

Duke University Medical Center
DURHAM, NORTH CAROLINA

April 14, 1972

ASSOCIATE DIRECTOR OF MEDICAL
AND ALLIED HEALTH EDUCATION

CO VETERANS ADMINISTRATION HOSPITAL
DURHAM, NORTH CAROLINA 27705
TELEPHONE - 919-286-0411 EXT. 571

TO: Dr. Kinney
FROM: Dale R. Lindsay *dl*
SUBJECT: Considerations re the Physician's Associate Program

1. Attached is a copy of the minutes of the April 3, 1972 meeting of the Allied Health Policy Committee. These will, of course, be reviewed at the next meeting on April 24, 1972.
2. In reviewing the problems now confronting the P.A. Program I find the long range prospects for allied health at Duke as dim indeed unless we can resolve them soon for the P.A.'s. I hope that my concern will be borne out by the following discussion.
3. As it looks to me, Duke's future role in allied health should continue to place Duke's traditional emphasis on teaching the teachers. It is abundantly clear (1) that we can't accommodate many more learners in Duke's clinical setting, at least as it now exists, and (2) that our private status permits us the desirable flexibility of carefully choosing the programs that we will foster, at least for the future. One of the contributing factors to our present situation was the lack of any central university role in choosing and developing these allied health programs. For the future we must, of necessity, limit the proliferation of new programs while, at the same time, continuing to evaluate the desirability of each existing program in our setting. It is already quite obvious that we can play an important role in the allied health area without ever starting any additional new programs or even after discontinuing some of the existing ones. However, those decisions should be made individually on merit.

The role that Duke can play very effectively is one of the experienced helping the inexperienced. A very high percentage of the so-called allied health programs do not carry academic requirements to the baccalaureate level. Because of that fact, and because the community and four year colleges that can't be as selective as Duke in their admissions are also faced with developing and funding programs for the avalanche of students that descends upon them, the bulk of allied health didactic programs should be in such institutions. Duke, and other institutions like it, can serve a very important role in assisting with (1) the choice of programs to be developed, considering all factors such as need, faculty abilities and clinical facilities available, (2) the development of appropriate curricula, (3) the articulation of such curricula with other progressively advanced programs, (4) the improvement of faculty abilities and educational media, and (5) the arrangements between these

Dr. Kinney
Page 2
April 14, 1972

educational institutions and the clinical facilities that are available to them.

4. Keeping these factors in mind, let me discuss the P.A. program in particular. Consideration of the option not to make the BHS degree available to the program, even though it has been approved through all the requisite channels, is not only a retrogressive action but one which puts the whole program in jeopardy at a very critical time. Not only that, but it would severely damage the prospects for the BHS degree in other allied health programs, such as the Pathology Assistants Program, where it would be appropriate.

Like it or not, the Duke P.A. Program is the allied health program that has distinguished Duke in the allied health field and is credited by many authorities as being the largest single factor in the rapid growth of the allied health concept. In my opinion it would be very damaging to Duke University, and particularly to the surviving allied health programs, if the P.A. Program were lost. Since I came here to help administer such programs I am apprehensive for its future.

5. Assuming, as I hope we can, that our efforts can be effectively directed toward the implementation of the BHS degree for the P.A.'s, what viable options do we have to accomplish it? One option came to light in the very interesting discussion that Dr. Estes and I had with Dr. Ballantyne and his staff. Dr. Ballantyne sees no problem in developing an admissions committee of your choice, nor does he see any real problem in continuing an initial selection of eligible candidates as it is being done now. He had some questions about the quota system, as described in the attached, ^{and he} observing that we might be turning away better candidates than some that were accepted, but acknowledging that they had similar problems. The unlikelihood that a P.A. student would wish to enroll in a university undergraduate course outside of the Medical Center relieves any problem that such cross enrollment would cause, and even in the rare event that this should happen it could be handled individually. Dr. Ballantyne likened the P.A. admission problem to the admission of nursing students in the School of Nursing. Although they are not identical they share many similarities. To dispose of the things that are different first: (1) Nursing is a 4-year curriculum; (2) All nursing students that are admitted are candidates for the degree of Bachelor of Nursing Science; and (3) The Undergraduate Admissions Office receives the applications and determines Duke entrance eligibilities but the final selection is done by the School of Nursing Admissions Committee. Similarities are: (1) A few R.N.'s

Dr. Kinney
Page 3
April 14, 1972

are admitted, presumably with advanced standing, as candidates for the B.N.S. degree just as a few degreed students are admitted to the P.A. program for the certificate; presumably the P.A. students would be among those seeking the BHS degree; (2) Course offerings to the Nursing students are not the regular departmental courses and Dr. Pauline Gratz was brought in to teach the level of biochemistry desired; and (3) The B.N.S. degree, although a Duke University Medical Center degree just as the authorized BHS degree, is not less different from the university degree than would be the BHS degree.

There are less analogous situations which also illustrate the fact that Duke degrees differ between Schools. Although the School of Divinity student can not enroll in Trinity College courses, Dr. Ballantyne says this is because of the differential in tuition rather than the quality of either the student or the offering. In any event the school or program determines the level of subject content required by their students.

6. Thus the options, based upon established precedent, would seem to narrow down to two: (1) Either for the respective departments to design and offer courses appropriate to the needs of the P.A. students; or (2) Appropriate courses be designed and offered elsewhere under other than the department of the basic science discipline involved. The former would seem to me to be the procedure of choice, but the latter has already been done and in the same discipline that is causing most of the fuss now.

I think it is appropriate to examine the situation that exists between the established P.A. Program and objectives and the programs and objectives of the existing departments. In the first place the departments were designed for medical and graduate students and, indeed, have functioned exceedingly well for them. Secondly, at least for Biochemistry, the undergraduate part was designed for the dual purpose of eliminating the need for a separate (and expensive) department to serve the university and insuring a better continuum between the undergraduate and graduate levels. The fact that any basic science department does not want to alter the comfortable status quo to provide essentially a service without any potential for graduate study and research is quite understandable. However, continued refusal to do so, under the guise of protection against the degrading effects it would have upon their exalted status, not only may fail to serve the best interests of the university but may also necessitate the same kind of remedial action that was taken by the School of Nursing. The choice would seem to be that of the department, since

Dr. Kinney
Page 4
April 14, 1972

the P.A. program has no choice except to design the appropriate course and content for their students.

It would seem to me that the content level must be the determination of the program and that the quality of that content would be enhanced if the proper department will take the responsibility for designing and offering the course at the level desired by the program. This would be the proper approach, and guarantees of financial support to make it possible would seem appropriate. If, for any reason, this is not to be, then I think we must find a departmental home for the course or courses and proceed. To do otherwise makes any allied health program the pawn of any department that chooses to be a "dog in the manger."

7. Although I had anticipated problems of this type I was under the impression that Duke could solve them better than most. It was because of this impression and belief that I was of the opinion that a School of Allied Health Professions, or any similar name, was not the best procedure for Duke. However, if we can't handle this one I would be forced to change my mind in spite of the many theoretical advantages of continuing the allied health programs under Divisional status.

8. The final issue is simply one of procedure but, I think, you hold the key. The issue can be put, sequentially, to the Allied Health Policy Committee and the Medical School Advisory Committee, but I am convinced that, with your support, that will not be necessary. A quick solution, even though arbitrarily directed from your office, is essential if we are to expect an early and appropriate replacement for Dr. Howard.

I am anxiously awaiting your reaction.