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Duke Program Expanding EVER HEAR OF A PHYSICIAN'S ASSISTANT? CHANCES ARE YOU'LL MEET ONE, SOON

By Joe Sigler

DURHAM, N.C.---Just two years ago the Duke University Medical Center graduated its first three Physician's Assistants--new members of the health-care team, trained to take over some of the doctor's mounting workload.

This fall Duke graduated 12, bringing the total graduates to 29. A new class of 40 is enrolled, with a class of 60 scheduled to begin next year and between 90 and 100 the year after.

That's the numerical growth of this new health professional whose potential has captured the imaginations of physicians across the country since Duke launched the nation's first program in 1965.

But something more than numbers tells even better the story of the physician's assistant and his acceptance by the medical community.

When the idea of a physician's assistant first evolved at Duke in the mind of Dr. Eugene Stead, then chairman of the department of medicine, the PA as he was to be commonly called, was seen as a working aide to a community physician, the over-burdened general practitioner or the internist.

Many of the graduates are filling just such roles, working with GPs and internists in private practice or in clinics.

But the demand has grown for PAs trained in specialties outside of general medicine, particularly surgery and pediatrics.

By this year the Duke program had stimulated so much interest and demand that, beginning with this year's class, PA training is being offered in these sub-specialities:

Neurologic, orthopaedic and urologic surgery, general psychiatry, maternal and infant care, radiology, industrial medicine, cardiology and gastroenterology.

And in the planning stages for the class beginning in 1970 is training in the subspecialties of eye, ear, nose and throat surgery, geriatrics, family planning, obstetrics and general obstetrics-gynecology, dermatology, nephrology, allergy and respiratory diseases, endocrinology and neurology.

"The Physician's Assistant Program," says its director, Dr. Robert Howard, "is one of the hottest things in medical education today."

After a number of screening processes, the number of applicants for this year's new class, for example, was narrowed to 75 who were invited to Duke for interviews.

In the final screening phase, this year's class of 40 was chosen.

In the beginning phase of their two years of study the PA trainees study such things as community health, inorganic chemistry, medical terminology and the history, philosophy and ethics of medicine. Then come chemical biology, bacteriology, anatomy, physiology, clinical medicine, pharmacology and other related course work.

In his clinical schedule, the PA student rotates through inpatient and outpatient services, the health clinic and other areas for several weeks at a time, plus having 24 weeks of elective service. At the end of the two years, he spends eight weeks with a practicing physician in a community setting.

Completion of the Duke program leads to a certificate, but steps are under way to explore a degree option for the program.

Dr. Harvey Estes, chairman of community health sciences at Duke, the department in which the PA Program falls, addressed the Association of American Medical Colleges recently on the Duke experience.

"A recent PA graduate suggested that our program motto should be 'Ask the man who owns one.' Perhaps this could apply to the educational institution as well," Dr. Estes said.

"A measure of both the overall acceptance of the concept at Duke and the willingness of the clinical staff to assume the responsibility of training," he said, "is seen in the fact that the program began in one department and has now spread to all clinical departments."

Demand is another indicator of the program's acceptance and success, the director, Dr. Howard, pointed out.

"On basis of the number of job offers," he said, "they're running about six to every graduate, which is more than we can fill even with the next two classes."

(EDITORS: Following is a list, by states, of this year's new class in the Physician's Assistant Program.)

CALIFORNIA: Gary G. Phelps, Fresno; Lew Hopson, San Francisco

COLORADO: Steven E. Curtis, Aurora

CONNECTICUT: Kevin P. Purdy, Meriden

FLORIDA: Clarence H. Cederquist, St. Petersburg

GEORGIA: Carlos M. Bray, Bishop; Henry B. Colson, Sanderville

ILLINOIS: James C. Souers, Geneseo; Ray F. Reed, Harrisburg; James R. Asher,

Rockford; Barry Cassidy, Waukegan

INDIANA: Amos Graber, Shipshewana

KENTUCKY: W. C. (Jack) Gaunce, Carlisle

MARYLAND: Jarrett M. (Jerry), Silver Spring

MICHIGAN: James M. Bartow, East Lansing

MINNESOTA: Robert E. Freeman, Minneapolis

MISSISSIPPI: George H. Downs, Carrollton

NEBRASKA: Corbin J. Peterson, Bridgeport

NEW JERSEY: Steven M. Pulliam, Brant Beach

NEW YORK: Cavanaugh Miles, Albany; Robert K. Cronk, Auburn; Dennis Franklin,

Buffalo; Leslie Colman, Syracuse

NORTH CAROLINA: Sandra D. Farrington, James Key, Larry King, Robert B. Malone, Patricia A. Smith, Clara Vanderbilt, Durham; Isaac Best, Goldsboro; Frank Woriax,

Pembroke; Donald C. McCaskill, Pinehurst; Robert C. Alexander, Salisbury

OHIO: Richard J. McIlvoy, Columbus

OKLAHOMA: Harvey Colley, Ardmore; Patsy Mitchell, Tulsa

PENNSYLVANIA: Gilbert Nelms, Hazleton

SOUTH CAROLINA: Charles C. Lewis, Columbia

TENNESSEE: Russell F. Lawrence, Memphis

WASHINGTON: Douglas H. Huber, Spokane