

Duke's Physician's Assistant Program

Working with physicians in rural communities, urban practices, and medical complexes, the physician's assistant is a unique brand of "medicine man," fully equipped with the technical skills needed to extend health care services to a greater number of people.

As a result of the "overwhelming shortage of doctors," the physician's assistant, a newcomer to the medical profession, is earning widespread acceptance, according to Dr. D. Robert Howard, director of the Physician's Assistant Program at Duke University.

Duke's program, which is partially supported by Rockefeller and Carnegie Commonwealth grants, prepares the prospective physician's assistant to assume many of the routine aspects of the doctor's role, such as taking patient histories, performing physical examinations, collecting specimen data, and changing dressings.

An assistant functions primarily as a data-gatherer enabling the physician to devote more time to the specialized process of diagnosis and treatment. The end result is a more efficient practice with an assistant's increasing the physician's productivity approximately 75 per cent, Dr. Howard indicated.

The program entered the planning stages in the early 1960's when Dr. Eugene A. Stead, Jr., then chairman of Duke University's Department of Medicine, tried and failed to implement a program of continuing education for community physicians, because the doctors couldn't afford to take time away from their patients to attend classes.

After researching the concept of using ancillary personnel to bolster a physician's practice, Dr. Stead developed the Physician's Assistant Program, which graduated an initial class of three students in 1965 and has expanded to include 40 students per class under the



A Physician's Assistant discusses a patient's chart with the head nurse.

administration of the Department of Community Health Sciences.

During the 24-month training program, students receive 36 weeks of instruction in such subjects as epidemiology, basic medical sciences, laboratory and diagnostic techniques, and patient evaluation. Fifteen months are spent accumulating clinical experience through hospital rotations in such areas as pediatrics, surgery, and industrial medicine.

All students take the same courses during the first year, but they can then develop clinical expertise in a specialized area if they so choose. Dr. Howard commented, "the main emphasis is on general medicine since that is the area of the greatest physician shortage."

Nineteen graduates are working outside of North Carolina, while 21 are concentrated within the State in a variety of capacities from assisting an internist in Durham to providing health services for the State prison system.

"A degree program has recently been approved which will allow the academic credits to be applied toward a bachelors degree," the Director explained. The Physician's Assistant Program will then constitute a student's junior and senior year of specialization.

The credits earned can be applied toward medical school, should the physician's assistant ever decide to become a doctor. "However, we try to select students who don't want to be physicians," Dr. Howard emphasized.

Of the 500 to 800 completed applications received each year, most of the 40 students selected have had extensive prior practical experience, frequently in the military medical corps.

"We are expanding to include other health areas," Dr. Howard continued. "So many health careers are dead ends, and we are trying to provide an opportunity for career ascension in the area of patient care."

A senior in the Physician's Assistant Program, Russ



As part of his clinical training, a student in Duke University's Physician's Assistant Program helps in setting up a procedure in the cardiac catheterization laboratory.

A New Source Of Medical Manpower

Lawrence commented, "I'm very happy with the program. I chose this career because it provides an opportunity to assume some responsibility and to see patients with the doctor. I was in a pre-medical curriculum for awhile, but I became discouraged by the time and money involved. I don't want a career just for the prestige it offers. I like people and I want to help take care of them."

The demand for physician's assistants is increasing to the extent that job placement will have to become a computerized process Dr. Howard explained.

Patient acceptance of the trained assistant has contributed to the increase in employment opportunities. "If a doctor knows that he can save both time and money while keeping his patients satisfied, he will welcome the assistant."

Referring to recent studies, Dr. Howard indicated that the better educated patient is more likely to accept the assistant's role enthusiastically because such a patient is inquisitive as to the nature of his illness and can find answers to puzzling questions that a doctor might not have time to discuss.

Individuals in the middle income bracket have been the most receptive to the assistant, and "this is important since they constitute the major segment of the population seeking a doctor's services," Dr. Howard stated.

There is no conflict between physician's assistants

and other health workers, such as nurses, since the assistants acquire a different set of skills.

Physician's assistants are not licensed, Dr. Howard stated. "In fact we oppose licensing, because such a procedure could result in further fragmentation and independent practice which would defeat the purpose of the program."

At present the law regarding the role of the physician's assistant is "indefinite," according to Dr. Howard. The 1971 State General Assembly will consider legislation that will enable the individual practicing physician to delegate those tasks that the assistant is competent to undertake.

Looking into the future, Dr. Howard predicted the establishment of an achievement-oriented rather than time-oriented educational program. "This would allow us to eliminate the inequities of a system that fallaciously assumes that everyone learns at the same rate," the program director stated.

The Physician's Assistant Program represents an innovative approach to learning. Dr. Howard commented, "The major problem with educational institutions today is that they haven't done anything to update the educational process, and this in part has led to campus unrest." The Director stressed that the Physician's Assistant Program will be constantly modified to keep pace with the changing times.

Duke Medical Center Marks Forty Years Of Public Service

When Duke University first opened its medical facilities to the public in 1930, the pursuit of quality health care and education was launched. Now in its fortieth year, Duke's career as an innovator in the medical world has assumed international proportions.

Since its early beginnings, Duke University Medical Center has served over 900,000 individuals and has conferred 2,702 medical degrees.

Commensurate with the development of creative clinical and educational programs is the expansion of physical facilities to include a private diagnostic clinic, a clinical research building, a rehabilitation center, and a complex of structures in the Research Park.

Dr. W. C. Davison, first Dean of the Medical School and the primary force behind the construction of the hospital complex, summarized the Medical Center's goals as being "to emphasize the importance of sound teaching, good medical care, cordial student-faculty relations, and mutually helpful public relations with the medical profession and to orient the entire program toward the community needs of the Carolina's and Virginia."

Plans for the future of the Duke University Medical Center indicate continued dedication to the tradition of public service.



The medical school building, (above) named after the school's first dean, Dr. W. C. Davison, was the first facility constructed in the Medical Center complex. One of the newest additions is the Main Entrance Building (below) completed in 1967.

