AMERICAN MEDICAL ASSOCIATION

535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 527-1500 • TWX 910-221-0300

DIVISION OF
MEDICAL EDUCATION

C. H. WILLIAM RUHE, M.D.
Director

DEPARTMENT OF ALLIED MEDICAL
PROFESSIONS AND SERVICES

RALPH C. KUHLI, M.P.H.
Director

Reply to 558/152

December 6, 1972

Doyle Davis
Administrative Assistant for
Allied Health Education
V.A. Hospital
508 Fulton Street
Durham, North Carolina 27705

Dear Mr. Davis

RE: REQUEST FOR AMA PUBLICATION, EDUCATIONAL PROGRAMS FOR THE PHYSICIAN'S ASSISTANT

Enclosed you will find 25 copies of "Educational Programs for the Physician's Assistant". Due to our limited supply, we cannot send the 200 copies which you requested. You may be interested to know that this is being revised as of December 1 to include several newly approved programs, and more current information than was available for the last publication.

Cordially

Agnes E. Conway
Program Assistant

ac

Educational Programs

for the

Physician's Assistant

AMERICAN MEDICAL ASSOCIATION

COUNCIL ON MEDICAL EDUCATION

EDUCATIONAL PROGRAMS
FOR
THE PHYSICIAN'S ASSISTANT

September, 1972

Table of Contents

AMA Approval of Educational Programs for the Allied Medical Occupations 1

The Physician's Assistant - An Introduction 2

The Assistant to the Primary Care Physician 5

Essentials of an Approved Educational Program for the Assistant to the Primary Care Physician 9

Approved Educational Programs for the Assistant to the Primary Care Physician 13

The Orthopaedic Physician's Assistant 17

Essentials of an Accredited Educational Program for Orthopaedic Assistants 20

Approved Educational Programs for the Orthopaedic Physician's Assistant 22

The Urologic Physician's Assistant 24

Essentials of an Approved Educational Program for the Urologic Physician's Assistant 25

Department of Allied Medical Professions and Services Staff Assignments 29

DIVISION OF MEDICAL EDUCATION
DEPARTMENT OF ALLIED MEDICAL PROFESSIONS AND SERVICES

AMA APPROVAL OF EDUCATIONAL PROGRAMS

FOR THE ALLIED MEDICAL OCCUPATIONS

Essentials defining criteria for approval of allied medical educational programs are adopted by the AMA House of Delegates. Educational programs which meet requirements are then approved by the AMA Council on Medical Education. In both the development of approval standards and the actual approval of individual programs, the Council works collaboratively with the medical specialty and allied health societies most directly concerned. Currently, collaborative relationships exist with the following groups:

American Academy of Family Physicians
American Academy of Orthopaedic Surgeons
American Academy of Pediatrics
American Association for Inhalation Therapy
American Association of Blood Banks
American Association of Medical Assistants
American College of Chest Physicians
American College of Physicians
American College of Radiology
American Medical Record Association
American Occupational Therapy Association
American Physical Therapy Association
American Society of Anesthesiologists
American Society of Clinical Pathologists
American Society of Internal Medicine
American Society of Medical Technologists
American Society of Radiologic Technologists
American Urological Association
Society of Nuclear Medical Technologists
Society of Nuclear Medicine

Decisions concerning accreditation policy and procedures are the responsibility of the AMA Council on Medical Education. To assist it in its deliberations, the Council has an Advisory Committee on Education for the Allied Health Professions and Services. The Advisory Committee, in turn, has a Panel of Consultants with whom it meets twice yearly. The Panel consists of one representative appointed by each of the organizations listed above, and provides a clear channel of communication between the Council and the organizations concerned with allied health occupations.

CURRENT STATUS OF PROGRAM APPROVAL

As of September 10, 1972, the AMA Council on Medical Education had approved 2,605 educational programs for allied medical occupations. The chart provided below lists total figures on approved programs for each of these twenty-one occupations, the available training capacity for 1972 programs, and the total enrollment and graduates during the 1971 school year. Where no information is provided on capacity, enrollment, and graduates, no educational programs were approved during the year in question.

TYPE OF PROGRAM	No. of Approved Programs	1971-72 Student Capacity	Enrollment Statistics 1971 Enrollment	1971 Graduates
Assistant to the Primary Care Physician	17	490	+	+
Certified Laboratory Assistant	192	2,487	2,753	1,969
Cytotechnologist	110	631	349	340
Histologic Technician	12	37	35	21
Medical Assistant	22	1,125	1,228	414
Medical Assistant in Pediatrics	**	+	+	+
Medical Laboratory Technician	1	+	+	+
Medical Record Administrator	28	612	306	254
Medical Record Technician	36	1,028	1,119	269
Medical Technologist	751	8,685	6,434	5,367
Nuclear Medicine Technologist and Technician	33	290	203	99
Occupational Therapist	38	1,904	1,472	769
Orthopaedic Physician's Assistant	6	86	100	28
Physical Therapist	58	2,102	2,097	1,547
Radiation Therapy Technologist	29	150	123	63
Radiologic Technologist	1,115	19,021	17,816	6,661
Respiratory Therapist	104	2,280	3,001	749
Respiratory Therapy Technician	**	+	+	+
Specialist in Blood Bank Technology	53	+	+	+
Urologic Physician's Assistant	**	+	+	+
TOTALS	2,605	40,928	37,036	18,550

** *Essentials* adopted; programs under evaluation + Statistics unavailable

THE PHYSICIAN'S ASSISTANT

An Introduction

During the 1960's, a new type of educational program began developing in schools and hospitals across the United States. These educational programs - designed by physicians to meet health manpower requirements in their geographic areas - varied in length and concept but shared one common objective: all sought to train allied health workers who would possess the capabilities necessary to assist the practicing physician in the diagnosis and treatment of his patients through the performance of duties, under the physician's direction and supervision, which had previously been performed primarily by the physician alone.

The concept of a physician's assistant was not new. For years, practicing physicians have employed allied health workers to assist them in their work. Medical assistants,[1] registered nurses, and a variety of technicians and technologists have long been invaluable assets in the physician's office. The military, in fulfilling its considerable obligations in providing health care services for its personnel and their dependents at home and abroad, have traditionally trained and used non-physicians in primary medical care and specialty related services. The principal difference in these programs was that, rather than utilizing existing workers in civilian health care systems, they were designed to provide formalized training programs for new categories of health workers.

The early formalization of these programs at colleges, universities, and hospitals raised several important questions:

1. Was a new type of allied health worker really necessary, or could the functions desired of these workers be performed best by existing health manpower categories?

2. What would the assistant really do, and to what extent would his activities be supervised and guided by his employing physician?

3. After completion of a training program, would the assistant be able to perform in the capacity for which he had been trained? The primary concern here was: Would the physician hire him?

4. Would the assistant be accepted as a member of the health team by other allied health workers? Would nurses accept him? How would the assistant relate to interns and other hospital personnel, and could he function at all in an institutional setting?

5. Would the patients of the employing physician accept from a non-physician, services which they had traditionally been conditioned to expect to be performed by the physician alone?

For these and other reasons, determination of the proper role and function of the physician's assistant became a necessary prerequisite to development of criteria for AMA approval of educational programs.

The American Medical Association has long endorsed the concept of innovation and experimentation in the development of new categories of health manpower, and continues in this belief. Its major concern is the preservation of quality patient health care in America, and this concern is best answered when the educational preparation of a health worker is relevant to the role of that health worker. The AMA House of Delegates assumed a major leadership role in defining what a physician's assistant's duties would be with the adoption in December of 1969 of the following definition:

> The Physician's Assistant is a skilled person qualified by academic experience and practical on-the-job training to provide patient services under the supervision and direction of a licensed physician, who is responsible for the performance of that assistant.

Using this definition as a basic working guideline, and with the assistance of the AMA Council on Health Manpower's "Guidelines for the Development of a New Health Occupation"[2], the medical specialty societies began to explore the interests and concerns of their constituency as to the need for and utilization of these health workers.

Since 1969, substantial progress has been made in providing an orderly mechanism for the 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 of Orthopaedic Assistant Training, collaborates with the AMA Council on Medical Education for 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, American Academy of Pediatrics, American College of Physicians and the American Society of Internal Medicine worked together 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 a Joint Review Committee on Educational Programs for the Assistant to the Primary Care Physician, which is now collaborating with the Council on Medical Education for the approval of educational programs which comply with the *Essentials*.

§ The American Urological Association, Inc., through its Allied Health Professions Committee, has defined the role and function of the Urologic Physician's Assistant and, through its UPA Program Review Board, collaborates with the AMA Council on Medical Education for 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 working on evaluating their particular needs for physician's assistants. However, many questions have not, as yet, been sufficiently resolved:

¶ Career Satisfaction: Will the physician's assistant remain satisfied with his role, or will he soon become disenchanted with the limitations placed on him? Most health related fields seek a "career ladder or lattice" within the occupational area. Currently neither a standard "entry level" or "plateau" exists for physician's assistants.

¶ Continuing Need: The physician's assistant was created to meet an existing manpower shortage. In light of increased enrollment in medical schools and stabilization of the birth rate, will this need continue? Further, will increased productivity of physician's assistant training programs saturate the employment market for program graduates within a five to ten year period, or less?

¶ Job Mobility: The physician's assistant's role depends heavily on his interpersonal relationship with his employing physician. Either during the training program itself or in the initial employment period, the physician and his assistant will presumably develop complementary personality traits and working habits. When a particular employer-employee relationship ceases to exist, will the assistant be able to work effectively with another physician whose working habits may differ greatly?

¶ Liability: One of the most vexing problems facing physicians today is the increasing incidence of malpractice suits. How will the utilization of the physician's assistant affect the cost of malpractice insurance, particularly in "high risk" areas?

¶ Licensure: Approximately 21 states have currently enacted licensing laws or regulations concerning the use of physician's assistants. These regulations vary widely. Will an assistant licensed in one state be able to obtain employment in another state where his training has not been in accord with existing requirements?

¶ Medical Costs: Increasing costs of hospital and medical care is already one of the most discussed problems in America, leading to continuing discussions of the need for some type of National Health Insurance, pre-paid group health care, etc. The services of a physician's assistant must be paid for by the physician from his income. Will use of these assistants, therefore, further increase the cost to patients for medical care services?

¶ Salaries: Because of the still limited numbers of graduates from the formalized training programs, there are no representative statistics concerning the salary potential of physician's assistants. Reports from the programs indicate that a graduate can expect to receive from $10,000 to $15,000 per year, dependent upon the socio-economic factors in the area in which he will be employed. Is this a realistic figure, and will the employing physicians be able to pay this type of salary, including periodic increases over long-range employment, without affecting their own level of income?

¶ Status: The inter-occupational balance on the health team is a critical component of health care. While the relationship of the physician's assistant to the physician in an office practice setting can be clearly visualized, the relationship of that assistant to others - i.e., nurses, interns, other physicians, particularly in institutional settings - is as yet unclear. If the physician's assistant is to assume a continuing and permanent role in health care in America, he must be accepted by other health workers. The number of employed graduates to date is insufficient to clearly resolve this question.

¶ Supervison: The degree and type of supervision under which the assistant is allowed to function has not been resolved. If he is, in fact, to serve as an "extension" of the physician in providing patient care, he must be able upon standing authorization, to perform some duties independently from physician consultation and visual supervision. While the concept of supervision has largely implied physical proximity to the physician, it may be amplified to recognize alternates such as supervision that is proximal in time.

The American Medical Association, through its Council on Medical Education and Council on Health Manpower, will continue to evaluate these concerns as well as the educational preparation of all physician's assistants in the generalist and specialty areas. Similarly, the AMA Committee on Nursing is working with the American Nurses Association through a Joint Practice Commission to explore not only the viability of nurse extension programs - i.e., the pediatric nurse practitioner, independent nurse practitioner, and the PRIMEX or family nurse practitioner - but also the total concept of the future role of the nursing profession in medical care.

Currently, the Council on Health Manpower is working with the National Board of Medical Examiners toward the development of a competency-based certification examination for physician's assistants. When such a mechanism is operational, certification of an assistant will provide assurance to the employing physician, his patients, and others that the assistant possesses the necessary capabilities to perform certain health services. Until and after that time, the AMA believes that the best assurance it can provide concerning an individual's competencies is graduation from an AMA-approved educational program for the occupation in question.

---

[1] *The "Essentials of an Approved Educational Program for Medical Assistants" were revised by the AMA House of Delegates in June, 1971, and represent minimal criteria for approval of medical assistant educational programs. "Essentials of an Approved Educational Program for the Medical Assistant in Pediatrics" were developed collaboratively by the AMA, the American Academy of Pediatrics, and the American Association of Medical Assistants. The AMA House of Delegates adopted these "Essentials" in June, 1972.*

[2] *The AMA "Guidelines for the Development of a New Health Occupation" were prepared by the Council on Health Manpower, approved by the Board of Trustees, and adopted by the House of Delegates in December, 1969. These "Guidelines", which outline the information needed to document the need and role of emerging categories of health manpower, were reprinted in the August 17, 1970 issue of JAMA, Vol. 213, No. 7, pp. 1169-1171. Copies of the "Guidelines" are available upon request from the AMA Department of Health Manpower, 535 North Dearborn Street, Chicago, Illinois 60610.*

THE ASSISTANT TO THE PRIMARY CARE PHYSICIAN

The assistant to the primary care physician performs, under the responsibility and supervision of a physician, selected diagnostic and therapeutic tasks to allow the physician to extend his services to patients through the more effective use of his knowledge, skills, and abilities. The functions of primary care physicians are interdisciplinary in nature, involving five clinical disciplines - medicine, surgery, pediatrics, psychiatry, and obstetrics. The assistant to the primary care physician therefore, is involved in assisting the physician in the provision of those varied services necessary to maintain the total health of the patient. These services include, but may not be limited to:

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

The role of the assistant to the primary care physician is not rigidly defined. His functions vary to suit the specific needs to the employing physician, the practice setting in which he works, and community in which he lives, and his own individual capabilities. The high degree of responsibility the assistant will assume, however, requires that at the conclusion of his formal training he possess the knowledge, skills, and abilities to function in the primary care setting.

The Educational Program

Formal educational programs for assistants to the primary care physician have been established by medical colleges, colleges, universities and community colleges in affiliation with appropriate medical settings, hospitals with appropriate academic affiliations, and educational facilities of the U.S. Government. There are no standard admission requirements for these programs. Each institution has determined the formula it believes is best suited for assistants. To accommodate the substantial pool of potential manpower created by returning veterans with medical corps experience, high school equivalency and experience in the military service are often considered acceptable. Depending on entrance requirements, the programs are generally two years in length. Some programs culminate in a baccalaureate degree.

AMA Approval Process for the Assistant to the Primary Care Physician

STANDARDS: *The Essentials of an Approved Educational Program for the Assistant to the Primary Care Physician* were developed by a Subcommittee of the Council on Medical Education's Advisory Committee on Education for the Allied Health Professions & Services. Subcommittee membership included representatives of the four collaborating medical specialty organizations named above selected physician-educators from operational educational programs preparing these kinds of assistants, 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 four collaborating medical specialty organizations and reported by the Council on Medical Education of the AMA House of Delegates for adoption. The *Essentials* were adopted by the House on December 1, 1971.

The AMA Council on Medical Education collaborates with the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Physicians, and the American Society of Internal Medicine through a jointly sponsored Joint Review Committee on Educational Programs for the Assistant to the Primary Care Physician in the review and approval of these educational programs.

CATAGORIES OF APPROVAL STATUS

The type of approval is dependent upon the operational status of the program, as follows:

APPROVAL — The educational program is fully operational and has graduated a class of students. It meets or exceeds the *Essentials of an Approved Educational Program for the Assistant to the Primary Care Physician.*

PRELIMINARY APPROVAL — The program is operational but has not as yet graduated its first class of students. It meets or exceeds the *Essentials.*

PROVISIONAL APPROVAL — NEW PROGRAM — This catagory recognizes programs which were approved during their advanced planning stages. They were not operational at the time of evaluation, but planned to admit students in the near future. Planning indicated reasonable assurance that the program would comply with the *Essentials.*

NON-APPROVAL — The educational program is judged not to comply with the *Essentials.*

Approximately 40 educational programs are either now engaged in or planning to enter into training for assistants to the primary care physician. Among the programs filing applications for approval, 17 were recognized by the AMA Council on Medical Education and the four collaborating medical specialty organizations in September, 1972. Additional applications for approval have been received and will be considered in the early winter meeting of the Council.

Applications for approval of an educational program for the Assistant to the Primary Care Physician may be obtained by writing the Department of Allied Medical Professions and Services, American Medical Association. Programs are evaluated on the criteria identified in the *Essentials of an Approved Educational Program for the Assistant to the Primary Care Physician*. Approved programs will be reviewed periodically to determine if they maintain a consistent level of program quality.

SELF-EVALUATION: The application for approval form may serve as a means of evaluating the strengths and weaknesses of the educational program. Through this self-evaluation process, the sponsoring institution and the program administration can assess the effectiveness of their program in complying with the standards and providing those elements considered essential. The completed application form is used by a survey team in preparation for and during site visit evaluation of the educational program.

REVIEW: Two copies of the completed application for approval form are to be signed by the program director, medical director, and chief administrative officer of the sponsoring institution and returned to the Department of Allied Medical Professions and Services. The application and supporting information are screened for completeness by AMA staff, dates for on-site evaluation are scheduled, a survey team is appointed, and copies of the application are distributed to members of the survey team.

Survey teams of two or more individuals are composed of practicing physicians, AMA staff, and others qualified to evaluate educational programs. The report of the on-site evaluation and the program's application for approval are reviewed in depth by two members of the Joint Review Committee for presentation to and evaluation by the full committee in arriving at its recommendation for approval status.

Approval is granted to educational programs which are fully operational and which have or will shortly graduate students. Interim categories of approval provide recognition to educational programs which are either under development or have not as yet graduated a class of students. These categories are subject to reevaluation upon graduation of the first class of students.

APPROVAL: The recommendation of the Joint Review Committee is transmitted to the AMA Council on Medical Education through its Advisory Committee on Education for the Allied Health Professions and Services. The Council on Medical Education reviews and acts upon the recommendation received and grants approval to programs which demonstrate that they meet or exceed the minimum *Essentials* for program recognition.

The director of the educational program and the appropriate officer of the sponsoring institution are informed in writing of the action taken by the Council on Medical Education. Until such notification is received by the program, it may withdraw its application for approval.

APPEAL: The sponsoring institution and program administration may appeal a notice of non-approval to the Council on Medical Education by filing with it a written statement and supporting information documenting the manner in which it purports to meet the minimum *Essentials*. The Council refers the appeal to the Joint Review Committee on Educational Programs for the Assistant to the Primary Care Physician for reevaluation. When indicated, a second on-site evaluation of the program may be conducted by another survey team. Upon review of the Joint Review Committee's second evaluation of the program, the Council on Medical Education would inform the program of its action on the appeal.

PROGRAMS PURPORTEDLY PREPARING ASSISTANTS TO PRIMARY CARE PHYSICIANS

CALIFORNIA

Physician's Assistant, Stanford University
Physician's Assistant, University of California, San Diego

COLORADO

Child Health Associate, University of Colorado

CONNETICUT

Physician's Assistant, Yale University

FLORIDA

Physician's Assistant, University of Florida

GEORGIA

Physician's Assistant, Medical College of Georgia

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, Albany Medical College-Hudson Valley Community College
Physician's Associate, Antioch College-Harlem Hospital

NEW YORK (CONTINUED)

Physician's Associate, Touro College
Physician's Assistant, USPHS Hospital, Staten Island

NORTH DAKOTA

MEDEX, University of North Dakota

OHIO

Physicians' Clinic Assistant, Cleveland Clinic

OREGON

Physician's Assistant, University of Oregon Medical School

TEXAS

Physician's Assistant, Baylor University-V.A. Hospital
Physician's Assistant, University of Texas, Dallas
Physician's Assistant, University of Texas, Galveston
Physician's Assistant, U.S. Army

UTAH

MEDEX, University of Utah

WASHINGTON

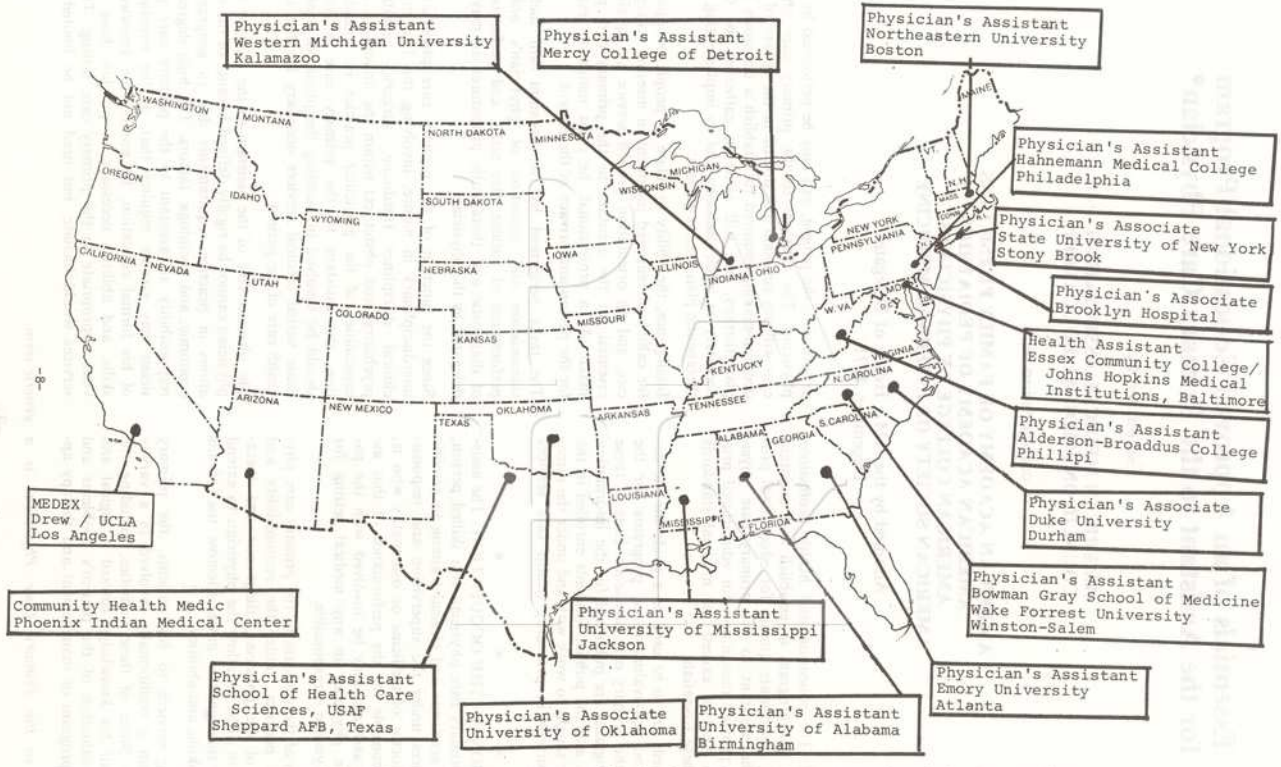
MEDEX, University of Washington and the Washington State Medical Association

WASHINGTON, D.C.

Physician's Assistant, Federal Bureau of Prisoners
Physician's Assistant, George Washington University

WISCONSIN

Physician's Assistant, Marshfield Clinic Foundation



Programs Approved by the A.M.A. 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.

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 appropriate 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 appropiate 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 distinquish 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 or 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 Education 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

APPROVED EDUCATIONAL PROGRAMS
THE ASSISTANT TO THE PRIMARY CARE PHYSICIAN

The following educational programs were approved by the AMA Council on Medical Education in September, 1972, 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.

STATE AND CITY Sponsoring and Affiliating Institutions	Program Director Medical Director Educational Coordinator	Length of Program	Student Capacity	Classes Begin	Tuition	Stipend	Scholarship	Certificate or Degree
ALABAMA								
Birmingham								
University of Alabama[1] Preliminary Approval *Physician 's Assistant* Childrens' Hosp.; University Hosp.; V.A. Hosp. V.A. Hosp., Montgomery; V.A. Hosp., Tuscaloosa; V.A. Hosp., Tuskegee; Montefiore Hosp., Bronx, N.Y.	W.B. Frommeyer,Jr.,MD K.G. Andreoli,MSN	24 mos	32	Sep	None	No	Yes	Cert.
ARIZONA								
Phoenix								
Phoenix Indian Medical Center[2] Preliminary Approval *Community Health Medic* Pima Junior College; University of Arizona, Tuscon	L.L. Fairbanks,MD J.W. Justice,MD W.J. Gobert	24 mos	10	Mar	None	Yes	No	Cert.
CALIFORNIA								
Los Angeles								
Charles R. Drew Post-Graduate Medical School and UCLA[3] Preliminary Approval *MEDEX* L.A. City College; Martin Luther King Hosp.; Harbor General Hosp., Torrance; San Bernadino Cty. Hosp., San Bernadino	M.A. Haynes,MD R.M. Kivel,MD	18-24 mos	30	Varies	None	Yes	No	Cert. and Associate Degree, Science

ENTRANCE REQUIREMENTS

[1]2-years health experience; 2-years post-high school classroom training
[2]3-years direct primary care experience; Indian experience; H.S. Diploma or equivalent
[3]H.S. Diploma or equivalent; Previous medical field experience

STATE AND CITY Sponsoring and Affiliating Institutions	Program Director Medical Director Educational Coordinator	Length of Program	Student Capacity	Classes Begin	Tuition	Stipend	Scholarship	Certificate or Degree
GEORGIA								
Atlanta								
Emory University[1] Preliminary Approval *Physician's Associate* Grady Memorial Hosp.; Emory University Hosp.; V.A. Hosp; Henrietta Egleston Hosp. for Children; Columbus Medical Center, Columbus	R.E. Jewett,MD A. Flewelling,MD	30 mos	40	Sep	$800 qtr	No	Yes	Assoc. Degree Medicine
MARYLAND								
Baltimore County								
Essex Community College[2] Provisional Approval *Health Assistant* Johns Hopkins Medical Institutions	L.S. Albert,MS A.S. Golden,MD	24 mos	25	Sep	$141 Cty $303 Md	No	Yes	Assoc. in Arts
MASSACHUSETTS								
Boston								
Northeastern University[3] Preliminary Approval *Physician's Assistant* Tufts-New England Medical Center Hosps.; Boston Floating Hosp.; Boston City Hosp.; Peter Bent Brigham Hosp.; St. Elizabeth's Hosp., Brighton; Lemuel Shattuck Hosp., Jamaica Plain; Mt. Auburn Hosp., Cambridge; Cambridge Hosp., Cambridge	S.B. Greenberg,MS P.G. Weiler,MD	24 mos	25	Sep	No	Yes	Yes	Cert.
MICHIGAN								
Detroit								
Mercy College of Detroit[4] Provisional Approval *Physician's Assistant* Mount Carmel Mercy Hosp. and Medical Center	H.A. Gales,MA J. Moses,MD W.C. Montgomery,MD	24/48 mos	20	Sep	$625 sem	Yes	Yes	Assoc. Degree and B.S. Degrees

ENTRANCE REQUIREMENTS

[1]H.S. Diploma or equivalent; preference for health experience; Preliminary Approval awarded to the family practice and internal medicine options. As designed, the sub-option for coronary care and the option for surgery fall outside the purview of this approval program.

[2]H.S. Diploma or equivalent

[3]H.S. Diploma or Equivalent; at least two yrs patient care experience, post H.S. med. training, and/or coll. edu.

[4]Regular admission to Mercy College

STATE AND CITY Sponsoring and Affiliating Institutions	Program Director Medical Director Educational Coordinator	Length of Program	Student Capacity	Classes Begin	Tuition	Stipend	Scholarship	Certificate or Degree
MICHIGAN (continued)								
Kalamazoo								
Western Michigan University[1] Provisional Approval *Physician's Assistant* Bronson Methodist Hosp.; Borgess Hosp; Kalamazoo State Hosp; Community Hosp., Battle Creek; V.A. Hosp., Battle Creek; Detroit Osteopathic Hosp.	J.J. Josten,PhD W.G. Birch,Sr,MD	24 mos	16	Sep	$16 credit	Yes	Yes	B.S. in Medicine
MISSISSIPPI								
Jackson								
University of Mississippi[2] *Medical Center* Provisional Approval *Physician's Assistant* V.A. Hosp.; Hinds Junior College, Raymond	J.D. Hardy,MD J.L. Wofford,MD	23 mos	18	Sep	$480 yr	Yes	Yes	Cert.
NEW YORK								
Brooklyn								
The Brooklyn Hospital[3] Approval *Physician's Associate* Long Island University	A. Lewis,MD	24 mos	24	Sep	$65 credit	Yes	Yes	Associate Degree in Applied Science
Stony Brook								
State University of New York[4] Preliminary Approval *Physician's Associate* Brookhaven National Laboratory Hosp.; Central Islip State Hosp.; Long Island Jewish Medical Center; Queens General Hosp.; V.A. Hosp.; South Nassau Communities Hosp.; Nassau Hosp.; Hillside Psychiatric Hosp.	S.V. Allen,Jr,MD J. Richards	24 mos	40	Sep	$800 yr	Yes	Yes	Cert. with Bachelor Health Science
NORTH CAROLINA								
Winston Salem								
Bowman Gray School of Medicine of Wake Forest University[5] 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	20	Sep	$250 qtr	No	No	Cert. or Degree

ENTRANCE REQUIREMENTS

[1] 2 years college or equivalent

[2] 2 years college or equivalent

[3] H.S. Diploma or equivalent; 1 year direct patient care experience

[4] H.S. Diploma or equivalent; 1 year direct patient care experience

[5] H.S. and 2 years medical corpsman or 2 years college with patient care experience

STATE AND CITY Sponsoring and Affiliating Institutions	Program Director Medical Director Educational Coordinator	Length of Program	Student Capacity	Classes Begin	Tuition	Stipend	Scholarship	Certificate or Degree
NORTH CAROLINA (continued)								
Durham								
Duke University School of Medicine[1] Approval *Physician's Associate* Duke University Medical Center; V.A. Hosp., Durham; V.A. Hosp., Oteen	D.R. Howard,MD J.G. Nuckolls,MD D.E. Detmer,MD D.E. Lewis,MA	24 mos	40	Aug	$2500 yr	Yes	No	Cert. or Degree
OKLAHOMA								
Oklahoma City								
University of Oklahoma Health Science Center[2] Preliminary Approval *Physician's Associate* Hospitals of the University of Oklahoma; V.A. Hosp.; V.A. Hosp., Muskegee	W.D. Stanhope,PA A.W. Horsley,MD A. Kent,MD	24 mos	50	Aug	$14-res $40-non res	Yes	Yes	Bachelor of Health
PENNSYLVANIA								
Philadelphia								
Hahnemann Medical College and Hospital[3] Preliminary Approval *Physician's Assistant*	D. Major,MD W.S. Mark,MD	21 mos	20	Sep	$1650 yr	No	Yes	Associate Degree
TEXAS								
Sheppard								
School of Health Care Sciences, USAF[4] Preliminary Approval *Physician's Assistant* 14 USAF Regional Hospitals	K.K. Sheppard,MC M.E. Hawthorne,PhD	24 mos	40	Jul Nov Mar	No	No	No	Cert.
WEST VIRGINIA								
Philippi								
Alderson-Broaddus College[5] Approval *Physician's Assistant* Broaddus Hosp.; The Myers Clinic; W.V. University Medical Center, Morgantown; Medical University of S.C., Charleston; Beckley W. Va. Appalachian Regional Hosp.; V.A. Hosp., Clarksburg; V.A. Hosp., Martinsburg; Union Memorial Hosp., Baltimore	H.C. Myers,MD G.H. Armacost,PhD	39 mos	40	Sep	$1500 yr	No	Yes	Bachelor Science

ENTRANCE REQUIREMENTS

[1]H.S. Diploma or equivalent and previous experience in health field with at least 2000 hours direct patient contact

[2]60 hours of transferable college credits and 2 years of direct patient contact

[3]H.S. Diploma or equivalent; college entrance exam boards

[4]Medical service airmen with 3 years service, H.S. diploma and 1 year experience in direct patient care

[5]H.S. Diploma; SAT and ACT scores

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 and 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 certain types of active exercise.

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 finds.

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

Essentials of an Accredited Educational Program for Orthopaedic 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	

B. Health Careers Core
(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

C. Orthopaedic Assisting Core
(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

TOTAL CLOCK HOURS: approximately 1500

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
CALIFORNIA									
Los Altos Hills									
Foothill College *El Camino Hospital, Mt. View; Good Samaritan Hospital of Santa Clara Valley, San Jose; Kaiser Foundation Hospital — Permenente Medical Group, Santa Clara*	R. Mercer, M.D. M. McLanathan, MA	H.S.	2 yrs	-	Sep	None[1]	No	Yes	A.A.
Norwalk									
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[2]	No	Yes	A.A.
San Francisco									
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.
IOWA									
Cedar Rapids									
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.[3]	—	—	A.A.

cont'd.→

[1] *Non-resident tuition $300 per quarter.*
[2] *Non-resident tuition $195 per quarter.*
[3] *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
NORTH DAKOTA									
Bismarck									
Bismarck Junior College *Bismarck Hospital*	R. Kilzer, M.D.	H.S.	24 mos	8	Sep	$400[4]	No	Yes	A.A.
TENNESSEE									
Chattanooga									
Chattanooga State Technical Institute	R. Coddington, M.D.	H.S.	24 mos	20	Sep.	$55[5]	Yes	Yes	A.A.

[4] *Non-resident tuition $150*
[5] *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 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 Street, 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.

REVIEW: Two copies of the completed application form, signed by the program director, medical director, and institutional administrator should be returned to the AMA Department of Allied Medical Professions and Services. The application and supplementary materials are forwarded to the Urologic Physician's Assistant Program Review Board for evaluation. The Review Board appoints survey teams to conduct on-site evaluation of programs, recieves reports of these site visits, and determines the recommendation concerning approval status to be submitted to the Council on Medical Education.

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 an 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 Urological 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

DEPARTMENT OF ALLIED MEDICAL PROFESSIONS AND SERVICES

Staff Assignments

(Please write directly to the responsible person)

Ralph C. Kuhli, M.P.H., Director *(Surgeon's Assistant)* *(Operating Room Technician)*
Miss Sharon Webb, Secretary
ADVISORY COMMITTEE ON EDUCATION FOR THE ALLIED HEALTH PROFESSIONS & SERVICES
SUBCOMMITTEE ON LEGISLATION
SUBCOMMITTEE ON MILITARY ALLIED MEDICAL EDUCATION
Miss Martha Hunt, B.S., Senior Secretary (committee 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)*
Miss Lorraine Parker, Clerk-Typist
Mrs. Barbara White, Senior Clerk-Typist

Warren G. Ball, D.D.S., Assistant Director
Mrs. Mila Blane, Program Assistant
SUBCOMMITTEE ON CONTINUING EDUCATION
SUBCOMMITTEE ON INSTITUTIONAL APPROACH TO PROGRAM EVALUATION
Nuclear Medicine Technician *(Electroencephalograph Technologist)*
Nuclear Medicine Technologist
Radiation Therapy Technologist
Radiologic Technologist

William R. Bishop, Ph.D., 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 Elba Bell, Program Assistant
SUBCOMMITTEE ON CORE 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 *(Athletic Trainer)*
Occupational Therapist *(Emergency Medical Services Technician)*
Orthopaedic Physician's Assistant
Physical Therapist
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 Mae Ashbrook, M.A., M.Ed., Research Associate
Mrs. Beverly Cooper, Secretary
INSTRUCTOR PREPARATION
RESEARCH