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NEWS

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*****UTHSCD physician assistant students
serve summer preceptorships in small
Texas towns.

DALLAS--The small South Texas hospital sits back from the highway at the end of a street lined with palm trees. Outside, the clean new facility looks deceptively quiet, as though nothing much happens here. But behind the brick walls of Taft Hospital and other small town hospitals and clinics across the state, physicians are working on one solution to the problems of health care distribution to underserved areas.

Inside Taft Hospital a young mother is dismissed with her three-day-old son. A sixteen-year-old arrives at the emergency room with a crushed nose. A doctor is alerted to the arrival of a heart attack victim on her way from Sinton by ambulance, and while he stitches up the boy's nose, a room is prepared for the heart patient. A woman in labor is admitted.

In the midst of this controlled confusion, a physician assistant student follows along--observing, touching, asking questions. And the doctor takes time, when he can, to explain what he is doing and why.

"When you have someone learning from you, you have to think through the problem better and you do a better job of patient care. You hope students will be critical of what they see," says Dr. Charles Simpson, a Sinton family practitioner and staff member at Taft.

This summer Dr. Simpson is serving as preceptor to John Cates, a senior in the physician assistant (PA) program at The University of Texas Health Science Center at Dallas. John and the 13 other students in his class are scattered all over Texas, mostly in small towns, for their preceptorships--the final step in their PA training--when they work closely with a doctor in a family practice.

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Snake bite. Pregnancy test. Cat scratch fever. Staph infection. All in the morning's work in Marble Falls for PA student Kate Byrd and Dr. John Thompson.

"How to talk to patients and how to be gentle--those are the main things I'm learning here, the stuff that only experience teaches," Kate said.

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first add pa preceptorship

After doing a pelvic examination and a pregnancy test on a new patient, Kate took time to explain the positive results to the woman. Following her diagnosis, Kate consulted with Dr. Thompson, who confirmed her findings.

"She is really good. The first week I just let her observe how I work, hoping she would work in that pattern, and she has," said Dr. Thompson.

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"A busy small town doctor needs a PA," says Dr. Robert Williamson in Gonzales, preceptor for Joan Layden.

"The PA student has time to explain the diet or why the patient should give up smoking. It's time I can't give but they need. Maybe I can give a one-minute 'stop smoking' lecture, but the PA can give a five-minute lecture. Or maybe the patient needs to hear it on every visit," said Dr. Williamson.

The Dallas PA students have been well received by other professionals:

Joan made friends with the Gonzales hospital personnel during her first week. One of the nurses called her late one night when they were short-handed and needed someone to sit with a patient who had been given a drug to help with labor.

"Although I didn't feel it was Joan's duty, she went in and stayed with the patient. And word got around among the staff--'Here's somebody who's willing to help,'" said Dr. Williamson. "Joan's physical examination is as thorough as mine. Her history taking is as thorough as mine. I think the big thing is I've helped her organize her approach to patients in the hospital."

The doctor's hospital patients like the fact that Joan takes time to talk. Generally, it seems that the patients trust their doctors and so trust those who work for the doctor.

"I think patients understand 'physician assistant' after about the second visit. They're used to my office nurse asking them a lot of questions but not examining them," said Dr. Williamson.

"Only a few people have kind of acted surprised when I put a stethoscope on them," interjected Joan.

"Then it hits them," said Dr. Williamson. "They think, 'Now what did she say she was?' But they've already got their shirt off."

Trained to perform physicals, take medical histories, make hospital rounds, assist in surgery and initiate emergency treatment, PAs are required to work only under a doctor's supervision. But they free the doctor to spend more time with patients needing more specialized skills.

Physician assistant training consists of two years of traditional college study followed by two years in an AMA-accredited PA program. The junior year is spent in the classroom, and the senior year is spent actually working with patients in the hospital, in clinic, in the emergency room and in the doctor's office.

"The students are selected by physicians, trained by physicians and employed and supervised by physicians," says Dr. William Neal, the physician who directs the PA program at the Dallas health science center. "Although the goals are different, the methods of educating PA students and medical students are virtually identical. The medical education environment is tried and true for students of any ilk. They must have a crack at taking care of patients themselves--under supervision."

During clinical training, for example, the student is sent in to interview and examine a patient with no clue about what to expect. The student must make a tentative diagnosis and suggest a plan of therapy and patient education. The supervising physician then follows up with an evaluation of the patient to check the student's skills. During this training with patients, PA students and medical students work side by side on rotations in internal medicine, obstetrics, pediatrics and surgery.

Clinical training takes place in Parkland Memorial Hospital and the Veterans Administration Hospital in Dallas prior to the preceptorships with doctors in private practice. PAs then receive bachelor's degrees from the School of Allied Health Sciences at UTHSCD.

So far, few of the 62 graduates of the program have chosen to work in underserved areas. But within the last year the staff had begun a new emphasis on meeting the needs of rural and underserved areas. Students are recruited from those areas, the need is discussed throughout their training and they are now being sent to those areas for required preceptorships. Hopefully, they will decide to settle in that area or in one similar to it.

"We are optimistic that these strategies will have a direct, immediate impact on the medically underserved areas," said Dr. Neal.

"Sinton is a perfect example of what can happen with the preceptorship," said Barry Buschmann, preceptorship coordinator.

Dr. Ernest Deitch in Sinton called last year expressing an interest in PAs. At his invitation, Buschmann sent two student preceptees, who chose this training option. When Bill Boostrom graduated, Dr. Deitch hired him.

This may help to explain why an already overworked physician would take on a student. Once PAs are trained, they can bring some relief to doctors practicing in areas where there are not enough physicians to handle the patient load.

Why would a person choose to become a physician assistant instead of a physician?

third add pa preceptorship

While working on a graduate degree in sociology/anthropology, Bill Boostrom discovered he enjoyed his work as an emergency room orderly more than he enjoyed school. On looking into medical careers, he decided he "wanted to do what the PA does." Also, the comparatively short two-year training period appealed to him.

John Cates decided to become a PA because he wanted to be involved in "everything" in medicine but didn't want the demands placed on a doctor. He investigated two PA training programs in California but found the best here in Texas.

Boostrom, an Illinois native, had already been accepted at school in the North when he interviewed in Dallas.

"I liked the way I was treated at the Dallas school. I liked the program, and the people were friendly and very open. The staff left me to talk with students, and the students told me about the problems as well as the good things. I thought, 'You know where you stand here,'" Boostrom said. As a working PA, he helps orient the students coming in for preceptorships this summer.

"The physicians here in Sinton live to teach. It keeps them on their toes. They love it when you ask questions and make it difficult for them," he said.

"At first when I came down, I would start explaining what a PA is, and patients would say, 'Well, if it's all right with Dr. Deitch, it's all right with me.'"

Boostrom goes into the office at 8 a.m. to do the routine lab work. He makes morning rounds at the hospital in Taft. Dr. Deitch comes to the office at 9 and makes hospital rounds at lunch. Then one or both make evening rounds, and they are on call one day a week and every fifth weekend.

"I stay at the hospital when we're on call. That makes it easier for both of us," said Boostrom. "We're off on Wednesdays, which means we spend only half a day at the hospital. The office is open Saturday mornings, and we make rounds Saturdays and Sundays."

Dr. Deitch has the added duty of getting up during the night for OB patients, a big responsibility since only three doctors in the area take OB patients now.

"The hours are long," Boostrom admits, "but it doesn't seem like work because of the people. If you took it strictly as a job, you couldn't do it."

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fourth add pa preceptorship

Before sending students out as preceptees, Buschmann holds a couple of orientation sessions. He reminds them of the differences between working in a large urban medical center and working with a doctor in a rural area. The student is used to having lab facilities for many tests that may be unavailable or too expensive in rural areas.

"You can't use the shotgun approach to the lab," Buschmann reminds them. "You have to consider what is the most effective and most economical for the patient. When you see a farm hand with five dollars in his pocket, you recommend the least expensive, effective drug. As a working PA, you must think about economics in patient care."

Asked if it were a problem, not having access to many of the tests available in a big medical center, Kate Byrd answered that the quality of follow-up care makes up for most data that "it would be nice to have."

"One lady that we saw today, who Dr. Thompson was with for a long time, we have seen now four times just since last week because she was on the border of being in congestive heart failure. That's what makes it not so scary to me because he follows them so closely that if anything happened, he'd know about it--and she could be in the hospital in Austin in an hour," she said.

The students feel well prepared by the school for their training with doctors in private practice. They also feel that the preceptorship adds a needed dimension to their education, however.

"As a student there are a lot of things you don't grasp. Now it's like things dawning on you--learning to recognize the relationships in a complex disease like congestive heart failure," said Joan.

Kate, Joan and John will graduate at the end of August. They will then join the small but growing force of working physician assistants. Perhaps they'll become members of a team similar to the Deitch-Boostrom team in Sinton.

Dr. Deitch says with Boostrom's help he can not only keep up with his patient load but also spend more time with patients that need his attention.

"Bill helps me with my hospital work, the chart and paper work. He alerts me to what's urgent. He answers patients' questions and helps me in emergencies. I guess you would call him 'my right arm.'"

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