

A MEDICAL CENTER DEGREE --

AN HONEST APPROACH TO A PROBLEM USUALLY HANDLED BY SUBTERFUGE

The PA program at Duke raises a fundamental issue: does the Medical Center have an educational responsibility which extends beyond that of traditional responsibilities of the medical and nursing schools?

The delivery of personal health services is becoming increasingly complex. Specialization is necessary and will continue. In general, more complex systems require a more heterogeneous mix of manpower. Much of the manpower needed must be produced in clinical settings. The professional activities which the non-M.D., non-nurse personnel will perform can be given by intelligent, well-motivated persons who have completed high school.

The majority of persons needed by the health professions in building systems to more effectively deliver personal health services are not interested in higher education as such. They do not want to master any language other than English. They are not excited by mathematics, chemistry, physics or the more esoteric reaches of sociology, economics, psychology or computer science. They are excellent on-the-job learners and will absorb conceptual knowledge given in courses, provided it is not too distant from their apprentice learning. They are ideally suited for two years of general education in a community college and for two years of professional training in a medical center.

The professional portion of the education which must be supplied by the medical center is expensive. The medical school and the nursing school faculties begrudge the expenditure of money for groups outside their own areas. Federal and state funds are available for funding non-M.D., non-nurse programs, but these funding agencies insist that the medical center programs be given college degree credit by some institution -- and here lies our problem. The medical center, requiring more heterogeneity in its manpower mix than does the traditional

professional school, needs to develop educational programs which will recruit and educate students who would not normally be admitted to the present colleges and schools comprising Duke University. If they applied, they would lose out in academic competition; if they were admitted, they would find the curriculum totally unsuited to their desire to relate their general education more closely to their professional activities. The medical school faculty, the nursing school faculty, and the faculty of the arts and sciences are understandably disturbed when students are admitted with forms of excellence other than those determined by the student's ability to perform within the traditional medical school and college courses. Their conscience hurts them because they know they are excluding students who have worked hard to satisfy the values of the faculty and, if students with other values are selected, their work has been in vain.

The medical center and its associated schools need to face this matter squarely. We cannot educate our medical students to perform well in health care systems requiring a heterogeneous mix of manpower if the system in the medical center uses a homogeneous mix of manpower. A more heterogeneous mix requires the admission of students to the medical center programs who would not normally come to Duke's undergraduate colleges or to our medical or nursing schools. Agencies supporting the education of non-M.D., non-nursing programs require degree programs. The medical center must solve this problem or admit that it is not going to have a major impact in the development of medical care programs for the '70s and '80s.

The time has come to obtain degree-granting privilege for the medical center so that it can develop the needed manpower components for the health care systems. A medical center degree would be different from the Duke A.B. or B.S., and different from any degree given by the nursing or medical schools.

Most of the students receiving the medical center's degree would have received only the professional courses at Duke. They would have had two years of college work at colleges which do not now send any appreciable number of students to Duke. Duke undergraduates would not be excluded from applying for professional courses leading to a medical center degree, but they would not be encouraged. These traditional Duke students are eligible for admission to the graduate school, the medical school and the nursing school. They would not increase the heterogeneity of our health care personnel if they embarked on the medical center degree course. The students taking the medical center professional courses on a high school base, and desiring to acquire a degree, would apply to various undergraduate colleges for an additional two years of schooling. We would not anticipate that many of them would apply to the colleges of Duke University. Those who did would usually not make it, because the admissions committee would select other students conforming more closely to the average Duke undergraduate student.

Under this program we could structure the professional courses given in the medical center to supply the material actually needed for the professional activities of the students. The content of biochemistry, anatomy, physiology, pharmacology and pathology needed by this group is greatly different from that needed by the medical students. It is much better to have these courses for the PA given by practicing physicians than by scientists expert in each of these disciplines.

Many members of the medical faculty give lip service to heterogeneity but, by their actions, oppose the concept. They suggest that these professional programs be operated on a non-degree basis. At this point in time, this is equivalent to suggesting that no programs be developed and to kill those now underway. Non-degree programs can be financed in the medical center only by

taking money from the medical and nursing schools to operate them. All other methods of financing require degree programs.

There have been many cries of pain from our medical faculties when suggestions have been made that the medical school become more involved in community problems. They point out the dangers involved in taking the faculty members away from their traditional roles of teaching and research. I am suggesting that the faculty make some helpful moves in the area of their expertise -- namely, catalyze the development of educational programs within the medical center that will supply the manpower mix needed to deliver personal health services to the community.

- Eugene A. Stead, Jr., M.D.

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