation department and then I did a trauma surgery rotation and then back to Brook Army Medical Center and then we finished with the final written exam, our research project presentation to the emergency medicine to the Brook Army Medical Center staff and then did our oral board and then graduation.

Wow. Now, again you must have some awareness that you were one of the first five PAs to have a clinical doctorate degree. So how did you feel?

I mean we pretty much elated; I guess being in the military it is kind of a closed community and we were not aware of the impact outside. I will be honest with you, it took a while for me to realize and understand the full implications; basically a month after I graduated I kind of put the degree away and actually pulled out one day and looked at it and said, wow this pretty....as far as I am concerned it is historical.

This leads to the most important part of the interview, what do you think you learned from this and how have you applied this to the emergency department in Ft. Bragg now. I mean, how has this doctoral degree changed the way that you practice? Maybe it's not much at all.

Well, the first thing that I learned going through this program is it's a very humbling experience and I will tell you why. Because the first thing I learned is how much I did not know and I think any prudent practitioner would respect that. I think if you take pride in what you don't know and try to focus on that, that is one of the most important things that I learned, just how little I knew. So just going through the program and even now I just continually strive to learn more about medicine but I think I have a healthy respect for.....and looking now at what I know and looking back on how I practiced, it just two different ways to look at things. ... As far as practicing, I feel I am more comfortable in trauma and urgent type of environments and urgent type of scenarios; I am more comfortable with known not just how we do things but why we do things a certain way. One of the things that I learned was don't just suffice yourself in knowing the textbook but knowing where the information that creates those textbooks come from; as in looking at research papers and research projects, original articles, original research studies and understanding how the questions are answered and how we came to the conclusions and why we practice medicine the way that we practice it today. One of the things that is surprising about emergency medicine is that fact, as many procedures that we do in the emergency department, how little bad outcomes we have in ED is because most of us are very, very careful and very, very prudent in the emergency department so that is one of the things that I learned as well.

But my read of things are, whether this was a doctorate degree or not, you feel taking this course has improved the way that you provide patient care in the ER and it made you a better PA and better practitioner.

Yes sir, I honestly feel that way. Like I said, looking at this in retrospect on how I practiced before and how I practice now, I mean I feel like I am a lot stronger practicing medicine. When I look back, one, I feel more confident, I think my skills are a lot better in handling pretty much emergency urgent situations to just a calm situation, I think just overall it has made me a better practitioner of medicine and not just emergency medicine

because it is so broad that this training and this degree enables us to practice on board scope and better.

Anything else?

I think overall this has made me a better clinician and a better researcher to better able to read and analyze research papers and articles, original articles that are published in journals. I think this degree.....and I don't want to just say the degree but the training overall is just pretty impressive, I mean, we go through the same training as the emergency medicine residents except instead of going three years we just do a year and half; we sit in the same lectures, we go on the same rotations, like I said, I feel very fortunate to have done this.

Excerpts of an interview with Captain James Schmid, PA, Army Madigan Medical Center, Ft. Lewis, WA

Now, how did you find out about the PA doctoral program?

Well, when I applied I was actually in Afghanistan and I applied for the Emergency Medicine PA Program but at that time it was only a year long and was not a doctoral program and had been what it had been all along. So we were applying for a one-year emergency medicine fellowship and a two-year commitment after that, so a total of a total of a three-year commitment. So it was not until that we got picked up and had been accepted that they started talking about making this a doctoral program and extending it to 18 months of training and total of five-year commitment rather than a three year commitment. So at point it was kind of at its conception and we really did not realize that it was going to happen, that we were going to get the doctoral degree until maybe a few months before graduation. It was kind of in the wind and we were kind of hoping and things were happening and there were a few setbacks here and there; it did not look like it really was going to happen until maybe three or four months before graduation, we realized that hey, this is really going to happen and we have to get all of our collage paper work with Baylor in order.

So therefore your motivation for taking this course was not to get a doctoral degree but to expand your knowledge.

Right; it was about six or nine months or so before we came to Brooke Army Medical Center in San Antonio that we started the course. So within that time we found out that it was going to be an 18-month program but they were not sure it was going to have a doctoral degree; that is the part was kind of up in the air. So they decided to make it 18 months of training, they did not actually know that we were going to get the doctoral degree because there is a lot involved in getting that accepted through the military and being able to pay for it as well and getting a university to accredit the program so there were a lot of moving part and that is what we were not sure of and what was up in the air. We did know that we were going to be there for 18 months before we actually came; when we first applied that was not the case.

Now, the reason why you originally wanted to take the emergency medicine fellowship was what?

Well, my original reasons for taking that I was in the military and I had been in over 20 years and I was not just in the military to make money but a little bit of patriotism and with our country at war, for me personally, I wanted to increase my knowledge so I would be able take care of our wounded soldiers better than I could before so that was my main motivation going into the program was to increase my knowledge and be able to help soldiers. Because going into the program I had always been a battalion PA, I was a PA in an infantry battalion and then I went to Italy and went into a airborne battalion and always dealt with soldiers and so that was kind of my motivation was to increase that knowledge.

Now, I am sure you were aware when you were taking the course that you five would be the first clinical doctorate PAs, what was your reaction at the time. How did you feel about it? Is having clinical doctorate important?

For course it was a nice benefit and to see that we were actually going to get a clinical doctorate degree out of it and we were all excited about that. It was obviously furthering our education and well you know, our market ability, because once we get out of the military.....I can see where nurse practitioners are getting a doctoral degree now and of course you have MD's and DO's so that bring us a little closer to being on par with our medical colleagues and I guess that is a little motivation.

Tell me a little bit about the program itself and what you thought that you learned from it.

Right, I would say that the program at least for me was intensive, very challenging and more so than any other program that I had been to, I had been to language school, I had been to Special Forces training and the Army's PA program and this by far was much more challenging academically, time management more challenging than anything else that I had been through; for me it was a very difficult course. As far as what I got out of it, better training then I got anywhere else, I mean once I finished it, it pretty much mirrored — and that is what tried to do — was mirror what a physician emergency medicine residency as much as they can. Now, having said that, our program was only 18 months long where the physician's program was 36 months; it is only about half the training but it pretty much mirrors that first year and a half of their training. We get a lot of critical care so we care for critically injured and critically sick patients as well as patients who come into the emergency department with serious illness and injury so it definitely was very good training more than I ever had before and I think it made me a much, much better PA, and not just a PA but better medical provider.

So how here able to apply the things that you learned into practice or teaching. How has it made you a better PA and medical provider?

Right, well obviously being about to put in the medical knowledge that I learned; time management skills in a pretty intensive fellowship like that and you know, it was very research intensive, we had to a research project and that helped me understand research and helped me in the job that I have now and it helps me help my students with their research and their time management and their studies. You know, the doctoral degree of itself, I don't know that that adds.....we would have the training regardless if we got the doctoral degree or not, I guess what the doctoral degree itself adds maybe is a little bit of

credibility with our colleagues. When you have a doctoral degree versus a master's degree, maybe that adds more to your credentials and credibility with our peers.

How do you feel about one of the first five PAs to hold a clinical doctorate degree? For better or worse it is a big moment in PA history.

Right, I just feel very honored and not that I am a better PA than anybody else, I was in the right place at the right time and just very honored that I can be one of the first. And guess maybe if nothing, it else it kind of instills in us that we are the first; the need that need to make sure that we make it a good program and that we show ourselves in a good light and are much more cognizant of what we do, we are one of the first and people are watching us so we have to make sure that we do the right thing and further the profession and further the program.

Anything else?

You mention some of the controversy and it was very curious to read some of the articles in that, you know you are the first person to ever have contacted me personally asking about the program. All these other people talking about: these guys are going to call themselves doctors and these guys are going to call themselves this and that, none of those other people have contacted us, nobody ever call us to see what the program was about, what we felt, how we are addressing ourselves; nobody has ever asked that question and it was very curious to see and I think some of it was a little bit of fear, PAs are thinking, "oh my gosh now the bar has been raised and we all have to have doctorate degrees to be marketable." Maybe people can be a little nervous about that, that people that we now need to have a doctorate degree, you know now that is the terminal degree for us and you know some it is a little bit of jealousy because someone has taken it to the next level. And I think if nothing else, allay people's fears because none of us feel that we are any better than any other PA, we just.....I can't speak for all my colleagues but I think most of us are honored to be part of that first class and we thought that it made us better PAs and we don't think that we are better than anybody else and just want to improve not only our profession but military medicine.

Excerpts of an interview with Major Robert "Dennis" Hays, PA

How did you find out about the PA doctoral program and why did you decide apply and/or become part of the initial program? Or perhaps you were assigned? To the many PAs who will read this article, can you briefly describe what the 18-month program is like and what you learned?

I had already applied to the old 12-month long Emergency Medicine PA Fellowship through the Army. About six months into the program, we were approved for the doctorate and the course was extended to 18 months. The course remains based on the three-year Emergency Medicine residency for physicians and we do our rotations and work in the ER alongside first, second and third-year ER residents. There are rotations in radiology, anesthesia, Level I trauma, pediatrics, cardiology and the bulk of the rotations in the ER under the supervision/tutelage of certified ER staff and senior residents—seeing patients of all acuity at a Level II Army facility and all that that implies: lots of abdominal pain, chest pain, neuro, etc. etc. The additional six months added rotations

through critical inpatient care (CCU, ICU), an extra trauma month, extra peds ER month and ultrasound as well as the research requirement—principal investigator on clinical research project for publication upon graduation. We used Tintinalli's comprehensive emergency medicine guide for reading and were tested monthly—nine multiple choice tests of fifty questions each, 150-question mid-term, then nine essay question tests with a 300-question final based on Peer VII test taken by MD residents. At mid-term and final we also had oral boards with the chief of the department and two other ER physicians--multiple patient cases as well as single cases to test our clinical acumen and ability to think on our feet. And, finally, we presented our research projects and defended them in front of a panel of ER docs and a rep from Baylor U. post-graduate department.

Has it changed the way I practice and improved my ability to deliver emergency care?

This is the hardest, most satisfying and most useful training I have been given in 21 years in the Army. Unlike before this training, I feel capable of handling any emergency that walks through the front door of our ER—I think I was a good general practitioner but now I feel like an ER trained PA. And the trauma rotations have raised my level of expertise to handle the mass casualty trauma situations I encounter while on deployment--when under fire you rely totally on the training you've already done—this is the best training available and has made me a better PA.

How do people address you?

No one but my mother calls me Dr. after the degree was awarded and that's just fine. In the Army it's easy because, as always, I introduce myself as MAJ Hays and have always and will always call myself a PA. If anyone asks I tell them I have specialized training in emergency medicine that earned me a doctorate—so I'm a Major Doctor PA—I suppose it might be different if I was a civilian PA with the decision of whether to call myself Mr. or Dr. would have to be made—bottom line is I am a PA with a Doctorate.

How do you feel being one of the first PAs to earn a doctoral degree?

I am proud of what I accomplished in earning this degree, pleased that I was one of the first and never a day goes by that I'm not grateful for the advanced training I received.

Excerpts of an interview with Yvonne Franco, PA, Carl R. Darnall Army Medical Center, Ft. Hood, Texas

How did you find out about the PA doctoral program?

Well, I first applied to the..... well, to backtrack; ever since I became a PA and when I was in PA school and we became introduced to the career progression track on the PA side — medicine, orthopedics, etc. — from that point before even graduated, decided that my track was going to be emergency medicine, it was just what I wanted to do. And for me it was not a doctoral program it was just additional training and so when I applied to the emergency medicine PA course it was not a doctoral program, that all came to be after the fact. As a matter of fact, I had applied to the old program with the intent of one year of training, no degree, just the additional training and that is really why I did it, the doctoral thing just happened to come with it and it was not a motivator and absolutely nothing to do with my decision to start the program.

Now, I am sure you were aware that the five of you would become the first PAs to hold a clinical doctoral degree, what were your feelings when you first heard that?

Well, you know did it make any difference as far as what I was there to do, not really. My main motivator to applying to the program, was that I wanted to be a better PA so that I would be better equipped to handle the stuff that comes in particularly with our deployments, that is why I did. Now, when the doctoral thing came up, yes I was excited and felt very fortunate to happen to have been.....basically turned to be the right place and right time kind of thing. But it did not change my purpose for being there, in that sense, I was still there to learn about emergency medicine, learn how to handle emergency patients, trauma patients the best that I could so that I would be better equipped when I deploy.

From an historical perspective, how do you feel about being one of the first PAs with a clinical doctoral degree?

Well, of course for me it's great and very fortunate to have been one of the first ones. But also perhaps a little apprehension in not knowing how this is going to change things and the expectations of the new program and think we are all still trying to feel our way through that aspect. I think most of it still remains to be seen in how it is going to effect PA careers down the road.

Well, what was the doctoral program like and what do you think you learned from it?

Well, it was an extremely intense 18 months. You know, we did a lot of emergency medicine specifically; spending several months between Brooke Army Medical Center, University Health Sciences Center in San Antonio and (CHRISTUS) Santa Rosa (Children's) Hospital. I know we got more training than the (old) one-year program, which to me is the best part of the whole thing is that we were fortunate enough to experience more training and the more training you get the better you are. We did a lot of ICU rotations, we did medical intensive care unit rotations, pediatric intensive care rotations, surgical intensive care, which again helps you better able to manage very sick people.

So overall you would say the reason why you got a clinical doctorate degree was to improve your training so you could provide better care to your patients.

Absolutely, like I said the doctoral part of it to me its nice, it has had absolutely nothing to do with my decision to do this. Because like I said, when I applied for the program it was not a doctoral program so it had absolutely no bearing on my decision and even if I were to do it now, it would not factor into my decision. What I wanted was to become a better PA and for me in emergency medicine that the best way for me to do so. You expose yourself to the training that ultimately has the potential for the biggest impact in the patient's life; how will the do, and will they make it or not.

Anything else?

No, again the thing to me is the diploma is great but gosh and I don't know how to say this.....and not that it is not important but it is just a piece of paper, the diploma is just a piece of paper and the important thing was the training, that is why I did and what I have

been able to do with the training. And of course, the more experience you get, the better you get and I so I am looking forward to continuing my education and experience as an emergency medicine PA. But I don't think any of that has anything to do with the diploma, it has been the level of training that I have been after and wanting for the past eight. Because this emergency medicine program was something that had been something that I had been intending on doing from eight years prior.

Sharon Rosser, PA, William Beaumont Army Medical Center, Ft. Bliss, TX

So how did you first hear about the doctorate program? I understand you all started the program as a fellowship and then later it became a doctorate program.

Correct, when I actually applied to ER residency it was not a doctorate program and had no inkling that it would be a doctorate program when I applied. At the time, I was in Iraq taking care of trauma, when I applied. And the decision was do I apply for a degree in education or do I apply for a degree in emergency medicine because I really wanted to do both. But decided that probably my role as a military PA meant more deployments, I went for the emergency medicine residency. It was after we were accepted that we learned that it may potentially be a doctorate program and that we would do everything if it was already it was a doctorate and they held it to that standard.

So you knew when you started the program that it was going to be 18 months one way or the other.

Correct, when I originally applied I thought it was 12 months but then I knew before I arrived that it was going to be 18 months.

What was your reaction when it was announced that you were going to earn a clinical doctorate, knowing no PA had ever done that before.

I suppose it was more of a bland military reaction of, would you be willing to commit more time if this program is a doctorate, it was absolutely yes. I did not really absorb this civilian impact until coming down and sitting down with Len (Gruppo) one of the first days of the program. I knew it was going to be controversial yet would move the PA career further.

But eliminating the controversial part, how did you feel about the historical significance?

Oh absolutely, from the moment we were accepted, it was if you are always held to a certain standard, and because it was an historical moment you really had to be held to a higher standard.

Now, why don't you describe the program, what it was like and what you thought you learned from it?

It was definitely very time intensive, it mirrors the emergency medicine MD residency in expectations, goals, objectives, and time requirements. I think it was a valuable beyond what I am able to describe, the critical care medicine and emergency medicine time. It was absolutely valuable; long hours, it felt like a student again, definitely. And it I think with the overcrowding in the emergency departments across the nation, I think it worked

in the area of showing MDs and DOs providers the valuable asset of a PA in the emergency department, as a well-trained emergency medicine PA.

In describing what you learned from it one thing all the other PAs thought they got out of the program was confidence, is that the way you feel?

Yes absolutely, it give personal confidence but is also gives the providers that you work along side confidence.

Anything else?

I think it is really important, that we all feel that we are very fortunate to have had the opportunity to have been in this class to have graduated with a doctorate and I don't think that it is going to make a significant impact in the next two-to three years but hopefully in the next five-to 10 years.

What do you mean by make a significant impact?

I don't think it is going to change things in the whole civilian PA community, I think this unique and looked upon as, wow the Army is doing that now. Because we employ a couple of civilian PAs, that are not emergency medicine trained and they work in our fast track at Beaumont and they wanted to know if they can go to the emergency medicine residence and obviously that is not on the horizon in the military but I do think that we are going to spark an interest from the PA community as well as the doctor community. But I don't see anything change in the near future. I think that Army always takes the lead in military medicine and it will spread but it will be awhile before it affects fully the civilian community.