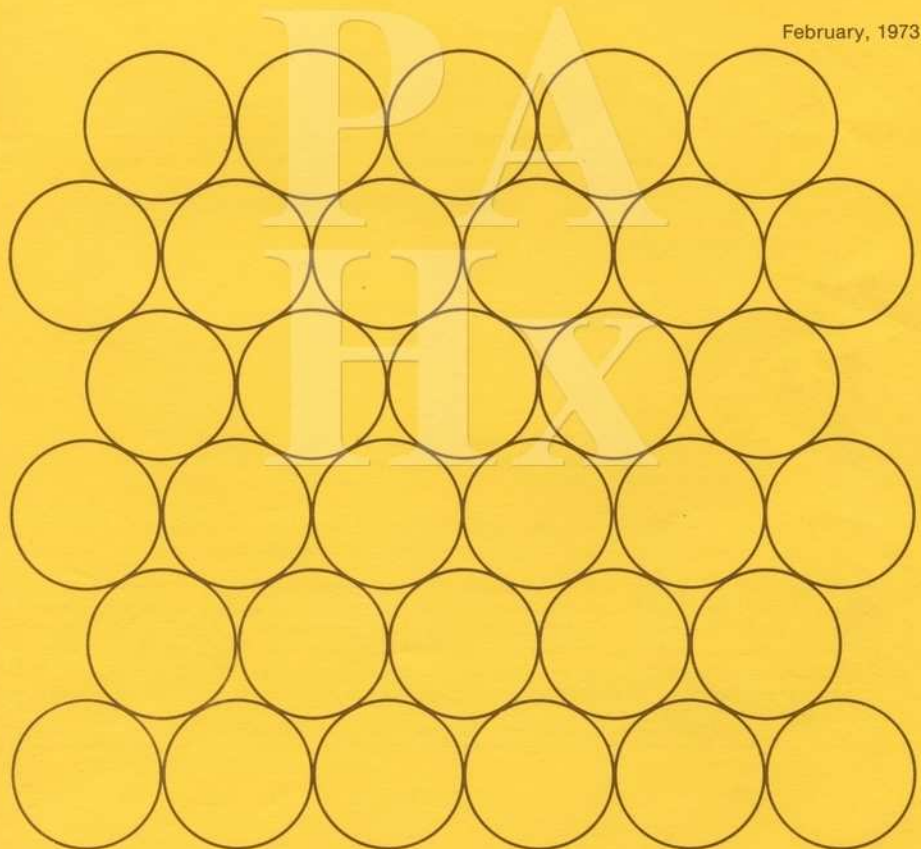


*Dr. Carter*

# Educational Programs for the Physician's Assistant

February, 1973



# PA Hx

The Department of Allied Medical Professions and Services would be pleased to answer inquiries about physician's assistant programs. A number of descriptive articles about the assistant to the primary care physician, other physician extender personnel, and some of the educational programs are found in two literature indexes: Index Medicus and Hospital Literature Index. These reference volumes are commonly found in medical libraries of hospitals, medical centers, and larger public libraries.

EDUCATIONAL PROGRAMS FOR THE PHYSICIAN'S ASSISTANT

FEBRUARY 1973

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DIVISION OF MEDICAL EDUCATION

DEPARTMENT OF ALLIED MEDICAL PROFESSIONS AND SERVICES

# AMA APPROVAL OF EDUCATIONAL PROGRAMS FOR THE ALLIED MEDICAL OCCUPATIONS

ORGANIZATIONS, The Council on Medical Education, American Medical Association collaborates with:

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. American Academy of Family Physicians</li> <li>2. American Academy of Orthopaedic Surgeons</li> <li>3. American Academy of Pediatrics</li> <li>4. American Association for Inhalation Therapy</li> <li>5. American Association of Blood Banks</li> <li>6. American Association of Medical Assistants</li> <li>7. American College of Chest Physicians</li> <li>8. American College of Physicians</li> <li>9. American College of Radiology</li> <li>10. American College of Surgeons</li> <li>11. American Hospital Association</li> <li>12. American Medical Record Association</li> </ol> | <ol style="list-style-type: none"> <li>13. American Occupational Therapy Association</li> <li>14. American Physical Therapy Association</li> <li>15. American Society of Anesthesiologists</li> <li>16. American Society of Clinical Pathologists</li> <li>17. American Society of Internal Medicine</li> <li>18. American Society for Medical Technology</li> <li>19. American Society of Radiologic Technologists</li> <li>20. American Urological Association</li> <li>21. Association of Operating Room Nurses</li> <li>22. Association of Operating Room Technicians</li> <li>23. Society of Nuclear Medical Technologists</li> <li>24. Society of Nuclear Medicine</li> </ol> |
|---|---|

Accreditation of allied medical educational programs is a collaborative process: *Essentials* are developed and endorsed by the allied health and/or medical specialty societies concerned with a particular occupation and submitted to the Council on Medical Education for adoption by the AMA House of Delegates. Educational programs are approved by the Council on Medical Education on the recommendation of review committees appointed by the collaborating organizations. The Council's Advisory Committee on Education for the Allied Health Professions and Services advises the Council on matters concerning allied medical education; a Panel of Consultants consisting of representatives of the collaborating organizations provides consultation to the Advisory Committee and Council on Medical Education in matters concerning allied medical education.

## AMA Approved Educational Programs in Allied Health Occupations

Allied Health Occupation	No. of Programs 12-1-72	Student Capacity 7-1-72	1971 Student Enrollment	Student Data Graduates
1. Assistant to the Primary Care Physician	22	490	+	+
2. Certified Laboratory Assistant	194	2,487	2,753	1,969
3. Cytotechnologist	112	631	349	340
4. Histologic Technician	12	37	35	21
5. Medical Assistant	44	1,125	1,228	414
6. Medical Assistant in Pediatrics	*	+	+	+
7. Medical Laboratory Technician	1	62	+	+
8. Medical Record Administrator	30	612	306	254
9. Medical Record Technician	39	1,028	1,119	269
10. Medical Technologist	749	8,685	6,434	5,367
11. Nuclear Medicine Technician	35	290	203	99
12. Nuclear Medicine Technologist	39	1,904	1,472	769
13. Occupational Therapist	*	+	100	28
14. Operating Room Technician	6	86	100	28
15. Orthopaedic Physician's Assistant	60	2,102	2,097	1,547
16. Physical Therapist	31	150	123	63
17. Radiation Therapy Technologist	1,113	19,021	17,816	6,661
18. Radiologic Technologist	125	2,280	3,001	749
19. Respiratory Therapist	*	+	+	+
20. Respiratory Therapy Technician	53	+	+	+
21. Specialist in Blood Bank Technology	*	+	+	+
22. Urologic Physician's Assistant	*	+	+	+
<b>TOTAL</b>	<b>2,665</b>	<b>40,928</b>	<b>37,036</b>	<b>18,550</b>

\* *Essentials* adopted; programs under evaluation; approval pending.

+ Not available.

TRENDS. Trend data indicates a general increase in class size and overall enrollment. There is also a significant trend toward junior college and vocational school sponsorship of allied medical educational programs. More than 150 AMA-approved allied medical programs are based in junior colleges or vocational schools. Educators are experimenting with innovative educational concepts and rejecting the traditional emphasis on length of program and required courses. New programs are being designed to produce competency levels, placing less emphasis on didactic instruction. *Essentials* are being revised to allow more innovative training programs to be considered for AMA approval, and educators are seeking to accommodate students with non-traditional backgrounds through equivalency testing and proficiency examinations.



## THE ASSISTANT TO THE PRIMARY CARE PHYSICIAN

The assistant to the primary care physician is a person qualified by academic and clinical training to provide patient services under the supervision of a physician in a wide variety of medical care settings. The functions of primary care physicians are interdisciplinary in nature, involving medicine, pediatrics, obstetrics, surgery, and psychiatry.

The primary care physician is one whom the public generally consults directly and whose practice is characterized by a broad scope of medical services including the management of slowly progressive and chronic illness, preventive and emergency services, and personal and family counseling. It is also recognized that the primary care physician is often the one to whom a patient turns for counseling on personal life situations, as well as with his concerns about illness or injury. It is in the common problems above that the assistant to the primary care physician receives basic preparation and skills.<sup>1</sup>

The assistant therefore is involved in helping the physician provide a variety of personal health services including, but not limited to:

1. Receiving patients, obtaining case histories, performing an appropriate physical examination and presenting meaningful resulting data to the physician;
2. Performing or assisting in laboratory procedures and related studies in the practice setting;
3. Giving injections and immunizations;
4. Surturing and caring for wounds;
5. Providing patient counseling services; referring patients to other health care resources;
6. Responding to emergency situations which arise in the physician's absence within the assistant's range of skills and experience; and
7. Assisting the employing physician in all settings such as the physician's office, hospitals, extended care facilities, nursing homes, and the patient's homes.

The role of the assistant and his functions vary with his individual capabilities and the specific needs of the employing physician, the practice setting in which he works, and the community in which he lives.

Since 1969, substantial progress has been made in promoting the orderly development and formalization of educational programs for physician's assistants. The American Academy of Orthopaedic Surgeons, through its Committee on Allied Health Professions and Services, has defined the role of the Orthopaedic Physician's Assistant, and through its Subcommittee on Orthopaedic Assistant Training, collaborates with the AMA Council on Medical Education in the approval of educational programs which comply with the Standards identified in the *Essentials of an Approved Educational Program for Orthopaedic (Physician's) Assistants*.

The American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Physicians, and the American Society of Internal Medicine worked jointly to define the role of the Assistant to the Primary Care Physician. Similarly, these same organizations cooperated in the development of the *Essentials of an Approved Educational Program for the Assistant to the Primary Care Physician*. They sponsor the Joint Review Committee on Educational Programs for the Assistant to the Primary Care Physician\* which collaborates with the Council on Medical Education in the approval of those program which comply with the *Essentials*.

The American Urological Association, through its Allied Health Professions Committee, has defined the role and function of the Urologic Physician's Assistant, and through its Program Review Board, collaborates with the AMA Council on Medical Education in the approval of educational programs which comply with the standards identified in the *Essentials of an Approved Educational Program for the Urologic Physician's Assistant*.

Other medical specialty societies are currently evaluating their particular needs for physician's assistants.

<sup>1</sup>Adapted from a statement by Joseph L. Dorsey, M.D., "Manpower Problems in the Delivery of Primary Medical Care," *The New England Journal of Medicine*, Vol.282, No.15, April 9, 1970, pp.871-2.

\*Hereafter referred to as the Joint Review Committee

## LICENSURE

Approximately 32 state legislatures have addressed the legal status of the physician's assistant. Although regulations vary widely, those mechanisms most often proposed or enacted vest authority in the State Board of Medical Examiners, or a similar state agency to regulate allied health personnel performing services in a dependent relationship to physicians. The following states have enacted laws providing exceptions to the State Medical Practice Act which specifically codifies the physician's legal right to delegate routine patient-care functions to qualified non-physicians: Alabama, Arizona, Arkansas, Colorado, Connecticut, Delaware, Florida, Kansas, North Carolina, Oklahoma and Utah. Other state legislation has been enacted to authorize the State Board of Medical Examiners or a similar agency to approve training and education programs for physician's assistants: Alabama, California, Florida, Idaho, Iowa, Michigan, New Hampshire, New York, Oregon, Washington, and West Virginia. Similar legislative proposals are pending in Georgia, Hawaii, Illinois, Indiana, Kentucky, Maryland, Minnesota, Nebraska, Ohio, Pennsylvania, Tennessee, and Wisconsin.

## CERTIFICATION

Basic to the concept of career mobility is the evaluation of an individual's knowledge and skills, regardless of the manner in which they were acquired. As there is presently no uniform mechanism for evaluating the physician's assistant's knowledge and competency to perform on the job, a nationally recognized certification process would offer some assurance of basic skills and understandings to the employer and the public. Conducted on a national scale, such a mechanism would provide the physician's assistant greater opportunity for employment and geographic mobility.

The American Medical Association and the National Board of Medical Examiners Special Study Committee for the Evaluation of the Physician's Assistant will have completed by 1974 the development and initial evaluation of a certification examination for national use. The proposed certification program is being designed to evaluate the essential knowledge, problem-solving abilities, and the clinical skills of the assistant to the primary care physician.

Ultimately, students graduating from AMA-approved educational programs may have reasonable assurance that their educational preparation will have equipped them with adequate knowledge, skills, and experiences to pass the national certification examination of the National Board of Medical Examiners.

## THE EDUCATIONAL PROGRAM

Formal educational programs for assistants to the primary care physician have been established by medical colleges, universities, community colleges, hospitals, and other institutions. While two years is common, variations in the length of the educational program and the length of time an individual spends in the program depend on his previous education and experience and his ability to perform the tasks, functions, and the duties implied in the description of the occupation in the *Essentials of an Approved Educational Program for the Assistant to the Primary Care Physician*. Because each institution has determined the curriculum it believes is best suited for preparing assistants, there are no standard admission requirements for these programs. Many programs give preference to returning veterans with independent duty training and medical corps experience. For a number of programs, high school equivalency and patient contact experience are often stated as admission prerequisites. Three out of four programs award an associate or a baccalaureate degree; some award certificates; still others choose to award both a degree and a certificate. At present, there are no programs awarding a master's degree. Titles for program graduates differ as well. Physician's Associate, Clinical Associate, MEDEX, Child Health Associate, Community Health Medic, Pediatric Assistant, Medical Services Assistant, and similar titles all may refer to an individual who, in terms of function, is an assistant to the primary care physician.

## AMA PROCESS FOR RECOGNIZING EDUCATIONAL PROGRAMS WHICH APPLY FOR PROGRAM ACCREDITATION

The *Essentials of an Approved Educational Program for the Assistant to the Primary Care Physician* were developed by a Subcommittee of the AMA Council on Medical Education's Advisory Committee on Education for the Allied Health Professions and Services. Subcommittee membership included representatives of the four collaborating medical specialty organizations, selected physician educators who were directing educational programs for assistants to primary care physicians, representatives of the Association of American Medical Colleges, and a representative of the AMA Committee on Nursing's Panel of Nurse Consultants. The *Essentials* prepared by this Subcommittee were submitted to and endorsed by the Council on Medical Education and presented to the AMA House of Delegates where they were adopted on December 1, 1971.

The Joint Review Committee determines the extent to which programs meet the *Essentials* and then



transmits its recommendations for approval or disapproval to the AMA Council on Medical Education through its Advisory Committee on Education for the Allied Health Professions and Services. Approximately 50 programs are presently engaged in educating assistants to the primary care physician. Among the programs which have chosen to file applications for approval, 22 have been recognized by the AMA Council on Medical Education and the four collaborating medical specialty organizations; 12 more are in various stages of evaluation and review and their applications will be acted upon by the Council in subsequent meetings.

Application forms for approval of an educational program for the assistant to the primary care physician may be obtained by writing to the Department of Allied Medical Professions and Services, American Medical Association, 535 North Dearborn Street, Chicago, Illinois, 60610.

The process of preparing an application for approval provides a program with an opportunity to evaluate its relative strengths and weaknesses as well as the extent to which their program complies with the educational standards recognized in the *Essentials*.

#### REVIEW OF PROGRAM APPLICATIONS

After an application and its supporting information are screened by AMA staff for completeness, mutually convenient dates for on-site program evaluation are arranged with the program's administration and a survey team of three or four individuals is appointed. Copies of the application and supporting materials are distributed to survey team members for their review and study prior to the dates of their on-site evaluation of the program. A program is evaluated to determine if it is in fact preparing assistants to primary care physicians, and to determine whether or not the program is educationally sound and appropriately administered. Survey teams are composed of physicians experienced in primary care, physician's assistant educators, and others who are also qualified to evaluate educational programs.

The program's application for approval, supporting materials, and the report of the survey team's on-site evaluation are subsequently reviewed in depth by two members of the Joint Review Committee for presentation to and evaluation by the full Committee, preliminary to its formulation of a recommendation to the Council on Medical Education for program approval.

#### APPROVAL

The Council on Medical Education reviews and acts upon the recommendations received from the Joint Review Committee and grants approval to those programs which meet or exceed the minimum *Essentials*. The approval awarded is dependent upon the operational status of the program as well as its educational qualities.

Approval is awarded to a program which is fully operational and has graduated its first class of students; approval is awarded up to three years.

Preliminary Approval is awarded to an operational program that has not as yet graduated its first class of students. The program is reevaluated within 12 months of the graduation of its first class.

Provisional Approval - New Program recognizes the program which is not operational at the time of evaluation but which is in an advanced planning stage, and plans to admit students in the near future. Planning to date provides reasonable assurance that the program will comply with the *Essentials*. A follow-up survey is made within a year of the graduation of the first class of students.

Non-Approval results when a program is judged not to comply with the *Essentials*.

#### APPEAL

The sponsoring institution and program administration may appeal a notice of non-approval to the Council on Medical Education by filing a written statement and supporting rationale documenting the manner in which it purports to meet the minimum *Essentials*. The Council refers the appeal to the Joint Review Committee. When indicated, a second on-site evaluation of the program may be conducted by a second survey team. Upon the review of the Joint Review Committee's re-evaluation of the program, the Council on Medical Education informs the program of its action on the appeal. Rather than appeal a notice of non-approval, a program may elect to reapply at any time, thereby beginning the approval process anew.

# Essentials of an Approved Educational Program for the Assistant to the Primary Care Physician\*

Established by

AMERICAN MEDICAL ASSOCIATION  
COUNCIL ON MEDICAL EDUCATION

in collaboration with

AMERICAN ACADEMY OF FAMILY PHYSICIANS  
AMERICAN ACADEMY OF PEDIATRICS  
AMERICAN COLLEGE OF PHYSICIANS  
AMERICAN SOCIETY OF INTERNAL MEDICINE

Adopted by the AMA House of Delegates  
December, 1971

**OBJECTIVE:** The education and health professions cooperate in this program to establish and maintain standards of appropriate quality for educational programs for the assistant to the primary care physician, and to provide recognition for educational programs which meet or exceed the minimal standards outlined in these Essentials.

These standards are to be used as a guide for the development and self-evaluation of programs for the assistant to the primary care physician. Lists of these approved programs are published for the information of employers and the public. Students enrolled in the programs are taught to work with and under the direction of physicians in providing health care services to patients.

**DESCRIPTION OF THE OCCUPATION:** The assistant to the primary care physician is a skilled person, qualified by academic and clinical training to provide patient services under the supervision and responsibility of a doctor of medicine or osteopathy who is, in turn, responsible for the performance of that assistant. The assistant may be involved with the patients of the physician in any medical setting for which the physician is responsible.

The function of the assistant to the primary care physician is to perform, under the responsibility and supervision of the physician, diagnostic and therapeutic tasks in order to allow the physician to extend his services through the more effective use of his knowledge, skills, and abilities.

In rendering services to his patients, the primary care physician is traditionally involved in a variety of activities. Some of these activities, including the application of his knowledge toward a logical and systematic evaluation of the patient's problems and planning a program of management and therapy ap-

propriate to the patient, can only be performed by the physician. The assistant to the primary care physician will not supplant the doctor in the sphere of the decision-making required to establish a diagnosis and plan therapy, but will assist in gathering the data necessary to reach decisions and in implementing the therapeutic plan for the patient.

Intelligence, the ability to relate to people, a capacity for calm and reasoned judgment in meeting emergencies, and an orientation toward service are qualities essential for the assistant to the primary care physician. As a professional, he must maintain respect for the person and privacy of the patient.

The tasks performed by the assistant will include transmission and execution of physician's orders, performance of patient care tasks, and performance of diagnostic and therapeutic procedures as may be delegated by the physician.

Since the function of the primary care physician is interdisciplinary in nature, involving the five major clinical disciplines (medicine, surgery, pediatrics, psychiatry, and obstetrics) within the limitations and capabilities of the particular practice in consideration, the assistant to the primary care physician should be involved in assisting the physician provide those varied medical services necessary for the total health care of the patient.

The ultimate role of the assistant to the primary care physician cannot be rigidly defined because of the variations in practice requirements due to geographic, economic, and sociologic factors. The high degree of responsibility an assistant to the primary care physician may assume requires that, at the conclusion of his formal education, he possess the knowledge, skills, and abilities necessary to provide those services appropriate to the primary care setting. These services would include, but need not be limited to,

\*"Assistant to the Primary Care Physician" is a generic term.



the following:

- 1) The initial approach to a patient of any age group in any setting to elicit a detailed and accurate history, perform an appropriate physical examination, and record and present pertinent data in a manner meaningful to the physician;
- 2) Performance and/or assistance in performance of routine laboratory and related studies as appropriate for a specific practice setting, such as the drawing of blood samples, performance of urinalyses, and the taking of electrocardiographic tracings;
- 3) Performance of such routine therapeutic procedures as injections, immunizations, and the suturing and care of wounds;
- 4) Instruction and counseling of patients regarding physical and mental health on matters such as diets, disease, therapy, and normal growth and development;
- 5) Assisting the physician in the hospital setting by making patient rounds, recording patient progress notes, accurately and appropriately transcribing and/or executing standing orders and other specific orders at the direction of the supervising physician, and compiling and recording detailed narrative case summaries;
- 6) Providing assistance in the delivery of services to patients requiring continuing care (home, nursing home, extended care facilities, etc.) including the review and monitoring of treatment and therapy plans;
- 7) Independent performance of evaluative and treatment procedures essential to provide an appropriate response to life-threatening, emergency situations; and
- 8) Facilitation of the physician's referral of appropriate patients by maintenance of an awareness of the community's various health facilities, agencies, and resources.

## ESSENTIAL REQUIREMENTS

### I. EDUCATIONAL PROGRAMS MAY BE ESTABLISHED IN

- A. Medical schools
- B. Senior colleges and universities in affiliation with an accredited teaching hospital.
- C. Medical educational facilities of the federal government.
- D. Other institutions, with clinical facilities, which are acceptable to the Council on Medical Education of the American Medical Association.

The institution should be accredited or otherwise acceptable to the Council on Medical Education. Senior colleges and universities must have the necessary clinical affiliations.

### II. CLINICAL AFFILIATIONS

- A. The clinical phase of the educational program must be conducted in a clinical setting and under competent clinical direction.
- B. In programs where the academic instruction and clinical teaching are not provided in the same institution, accreditation shall be given to the institution responsible for the academic preparation (student selection, curriculum, academic credit, etc.) and the educational administrators shall be responsible for assuring that the activities assigned to students in the clinical setting are, in fact, educational.
- C. In the clinical teaching environment, an appropriate ratio of students to physicians shall be maintained.

### III. FACILITIES

- A. Adequate classrooms, laboratories, and administrative offices should be provided.
- B. Appropriate modern equipment and supplies for directed experience should be available in sufficient quantities.

- C. A library should be readily accessible and should contain an adequate supply of up-to-date, scientific books, periodicals, and other reference materials related to the curriculum.

### IV. FINANCES

- A. Financial resources for continued operation of the educational program should be assured for each class of students enrolled.
- B. The institution shall not charge excessive student fees.
- C. Advertising must be appropriate to an educational institution.
- D. The program shall not substitute students for paid personnel to conduct the work of the clinical facility.

### V. FACULTY

#### A. Program Director

1. The program director should meet the requirements specified by the institution providing the didactic portion of the educational program.
2. The program director should be responsible for the organization, administration, periodic review, continued development, and general effectiveness of the program.

#### B. Medical Director

1. The medical director should provide competent medical direction for the clinical instruction and for clinical relationships with other educational programs. He should have the understanding and support of practicing physicians.
2. The medical director should be a physician experienced in the delivery of the type of health care services for which the student is being trained.
3. The medical director may also be the program director.

### C. Change of Director

If the program director or medical director is changed, immediate notification should be sent to the AMA Department of Allied Medical Professions and Services. The curriculum vitae of the new director, giving details of his training, education, and experience, must be submitted.

### D. Instructional Staff

1. The faculty must be qualified, through academic preparation and experience, to teach the subjects assigned.
2. The faculty for the clinical portion of the educational program must include physicians who are involved in the provision of patient care services. Because of the unique characteristics of the assistant to the primary care physician, it is necessary that the preponderance of clinical teaching be conducted by practicing physicians.

### E. Advisory Committee

An Advisory Committee should be appointed to assist the director in continuing program development and evaluation, in faculty coordination of effective clinical relationships. For maximum effectiveness, an Advisory Committee should include representation of the primary institution involved, the program administration, organized medicine, the practicing physician, and others.

## VI. STUDENTS

### A. Selection

1. Selection of students should be made by an admissions committee in cooperation with those responsible for the educational program. Admissions data should be on file at all times in the institution responsible for the administration of the program.
2. Selection procedures must include an analysis of previous performance and experience and may seek to accommodate candidates with a health related background and give due credit for the knowledge, skills, and abilities they possess.

### B. Health

Applicants shall be required to submit evidence of good health. When students are learning in a clinical setting or a hospital, the hospital or clinical setting should provide them with the protection of the same physical examinations and immunizations as are provided to hospital employees working in the same clinical setting.

### C. Number

The number of students enrolled in each class should be commensurate with the most effective learning and teaching practices and should also be consistent with acceptable student-teacher ratios.

### D. Counseling

A student guidance and placement service should be available.

### E. Student Identification

Students enrolled in the educational program must be clearly identified to distinguish them from physicians, medical students, and students and personnel for other health occupations.

## VII. RECORDS

Satisfactory records should be provided for all work accomplished by the student while enrolled in the program. Annual reports of the operation of the program should be prepared and available for review.

### A. Student

1. Transcripts of high school and any college credits and other credentials must be on file.
2. Reports of medical examination upon admission and records of any subsequent illness during training should be maintained.
3. Records of class and laboratory participation and academic and clinical achievements of each student should be maintained in accordance with the requirements of the institution.

### B. Curriculum

1. A synopsis of the current curriculum should be kept on file.
2. This synopsis should include the rotation of assignments, the outline of the instruction supplied, and lists of multi-media instructional aids used to augment the experience of the student.

### C. Activity

1. A satisfactory record system shall be provided for all student performance.
2. Practical and written examinations should be continually evaluated.

## VIII. CURRICULUM

- A. The length of the educational programs for the assistant to the primary care physician may vary from program to program. The length of time an individual spends in the training program may vary on the basis of the student's background and in consideration of his previous education, experience, knowledge, skills and abilities, and his ability to perform the tasks, functions and duties implied in the "Description of the Occupation."
- B. Instruction, tailored to meet the student's needs, should follow a planned outline including:
  1. Assignment of appropriate instructional materials.
  2. Classroom presentations, discussions, and demonstrations.
  3. Supervised practice discussions.
  4. Examinations, tests, and quizzes — both practical and written — for the didactic and clinical portions of the educational program.
- C. General courses of topics or study, both didactic and clinical, should include the following:
  1. The general courses and topics of study must be achievement oriented and provide the graduates with the necessary knowledge, skills, and



abilities to accurately and reliably perform tasks, functions, and duties implied in the "Description of the Occupation."

2. Instruction should be sufficiently comprehensive so as to provide the graduate with an understanding of mental and physical disease in both the ambulatory and hospitalized patient. Attention should also be given to preventive medicine and public health and to the social and economic aspects of the systems for delivering health and medical services. Instruction should stress the role of the assistant to the primary care physician relative to the health maintenance and medical care of his supervising physician's patients. Throughout, the student should be encouraged to develop those basic intellectual, ethical, and moral attitudes and principles that are essential for his gaining and maintaining the trust of those with whom he works and the support of the community in which he lives.
3. A "model unit of primary medical care," such as the models used in departments of family practice in medical schools and family practice residencies, should be encouraged so that the medical student, the resident, and the assistant to the primary care physician can jointly share the educational experience in an atmosphere that reflects and encourages the actual practice of primary medical care.
4. The curriculum should be broad enough to provide the assistant to the primary care physician with the technical capabilities, behavioral characteristics, and judgment necessary to perform in a professional capacity all of his assignments, and should take into consideration any proficiency and knowledge obtained elsewhere and demonstrated prior to completion of the program.

#### IX. ADMINISTRATION

- A. An official publication, including a description of the program, should be available. It should include information regarding the organization of the program, a brief description of required courses, names and academic rank of faculty, entrance requirements, tuition and fees, and information concerning hospitals and facilities used for training.
- B. The evaluation (including survey team visits) of a program of study must be initiated by the express invitation of the chief administrator of the institution or his officially designated representative.
- C. The program may withdraw its request for initial approval at any time (even after evaluation) prior to final action. The AMA Council on Medical Educa-

tion and the collaborating organizations may withdraw approval whenever:

1. The educational program is not maintained in accordance with the standards outlined above, or
2. There are no students in the program for two consecutive years.

Approval is withdrawn only after advance notice has been given to the director of the program that such action is contemplated, and the reasons therefore, sufficient to permit timely response and use of the established procedure for appeal and review.

#### D. Evaluation

1. The head of the institution being evaluated is given an opportunity to become acquainted with the factual part of the report prepared by the visiting survey team, and to comment on its accuracy before final action is taken.
2. At the request of the head of the institution, a reevaluation may be made. Adverse decisions may be appealed in writing to the Council on Medical Education of the American Medical Association.

#### E. Reports

An annual report should be made to the AMA Council on Medical Education and the collaborating organizations. A report form is provided and should be completed, signed by the program director, and returned promptly.

#### F. Reevaluation

The American Medical Association and collaborating organizations will periodically reevaluate and provide consultation to educational programs.

#### X. CHANGES IN ESSENTIALS

Proposed changes in the *Essentials of an Approved Educational Program for the Assistant to the Primary Care Physician* will be considered by a standing committee representing the spectrum of approved programs for the assistant to the primary care physician, the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Physicians and the American Society of Internal Medicine. Recommended changes will be submitted to these collaborating organizations and the American Medical Association.

#### XI. APPLICATIONS AND INQUIRIES

Applications for program approval should be directed to:

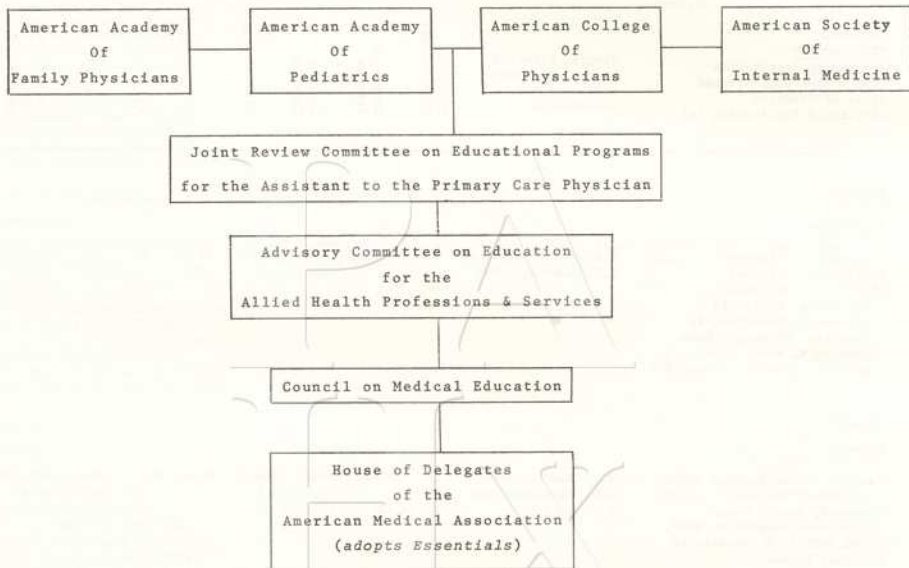
Department of Allied Medical  
Professions and Services  
Division of Medical Education  
American Medical Association  
535 N. Dearborn Street  
Chicago, Illinois 60610



## CHART OF COLLABORATIVE RELATIONSHIPS

Each of the four collaborating organizations appoint three representatives to the Joint Review Committee and a representative to serve on the Panel of Consultants to the Council's Advisory Committee which helps determine the American Medical Association's policy on allied health education. This collaborative relationship is charted below:

### THE COLLABORATING ORGANIZATIONS



### JOINT REVIEW COMMITTEE ON EDUCATIONAL PROGRAMS FOR THE ASSISTANT TO THE PRIMARY CARE PHYSICIAN

#### American Academy of Family Physicians

Jack G. Phipps, M.D. - Kansas  
William L. Stewart, M.D. - Illinois  
Vice-Chairman  
Charles E. Nyberg - Missouri  
Alternate

#### American Academy of Pediatrics

Katherine H. Anderson, M.D. - North Carolina  
Lawrence Kahn, M.D. - Missouri  
Wesley J. Duiker - Illinois  
Alternate

#### American College of Physicians

Neil J. Elgee, M.D. - Washington  
Malcolm L. Peterson, M.D. - Maryland  
Chairman  
Joyce C. Lashof, M.D. - Illinois  
Alternate

#### American Society of Internal Medicine

James A. Collins, M.D. - Pennsylvania  
Charles Hollis, M.D. - Georgia  
Edwin V. Banta, Jr., M.D. - California  
Alternate

APPROVED EDUCATIONAL PROGRAMS FOR  
THE ASSISTANT TO THE PRIMARY CARE PHYSICIAN

The following programs were approved by the AMA Council on Medical Education in collaboration with the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Physicians, and the American Society of Internal Medicine.

More specific information regarding curriculum, financial aid, and application forms and procedures may be obtained by writing to the program in which you are interested and addressing your request to the program director, in care of the sponsoring institution.

STATE & CITY	Program Director	Entrance Requirements	Length of Program	Student Capacity	Classes Begin	Tuition	Stipend	Scholarship	Certificate or Degree Granted
<u>ALABAMA</u>									
<u>Birmingham</u>									
University of Alabama Preliminary Approval Physician's Assistant Childrens' Hospital; University Hospital; VA Hospital; VA Hosp., Mont- gomery; VA Hosp, Tuskegee; Montefiore Hosp., Bronx, N.Y	W.B. Frommeyer, Jr. MD K.G. Andreoli, MSN	1*	24 mos	32	Sept.	\$175/ qtr	No	Yes	Certifi- cate/ Degree Optional
<u>ARIZONA</u>									
<u>Phoenix</u>									
Phoenix Indian Medical Center Preliminary Approval Community Health Medic Indian Health Service, DHEW, HSMHA, USPHS; University of Arizona, Tucson	J.W. Justice, MD L.L. Fairbanks, MD W.J. Gobert	2*	24 mos	10	March	None	Yes	No	Certifi- cate
<u>CALIFORNIA</u>									
<u>Los Angeles</u>									
Charles R. Drew Post-Graduate Medical School and UCLA Preliminary Approval MEDEX L.A. City College; Martin Luther King Hospital; Harbor General Hospital, Torrance; San Bernadino City Hospital	M.A. Haynes, MD R.M. Kivel, MD	3*	16 mos	30	Varies	None	Yes	No	Certifi- cate/ Associate Degree in Science

\*REQUIREMENTS FOR ADMISSION

- 1\* 2 years health experience; 2 years post-high school classroom training  
2\* 3 yrs direct primary care experience/health science education/or combination; Indian exp; H.S. Diploma/equiv.  
3\* 30 semester units of college; prefer 3 years health experience.

## STATE &amp; CITY

Sponsoring Institution  
Type of Approval Granted  
Title of Graduate  
Affiliated Institution

Program Director  
Medical Director  
& Educational  
Coordinator

Entrance  
RequirementsLength of  
ProgramStudent  
Capacity

Classes Begin

Tuition

Stipend

Scholarship

Certificate  
or  
Degree  
Granted

## COLORADO

Denver

University of Colorado  
Approval  
Child Health Associate  
Department of Health &  
Hospitals; Denver General  
Hospital; Eastside Neigh-  
borhood Health Center;  
Westside Neighborhood  
Health Center; Children's  
Hospital of Denver;  
Fitzsimons General Hosp;  
General Rose Hospital;  
Colorado General Hosp.  
Univ. of Colorado, Boulder

H.K. Silver, M.D.  
J. E. Ott, M.D.

1\* 36 mos 14 July

\$853/  
residents  
\$3128/  
non-res.

Yes Yes

Bachelor  
of Arts/  
Certifi-  
cate from  
Colorado  
Board of  
Medical  
Examiners

## DISTRICT OF COLUMBIA

Washington

George Washington University  
School of Medicine  
Provisional Approval  
Physician's Assistant  
George Washington University  
Medical Center; Children's  
Hospital; VA Hospital; Wash-  
ington Hospital Center;  
Columbia Hospital for Women;  
National Naval Medical Center

T.E. Piemme, MD  
M. McCally, MD  
J.M. Wise, RPA

2\* 24 mos 25 Sept.

\$2,200/  
year

Yes Yes

Degree,  
Health  
Science

## GEORGIA

Atlanta

Emory University  
Preliminary Approval  
Physician's Associate  
Grady Memorial Hospital;  
Emory University Hospital;  
V.A. Hospital; Henrietta  
Egleston Hospital for  
Children; Columbus Medical  
Center, Columbus

R.E. Jewett, M.D.  
T. Lucky, M.D.  
A. Flewelling, RN, BA

3\* 24-30 mos 40 Sept

\$800/  
qtr

Yes No/

Loans  
Avail-  
able

Associate  
and/or  
Bachelors  
of Arts  
in Medical  
Science

## IOWA

Iowa City

University of Iowa  
Preliminary Approval  
Physician's Assistant  
V.A. Hospital; Broadlawns  
Hospital; Gunderson Clinic,  
Marchfield, Wisconsin; Mari-  
copa County, Phoenix, Ariz.;  
Mercy Hosp., Iowa City

T.D. Aschenbrenner  
A.W. Horsley  
L.D. Holloway

4\* 24 mos 50 June

\$310/  
resident  
\$625/  
non-res.

Yes Yes

Certifi-  
cate

## ENTRANCE REQUIREMENTS

- 1\* 2 years of college; 1 year each of chemistry, biology, and psychology  
2\* H.S. Diploma; 2 yrs college course work; math and verbal scores on SAT; three letters of recommendation  
3\* H.S. Diploma or equivalent; prefer health exp; Preliminary Approval awarded to the family practice and  
internal medicine options; sub-options for coronary care and surgery fall outside the purview of this program.  
4\* 2 years of college or equivalent; 1 year experience in health care delivery



STATE & CITY	Program Director Medical Director & Educational Coordinator	Entrance Requirements	Length of Program	Student Capacity	Classes Begin	Tuition	Stipend	Scholarship	Certificate or Degree Granted
<b>MARYLAND</b>									
<u>Baltimore County</u>									
Essex Community College Provisional Approval Health Assistant Johns Hopkins Medical Institutions	L.S. Albert, MS A.S. Golden, MD	1*	24 mos	25	Sept	\$141/ city \$303/ MD	No	Yes	Associate in Arts
<b>MASSACHUSETTS</b>									
<u>Boston</u>									
Northeastern University Preliminary Approval Physician's Assistant Tufts-New England Medical Center Hosps.; Boston Floating Hospital; Boston City Hosp.; Peter Bent Brigham Hospital; St. Elizabeth's Hospital, Brighton; Lemuel Shattuck Hosp., Jamaica Plain; Mt. Auburn Hospital and Cambridge Hospital, Cambridge	S.B. Greenberg, MS A.C. Henn, MD	2*	18 mos	25	Sept	No	No	Yes	Certifi- cate
<b>MICHIGAN</b>									
<u>Detroit</u>									
Mercy College of Detroit Provisional Approval Physician's Assistant Mount Carmel Mercy Hospital and Medical Center	H.G. Gales, MA J. Moses, MD W.C. Montgomery, MD	3*	24-48 mos	20	Sept	\$685/ sem	Yes	Yes	Associate Degree and/or B.S. Degree
<u>Kalamazoo</u>									
Western Michigan University Provisional Approval Physician's Assistant Bronson Methodist Hospital; Borgess Hosp.; Kalamazoo State Hospital; Community Hospital, Battle Creek; VA Hosp., Battle Creek; Detroit Osteopathic Hosp.	J.J. Josten, PhD W.G. Birch, Sr., MD	4*	24 mos	16	Sept	\$ 16/ credit	Yes	Yes	B.S. in Medicine
<b>MISSISSIPPI</b>									
<u>Jackson</u>									
University of Mississippi Medical Center Provisional Approval Physician's Assistant V.A. Hospital; Hinds Junior College, Raymond	J.D. Hardy, MD J.L. Wofford, MD D.W. Fisher, PhD	5*	24 mos	18	Aug	None	Yes	Yes	Certifi- cate with Associate in Applied Science

**ENTRANCE REQUIREMENTS**

- 1\* H.S. Diploma or equivalent  
 2\* H.S. Diploma or equivalent; at least 2 yrs patient care exp; post H.S. Medical training/college education  
 3\* Reg. admission to Mercy College; at least 2 yrs health related exp; prior completion of intro Bio and Chem  
 4\* 2 yrs college or equivalent  
 5\* H.S. Diploma; 2 yrs medical corpsman experience or 2 yrs college and/or patient care experience

STATE & CITY Sponsoring Institution Type of Approval Granted Title of Graduate Affiliated Institution (s)	Program Director Medical Director & Educational Coordinator	Entrance Requirements	Length of Program	Student Capacity	Classes Begin	Tuition	Stipend	Scholarship	Certificate or Degree Granted
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#### NEW HAMPSHIRE

##### Hanover

Dartmouth Medical School/The New Hampshire Medical Society Approval	Bella Strauss, MD	1*	12 mos	24-30	Varies	None	No	No	Certificate
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##### MEDEX

Mary Hitchcock Memorial  
Hosp, Hanover; V.A. Hosp.,  
White River; The Hitch-  
cock Clinic; U.S. Naval  
Hospital, Portsmouth

#### NEW YORK

##### Albany

Albany Medical College and Hudson Valley Community College Provisional Approval Physician's Associate Albany Medical Center Hosp.; VA Hospital, Albany, and Community Hospitals	S.W. Cooper, MD	2*	24 mos	30	Aug	\$2150/ 2 years	Yes	Yes	Associate in Applied Science & PA Certi- ficate
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##### Brooklyn

The Brooklyn Hospital Approval Physician's Associate Long Island University	A. Lewis, MD	3*	24 mos	24	Sept	\$ 65/ credit	Yes	Yes	Associate Degree, Applied Science
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##### New York City

Antioch College/Harlem Hospital Preliminary Approval Physician's Associate Harlem Hosp. Center; Columbia College of Physicians & Sur- geons; Harlem Prep. School	G. K. Henry, MD B. Challenor, MD T.W. Jones, MD	4*	24 mos	20	July/ Aug	\$400	Yes	No	Bachelor of Arts or Science
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##### Staten Island

United States Public Health Service Hospital - Staten Island Approval Physician's Assistant St. Vincent's Medical Center, Staten Island; N.Y. City Health Services Administra- tion; U.S. Naval Hosp, St. Albans, N.Y.; Staten Island Hospital	J.H. Hensley, MPH E. Stein, MD R.J. Haberberger, MA	5*	12 mos	40	Aug	None	No	No	Certifi- cate
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#### ENTRANCE REQUIREMENTS

- 1\* H.S. Diploma or equivalent; previous clinically oriented medical experience
- 2\* H.S. Diploma; six months full time/2000 hrs patient care experience; SAT/ACT scores; two physician's refer-  
ences of financial and health ability to complete the training
- 3\* H.S. Diploma or equivalent; 1 yr direct patient care experience
- 4\* H.S. Diploma or equivalent; U.S. Armed Forces corpsmen training or minimum 3 yrs prior health experience
- 5\* H.S. Diploma; excellent physical health; minimum 22 yrs of age; excellent moral character, minimum 3 yrs  
med exp/education; documentation of degrees, certificates, diplomas, med. employ, licenses, military serv.

STATE & CITY	Program Director Medical Director & Educational Coordinator	Entrance Requirements	Length of Program	Student Capacity	Classes Begin	Tuition	Stipend	Scholarship	Certificate or Degree Granted
<u>NEW YORK CONTINUED</u>									
<u>Stony Brook</u>									
State University of New York Preliminary Approval Physician's Associate Brookhaven National Labor- atory Hosp.; Central Islip State Hosp.; Long Island Jewish Medical Center; Queens General Hospital; Northport VA Hosp.; Hill- side Psychiatric Hosp.; Nassau County Medical Center	S.V. Allen, Jr., MD J.G. Richards, MX M.R. Edwards, MX		24 mos	30	Sept	\$950/ year for state res.	Yes	Yes	Certifi- cate and/ or Bachelor in Health Science
<u>NORTH CAROLINA</u>									
<u>Durham</u>									
Duke University School of Medicine Approval Physician's Associate Duke University Medical Center; VA Hospitals in Durham and Oteen	E.H. Estes, MD J.S. Saylor, MD S.H. Dixon, MD R.D. Carter, MD		24 mos	40	August	\$2500/ year	Yes	Yes	Certifi- cate and/ or Bachelor of Health Science
<u>Winston-Salem</u>									
Bowman Gray School of Med- icine of Wake Forrest Univ. Approval Physician's Assistant North Carolina Hosp; Forsyth Memorial Hosp.; Reynolds Hosp.; V.A. Hosp., Salisbury	L.E. Powers, MD K. Anderson, MD H.T. Wilson, MD		24 mos	30	Sept	\$375/ qtr \$1500/ 12 mos for 1973-74	No	Yes	Certificate and/or Degree
<u>OKLAHOMA</u>									
<u>Oklahoma City</u>									
University of Oklahoma Health Science Center Preliminary Approval Physician's Associate Hospitals of the University of Oklahoma; V.A. Hospitals, Muskegee and Oklahoma City	W.D. Stanhope, PA T.N. Lynn, MD A. Kent, MD		24 mos	50	Aug	\$14-res. Yes \$40 - non-res. per credit	Yes	Yes	Bachelor of Health
<u>PENNSYLVANIA</u>									
<u>Philadelphia</u>									
Hahnemann Medical College and Hospital, College of Allied Health Professions Preliminary Approval Physician's Assistant	J. Martin, D.Ed D. Major, MD W.S. Mark, MD		21 mos	22	Sept	\$1650/ year	No	Yes	Associate of Science Degree

ENTRANCE REQUIREMENTS

- 1\* H.S. Diploma or equivalent; 1 yr direct patient care experience
- 2\* H.S. Diploma or equivalent plus 1 college course in bio and chem; at least 2000 hrs direct patient care exp.
- 3\* H.S. Diploma and 2 yrs medical corpsman or 2 yrs college with patient care experience
- 4\* 60 hrs transferable college credits; 2 years of direct patient contact
- 5\* H.S. Diploma or equivalent; college entrance exam boards



STATE & CITY	Sponsoring Institution	Program Director	Entrance Requirements	Length of Program	Student Capacity	Classes Begin	Tuition	Stipend	Scholarship	Certificate or Degree Granted
Type of Approval	Granted	Medical Director & Educational Coordinator								
Title of Graduate										
Affiliated Institution (s)										
<b>TEXAS</b>										
<u>Galveston</u>										
University of Texas Medical Branch - Galveston		W.F. Dodge, MD	1*	24 mos	20	June	None	Yes	No	B.S. Degree & Certificate
Preliminary Approval										
Physician's Assistant										
<u>Houston</u>										
Baylor College of Medicine		R.J. Luchi, MD	2*	24 mos	40	Sept.	None	Yes	No	Certificate
Preliminary Approval		Same as Prog. Dir.								
Physician's Assistant		C.E. Fasser, RPA								
Houston Veterans Hospital;										
Ben Taub General Hospital;										
The Methodist Hospital;										
St. Luke's Hospital; Jefferson Davis Hospital; Muskogee VA Hospital, Muskogee										
<u>Sheppard</u>										
School of Health Care Sciences, United States Air Force		C.N. Mulligan, MC	3*	24 mos	40	July	No	No	No	Bachelor of Science
Preliminary Approval		C.L. Gaudry, MC				Nov.				
Physician's Assistant		R.F.H. Kirk, MC				March				
15 USAF Regional Hospitals										
<u>UTAH</u>										
<u>Salt Lake City</u>										
University of Utah, Utah NEDEX		C.R. Castle, MD	4*	15 mos	15	Sept.	No	Yes	Yes	Certificate
Preliminary Approval		A. Gilbert, MD				March				
MEDEX		A.K. Temple, MD				Oct.				
Univ. of Utah Medical Center;										
VA Hosp, Salt Lake City;										
Cottonwood Hospital, Salt Lake City; McKay-Dee Hosp., Ogden;										
St. Mark's Hosp., Salt Lake City; St. Benedict's Hosp., Ogden										
<u>WASHINGTON</u>										
<u>Seattle</u>										
University of Washington/ Washington State Medical Society		D. Lawrence, MD	5*	15 mos	25	3 times	None	Yes	No	Certificate
Approval		D. Espeland, MD				per year				
NEDEX										
Univ. of Wash. affiliated hospes; School of Public Health & Community Medicine, University of Washington										
<u>WEST VIRGINIA</u>										
<u>Phillippi</u>										
Alderson-Broadthus College		H.C. Myers, MD		39 mos	40	Sept.	\$1500/ year	No	Yes	Bachelor of Science
Approval		G.H. Armacoat, PhD								
Physician's Assistant										
Broadthus Hospital; The Myers Clinic; W.V. University Medical Center, Morgantown; Medical University of S.C., Charleston; Beckley W. Va. Appalachian Regional Hosp.; VA Hospital, Clarksburg;										
VA Hospital, Martinsburg; Union Memorial Hospital, Baltimore										

**ENTRANCE REQUIREMENTS**

- 1\* 60 college credits and at least a 2.0 grade point average  
 2\* SAT scores-math and verbal, 2 yrs health experience; minimum H.S. education; three letters of recommendation  
 3\* Medical service personnel (USAF/USN) with 3 yrs service; H.S. diploma; 1 yr direct patient care experience. (Bachelor of Science Degree is awarded by University of Nebraska under inter-institutional agreement)  
 4\* Limited to ex-military corpsmen; minimum of 14 weeks medical training; age under 50  
 5\* Former U.S. military medical corpsmen

PROGRAMS PURPORTEDLY PREPARING ASSISTANTS TO PRIMARY CARE PHYSICIANS

\*\*Approved on February 11, 1973 (See pp. 10-15)

CALIFORNIA

Physician's Assistant, Stanford University

COLORADO

\*\* Child Health Associate, University of Colorado

CONNECTICUT

Physician's Assistant, Yale University

DISTRICT OF COLUMBIA

Physician's Assistant, Federal Bureau of Prisoners

MEDEX, Howard University

FLORIDA

Physician's Assistant, Santa Fe Community College

GEORGIA

Physician's Assistant, Medical College of Georgia

HAWAII

MEDEX-PACIFIC, University of Hawaii

INDIANA

Physician's Assistant, University of Indiana School of Medicine

IOWA

\*\* Physician's Assistant, University of Iowa

MISSOURI

Physician's Assistant, St. Louis University

NEBRASKA

Physician's Assistant, University of Nebraska

NEW HAMPSHIRE

\*\* MEDEX-NEW ENGLAND, Dartmouth College

NEW YORK

\*\* Physician's Associate, Antioch College-Harlem Hospital  
Physician's Associate, Touro College

NORTH DAKOTA

MEDEX, University of North Dakota

OHIO

Physician's Clinic Assistant, Cleveland Clinic

OREGON

Physician's Assistant, University of Oregon Medical School

SOUTH CAROLINA

MEDEX-South Carolina, Medical University of South Carolina

PENNSYLVANIA

MEDEX, Pennsylvania State University, at Hershey

TEXAS

\*\* Physician's Assistant, Baylor University - Veteran's Administration Hospital  
Physician's Assistant, University of Texas, Dallas  
Physician's Assistant, U.S. Army Medical Field Service School  
\*\* Physician's Assistant, University of Texas, Galveston

WASHINGTON

\*\* MEDEX-Northwest University of Washington and the Washington State Medical Association

WISCONSIN

Physician's Assistant, Marshfield Clinic Foundation

APPROVED EDUCATIONAL PROGRAMS FOR THE ASSISTANT  
TO THE PRIMARY CARE PHYSICIAN



- A) University of Alabama,
- B) Phoenix Indian Medical Center,
- C) Charles R. Drew Post-Graduate Medical School and UCLA,
- D) University of California San Diego School of Medicine
- E) George Washington University School of Medicine
- F) Emory University, Atlanta
- G) Essex Community College, Baltimore County
- H) Northeastern University, Boston
- I) Mercy College of Detroit
- J) Western Michigan University Kalamazoo
- K) University of Mississippi Jackson
- L) Albany Medical College and Hudson Valley Community College, Albany

- M) The Brooklyn Hospital
- N) State University of New York, Stony Brook
- O) U.S. Public Health Service Hospital, Staten Island
- P) Bowman Gray School of Medicine of Wake Forest University, Winston Salem
- Q) Duke University School of Medicine, Durham
- R) University of Oklahoma Health Science Center, Oklahoma City
- S) Hahnemann Medical College and Hospital, Philadelphia
- T) School of Health Care Sciences, USAF, Sheppard
- U) University of Utah, Utah MEDEX, Salt Lake City
- V) Alderson-Broaddus College, Phillipi

\*\* Note seven additional programs accredited on February 11, 1973 on previous page, and described on pp. 10-15.



## THE ORTHOPAEDIC PHYSICIAN'S ASSISTANT

The orthopaedic physician's assistant has close liaison with and works under the supervision of an orthopaedic surgeon. He is proficient in the application and removal of plaster casts, and is able to instruct patients in routine care of casts, understanding the dangers of plaster immobilization.

The orthopaedic physician's assistant manages equipment and supplies in both the traction and cast areas of the hospital. In the operating room, the orthopaedic physician's assistant is prepared to serve as an operating room technician with special knowledge and skills regarding the care of orthopaedic surgical instruments. In the emergency room, the orthopaedic physician's assistant understands the principles of aseptic technique and is able to prepare materials and equipment for minor surgical procedures. Under the supervision of the orthopaedic surgeon, he may apply simple braces and prosthetic devices and carry out minor adjustments and repairs. He is acquainted with the use of a variety of equipment and materials and may make simple splints. The orthopaedic physician's assistant instructs and assists patients in crutch walking and instructs patients in certain types of active exercises.

### The Educational Program

Formal educational programs for the preparation of the orthopaedic physician's assistant have been established in junior and community colleges affiliated with suitable clinical institutions. Prior to admission to an AMA approved educational program for orthopaedic physician's assistants, the applicant is required to have completed four years of high school or to have passed a standard equivalency examination. The recommended curriculum includes a general education core supplemented by a health science core that includes anatomy, physiology, microbiology, typing, and orientation to patient care. The orthopaedic physician's assistant program includes specific courses in patient service and emergency room technique, orientation to physical therapy, cast and traction application, orthopaedic diseases and injuries, office procedures, operating room technique, and orientation to prosthetics and orthotics. The teaching program is not less than two academic years in length, and may lead to an associate in arts degree or equivalent.

The AMA Council on Medical Education collaborates with the American Academy of Orthopaedic Surgeons through their Committee on Allied Health Professions and Services and its Subcommittee on the Orthopaedic Physician's Assistant in the review and approval of educational programs for orthopaedic physician's assistants. Approved Educational programs must be established in community colleges or other educational institutions with acceptable medical facility affiliations. As of April, 1972, six educational programs had been approved and approximately 66 students were currently enrolled.

No certification, registration, or licensing programs have yet been developed for this health occupation. However, a new national organization - the American Society of Orthopaedic Physician's Assistants - has been formed. Information concerning this organization, whose by-laws were adopted in 1971, should be directed to: American Society of Orthopaedic Physician's Assistants, P. O. Box 4292, San Francisco, California 94101.

### AMA Approval Process for Orthopaedic Physician's Assistant Programs

**STANDARDS:** *The Essentials of an Approved Educational Program for Orthopaedic [Physician's] Assistants* were developed by the American Academy of Orthopaedic Surgeons and adopted by the AMA House of Delegates in 1969. The Academy now collaborates with the AMA Council on Medical Education in approving educational programs which meet or exceed these minimum standards. Each new program is evaluated in terms of criteria stated in these *Essentials*, and approved programs are reviewed periodically to determine whether they maintain a consistent standard of quality in the education provided.

Applications for AMA approval of educational programs must be submitted with the endorsement of the program director and chief administrative officer of the sponsoring institution. Requests for application forms should be directed to Don Lehmkuhl, Ph.D., Assistant Director, Department of Allied Medical Professions and Services, American Medical Association.

**SELF-EVALUATION:** Completion of the application form usually serves as a means of evaluating the strengths and weaknesses of the teaching program. Through this self-evaluation process, the sponsoring institution may assess the effectiveness of the educational program in providing those elements considered "essential". The completed application form will be used by the survey team members in preparation for and during their visit.

REVIEW: Two copies of the completed application form, signed by the program director, teaching supervisor or medical director, and institution administrator should be returned to Dr. Don Lehmkuhl. The application and supplementary materials are forwarded to the Subcommittee on Orthopaedic Physician's Assistant for review and evaluation.

Although initial approval status may be determined on the basis of information provided by the sponsoring institution in its written application, an on-site evaluation will be scheduled as soon as the educational program is fully operational.

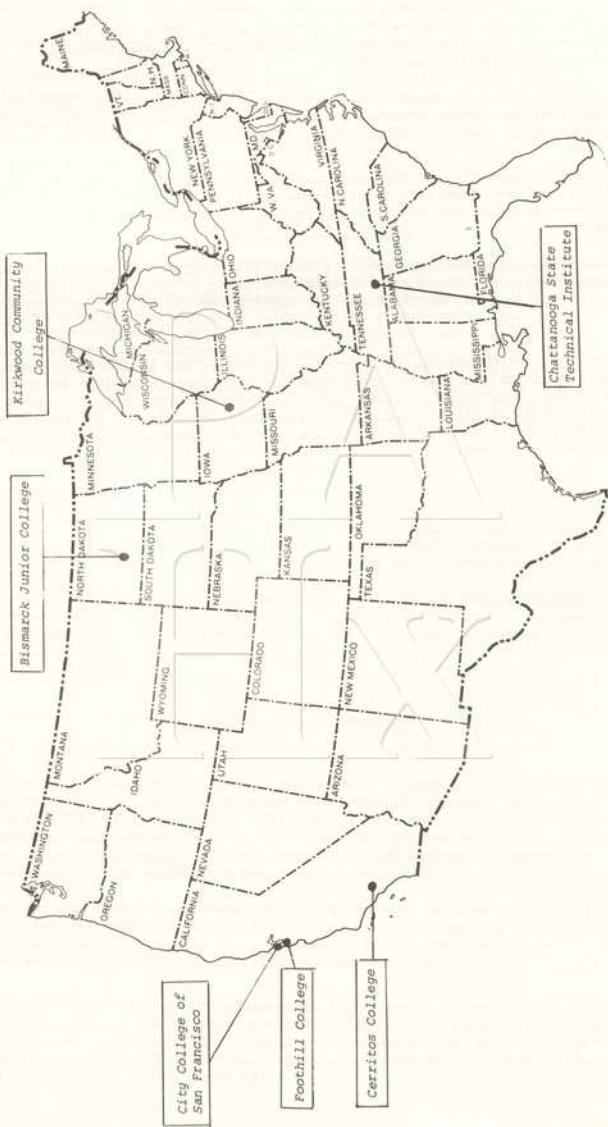
Survey teams consist of an orthopaedic surgeon and an educator or qualified orthopaedic physician's assistant. The report of the survey team is reviewed by the Subcommittee and an appropriate recommendation concerning the approval status of the program is reached.

APPROVAL: The recommendation of the Subcommittee is transmitted to the AMA Council on Medical Education through its Advisory Committee on Education for the Allied Health Professions and Services. The AMA Council on Medical Education receives and reviews the recommendation, and grants approval to qualified programs.

The director of the orthopaedic physician's assistant program and appropriate administrative officers of the sponsoring institution are informed in writing of the action taken by the Council on Medical Education. Prior to this notification, the application can be withdrawn by the program from consideration.

APPEAL: The institution may appeal a decision by submitting to the Council on Medical Education, in writing, the objections to the survey report together with supporting data and information related to the evaluation of the educational program. The Council refers the appeal back through the Advisory Committee on Education for the Allied Health Professions and Services, to the AAOS' Subcommittee on the Orthopaedic Physician's Assistant. If the situation warrants a second evaluation by a different survey team, a resurvey is scheduled and final action is taken after careful analysis of the team findings.

LOCATIONS OF AMA APPROVED EDUCATIONAL PROGRAMS  
for the ORTHOPAEDIC PHYSICIAN'S ASSISTANT





# Essentials of an Accredited Educational Program for Orthopaedic Physician's Assistants

Adopted December, 1969

*The American Medical Association, in collaboration with the American Academy of Orthopaedic Surgeons, has established the following minimal requirements for the information of educational institutions, physicians, hospitals, and prospective students, and for the protection of the public. Individuals are to be trained in accredited educational programs to work as assistants under the direction of qualified orthopaedic surgeons, and not independently. The Orthopaedic Assistant Training Program is a clinical discipline. Therefore, programs of instruction and training must be clinically oriented.*

## I. ADMINISTRATION

1. Acceptable educational programs for training Orthopaedic Assistants must be established only in community colleges or other educational institutions accredited by a recognized regional association of colleges and secondary schools, in affiliation with medical facilities acceptable to the Council on Medical Education.

2. Training of Orthopaedic Assistants shall be under competent medical direction. Though academic courses may be taught in a community college setting, it should be recognized that such teaching is preliminary or preclinical in nature, and that the Orthopaedic Assistant program itself is a clinical discipline.

3. Resources for continued operation of the training program should be assured through regular budgets, gifts, or endowments, but not entirely through tuition fees.

4. There must be available records of high school or college work or other credentials of students. Records of attendance and student performance, together with a detailed analysis of clinical experience, shall be maintained.

5. Approval may be withdrawn from a school if it does not have any students enrolled for a period of two years.

## II. FACULTY

6. The director of the clinical training program must be a licensed physician who is a Fellow of the American Academy of Orthopaedic Surgeons. He shall participate in and be responsible for the clinical training program. Instructors must be competent in their respective fields and be properly qualified.

7. The number of students in the collegiate program should not exceed the number that can be clinically supervised and trained.

## III. FACILITIES

8. Affiliation of the clinical program with a community college or other educational institution beyond the high school level for the purpose of providing the basic science courses is necessary. The academic facility must be accredited by the regional association of secondary schools or colleges.

9. Adequate equipment should be available for demonstration and clinical use. This should include all types of modalities in current, accepted use.

10. Where affiliation with other hospitals is deemed necessary or important, it should be established only if adequate supervision is assured. Teaching functions of the affiliated hospitals should remain within the responsibility of the director of clinical training, and such affiliations must be approved by the American Medical Association.

## IV. REQUIREMENTS FOR ADMISSION

11. Candidates for admission must have completed four years of high school or have passed a standard equivalency test. Courses in biology, physics, chemistry, algebra, and geometry are recommended. Education beyond the high school at the vocational, nursing, or collegiate level is helpful.

## V. HEALTH

12. Applicants shall be required to submit evidence of good health and successful vaccination. There will be periodic medical examinations of the students.

## VI. CURRICULUM

13. The program should include not less than two academic years of training in an educational institution and a clinical facility, and may lead to an Associate in Arts degree, or equivalent.

14. Each student will receive instruction in appropriate basic sciences to allow vertical and horizontal mobility within the health professions and an adequate amount and variety of clinical experience under the supervision of the teaching staff.

An example of an acceptable curriculum is as follows:

## RECOMMENDED BASIC ORTHOPAEDIC ASSISTANT CURRICULUM

### Time Distribution in Clock Hours

SUBJECT	THEORY	PRACTICE
A. General Education Core (approx. 375 hrs.)		
Communication or English (2 semesters)	90	
Mathematics	30	
Personal Health	30	
American Institutions & U.S. History	45	
Electives (four, 3-unit courses)	180	

## Essentials of an Accredited Educational Program for Orthopaedic Physician's Assistants

SUBJECT	THEORY	PRACTICE
<b>B. Health Careers Core</b> (approx. 275 hrs.)		
Human Anatomy & Physiology	45	45
Advanced Safety Service	15	
Introductory Microbiology	15	30
Typing		75
Orientation to Patient Care and Staff Relationships	15	30
<b>C. Orthopaedic Assisting Core</b> (approx. 850 hrs.)		
Patient Service & Emergency Room Technique	36	162
Orientation to Physical Therapy	15	
Cast & Traction Application	30	223
Orthopaedic Diseases & Injuries	45	
Office Procedures & Care of Supplies and Equipment	30	
Operating Room Technique	30	223
Orientation to Prosthetics & Orthotics	15	30
<b>TOTAL CLOCK HOURS: approximately 1500</b>		

### VII. ETHICS

15. Excessive tuition or other student fees and commercial advertising shall be considered unethical.

16. Institutions substituting students for paid personnel to meet the work load of a department will not be considered for accreditation.

### VIII. ADMISSION TO THE APPROVED LIST

17. Application for accreditation of an educational program for Orthopaedic Assistants should be made to the Department of Allied Medical Professions and Services, American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610. Forms will be supplied for this purpose on request. They should be completed by the administrator of the educational institution requesting approval and signed by the physician director of the program.

18. Accreditation may be withdrawn whenever, in the opinion of the Council on Medical Education, an educational program is not maintained in accordance with established standards.

19. Institutions conducting accredited programs should notify the Council on Medical Education whenever a change occurs in the directorship of the teaching program or major modifications in the curriculum are anticipated.

AMA-APPROVED EDUCATIONAL PROGRAMS  
THE ORTHOPAEDIC PHYSICIAN'S ASSISTANT

The following educational programs have been approved by the AMA Council on Medical Education, in collaboration with the American Academy of Orthopaedic Surgeons. This listing is current and inclusive as of April 1, 1972.

STATE & CITY Sponsoring Institution Affiliate(s)	Program Director & Educational Coordinator	Entrance Requirements	Length of Program	Student Capacity	Classes Begin	Tuition	Stipend	Scholarships	Certificate or Degree Granted
<u>CALIFORNIA</u>									
<u>Los Altos Hills</u>									
Foothill College El Camino Hospital, Mt. View; Good Samaritan Hospital of Santa Clara Valley, San Jose; Kaiser Foundation Hospital - Permanente Medical Group, Santa Clara	R. Mercer, M.D. M. McLanathan, MA	H.S.	2 yrs	-	Sep	None <sup>1</sup>	No	Yes	A.A.
<u>Norwalk</u>									
Cerritos College L.A. County-U.S.C. Medical Center; Rancho Los Amigos Hospital; Univ. of Southern California	J. P. Harvey, Jr., MD D. E. Sanson, MA	H.S.	2 yrs	-	Sep	None <sup>2</sup>	No	Yes	A.A.
<u>San Francisco</u>									
City College of San Francisco Franklin Hospital; Kaiser Fdn. Hospital; Letterman Gen'l. Hospital; Mary's Help Hospital, Oakland; St. Mary's Hospital; U.S. Public Health Service V.A. Hospital	B. Huffman, Jr., Dir. F.R. Schneider, MD, Co-Dir.	H.S.	2 yrs	-	Sep	None	Yes	Yes	A.A.
<u>IOWA</u>									
<u>Cedar Rapids</u>									
Kirkwood Community College Allen Mem'l. Hospital; Mercy Hospital, Iowa City; St. Luke's Methodist Hospital; Univ. of Iowa; V.A. Hospital; Mercy Hospital	N. Bishop, RN M. Schnell, M.D.	H.S.	18 mos	13 per class	Sep	\$125/ qtr. <sup>3</sup>	-	-	A.A.

cont'd.+

<sup>1</sup> Non-resident tuition \$300 per quarter.

<sup>2</sup> Non-resident tuition \$195 per quarter.

<sup>3</sup> Non-resident tuition \$188 per quarter.



STATE & CITY Sponsoring Institution Affiliate(s)	PROGRAM DIRECTOR & Educational Coordinator	Entrance Requirements	Length of Program	Student Capacity	Classes Begin	Tuition	Stipend	Scholarships	Certificate or Degree Granted
<u>NORTH DAKOTA</u>									
<u>Bismarck</u>									
Bismarck Junior College <i>Bismarck Hospital</i>	R. Kilzer, M.D.	H.S.	24 mos	8	Sep	\$400 <sup>4</sup>	No	Yes	A.A.
<u>TENNESSEE</u>									
<u>Chattanooga</u>									
Chattanooga State Technical Institute	R. Coddington, M.D.	H.S.	24 mos	20	Sep.	\$55 <sup>5</sup>	Yes	Yes	A.A.

<sup>4</sup>Non-resident tuition \$150

<sup>5</sup>Non-resident tuition \$80 per quarter.

## THE UROLOGIC PHYSICIAN'S ASSISTANT

The urologic physician's assistant will perform diagnostic and therapeutic services under the responsibility and direction of a urologist, to allow the urologist to extend more effectively his services. Tasks performed will be directed toward transmission and execution of the urologist's orders, performance of patient care tasks, and performance of diagnostic and therapeutic procedures delegated by the urologist. The ultimate role of the urologic physician's assistant cannot be rigidly defined due to variations in practice requirements and geographic, economic, and sociologic factors. The projected duties of a urologic physician's assistant may include:

1. Organization and management of cystoscopic facilities including equipment maintenance and preparation of patients;
2. Organization and management of hospital out-patient urologic clinics in hospital settings;
3. History taking, physical examinations, and routine lab procedures including analysis of urine specimens and renal function studies;
4. Assisting the supervising urologist in all settings: in office, on the hospital urology floor, and as a surgical technician for the urologist in urology procedures in the operating room; and
5. Special procedures and responsibilities, such as dialysis, research, teaching, or stomal care.

It is believed that most urologic physician's assistants will eventually specialize in one of these areas; no one individual will perform all of these projected functions.

### The Educational Program

Formal educational programs for the preparation of the urologic physician's assistant may be established in medical colleges, senior colleges and universities in affiliation with appropriate medical settings, hospitals with appropriate academic affiliations and educational facilities of the U. S. Government. Applicants are required to have completed four years of high school or to have passed a standard equivalency examination. The curriculum, which is to be two years in length, includes a general education core, a health careers core, and a urologic assisting core.

A certification program for urologic physician's assistants is being developed by the American Urological Association. Information concerning this program may be obtained by writing Arthur T. Evans, M.D., Chairman AUA Allied Health Professions Committee (c/o Division of Urology, University of Cincinnati, Medical Center, Cincinnati, Ohio 45229) or the American Urological Association, Inc., 1120 N. Charles St., Baltimore, Maryland 21201.

### AMA Approval Process for Urologic Physician's Assistant Programs

**STANDARDS:** The *Essentials of an Approved Educational Program for the Urologic Physician's Assistant* were developed by the American Urological Association and adopted by the AMA House of Delegates in June, 1972. The AUA now collaborates with the AMA Council on Medical Education in approving educational programs which meet or exceed these minimal standards. Each new program is evaluated in terms of criteria stated in these *Essentials*, and approved programs are reviewed periodically to determine whether they maintain a consistent standard of quality in the education provided.

Applications for AMA approval of educational programs must be submitted with the endorsement of the program director and chief administrative officer of the sponsoring institution. Requests for application forms should be directed to John J. Fauser, Ph.D., Assistant Director, Department of Allied Medical Professions and Services, American Medical Association.

**SELF-EVALUATION:** Completing the application form serves as a means of evaluating the strengths and weaknesses of the educational program. Through this self-study process the sponsoring institution may assess the effectiveness of the program in providing those elements considered "essential". The completed application form will be used by the survey team members in preparation for and during their visit.

# Essentials of an Approved Educational Program for the Urologic Physician's Assistant

Established by

AMERICAN MEDICAL ASSOCIATION  
COUNCIL ON MEDICAL EDUCATION

in collaboration with

AMERICAN UROLOGICAL ASSOCIATION

Adopted by the AMA House of Delegates  
June, 1972

**OBJECTIVE:** The education and health professions cooperate in this program to establish and maintain standards of appropriate quality for educational programs for urologic physician's assistants, and to provide recognition for educational programs which meet or exceed the minimal standards outlined in these Essentials.

These standards are to be used as a guide for the development and self-evaluation of urologic physician's assistant educational programs. Survey teams report on site visits, and lists of the accredited programs are published for the information of employers and the public. Urologic physician's assistants are taught to work with and under the supervision of urologists in providing health care services to patients.

• • •

**DESCRIPTION OF THE OCCUPATION:** A Urologic Physician's Assistant is a skilled person, qualified by academic and clinical training, to provide patient services under the supervision and responsibility of a Urologist. The urologic physician's assistant may be involved with the patients of a urologist in any medical setting for which that urologist is responsible.

The function of the urologic physician's assistant is to perform diagnostic and therapeutic services, under the responsibility and supervision of the urologist, to allow the urologist to extend more effectively his services.

The urologist continues to become involved in an increasing variety of activities. Some of these can be performed only by the urologist. The urologic physician's assistant cannot supplant the physician in the sphere of decision-making required to establish a diagnosis and plan of therapy, but can assist in gathering the information necessary for decisions and the implementation of a therapeutic plan.

The tasks performed by the urologic physician's assistant will be directed toward transmission and execution of the urologist's orders, performance of patient care tasks, and performance of diagnostic and therapeutic procedures delegated by the urologist. The ultimate role of the urologic physician's assistant cannot be rigidly defined because of the variation in practice requirements due to geographic, economic, and sociologic factors. The high degree of responsibility a urologic physician's assistant may assume requires

that, at the conclusion of his formal education, he possess the knowledge, skills, and abilities necessary to provide delegated services to patients and appropriate assistance to a urologist in a variety of environments, such as the urologist's office, hospitals, urologic clinic, cystoscopic suite, operating room, hospital urologic floor, dialysis unit, research laboratory, or teaching service.

The duties of the urologic physician's assistant would include:

1. Assistance in the organization and management of cystoscopic facility. Duties would include care, sterilization, and maintenance of urologic instruments and equipment, preparation of patients and assistance in all diagnostic and surgical procedures.
2. The functions of a surgical technician for urologic operations.
3. Assistance in the organization and management of a hospital outpatient, urologic clinic.
4. Participation on the hospital urology floor, in urologic care including the maintenance and replacement of urinary drainage tubes and their collection devices, collection of urine specimens, renal function studies, wound care, and the preparation of patients for diagnostic procedures and surgical intervention.
5. Assistance in urologic office practice, including history taking, performance of routine laboratory procedures and diagnostic procedures, preparation of patients for therapeutic and diagnostic procedures, care of instruments, and proper maintenance of the office physical facilities.
6. Performance in special fields of interest and ability, such as dialysis, research, teaching or stomal care.

No one individual could participate in all the categories of work outlined. Instead, he will most likely limit himself to some one or two facets of this broad field in which he has special interest.

## ESSENTIAL REQUIREMENTS

### I. EDUCATIONAL PROGRAMS MAY BE ESTABLISHED IN

- A. Medical schools.
- B. Senior colleges and universities in affiliation with an accredited teaching hospital.
- C. Medical educational facilities of the federal government.



- D. Other institutions, with clinical facilities, which are acceptable to the Council on Medical Education of the American Medical Association.

The institution should be accredited or otherwise acceptable to the Council on Medical Education of the American Medical Association and the Educational Program Review Subcommittee of the American Urologic Association. The institution should also have a suitable clinical affiliation. Senior colleges and universities must have the necessary clinical affiliations.

## II. CLINICAL AFFILIATIONS

- A. The clinical phase of the educational program must be conducted in a clinical setting and under competent clinical direction.
- B. In programs where academic training and clinical experience are not provided in the same institution, accreditation shall be given to the institution responsible for the academic training. Urologic assisting is essentially a clinical discipline, however. It shall, therefore, be the responsibility of the program director, who must be a physician, to work closely with the academic director in the development of the didactic training and to be sure that it is in fact contributing to the educational goals of the program.
- C. In the clinical environment, an effective ratio of students to instructors shall be maintained.

## III. FACILITIES

### General

Adequate classrooms, laboratories, and administrative offices should be provided.

### Laboratory

Appropriate modern equipment and supplies for directed experience should be available in sufficient quantities for student participation.

### Library

A library should be readily accessible and should contain an adequate supply of up-to-date and scientific book, periodicals, and other reference materials related to the curriculum.

## IV. FINANCES

- A. Financial resources for continued operation of the educational program shall be assured through regular budgets.
- B. The institution shall not charge excessive student fees.
- C. Advertising must be appropriate to an educational institution.
- D. The program shall not substitute students for paid personnel to conduct the work of the clinical facility.

## V. FACULTY

The instructional staff should be qualified, through academic preparation and experience, to teach the subjects assigned. A planned program for their continuing education should be provided.

### Director

1. *Qualifications.* The director must be a licensed physician who is at least Board eligible in urology. Medical teaching experience is a desirable prerequisite.

2. *Responsibilities.* The director of the program should provide competent medical direction for the clinical instruction and should further be responsible for the over-all effectiveness of the entire urologic physician's assistant program. As a competent urologist, he will have a unique understanding of the role of the urologic physician's assistant and of the educational input necessary to his development. His involvement in all phases of the program will therefore be essential.

### Associate Director

1. *Qualifications.* The associate director must have an educational background and teaching and/or administrative experience in the health care field.

2. *Responsibilities.* The associate director shall be responsible for developing, with the aid of the director, an appropriate program of didactic instruction, for its effective functioning and its continual re-evaluation. He shall also be responsible for all general administrative procedures necessary to the running of the program. The academic program must always have the formal approval of the director.

### Change of Director

If the director or the associate director of a program is changed, immediate notification should be sent to the AMA Department of Allied Medical Professions and Services and the AUA Allied Health Professions Committee. The curriculum vitae of the new director, giving details of his education, training, and experience in the field, must be submitted, and, if the new director's credentials are in order, accreditation of the program will be continued.

### Instructional Staff

The faculty should be qualified, through academic preparation and experience, to teach the subjects assigned. A planned program for their continuing education should be provided.

### Advisory Committee

An Advisory Committee should be appointed to assist the directors in continuing program development and evaluation in faculty coordination and in coordinating effective clinical relationships.

## VI. STUDENTS

### Selection

In colleges and universities, selection of students should be made in accordance with generally accepted practices of the institution. In hospital-sponsored programs, selection of students should be made by an admissions committee in cooperation with those responsible for the educational program. A minimal and essential qualification for admission, however, shall be possession of a high school diploma or the passing of a high school diploma equivalency test, as the U.P.A. program provides college level instruction. Admissions data should be on file at all times in colleges, universities, or hospitals sponsoring the program.

### Health

Applicants shall be required to submit evidence of good health and successful vaccination. A student health service should be available for evaluation and maintenance of the student's health. When students are learning in a clinical setting or a hospital,

the hospital or clinic should provide such students with the protection of the same physical examinations and immunizations as are provided to hospital or clinical employees working in the same setting.

#### **Number**

The number of students enrolled in each class should be commensurate with the most effective learning and teaching practices and should also be consistent with acceptable student-teacher ratios.

#### **Counseling**

A student guidance and placement service should be available.

### **VII. RECORDS**

Satisfactory records should be kept on all work accomplished by the student in the training program. Monthly and annual reports should be prepared on the general operation of the program.

#### **General Student Information**

1. Transcripts of high school and any college credits and other credentials must be available.
2. A report of the medical examination given upon admission should be retained. Records of subsequent illnesses and medical examinations, including chest x-rays, should also be kept on file.

#### **Academic Training**

1. A record of the class and laboratory participation and accomplishment of each student during academic training should be maintained in accordance with the requirements of the institution.

#### **Clinical Work**

1. An effective method of evaluating individual student performance during clinical work sessions shall be utilized, and complete records of these evaluations shall be maintained.

#### **Curriculum**

1. A copy of the complete curriculum should be kept on file.
2. Copies of class schedules, course outlines, clinical work schedules and teaching plans should be on file and available for review.

### **VIII. CURRICULUM**

- A. The minimal length of the educational program should total two years.
- B. Instruction should follow a planned outline which includes:
  1. Assignment of appropriate instructional materials.
  2. Classroom presentations, discussions, and demonstrations.
  3. Supervised practice sessions.
  4. Examinations, tests and quizzes—both oral and written—for both the didactic and clinical aspects of the program.
- C. The general areas or topics of study, both didactic and clinical, are as follows:
  1. General education core—including such courses as communication skills, speaking, scientific writing, technical and business mathematics, sociology, psychology, human relations, and current social issues.
  2. Health careers core—including such courses as chemistry, anatomy and physiology, laboratory techniques, physics, pharmacology, microbiology,

pathology, orientation to patient care and staff relations, surgical assisting procedures, radiology, and emergency procedures.

3. Urologic assisting core—including such courses as physical diagnoses, emergency room procedures, operating room technique, cystoscopic room technique, clinical urology, supply and equipment care, urologic anatomy and physiology, laboratory urology, and office procedures.

It is advisable to omit the general education core in programs for the more advanced student and to concentrate on the health careers and urologic assisting cores.

- D. A synopsis of the complete curriculum should be kept on file. This instructional program should include the rotation of assignments, the outline of the instruction supplied, and lists of multi-media instructional aids used to augment the experience of the student.

### **IX. ADMINISTRATION**

#### **Catalog**

An official publication including a description of the curriculum should be issued at least biennially. It should include information regarding the organization of the program, a brief description of required courses, names and academic rank of faculty, entrance requirements, tuition and fees, and information concerning hospitals and facilities used for clinical training.

#### **Accreditation**

The evaluation of an institution or a program of study can be initiated only by the express invitation of the chief administrator of the sponsoring institution or his officially designated representative. The evaluation shall be carried out through the cooperation of the American Medical Association Council on Medical Education and the American Urological Association Allied Health Professions Committee.

#### **Withdrawal**

The institution may withdraw its request for initial accreditation at any time (even after evaluation) prior to final action. The AMA Council on Medical Education and the AUA Allied Health Professions Committee may withdraw accreditation whenever:

1. The educational program is not maintained in accordance with the standards outlined above, or
2. There are no students in the program for two consecutive years.

Accreditation is revoked only after advance notice has been given to the head of the institution that such action is contemplated and the reasons therefore, sufficient to permit timely response and the use of established procedures for appeal and review.

#### **Re-evaluation**

1. *Review.* The head of the institution being evaluated is given the opportunity to become acquainted with the factual part of the report prepared by the AUA Educational Program Review Subcommittee, and to comment on its accuracy before final action is taken.
2. *Appeal.* At the request of the head of the institution, a re-survey may be made. Accreditation decisions may be appealed by letter first to the

Allied Health Professions Committee of the American Urological Association and then to the Council on Medical Education of the American Medical Association.

#### **Reports**

An annual report should be made to the AMA Council on Medical Education and the AUA Allied Health Professions Committee. A report form is provided and should be completed, signed by the director and associate director, and returned promptly.

#### **Re-survey**

The AMA and AUA will re-survey all educational programs at appropriate intervals.

### **X. APPLICATIONS AND INQUIRIES**

#### **Accreditation**

Application for accreditation of a program should

be made to:

Department of Allied Medical Professions  
and Services  
Division of Medical Education  
American Medical Association  
535 North Dearborn Street  
Chicago, Illinois 60610

#### **Careers**

Inquiries requesting career information or regarding registration or certification of qualified graduates of the accredited programs should be addressed to:

Chairman, Allied Health Professions Committee  
American Urological Association  
1120 North Charles Street  
Baltimore, Maryland





AMERICAN MEDICAL ASSOCIATION

DIVISION OF MEDICAL EDUCATION

DEPARTMENT OF ALLIED MEDICAL PROFESSIONS & SERVICES

(Please write directly to the responsible person)

- Mr. Ralph C. Kuhl, M.F.H., Director (Surgeon's Assistant)  
 (Vacancy) Secretary  
 ADVISORY COMMITTEE  
 SUBCOMMITTEE ON LEGISLATION  
 SUBCOMMITTEE ON MILITARY ALLIED MEDICAL EDUCATION  
 Operating Room Technician  
 Miss Martha Hunt, B.S., Senior Secretary (AMA Policy Actions)  
 DEPARTMENT ADMINISTRATION  
 Miss Janice Savickas, B.A., Administrative Assistant (Computer, Office Management)  
 Miss Virginia Gepuela, A.B., Reference Assistant (National Information Center)  
 Miss Susan Petrillo, B.A., Editorial Coordinator (Directory, Newsletter)  
 Mrs. Barbara L. White, Senior Clerk-Typist  
 Miss Lorraine Parker, Clerk-Typist
- Warren G. Ball, D.D.S., Assistant Director  
 Mrs. Pauline M. Himman, B.S., Program Assistant  
 SUBCOMMITTEE ON CONTINUING EDUCATION  
 SUBCOMMITTEE ON INSTITUTIONAL APPROACH TO PROGRAM EVALUATION  
 Nuclear Medicine Technician (Electroencephalographic Technologist)  
 Nuclear Medicine Technologist  
 Radiation Therapy Technologist  
 Radiologic Technologist
- (Vacancy) Assistant Director  
 Mrs. Irma Iheukumere, Program Assistant  
 SUBCOMMITTEE ON EQUIVALENCY AND PROFICIENCY EXAMINATIONS  
 SUBCOMMITTEE ON FEES FOR ACCREDITATION SERVICES  
 Certified Laboratory Assistant  
 Cytotechnologist  
 Histologic Technician  
 Medical Laboratory Technician (A.D. Programs)  
 Medical Technologist  
 Specialist in Blood Bank Technology
- John J. Fauser, Ph.D., Assistant Director  
 Miss Sharon Webb, Program Assistant  
 SUBCOMMITTEE ON COMMON COURSES AND CAREER MOBILITY  
 Medical Assistant  
 Medical Assistant in Pediatrics  
 Medical Record Administrator  
 Medical Record Technician  
 Urologic Physician's Assistant
- Don Lehmkuhl, Ph.D., Assistant Director  
 Mrs. Sylvia Manning, Program Assistant  
 SUBCOMMITTEE ON TERMINOLOGY  
 Occupational Therapist  
 Orthopaedic Physician's Assistant (Athletic Trainer)  
 Physical Therapist (Emergency Medical Technician)  
 Respiratory Therapist  
 Respiratory Therapy Technician
- L. M. Detmer, Staff Associate  
 Miss Agnes Conway, B.A., Program Assistant  
 Assistant to the Primary Care Physician
- Miss Beulah M. Ashbrook, M.A., M.Ed., Research Associate  
 Mrs. Beverly Cooper, Secretary  
 SUBCOMMITTEE ON INSTRUCTOR PREPARATION  
 SUBCOMMITTEE ON RESEARCH