by Lamar Soutter, M.D. Dean University of Massachusetts Medical School

It is unfortunate but true: not every Massachusetts citizen has ready, easy access to the medical care system. Nor does every citizen enjoy what to some has become the "luxury" of a personal family physician. And that personal patient-physician relationship is as essential to healing as the most potent medication.

To remedy this situation by allowing the primary care physician-general practitioner or internist-to extend his services to a greater number of patients, the idea of a "physician assistant" was conceived.

By definition, a physician assistant is a man or woman qualified by academic and clinical training to provide patient care under the supervision and direction of a licensed physician who is responsible for the performance of that assistant.

If the physician assistant must be "qualified by academic and clinical training", where is he or she receiving that training? As of January, 1972, the American Medical Association reported 17 training programs for primary care physician assistants being conducted in various parts of the country. One of these, a program co-sponsored by Northeastern University and the Massachu-

setts Medical Society, matriculated its first class last

The program was developed by Suzanne B. Greenberg, associate professor at Northeastern University, and lecturer at the Tufts University School of Medicine, Mrs. Greenberg serves as project director of the Physician Assistant Program, while Philip G. Weiler, M.D. is its medical

Requirements for acceptance, length of training and curriculum vary depending upon the sponsoring institution(s). All students enrolled in the Northeastern program have previous medical training: most were medical corspmen with the armed forces, some having seen active duty in Southeast Asia. However, from hundreds of applicants, the first 15 candidates were selected as much for their ability to relate to people and their problems as for their medical background.

The Northeastern program is a two-year course involving both academic and clinical

The academic curriculum includes many of the courses required of a medical student.

All students enrolled in the Physician Assistant Program cosponsored by Northeastern University and the Massachusetts Modical Conict.

The physician assistant

e.g., anatomy, physiology, applied biosciences and psychiatry.

The student physician assistant receives hospital-based training in medicine, pediatrics, rehabilitative medicine, emergency medical care, surgery and psychiatry at Boston Hospital, Cambridge Hospital, Tufts-New England Medical Center, St. Elizabeth's Hospital, Peter Bent Brigham Hospital and Boston State Hospital.

(Although the PA will ultimately work in a primary care setting such as a physician's office, group practice, health center or clinic, the university-associated hospital provides a most appropriate setting in which to gain the clinical training he needs).

Upon completion of his training, the physician assistant will have the knowledge, skills and ability to:

(1) Initially approach a patient in any setting, obtain a detailed, accurate history, perform a physical examination, and present the data to the primary care physician in an organized, useful manner;

(2) Perform and-or assist in performing routine laboratory and related studies, e.g., draw

At Tufts-New England Medical

clinical training in rehabilita-

tive medicine. In the photo-

graph above, PA student D.

Center, student PA's receive

venous blood samples, perform urinalyses, take electrocardiographic tracings;

(3) Carry out routine therapeutic procedures, e.g., injections, immunizations, and the cleansing suturing and dressing of wounds;

(4) Provide patient counseling and instruction regarding health habits, diets, disease and therapy;

(5) Assist the primary care physician in making hospital rounds and nursing home visits, making patient progress notes, accurately executing standing orders and other orders at the direction of the supervising physician, and compiling and recording detailed case histories;

(6) Assist in the delivery of services to patients in extended care facilities, as well as those confined at home, including reviewing and monitoring treatment and therapy programs;

(7) Be acquainted with, and

thus able to follow through on, evaluation and treatment procedures in response to lifethreatening emergency situa-

In short, the physician assistant is trained to work with the primary care physician in those daily activities that do not require the sophisticated knowledge and experience of a doctor of medicine. He or she will, in fact, become the physician's right-hand man.

Affiliated Hospitals Center to be Operational in 1975.

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Peter Bent Brigham's new facility will stand on that hospital's present parking lot, Robert B. Brigham and the Boston Women's on the other side of Francis Street. The three structures will be inter-connected by bridges and tunnels. PBBH will contain certain common service facilities such as operating rooms, radiology, pathology, blood-bank, dining halls, maintenance and supply. These common services will be utilized by all three hospitals on a contractual basis.

Boston Hospital for Women Peter Bent Brigham

-250 beds -400 beds

Robert B. Brigham

-120 beds

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Mr. Thomas D. Cabot, General Chairman of the Joint Venture Campaign.



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This is not the picture of the future Peter Bent Brigham Hospital alone. We welcome this opportunity to salute, and to invite the enthusiasm of our sister participants in The Joint Venture: the Boston Hospital for Women, and the Robert B. Brigham Hospital. And extend joyous hands to our neighbor, the Harvard Medical School.

Peter Bent Brigham Hospital

721 Huntington Avenue • Boston • Massachusetts • 02115 • 734-8000

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