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MONTEFIORE HOSPITAL AND MEDICAL CENTER

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Telephone:
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Mr. William Stanhope
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Physician's Assistant Program
P.O. Box 26901
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Dear Bill,

I will try to answer your questions by letter since I gather that you need something in writing for your Dean and Departmental Chairman. If all you wanted was information, I would have guessed you would have called me.

When we started the program about 10% of the Attending Staff were enthusiastic, about one-half were accepting and the rest were resisting. At the present time, about one-half are enthusiastic, about one-third are accepting and the remainder are still resisting. Those who are resisting do so out of prejudice. Those who are accepting don't give a damn who we give them to help with their patient care as long as their patients are taken care of. The main problem we have with the Attending Staff, or for that matter with the entire program, is that when we supply a good, well-trained and enthusiastic physician's assistant, everybody figures it is no more than their due, while if we should put a physician's assistant into a particular slot where the physician's assistant is not smart enough or not knowledgeable enough or not capable enough, everybody condemns the entire program.

It was introduced to the Housestaff as a method of preserving the program without an onerous pyramid. By this time the percentages of enthusiastic accepting and resisting Housestaff are about the same as the Attending Staff. Believe it or not, the major gripe at present is that the physician's assistants are paid more than the residents. There is almost no trouble in the relationship between senior physician's assistants and junior residents. This is because the senior physician's assistants are so obviously good, capable and sensible people that only the dumbest of the junior residents would object to following their instructions. As a matter of fact, Dr. Gliedman has commented that one of the problems with having Clara on the service is that she keeps the Chief Residents out of trouble so much that they may have an inability to learn from their own mistakes since they are no longer making mistakes. As far as expenses are concerned, the administration feels that they save some money by the continuity in care provided by the physician's assistants; the increased salary that physician's assistants get probably makes the whole thing a washout.

If I had to start all over again, the main thing I would do differently would be proper orientation of all segments of the hospital community. It is not enough for

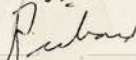
the hospital Director to approve, but administrators and junior administrators at all levels must be fully aware of the program and the reasoning behind it. The same thing applies to the nursing staff, to technicians in the various laboratories, E.R., O.R. and X-Ray, and to the medical and Housestaff at all levels. This type of orientation can not be overdone.

Incidentally, as we have been expanding the physician's assistant program, we are finding more and more that the training of physician's assistants is inadequate. At least inadequate for our purposes. The orientation toward primary care means an excessive amount (in our opinion) of out-patient experience as opposed to in-patient experience. In addition much of the in-patient experience is in community hospitals where the patients just aren't as sick as they are here. For this reason, starting this summer, we will be offering a two to three month didactic and practical course in anatomy, physiology, pathology and surgery which will be a prerequisite for any of the people we hire. I would be particularly interested if any of your people might be suitable for this course.

If there is anything further you would like, please don't hesitate to call me. I would like to speak to you in a week or so anyway about this course that we will be offering.

Best of luck.

Sincerely,



Richard G. Rosen, M.D.
Assistant Chief of Surgery
Associate Professor of Surgery

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