

influencing factors of common and emergent illnesses.

In addition to the "general" clinical teaching each student can select a clinical major in an area of interest. While the majority of the students select their major in one of the primary care specialties of family practice, internal medicine and pediatrics, clinical majors are also available in surgery, obstetrics and gynecology, and psychiatry.

CERTIFICATION

Following the successful completion of both the basic science and clinical portions of the curriculum the student is required to demonstrate his knowledge by satisfactorily completing written and practical examinations. After passing these examinations the student is graduated from and certified by the Duke University School of Medicine as a Physician's Associate. The graduate is eligible at that time for certification by the American Registry of Physicians' Associates and membership in the American Academy of Physicians' Associates.

DEGREE

A Bachelor of Health Sciences degree may be earned by students who have completed a minimum of 16 courses prior to their matriculation in the Program. To receive degree credit for these courses they must be at a C grade level or above from an accredited college or university. Courses generally are defined as being equivalent to three or more semester credits. For the degree, transferred credit must include at least one course in English, three courses in natural or formal sciences, three courses in social sciences or history and one course in the humanities. The upper division requirements are fulfilled by successfully completing the fourteen preclinical courses and the general inpatient service and general outpatient/emergency service clinical courses of the Physician's Associate Program.

DUKE PHYSICIAN'S ASSOCIATE PROGRAM

**informational
pamphlet
series**



Curriculum and Admissions

**DUKE UNIVERSITY
SCHOOL OF MEDICINE
DEPARTMENT OF COMMUNITY HEALTH SCIENCES
Durham, North Carolina 27710**

DUKE PHYSICIAN'S ASSOCIATE PROGRAM
INFORMATIONAL PAMPHLET SERIES
CURRICULUM AND ADMISSIONS

The curriculum of the Duke University Physician's Associate Program is designed to educate and train health professionals capable of responsibly and reliably assuming many of the routine tasks traditionally carried out by the physician, thus providing at least a partial solution to the critical physician manpower shortage.

A graduate physician's associate is able to effectively perform many of the diagnostic, therapeutic and administrative functions traditionally performed by the physician but which do not require the physician's composite background of medical knowledge. According to the National Academy of Sciences the physician's associate, also referred to as the Type A physician's assistant, "is distinguished by his ability to integrate and interpret findings on the basis of general medical knowledge and to exercise a degree of independent judgment." In the practice setting the physician's associate, through a unique one-to-one relationship with a physician, provides his services under the responsible supervision and direction of that physician. The extent to which the physician's associate may participate in the physician's practice is determined by the supervising physician in accordance with the physician's associate's knowledge, ability and motivation within the existing legislative and professional guidelines.

Several physician's associate type programs have been implemented since 1965 and many more are being planned all over the country. These programs include vigorous curriculums similar to that currently being conducted at Duke University.

ADMISSIONS

Selection for enrollment into the Duke Physician's Associate Program is based on the previous medical experience of the candidate, aptitude test scores, evidence of good character and general fitness, and the candidate's academic record. The minimum prerequisites include: graduation from high school or its equivalent; at least one college level course in chemistry and biology; previous experience in the health field, including at least 2000 hours of direct patient

contact; three character references, one from the applicant's present supervisor, one from a physician with whom he has worked and one from an acquaintance of 5 or more years; and satisfactory completion of the verbal and mathematical portions of the College Entrance Examination Board's Scholastic Aptitude Test; The data on each candidate are carefully screened by the Committee on Admissions and selected applicants are invited to Duke University for personal interviews. Students are chosen from among those interviewed.

Applicants enrolled in the Duke program represent a broad spectrum of people who have been engaged in a health career: ages range from 21 to over 40, educational attainment varies from high school to graduate school and previous health related experiences range from one to over 20 years. At the time of matriculation the "average" student is 28 years old, married, with between two and three years of college preparation and five years of health related experience. Approximately half of the students satisfy the experience requirement as military corpsmen, the other half gain their experience in civilian careers including nursing, medical technology and radiology technology.

CURRICULUM

The professional curriculum for the Duke Physician's Associate Program is twenty-four months in duration. Its goal is twofold: first, to provide *every* student with a generalized medical education so that all have the ability to function as an assistant to a primary care physician and second, to permit each student to augment his general medical knowledge with specialized clinical teaching in any of the recognized specialties.

The curriculum includes an academic year devoted to the basic medical sciences and 15 months of clinical teaching in a variety of clinical settings. The rigors of the curriculum are designed specifically for people who have had previous education, training and experience in a health related discipline and who have the desire and capability to assume greater patient care responsibilities.

A student who is able to document previous education in any area of study and satisfy the administration that he would not benefit from a particular course is given the opportunity to

demonstrate his ability by taking an equivalency examination. If the student passes the examination he is excused from the course in order to participate as a teaching assistant.

BASIC INSTRUCTION

The didactic curriculum provides the student with an understanding of the theoretical concepts of disease processes. At the same time, it establishes a core of knowledge and competence among all students in the basic medical sciences.

During the first academic year the students receive over 1000 hours of instruction in anatomy, physiology, clinical biology, pharmacology, clinical medicine and surgery, electrocardiography, radiology, microbiology, clinical diagnosis, animal surgery and physical examination. Instruction is provided by lectures, seminar-discussion groups, laboratory exercises and appropriate clinical experiences.

CLINICAL TEACHING

The clinical curriculum, which follows the satisfactory completion of the basic science requirements, provides the student with an opportunity to apply his basic medical knowledge to the needs of patients. It consists of four months of required general clinical rotations—two months on an inpatient service and two months on an out-patient/emergency service. The remaining eleven months of elective rotations allow each student an opportunity to develop their clinical skills within a defined specialty.

The inpatient service rotation requires the student to apply his basic medical knowledge to the problems and situations encountered with hospitalized patients. It also develops in the student an awareness and understanding of the pertinent aspects of disease processes and familiarizes him with common therapeutic regimen and dispositions. During this rotation the student also develops an expertise in performing a variety of diagnostic procedures and studies.

The outpatient/emergency service experience exposes the student to the clinical manifestations of both ambulatory and emergency patients. The student elicits patient histories, performs physical examinations, carries out routine diagnostic laboratory studies, arranges and tabulates data and learns to initiate emergency care procedures. This concentrated clinical teaching enables the student to become acquainted with etiologic and other