

MINUTES FOR AD HOC COMMITTEE MEETING
RE: PHYSICIAN'S ASSISTANTS PROGRAM

April 13, 1966

File

Present: Drs. Hine, DeMaria, Heich, Hayes, Stead, Wallace, Mr. Boone, Mau and Bryson.

Mr. Bryson discussed the legal implications of the Physician's Assistant Program. He expressed the difficulty in finding any precedent in this area.

However he quoted a case in California which involved the revoking of a physician's license for allowing "doctors" without licenses to practice in California to administer anesthesia. The court ruled that the training the "physicians" had did not legally equip them to perform as anesthetists.

It was brought out that in teaching institutions, the medical students are allowed to perform various procedures under the supervision of a licensed physician. This exception to the rule would not be applicable in the case of Physician's Assistant trainees.

Mr. Bryson expressed a concern both for the physician directing the Physician's Assistants' activities and the hospital, for he felt both would be legally responsible in the case of a suit.

He went on to state that prior to 1965, when the Nursing Practice Act became law, competence rather than training, was the determining factor in establishing someone's capabilities. The Nursing Practice Act changed that. However, it was pointed out that Mr. W. C. Harris, Jr., Legal Consult for the N. C. Nursing board and the individual to whom the Attorney General's office refers inquiries of this nature, ruled "Nothing in this article shall be construed in any way to prohibit or limit the performance by any person of such duties as specified mechanical acts in the physical care of a patient when such care and activities do not require the knowledge and skill required of a registered nurse or licensed practical nurse or when such care and activities are performed under orders or direction of a licensed physician, licensed dentist, or registered nurse."

Regardless of which interpretation one accepts, it is felt that we now must move in the direction of modifying the Medical Practice Act so it allows the physician to delegate certain tasks.

It was suggested that we make inquiries into the situations in other states and then move on the local political scene.

Respectfully submitted,

James C. Mau

James C. Mau
Secretary

JCM: gw

Duke University Medical Center

DURHAM, NORTH CAROLINA

April 8, 1966

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DEPARTMENT OF MEDICINE

MEMO TO: Members of Ad Hoc Committee Re Paramedical Training Programs

FROM: James C. Mau

The next meeting will be Wednesday, April 13th, at 5:00 P.M. in Rm. 1548, Gerontology Building. Mr. Bryson will be present to discuss legal implications of the paramedical training program.

In scheduling the meeting, I found it impossible to identify a date and time when all could come. If you are one of those unable to attend, minutes of the meeting will be available. Also, if practical, a representative you might wish to send would be most welcome.

cc: Mr. Bryson
Dr. Robinson
Miss Wilson

MINUTES FOR AD HOC COMMITTEE MEETING
RE: PHYSICIAN'S ASSISTANTS PROGRAM

File
March 30, 1966

Present: Drs. Stead, Wallace, Hall, DeMaria, Hine, Mr. Jennings and Mr. Mau.

Dr. Wallace discussed the Coronary Care Unit training program. R.N.'s, L.P.N.'s, and Physician's Assistants attended the first session. The program was divided into three stages.

1. 35 hours of didactic presentations.
2. Three sessions in dog lab, where they simulated arrhythmias and gained experience in use of emergency equipment.
3. Six sessions on wards, going over patients with problems similar to those likely to be found on the unit.

These same classes have been repeated for Physician's Assistants and additional R.N.'s.

The staff of the Coronary Care Unit has remained in tact with the exception of an L.P.N., but two, and possibly three, R.N.'s will be leaving in July.

There has been an obvious difference in the effectiveness between those who have had the program and those who have not.

There is presently before Mr. Frenzel a proposal for the use of the Physician's Assistant trainees on the Coronary Care Unit.

It was brought to the attention of the group that Look magazine expressed an interest in doing a story on the Physician's Assistant Program.

Dr. DeMaria supported the idea, for he felt that appropriate publicity will start people thinking about this concept. It was also pointed out that we received several good applications as a result of an article in the Reader's Digest.

Mr. Jennings questioned the timing. All agreed many questions need be answered but that, if properly approached, an article would not be harmful at this time.

Dr. Stead mentioned an expression of interest on the part of Dr. Bowers of the Macy Foundation, as a result of a letter sent to him. Also, Dr. Kinde of the Kellogg Foundation will be in the area in mid-April and is interested in spending some time reviewing the program.

Mr. Jennings suggested we explore the possibility of structuring the program so the graduates would be eligible to take the nursing boards. This would relieve a lot of the political unrest.

The frequency of meeting was discussed with general agreement on a once-a-month schedule. The next meeting, however, will be scheduled at a time when Mr. Bryson can be present.

Respectfully submitted,

James C. Mau

James C. Mau
Secretary

March 16, 1966

File

Present: Drs. Stead, Hall, Glenn, Sidbury, Wallace, DeMaria, Hine, Stone, Miss Jacobansky, Mrs. Andreoli, and Mr. Mau.

Dr. Stead opened the meeting with a mention of interest expressed by Dr. Bowers of the Macy Foundation and Dr. Kinde of the Kellogg's Foundation. Dr. Bowers was sent a letter outlining possible methods in which his foundation might participate. Dr. Kinde will visit us sometime between April 12th and 16th.

Dr. Hall discussed the paramedical training programs that are presently being carried on under the auspices of the Division of Anesthesiology. They are:

A. Nurse Anesthetist.

1. This is an eighteen month program beyond a nursing certificate.
2. There is an average of seven students per year. Classes are given by the nurse anesthetists and by anesthesiologists.
3. The graduate is given a certificate from the Medical Center.
4. Their time breakdown is:
 - a) The first three months is strictly classroom work.
 - b) Next three months is clinical experience under the direct supervision of an instructor.
 - c) The following year they function more independently but are still under the scrutiny of the instructor.

B. Recovery Room Nurse.

1. This is a one year course taught primarily by Dr. Dent and Mrs. Davison, R. N..
2. Classes consist of two sessions of two to two and one half hours each week.
3. There is an average of two graduates per year.

C. Inhalation Therapy.

1. This is a one year course under the direction of Dr. Wagner Ahlgren, a fourth year fellow in Anesthesiology.
2. They also have two two hour sessions per week in the classroom and the rest is clinical experience.
3. Much of their clinical experience is closely supervised by the instructor.

Dr. Sidbury outlined his paramedical training program on the Clinical Research Unit. He also emphasized the fact that training in depth is essential. This group consists of three individuals with corpsmen experience who are functioning, to a great extent, as the Clinical Research Unit fellows. They run highly complicated tests from start to finish which include such things as introducing dyes, taking interval readings, and accumulating the data. They have recently started to round twice a week with Dr. Bressler and Dr. Sidbury. They will move from this into history taking and eventually start giving all medications.

Dr. Stead mentioned that one of the main purposes in exploring the various paramedical programs is to see what overlap can be reduced by effective use of television and core curriculum.

One point repeatedly made was, to get a highly skilled technician, one must train in depth. This also increases the potential expansion of responsibility for the trainee.

Dr. Stead again emphasized the need for establishing the ladder concept for paramedical professions. It appears wasteful to those outside the profession for an individual to repeat all course material when attempting to move from one level of professional competence to another. The inception of a ladder concept would not only make better use of personnel but would also brighten the horizon for prospective employees. Also, the organization that can first demonstrate this fluidity will be in line for financial support.

Dr. Stone mentioned that nursing had taken steps in this direction with its two year technical nurse program as opposed to the four year professional nurse program. She mentioned the resistance of many organizations to such a move.

In response to the question of why the Committee was meeting, Dr. Stead mentioned the following:

1. To reduce duplication whenever possible within the paramedical training programs.
2. To see if there were funds available within the present organization or where possibly funds might be generated to pursue paramedical training.
3. To establish legal mechanisms for recognition of new paramedical personnel.

At the next meeting, Dr. Andrew Wallace will review the Cardiac Training Program and Mr. Bryson will be asked to attend and review certain of the legal aspects of the program, in general.

Respectfully submitted,

James C. Mau
James C. Mau
Secretary

MINUTES FOR AD HOC COMMITTEE MEETING
RE PHYSICIAN'S ASSISTANTS PROGRAM

March 2, 1966

Present: Drs. Stead, Wallace, Hall, Glenn, Dean Jacobansky, Mr. Jennings and Mr. Mau.

Mr. Mau reported on the progress thus far with this year's program.

Recruitment began in March. As a result of an article in Reader's Digest and letters sent to the surrounding military hospitals, over one hundred letters requesting information were received. Approximately twenty-two applications were completed and fourteen people were interviewed by the committee composed of Drs. Wallace, Saltzman, Harp, Hayes and Mr. Mau. Four Navy corpsmen were selected. They are all married, with average age of 24, and all but one have some college credit. Classes began in October with the following courses:

<u>Title</u>	<u>Instructor</u>	<u>Hours</u>
Anatomy and Physiology	Dr. Harp	60
Nursing Arts	Mr. Andreoli	120
Animal Surgery	Dr. LeMay	80
History Taking and Physical Findings	Dr. Nagel	40
Metabolism	Dr. Heick	40
Electronics	Mr. Weiss	90
Pharmacology	Dr. Rubenstein	40
Psychomatic Medicine	Dr. Klein	30

Clinical experience to date includes Monday and Friday PM in the recovery room under the supervision of Mrs. Davison and Wednesdays at Lincoln Hospital, under the guidance of Dr. McLeod.

Their didactic experience will come to a close in April with additional pathophysiology. They then move into the clinical portion of the program, during which time they will spend from one to three months in the following areas:

1. Recovery Room
2. Routine Blood Lab
3. Renal Lab
4. Cardiovascular Lab
5. Inhalation Therapy
6. Intensive Care Unit
7. Cardiac Care Unit
8. The Outpatient Clinics

Individuals who have had contact with the group thus far have been well pleased with their progress.

Don Guffey and Dick Scheele, two trainees, were present for the first portion of the meeting and were questioned by members of the committee. The initial question was whether or not the material which they have thus far been exposed to was relevant and meaningful.

Both Mr. Scheele and Mr. Guffey expressed the opinion that the didactic sessions were providing them with a good foundation upon which they could expand with practical experience.

Dr. Glenn posed the question of whether or not it would be practical for recent high school graduates to enter the course as it is now structured.

Mr. Guffey and Mr. Scheele felt that bright high school graduates could pass the didactic portion, but the lack of experience would be a real lesion in the practical portion.

In response to the question of why they entered the program, they both expressed a desire to stay in the health field but saw no route open to them below the level of a physician which offered a career potential before the program started. They also made it clear that there were many other people in the same category.

Mr. Jennings asked at which stage of the game did they, as hospital corpsmen, decide that the health field held career potential for them.

Mr. Guffey said he developed an interest while still in high school and this interest was amplified with the corpsman experience. Mr. Scheele felt his interest jelled when he moved into the practical portion of his corpsman experience.

Dr. Glenn asked the trainees what they projected as their ultimate task.

They listed such activities as keeping the shop in order, maintaining adequate supplies of support of personnel, and helping with patient problems. Following this discussion, the trainees left.

Dr. Glenn expressed concern over the trainees' orientation towards administrative tasks rather than direct patient contact. It was explained that the group is reluctant to mention what patient work they will be doing because of the legal aspect.

Dr. Stead made it clear that the trainees would determine, to a great extent, what duties would be their's by when they got off the training ladder. The good ones would be responsible for training personnel who either move in and out of the health field or are temporary employees. We would hope to have them included under the doctor's license. The program will be designed so an individual can return for future training without repeating any material which he or she has had previously.

Miss Jacobansky expressed an interest in putting nurses through portions of the program which are not covered in nurses' training.

Dr. Wallace mentioned that the physician's assistants and nurses are attending the same classes in conjunction with the cardiac care unit and both groups appear to be progressing at an even pace.

Dr. Glenn expressed his favorable association with military corpsmen during his military tour. He also listed three criteria which would play a major role in determining how effective the group will be. They are 1) the physicians' acceptance of the group, 2) society's acceptance of the group, and 3) the physician's assistants' competence. Dr. Wallace cited an example in Tarboro where he felt the

presence of one or more of the physician's assistants would certainly improve the medical care, for there was an obvious shortage of highly skilled personnel.

The next meeting will be held on March 16th at which time Dr. Hall will review the Inhalation Therapy program.

Respectfully submitted,

James C. Mau
James C. Mau
Secretary

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