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MEMORANDUM TO: All Concerned
FROM: Dr. D. Robert Howard
RE: Educational Essentials for the Primary Care of
Physician's Assistants
DATE: July 12, 1971

On Wednesday and Thursday, July 7 and July 8, Dr. Richard Smith, Director of the Medex Programs and myself met at great length to discuss the curriculum and other elements concerning the essentials for the Primary Care Physician's Assistant which are currently in the process of being drafted and considered by the Council on Medical Education of the AMA. In that we are both on the task force for drafting essentials and represent programs that encompass the spectrum of quality-type programs for primary care of physician's assistants, we decided to meet and discuss the essentials and work towards creating a draft that could include all quality programs and simultaneously exclude the many proliferating programs that are threatening this emerging concept.

During our deliberations, which included give and take on both sides, we arrived at the following draft which is mutually agreeable as stands. However, because we would like to represent the interests of everyone involved in this emerging profession, we are distributing this document for your very careful and critical review. Any suggestions you might have regarding ways of strengthening this document will be seriously considered by the sub-committee on the curriculum on August 3, 1971 and by the task force considering the educational guidelines for the primary care of physician's assistants on August 3 and 4, 1971, at their next meeting in Chicago.

Because of the need to move forward both cautiously and rapidly, we would like to have you review this modified draft and submit your suggestions or recommendations to either of us prior to August 1.

If any of you have any questions regarding the content of this document, please do not hesitate to contact me directly as Dr. Smith will be out of the country until August 1.

D. Robert Howard
D. Robert Howard, M.D.

DRH:lf

ESSENTIALS OF AN APPROVED EDUCATIONAL PROGRAM FOR
PHYSICIAN'S-ASSISTANTS [PRIMARY CARE PHYSICIAN'S ASSISTANT]

Adopted _____
(Date)

Established by
AMERICAN MEDICAL ASSOCIATION
COUNCIL ON MEDICAL EDUCATION
in collaboration with
AMERICAN ACADEMY OF FAMILY PHYSICIANS
AMERICAN COLLEGE OF PHYSICIANS
AMERICAN SOCIETY OF INTERNAL MEDICINE
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

OBJECTIVE: The education and health professions cooperate in this program to establish and maintain standards of appropriate quality for educational programs in the allied health professions and services, and to provide recognition for educational programs which meet or exceed the minimal standards outlined in these ESSENTIALS.

These standards are to be used as a guide for the development and self-evaluation of allied health educational programs. Survey teams report on site visits, and lists of the accredited programs are published for the information of employers and the public. Students for the allied health occupations are taught to work with and under the direction of physicians in providing health care services to patients.

DESCRIPTION OF THE OCCUPATION

The [Primary Care] Physician's Assistant is a skilled person qualified by academic and practical training to provide patient services under the supervision and direction of a licensed physician who is responsible for the performance of that assistant.

The function of the primary [Primary Care] Physician's Assistant is to provide, under the direction and supervision of a licensed physician, selected diagnostic and therapeutic tasks, [in order] to allow the physician to extend his services to a greater population base through the more effective use of his knowledge, skills and abilities.

The assistant to the primary care physician is an allied health professional, who works closely with and under the responsibility and supervision of a doctor [licensed doctor of medicine or osteopathy] who serves as the primary physician to his (her) patients. His preparation allows him to support the physician in his daily activities, which do not require the sophisticated knowledge and experience of the physician.

The assistant to the primary care physician will [is to] be involved [exclusively] with the patients of his supervising physician [(s)] in all settings of medical care--His [and is to] work is under the supervision of the physician who retains responsibility for patient care.

In rendering the services appropriate to these types of care, the primary physician [is] traditionally performs [involved in] a variety of activities. Among these are some which are essential to his serving the patient and which can be performed only by him; these relate to the application of his intellect and skill toward logical and systematic evaluation of the patient's problems, integration and analysis of data necessary for solution of the patient's problems and use of judgement in planning a program of management and therapy appropriate to the patient. The ~~assistant-to-the primary-physician~~ [Primary Care Physician's Assistant] will not supplant the doctor in the sphere of the [sophisticated] decision-making [abilities] required to establish a [final] diagnosis and ~~plan-therapy~~ [therapy plan], but will assist in gathering the data necessary to reach decisions and in implementing the therapeutic plan for the patient.

[Intelligence, ability to relate to people, capacity for calm and reasoned judgment in meeting emergencies, and an orientation toward service are qualities essential for the physician's assistant. As a professional, his respect for the person and privacy of the patient must equal that of the physician.]

The tasks performed by the assistant are those which require ~~technical-skills~~ [technically related knowledge, skills and abilities], ~~execution-of-standing~~ [transmission and

execution of physicians] orders [s], routine patient care tasks, and diagnostic and therapeutic procedures as the physician may delegate to the assistant after he [the assistant] has attained and demonstrated his proficiency through adequate instruction and experience and for whose action the doctor is willing to accept responsibility.

The primary physician is responsible for the management of the total health care of the patient, rather than limited or episodic care. The assistant will [is to] be involved with helping the doctor provide total [comprehensive] health care [services] to the [all of his] patients.

Diagnostic Services - The physician is necessarily involved early in the diagnostic process, but the physician's assistant ~~may collect historical data of present and past health problems. The assistant may schedule, perform and assist in diagnostic studies and measurements.~~ [should be able to accurately and reliably collect, record, and present detailed historical data and physical findings; perform and/or assist in performing routine diagnostic procedures; and schedule, perform and/or assist in performing other diagnostic and evaluative studies and measurements as dictated by the particular practice and commensurate with quality patient care services.]

Continuing Medical Care - The physician's-assistant [primary care physician's assistant] makes [should be able to accurately and reliably make] observations appropriate to the patient's underlying disease or state and treatment plan. He [must be able to] reviews [and understand] the patient's medications, diet, course of therapy, and [understand and explain the necessity for] adherence to [the] management plan. The assistant is [must be] able to instruct and counsel patients on aspects of common diseases and problems, ~~physical-therapy-instruction~~ [rehabilitation programs], and home therapy.

Minor Illness and Injury - The physician's assistant is [must be] trained to offer telephone advice to the patient and schedule an appointment [s] in [as] indicated. He can [must be able to] obtain a [complete] history of the illness and after appropriate examination, can initiate appropriate study [studies] to facilitate the M.D.'s [physician's] contact with the patient. He can [should be able to] prepare the patient for and assist in minor surgery.

Major Illness and Injury - The assistant [primary care physician's assistant] is-targely [may be primarily] involved in performing [studies] under direction of the physician studies designed to evaluate the patient's problem and aiding in [should be able to implement and assist in the provision of] emergency care [services].

He [may further] assist the physician in definitive management of surgical and-orthopaedic problems.

Rehabilitation - The assistant [must be able to] serve as an extension of the physician by visiting the patient in the extended care facility [facilities] and-the-nursing-home, where-he-will [and to] review [and record data pertinent to] the [patients] status and course. He [must be able to] participates in implementing the plan to restore the patient to health and productivity.

Health Maintenance - The assistant will be involved with health evaluations on relatively well adults and in periodic infant and child health evaluations; he will-take [must be able to collect] and record [detailed data about] the history of previous illnesses, the family history and the review of systems. He will [must be able to] make and record [physical] observations about-the [including appropriate measurements of] growth and development of the younger [pediatric] patient. He will [must be able to] present the history, his [physical and appropriate laboratory] findings, and impressions to the M.D. [physician]. He will [must be able to] review the immunization status of the patient, review the health habits of the patient, performing a health hazard appraisal and counseling the patient or family regarding tobacco, alcohol, drugs, obesity, mental health [and] contraception, etc. He will [must] be able to instruct and counsel the family on feeding

~~The institution should be accredited or otherwise acceptable to the Council on Medical Education of the American Medical Association. Schools, colleges, and universities must have the necessary clinical affiliations.~~

II. CLINICAL AFFILIATIONS:

- A. The clinical phase of the educational program must be conducted in a clinical setting and under competent clinical direction.
- B. In programs where [the] academic training- [instruction] and clinical experience [teaching] are not provided in the same institution, accreditation shall be given to the institution responsible for the academic training [preparation] student selection, curriculum, academic credit, etc./ and the educational administrators shall be responsible for assuring that the activities assigned to students in the clinical setting are, in fact, educational.
- C. In the clinical teaching environment, an effective ratio of students to instructors [physicians] shall be maintained.

III. FACILITIES:

- A. General - Adequate classrooms, laboratories, and administrative offices should be provided.

- B. Laboratory - Appropriate modern equipment and supplies for directed experience should be available in sufficient quantities for student participation.
- C. Library - A library should be readily accessible and should contain an adequate supply of up-to-date and scientific books, periodicals, and other reference materials related to the curriculum.

IV. FINANCES:

- A. Financial resources for continued operation of the educational program shall be assured through regular-budgets.[for each class of students enrolled]
- B. The institution shall not charge excessive student fees.
- C. Advertising must be appropriate to an educational institution.
- D. The program shall not substitute students for paid personnel to conduct the work of the clinical facility.

V. FACULTY:

The instructional staff should [must] be qualified, through academic preparation and experience, to teach the subjects assigned. A planned program for their continuing education should be provided.

A. ~~Director of Educational Program~~ [Director]

1. Qualifications-He [The program director] should meet the academic requirements specified by the institution providing the didactic portion of the educational program. He may be a medical educator not involved in the actual practice of medicine.
2. Responsibilities-In addition to other assigned responsibilities the [program] director ~~of the educational program~~ should be responsible for the organization, administration, periodic review, continued development, and general effectiveness of the program.

B. Medical Director

The medical director of the program should provide competent medical direction for the clinical instruction and for clinical relationships with other allied health educational programs and should develop [have] the understanding and support of practicing physicians.

The medical director should [must] be a [licensed] practicing physician familiar with the delivery of health care services [of the type] for which the student is being prepared.

C. Change of Director

If the Director of Educational Program or the Medical Director of a program is changed, immediate notification should be sent to the AMA Department of Allied Medical Professions and Services. The curriculum vitae of the new director, giving the details of his training, education, and experience in the field, must be submitted, and, if the new director's credentials are in order, accreditation of the program will be continued.

D. Instructional Staff

The faculty should be qualified, through academic preparation and experience, to teach the subjects assigned. A planned program for their continuing education should be provided.

Faculty for the clinical portion of the educational programs should be composed of physicians who are involved in the provision of patient care services.

[Because of the unique characteristics of the Primary Care Physician's Assistants it is necessary that the preponderance of the clinical teaching be conducted by licensed practicing physicians]

E. Advisory Committee

An Advisory Committee may be appointed to assist the directors in continuing program development and

evaluation, in faculty coordination, and in coordinating effective clinical relationships.

[For maximum effectiveness an Advisory Committee should include representation of the primary institution involved, the program administration, organized medicine, and the practicing physicians]

VI. STUDENTS

- A. Selection - ~~In colleges and universities, selection of students should be made in accordance with the generally accepted practice of the institution. In hospital-sponsored programs,~~ Selection of students should be made by an admissions committee in cooperation with those responsible for the educational program. Admissions data should be on file at all times in colleges, universities, or hospitals sponsoring the program.

[Because the role of the Primary Care Physician's Assistant requires a career commitment not unlike that of the physician; and because an exceptional degree of dedication and motivation, and an intellectual ability to comprehend a vast array of medically related knowledge is essential; and in recognition that the majority of the traditional intermediate level health occupations are frequently dead-end career pathways; and in recognition that within the ranks of the traditional health occupations there

are large numbers of motivated, intelligent, mature, and dedicated workers who are able and who desire the opportunity to accept greater challenges and responsibilities in the delivery of primary patient care services, selection procedures must include an analysis of previous performance and experience and should seek to accommodate candidates with a health related background and give due credit for the knowledge, skills, and abilities they possess.]

- B. Health - Applicants shall be required to submit evidence of good health and successful vaccination. A student health service should [must] be available for evaluation and maintenance of the students' health. When students are learning in a clinical setting or a hospital, the hospital or clinical setting should provide such students with the protection of the same physical examinations and immunizations as are provided to hospital employees working in the same clinical setting.
- C. Number - The number of students enrolled in each class should be commensurate with the most effective learning and teaching practices and should also be consistent with acceptable student-teacher ratios.

- D. Counseling - A student guidance and placement service should be available.
- [E. Students enrolled in an accredited program must wear identifying name tags delineating them from physicians and other health professionals and students at any time they are in a public activity related to the program]

VII. RECORDS

Satisfactory records should be provided for all work accomplished by the student [while enrolled] in the ~~training~~ program. Monthly and annual reports of the work of the department should be prepared and available for review.

A. Student

1. Transcripts of high school and any college credits and other credentials must be available [on file].
2. Report of medical examination upon admission and records of any subsequent illness should be retained. A report of [the initial and subsequent] medical examinations including a chest film, should be kept on record.
3. A record of class and laboratory participation and ~~accomplishment~~ [academic and clinical achievements] of each student should be

maintained in accordance with the requirements of the institution.

4. Attendance and grades must be suitably recorded.

B. Curriculum

1. A copy of the complete curriculum should be kept on file.
2. Copies of course outlines, class schedules, directed experience, schedules, and teaching plans should be on file and available for review.

C. Activity

1. A satisfactory record system shall be provided for all student performance.
2. Copies of practical and written examinations should be maintained and continually evaluated.

VIII. CURRICULUM

[The length of the educational program may vary and should be determined on the basis of the students' background in consideration of his (her) individual education, experience, knowledge, skills and abilities, and his (her) ability to achieve the objectives described in the section on the Description of the Occupation.]

- A. ~~Instruction should follow a planned outline which~~ includes: [Instruction which is tailored to meet

the students' needs should follow a planned outline which includes:]

1. Assignment of appropriate instructional materials.
 2. Classroom presentations, discussions, and demonstrations.
 3. Supervised practice discussions.
 4. Examinations, tests, and quizzes - both oral [practical] and written - for didactic and clinical aspects of the program.
- B. General courses or topics of study, both didactic and clinical.

~~{NOTE:--Specific suggestions may be made available in "guidelines" which supplement these Essentials.}~~

[The general courses and topics of study must be achievement oriented and provide the graduates with the necessary knowledge, skills, and abilities to accurately and reliably perform the tasks, functions, and duties necessary to assist the primary care physician in fulfilling his (her) professional responsibilities requisite for providing comprehensive primary health care services.

The undergraduate period of education for the Primary Care Physician's Assistant cannot be

prescribed in a specific curriculum. Each graduate must have a foundation of knowledge in the appropriate basic and clinical sciences that is sufficient to permit him to responsibly and reliably perform the tasks, functions and duties implied in the Description of the Occupation.

Instruction should be sufficiently comprehensive so as to provide the graduate with an understanding of mental and physical disease in both the ambulatory and hospitalized patient.

Attention should also be given to preventive medicine and public health and to the social and economic aspects of the systems for delivering health and medical services. Instruction should stress the role of the Primary Care Physician's Assistant relative to the health maintenance and medical care of his supervising physician's patients. Throughout, the student should be encouraged to develop those basic intellectual, ethical, and moral attitudes and principles that are essential for his gaining and maintaining the trust of those with whom he works and the support of the community in which he lives.

The ultimate role of the Primary Care Physician's Assistant cannot be rigidly defined

because of the variation in practice requirements influenced by geographic, economic, and sociologic factors. The high degree of responsibility an assistant of this type will assume, however, requires that at the conclusion of his formal education and training that he has at the least the necessary knowledge, skills, and abilities to:

- 1) Initially approach a patient in any setting and of any age group, elicit a detailed and accurate history, perform an appropriate physical examination, and record and present the data in a manner meaningful to the physician;
- 2) Perform and/or assist in performing routine laboratory and related studies as considered appropriate for specific practice settings, e.g.: draw 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) Providing patient counselling and instruction regarding health habits, diets, disease,

and therapy;

- 5) Assisting the physician in the hospital setting by making patient rounds, recording patient progress notes, accurately and appropriately transcribing and/or executing standing orders and other specific orders at the direction of the supervising physician, and compiling and recording detailed narrative case summaries;
- 6) Assist in the delivery of services to patients in extended care facilities including reviewing and monitoring treatment and therapy plans; and
- 7) Be acquainted with and independently carry out evaluation and treatment procedures essential in appropriately responding to life-threatening emergency situations.

The curriculum should be broad enough to provide the graduate with both the technical abilities and behavioral characteristics to perform in a professional capacity in all of his endeavors.]

- C. A synopsis of the complete curriculum should be kept on file. This instructional program [synopsis] should include the rotation of assignments, the

outline of the instruction supplied, and lists of multi-media instructional aids used to augment the experience of the student.

IX. ADMINISTRATION

- A. Catalog - An official publication including a description of the curriculum should be issued at least biennially. It should include information regarding the organization of the program, a brief description of required courses names and academic rank of faculty, entrance requirements, tuition and fees, and information concerning hospitals and facilities used for directed experience.
- B. Accreditation - The evaluation (including survey team visits) of an institution or a program of study can only be initiated by the express invitation of the chief administrator of the sponsoring institution or his officially designated representative.
- C. Withdrawal - The institution may withdraw its request for initial accreditation at any time (even after evaluation) prior to final action. The AMA Council on Medical Education and collaborating organizations may withdraw accreditation whenever:
 1. The educational program is not maintained in accordance with the standards outlined above,

or

2. There are no students in the program for two consecutive years.

Accreditation is revoked only after advance notice has been given to the head of the institution that such action is contemplated, and the reasons therefore, sufficient to permit timely response and the use of established procedures for appeal and review.

D. Re-evaluation

1. Review - The head of the institution being evaluated is given the opportunity to become acquainted with the factual part of the report prepared by the visiting survey team, and to comment on its accuracy before final action is taken.
2. Appeal - At the request of the head of the institution, a re-survey may be made.

Accreditation decisions may be appealed by letter to the Council on Medical Education of the American Medical Association.

- E. Reports - An annual report should be made to the AMA Council on Medical Education and collaborating organizations. A report form is provided and should be completed, signed by the Director of the

Educational Program, and returned promptly.

- F. Re-survey - The AMA and collaborating organizations will periodically re-survey educational programs for consultation and re-evaluation.

[X. CHANGES IN THE ESSENTIALS

Changes in the essentials of an approved educational program for Primary Care Physician's Assistants will be drafted by a standing committee which represents the spectrum of accredited programs for Primary Care Physician's Assistants, the American Academy of Family Practice, the American College of Physicians, the American Society of Internal Medicine and the Association of American Medical Colleges. Only changes recommended by this committee will be considered. Recommended changes will be submitted to the appropriate accrediting body.

XI. APPLICATION AND INQUIRIES

- A. Accreditation - Application for accreditation of a program should be made to:

Department of Allied Medical Professions and Services
Division of Medical Education
American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610

- B. Careers - Inquiries regarding career information

should be addressed to:

~~(Name and address of allied health professional
association)~~

[Department of Allied Medical Professions and
Services

Division of Medical Education

American Medical Association

535 North Dearborn Street

Chicago, Illinois 60610

or

[Any accredited program]

- C. ~~Registration-Certification-Inquiries~~ regarding
registration or certification of qualified
graduates of the accredited program should be
addressed to:

~~(Name and address of the Registry)~~

[The State Medical Society or Association of
the State(s) in which the graduate would like
to seek employment]