

# TRIPLER ARMY MEDICAL CENTER



## INTERSERVICE PHYSICIAN ASSISTANT PROGRAM PHASE 2 TRAINING

## ORIENTATION AND POLICY MANUAL



Updated  
9 August 2012

## WELCOME

Welcome to Tripler Army Medical Center

*The attack on Pearl Harbor led to the construction of Tripler Army Medical Center. For four years following the 1941 attack, the patient population at Tripler General Hospital at Fort Shafter remained at approximately 2,000. Today, Tripler Army Medical Center is the only federal tertiary care hospital in the Pacific Basin. It supports 264,000 local active duty and retired military personnel, their families, and veteran beneficiaries. In addition, the referral population includes 171,000 military personnel, family members, veteran beneficiaries, residents of nine U.S. affiliated jurisdictions (American Samoa, Guam, and the former Trust Territories), and forward-deployed forces in more than 40 countries throughout the Pacific. Tripler Army Medical Center is the home of the Pacific Regional Medical Command, one of six geographically-based regional medical commands in the U.S. Army Medical Command. In addition to Tripler, the Pacific Regional Medical Command includes Schofield Barracks Health Clinic, Medical Activity – Japan, and the provisional Medical Activity – Korea. Soldiers of the Pacific Regional Medical Command are deployed in support of Operation Iraqi Freedom, Operation Enduring Freedom, and throughout the Pacific Theater.*

The Staff at TAMC is committed to your training and developing 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 who 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 Tripler Army Medical Center. 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 with above all, integrity. Never be afraid to ask questions!

**YOUR ASSIGNED SPONSOR is MAJ Stewart Miller**  
[Stewart.miller@amedd.army.mil](mailto:Stewart.miller@amedd.army.mil) or [TAMC.EDIPAP@amedd.army.mil](mailto:TAMC.EDIPAP@amedd.army.mil)

## **ORIENTATION**

Your first week will be used to in-process yourself with the program and to settle your families to the island of Oahu. The second and third weeks will be completion of in-processing, Hospital Orientation and Hospital training (AHLTA, CHCS, DMHRSi , T-system (ED)). It is crucial that you follow your specific in-processing schedule in order for you to be able to see patients during your first clinical rotation. You will receive your in-processing checklist and schedule upon day 1 of your arrival to Phase 2. You will report NLT 6 May to Delta Company. The following morning (7 May) you will report to the Emergency Department Conference Room. Your Sponsor (CPT Gomez) will meet you outside and guide you in. Spouses are an integral part of the support network that has allowed each student to progress to the Phase 2 level. 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.

Some of your 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), review of My Evaluations and UNMC Blackboard. Training such as Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) will be scheduled by the IPAP TAMC Administrator prior to or upon your arrival to Phase 2.

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

Follow the below link and make yourself aware of the nuances about PCS moves to Hawaii. Pay close attention to the TLA. There are many locations for you and your family to stay. Tripler has guest housing options and there are many other locations on the island. However, if driving/traffic is not an issue for you, I recommend staying at the Hale Koa Hotel downtown Waikiki (on the beach) until you find the housing you desire, as this will allow any family members to quickly become accustomed to their new surroundings---THE BEACH!

**<http://www.tamc.amedd.army.mil/arrivals/newarrivals.htm>**

You will be signing into Medical Company D, Tripler Army Medical Center  
In the event of after hour questions you should contact the CQ desk- (808) 433-1930.

The IPAP Administrative Assistant is Ms. Grace Ho. She is the Emergency Department Administrator. You will meet her on day one of in-processing. She is a huge supporter of the program and helps the program tremendously.

**YOUR ASSIGNED SPONSOR is MAJ Stewart Miller**  
**[Stewart.miller@amedd.army.mil](mailto:Stewart.miller@amedd.army.mil) or [TAMC.EDIPAP@amedd.army.mil](mailto:TAMC.EDIPAP@amedd.army.mil)**

### MEDICAL CHAIN OF COMMAND

Hospital Commander	BG Dennis Doyle
Deputy Commander for Clinical Services	CAPT Andrew Findley
Phase 2 Medical Director	CAPT Kenneth Kelley, MD
Phase 2 Clinical Coordinator (Military)	MAJ Stewart L. Miller, APA-C, MPAS
Phase 2 Clinical Coordinator (Civilian)	Mr. Rocco Laudadio, PA-C, MPAS

### ADMINISTRATIVE CHAIN OF COMMAND

D. Company Commander	CPT Vanessa Mayo
D. Company First Sergeant	1SG Natasha Looper (Outbound summer 12)
Phase 2 Coordinators	MAJ Stewart Miller, APA-C Mr. Rocco Laudadio, PA-C

### MAIL/MESSAGES

Your official mailing address is:

Tripler Army Medical Center  
Attn: MCHK-ED  
Interservice Physician Assistant Program  
1 Jarrett White Road  
Tripler, HI 96859-0000

Once you have an established Tripler Outlook account. I will expect a minimum of 3 checks of e-mails per day (First thing in the Morning, Lunch and prior to leaving for the day). Pass along information to each other as appropriate, without back and forth arguments.

### EQUIPMENT

You will need your own stethoscope upon arrival to TAMC. A laptop computer and pager will be issued to each of you. I would 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 study/research area that is assigned to the PA program you may store your personal items, but never sleep there. It will be your responsibility to keep your areas clean.

### DUTY UNIFORM

The clinical rotation or work location determines the duty uniform. While most of the population has a cell phone, we cannot make you carry one at all times. However, the pager you will be issued is a part of your uniform on a daily basis. 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 TAMC 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 just below the US ARMY name tape. Hospital scrubs are only authorized when performing duties in the rotations requiring their use. **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 TAMC unit crests are authorized on the uniforms; National Guard may continue to wear their unit patch.

### **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 that may require early morning or nights. Generally, expect to spend 50 hours per week at a minimum in the hospital during regular duty hours, anticipate 5 hours in the ER after hours and 6 hours on the weekends. Anticipate 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 Clinical Coordinator who will remain the approval authority for all clinic absences. You must notify me of any absences of less than 2 hours via email in order to keep a record of your clinical hours.

### **ON CALL DUTY**

Performing call is an integral part of the student education. Students may be required to pull call in any rotation as directed by their preceptors. During certain rotations, you will be removed from the ER schedule because of the demanding hours. You must return all pages/calls within 5-10 minutes and report to the designated area within 30 minutes. No exceptions! Your preceptor will determine post call activities as appropriate.

### **SICK CALL**

Sick call is conducted at the Internal medicine Clinic for assigned military staff. IM clinic is located on the 3<sup>rd</sup> Floor (Mountain Side) adjacent to ED. Sign in begins at 0700 hours. If you are due to be on shift and are ill before they are open, contact the Phase 2 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 a student 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.

### **TAMC IPAP SHAREPOINT**

This website will be provided to you during your in-processing and is only available on TAMC computers. This is where we will post everything related to IPAP Phase 2 TAMC- such as announcements, Calendar (including ER schedule, meetings, and presentation), learning objectives, and preceptor information. **You will be required to check your e-mail and this site at least once daily.** I recommend that you make it your homepage. 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 SharePoint site or other information please let us know immediately.

### **LECTURES/MEETINGS**

Lectures and training events are scheduled throughout the year on a variety of topics and attendance is mandatory. These events are scheduled every Wednesday throughout the entire year. Any and all absences from Wednesday events must be cleared through the Phase 2 Coordinator. 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: Wednesdays 0800-1000 hours
- PA Coordinator Meeting: Wednesdays from 1000-UTC (you will not be required to return to your rotations on that day)
- Clinic Level Training: clinic dependent, you may be required to present topics for discussion
- Hospital CME: Varies
- Some Wednesday events may include Coordinator time that will be for off campus events: Jump TOC meetings/Journal Club/Educational training event or a training event with another institution.

### **LIBRARY**

The hospital Medical Library is available for student use at all hours. 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.

### **LEAVE POLICY**

Students may take two weeks of ordinary leave during the Christmas holidays. There will be opportunities for additional leave placed into your clinical rotation schedule. If you are in a “use or lose” situation, there are no mechanisms to carry excess leave over to the next year if that leave exceeds the time allotted during training. Consult the Phase 2 Coordinator concerning all matters of leave. For emergency leave, contact the Phase 2 Coordinator who will work on contacting the Medical Company ISG or Commander as soon as possible. You may only take a

pass during TAMC training holidays or federal holidays. You will not take a pass if your preceptor requires you to work or you are on call. All leave requests must be approved by the Phase 2 Coordinator and turned into the Company not less than 30 days prior. All leave or pass requests will be approved or disapproved by the Phase 2 Coordinator and likely not granted if you are on academic or non-academic probation (situational). All students going on pass and leave must complete all TES requirements and required forms and will sign in and out IAW TAMC Policy. Your leave is already preplanned based on clinical rotations. We will consider exceptions to the preplanned leave for time sensitive events (weddings, births, etc.). These will be on a case-by-case based on academic standing since leave is a privilege.

### **PHYSICAL FITNESS/WEIGHT CONTROL**

All students are responsible for maintaining appropriate level of physical fitness and weight. The program requires you successfully pass 2 Army Physical Fitness Test (APFT) during your Phase 2 training. The Delta Company APFT is administered in April and October and always subject to change, 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. It will also trigger mandatory physical fitness training sessions. **You are required to take another APFT within 30 days of attending BOLC, so some will take a third APFT (this one does not affect the program/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 Coordinator and the CSM. The class is responsible for costs (if any) for 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 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 flight status physical or require 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 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 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 Coordinator only. Assignment personnel (HRC) attempt to meet individual desires, but the needs of the Army always come first. The assignment process is not intended to be impersonal and regimented.

### **ROTATION TRAINING GOALS**

At least one week prior to each rotation, students will 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 preceptors name however these medications will not be dispensed until your preceptors sign off of the prescription in the AHLTA/CHCS 1 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 should be documented on a weekly evaluation form. This serves to inform you and the Phase 2 Coordinator of your progress. These evaluations are a direct reflection of your performance and a good predictor of your rotation grade.

## **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. We 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 endeavor to continually improve the program. End-of-rotation critiques will be turned in with your performance grade. They are reviewed by the clinical coordinators and the preceptors. Ensure you make honest and defensible statements.

## **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 Wednesday morning of your rotation; however, you may take your test as early as a week prior and no later than a week after your rotation. You will be sent back to your rotation after the test and you'll be excused at 1300 if you pass the test. If you do not pass the test you will stay at your rotation for the remainder of the day and you will lose this privilege since you will be on academic probation. You will take the retest in 5-10 days however under no circumstances will you take the retest earlier than 5 days. Needless to say, if you are on academic probation you will not be awarded time off after any test until probation has been lifted (typically 60 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 file with the IPAP Coordinators 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 one week of Neurology at TAMC. 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 TAMC or Schofield Barracks. 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 Delivery however don't 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.

During this rotation you are required to pull call and remain in the hospital overnight every third night starting with the first night of the rotation and ending the morning of the 23<sup>rd</sup> day of the rotation. You will report to the on call OB/GYN provider at the beginning of the day and advise them that you are on call with them through the next morning. If you are actively involved in patient care and get little to no sleep that night while on call, you may observe post call privileges as determined by your preceptor. You must notify the Phase 2 coordinator before you leave the hospital if you are given post call privileges. You will be off of the ER schedule during your OB rotation.

**PSYCHIATRY** (3 weeks): The Behavioral Medicine Division (BMD) 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 aspects of behavioral medicine. You should do at least one intake history.

#### *PSYCHIATRY TIPS*

*Know the differences between the Axis 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.

**ORTHOPEDICS/ /PT/OT/ PODIATRY** (6 weeks): 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 Orthopedics/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 Orthopedic Anatomy: by Jon C. Thompson; this text is NOT available in the library however if you don’t 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. You will rotate at either TAMC or Schofield Barracks. Outpatient examinations will exhibit some shift to problem focused evaluation in contrast to the comprehensive nature of examination skills acquired during the medicine rotation. 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 during the 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 200-250 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. The freshman will have directed ER schedules. Juniors will have little directed ER hours. Seniors will have no directed schedule pertaining to the ER required hours. The seniors will schedule themselves as seen fit based on needs and openings.

On weekdays your shift will begin at 1700 hours and last 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 rotation preceptor for that 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 or Student classroom and work in any other rotation already passed. When in doubt, ask the Phase 2 coordinator; other arrangements will be made on a case by case basis. Those scheduled to work on the weekends the time is your times will be in two shifts to allow for family time. Weekends consist of 06-1200 and 1200 to 1800. Despite the dictated time, it is your responsibility to keep track and log your hours. Ensure that you spend time with a variety of providers in the ER and avoid sticking to one preceptor.

#### *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 from the MOD cabinet.*
- *The shift will be a 5 hour shift on the weekday evenings or a 5-10 hour shift on the weekends. Weekend hours includes breaks and lunch. During the evening shift it is for 4 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 3, 1 week each): 2 weeks are chosen for you (Family Medicine and TMC), the other week is your choice and is scheduled at the end of your year. This elective will be approved by the Clinical Coordinator.

**MASTER'S PAPER** Your Master's Research Paper should have been completed and graded in Phase 1. You will email the Phase 2 coordinator (MAJ Miller & Mr Laudadio) the grade (if known) and a copy of your paper in order to determine the proper mentor for your Master Presentation.

**STUDENT ORAL PRESENTATIONS** (3): All presentations will be on Power Point with objectives. The first page will be a title page, then 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 are encouraged to practice your presentations to the Phase 2 coordinator and/or class at least one week prior to the graded event.

1. **Master's Presentation (Senior Phase)**- You will be assigned a mentor/subject-matter-expert for your topic that will assist you in fine tuning for your presentation. This presentation will summarize your research paper and last 30-45 minutes. You will prepare a flyer and a poster for this presentation. This presentation will be open to all hospital staff members who want to attend and will take place in a formal presentation setting. Uniform when presenting is ASU/Class A (if you still own them) with your mentor, medical director and Phase 2 coordinator for grading.
2. **Medical Topic of Personal Interest (Junior Phase)**- All medical topics are applicable and should not have been presented by a fellow student currently at this site. It should last 20-30 minutes and include a follow on Simulations Lab.
3. **Professional Topic (Military or Professional interest)**- 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.)

**YOUR ASSIGNED SPONSOR is MAJ Stewart Miller**  
[Stewart.miller@amedd.army.mil](mailto:Stewart.miller@amedd.army.mil) or [TAMC.EDIPAP@amedd.army.mil](mailto:TAMC.EDIPAP@amedd.army.mil)

**PHASE 2 COORDINATOR**  
**“PET PEEVES”**

1. **Tardiness** (without excuse)- Circumstances do arise
2. **Disrespect-** to any individual regardless of rank or status/capacity
3. **Lying-** This will never be tolerated!
4. **Uniformity-** Everyone here is an adult and expected to be in the right place at the right time (early), and in the right uniform.

**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 Coordinator immediately.
- 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, 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 aggressive self-starter and learner.
- Along with becoming a medical provider, many of you are becoming an Officer 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.
- This is your training. **BE PROACTIVE** and engage yourself. Tactfully work your way in and **DO NOT** get pushed out by others. Jump in neck deep and elbow your way into some good training. You'll get good training if you put in the effort. Sit back and you will not have the same hands on skills as others.

**\*\*\*\*\*NOTE\*\*\*\*\***

**We expect each of you to know your schedule, stay ahead of the game on your studies and above all enjoy the island of Hawaii with your family and friends. In order to truly enjoy paradise worry free, you will need to stay in good academic standing. Having said that, do not expect this Phase 2 to be the same as your friends at other sites. 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. There is always a complaint that “Site X does it this way or gets to do that”. Bottom line- avoid being dragged into how another site accomplishes its goals of training and what they do versus what you are doing at**

**Tripler Army Medical Center. I guarantee you are receiving the exact same training requirements as your friends while living in paradise.**

**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 Tripler Army Medical Center Phase 2 PA Student Training (updated 01 JAN 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 TAMC IPAP Share Drive.

Signature\_\_\_\_\_ Date\_\_\_\_\_

Phase 2 Coordinator \_\_\_\_\_

Phase 2 Coordinator \_\_\_\_\_