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www.reachmd.com
info@reachmd.com
(866) 423-7849

The History of the Physician Assistant Profession

HISTORY OF THE PHYSICIAN ASSISTANT PROFESSION

Physician Assistants have become a critical component of Healthcare in United States today. Have you ever wondered how this profession began? Welcome to the Clinician's Roundtable, I am Lisa D'Andrea Lenell and joining me today is Victor Mino, a Physician Assistant and one of the first three graduates from the Original Physician Assistant Program started at Duke University. Today, we are discussing the history of the PA Profession.

DR. LISA D'ANDREA LENELL:

Vic, Welcome to ReachMD.

DR. VICTOR MINO:

Yes, thanks for asking me.

DR. LISA D'ANDREA LENELL:

Vic, in the mid 1960s, Duke University physician, Eugene Stead Jr. selected four former US Navy coremen to become the first PA students; Navy veterans, yourself, Victor Mino, the late Richard Shealy, and Ken Ferrell, and Don Guffey. Three of you graduated from Duke on October 6, 1967. How did this program start and how did you get on those short-listed applicants?

DR. VICTOR MINO:

Well at Duke they begin to notice the returning cormen that the training that these guys had and they were putting them in different jobs at the hospital, like there were several ex-air force medics, they were working in the cardiac cath lab and in hyperbaric chamber and in places like that, and it was noticed that we had all this background and the training, and it was just a matter of putting together something that we could all formulate into a program that would benefit everybody, and Dr. Stead had the vision to see this, he was the chief of medicine at Duke at that time. I had just gotten out off active duty, and in the Navy, I was attached to marine core, also in the recon marines, and active duty with independent duty and all that and I had a lot of experience, came home and was going to look for job and ended up working for an ambulance service part-time and you know going to take college courses the rest of that time, but I

was working also at Duke and they told me about this program that they were beginning to look in to and formulate and would I be interested and they sent me down to see Dr. Stead, and I was one of the person selected. It was real special.

DR. D'ANDREA LENELL:

Tell us about your interview process?

DR. VICTOR MINO:

I am not sure that there was interview process at the beginning, it was we were available, and the physician I happened to be working with in research at Duke at that time, was the chief of surgery, and he asked me if I was interested in the program, and I said, yes I was, and he said, "well I will put you in a good work for you with Dr. Stead," and so I am sure that there was not really an interview process, I was at the right place at the right time.

DR. LISA D'ANDREA LENELL:

And what was the original structure of your program?

DR. VICTOR MINO:

You know the structure I think was wide open. I mean no one knew, how it was going to be structured and we had our instructors who were our all residents and staff physicians and you know we had classes with them all during the day and we would also accompany them on the special projects and things like that. We went to several outlined hospitals, Duke covered several of the outlined hospitals in the area, and we worked in different areas of hyperbaric chamber and it was that particular summer that they said, "well we are going to have the program," they wanted to put us to work because we weren't having to pay for this program and we weren't getting paid for the program. So they made a deal where we were patient care technicians and working pretty much as a coreman would work in a military hospital, we were doing that in the civilian hospital. Primarily in cardiology, we learned to read the EKGs and worked with the nurses on the cardiology unit.

DR. LISA D'ANDREA LENELL:

So you didn't pay to wish him, but did they pay you for the work that you did while you were there?

DR. VICTOR MINO:

Well, right, we just got an hourly wage and then after the first year, we got a stipend from the government, which was like 180 dollars a month and boy that was just real special, you can't imagine, but that enabled me and my wife, I just got married, and she was on stipend also and we bought a new car and had an apartment everything on just that little bit of money. It was rough going but that it was special to us.

DR. LISA D'ANDREA LENELL:

How long was the program?

DR. VICTOR MINO:

It was two years, straight through for 24 months, and it was the kind of program where if something new came up, they said well I think they ought, you know, have some experience in this and they just did it. They got the people together to instruct us. It wasn't a specifically structured program and things were just added as they saw fit and I sort of think, we got more training than may be the programs today, for example we had biomedical electronics and everybody now has a dog labs and of course we did a lot of that and of course anatomy and physiology, now that was we did some advanced anatomy and physiology because being coremen we all knew the anatomy and we got more involved in the physiology at Duke. It was just a special kind of program and we were on rounds with Dr. Stead in the public wards. At that time, they had several public wards at Duke and they had a lab setup just for the medical students and the PAs could use it. If we wanted to do any lab work on any of our patients, we could do it and not charge the patient, but we had to draw the blood ourselves and go into the lab and run the test ourselves, so we learned to do all of that also.

If you are just joining us, you are listening to the Clinician's Roundtable. I am Lisa D'Andrea Lenell and I am speaking with Victor Mino, one third of the very first graduating class of Physician Assistants. We are discussing the history of the Physician Assistant Profession.

DR. LISA D'ANDREA LENELL:

So, Vic what was your impression of what the PA profession was going to be like at that time?

DR. VICTOR MINO:

Well after our first year at Duke in the article the infamous or famous depends on how you look at it, article came out more than a nurse, less than a doctor, and that just about finished the program off right there, the nurses were up in arms and she might bully and we really had to work hard to change that perception. The article was great for the program and that it raised a lot of interest in people around the country, so I am, you know, proud to do, but the nurses did not particularly like the title of the article and that we had a lot of trouble with that. There were four of us as you mentioned and Don Guffey happened to have been in the army. He was the only PA in the class that was in the army, the rest of us had the Navy affiliation, but Don and his wife were quite religious, and after the first year of the program, he had a medical problem, had a spontaneous pneumothorax, and was in the hospital for few days and he decided to go with his Church on a medical mission and dropped out of the PA program. I guess a lot of people don't realize that, they just wonder what happened, but that's what he did and you know he was a great guy, we missed him a lot, but the three of us that were left became inseparable, we studied together, we found little nooks and crannies around the hospital where we could sit down and proper feed up and study because we felt like we were in competition with both the nurses and the medical students.

DR. LISA D'ANDREA LENELL:

Tell us about Dick Shelly.

DR. VICTOR MINO:

Dick was special friend from Chicago and had the brashness of Northerner so to speak. Ken Ferrell and I both were from Down South, and his wife and my wife hit it off real good and our first children were born just a couple of months apart, so we did lot of things together, going to the coast on vacations and stuff, but Dick was real special, but he was a real go-getter. He was involved in everything along with the organization of the PA programs after graduation and things like that. I think he was on the board. He was very brash and we used to kid him about being the fast talking Yankee amongst us, but he was just a special guy and we really missed him when he passed away just in that first year after graduation.

DR. LISA D'ANDREA LENELL:

What about Dr. Stead? What does he like to work with?

DR. VICTOR MINO:

Well, Dr. Stead was an institution already and he was a special individual and you would learn so much and he made you want to learn. We would go on rounds with Dr. Stead and the medical students and he treated us exactly like the interns or residents, I mean it was just like we were in the medical school program. He may ask us a question or asks us to review a patient, and we had to be on our toes ready to do that or he would get us real quick. If it was something that we didn't know, he would bet nickels. He would say, "I'll bet a nickel that I am right and you are wrong," and of course I want to know the next day and so you would go home that night and research and research and research, and even though you might have been right from the very beginning, he would say the next day, "said well, you were right" and he said I learned more for a nickel than most people realize. So he sort of put the learning on us and we learned a lot from researching for him, so it was a special relationship.

DR. LISA D'ANDREA LENELL:

Well being the first of this new profession, how were you accepted by the patients?

DR. VICTOR MINO:

That was a special thing that we always were told to go in and introduce our self and what we were, they wanted to know more, we would explain going to some detail. There was one particular study that I had worked with the physician on weight loss study and that the people had to bring a diary and we saw them once a week and this was over several weeks and months, and my group of patients actually did better than the doctors' group of patients, and he was just real upset about that and we looked into it and come to find out that the patients felt more like talking and unloading with me than with the doctor, they did not want to, I mean, the fact that he acted a little rushed, he did want to spend a lot of time on subjects or something like that whereas we were there to spend as much time as necessary to get the job done, and so that was the determination that the patients felt better working with us because they felt like you know they could ask questions and spend a little bit more time with us and it wouldn't be holding the doctor up.

DR. LISA D'ANDREA LENELL:

At that time did you think that the PA profession would succeed as it has today?

DR. VICTOR MINO:

I guess so, I guess so, what's I saw how it was going. I attended something this past weekend, it was a dedication at the State PA Facility here in North Carolina and they were talking about there are now 70,000 PAs in the country and programs are being started all over the world in different countries and I was amazed to hear that part of it, but I am not surprised the early premise of program was to put PAs in underserved areas to work with doctors that are in the areas, in Counties in North Carolina that were very poor as far as the medical service, and I did that. When I graduated, I went out into the boonies so to speak and work with the docs in Family Medicine and I got to do anything and everything that was there to do, the same that the doctor was doing. I think nowadays that the graduates are looking more for money and it just upsets me sometimes that they are more interested in going to work with a cardiothoracic surgeon or something like that to make the big bucks and they actually go out you know and pay your due so to speak and work for the underserved people, I mean you eventually get up. I have seen PAs that in practice as I was working in Family Medicine and they would bring their kids in to see me and they did not know how to take care of their kid's cold or cough because they worked in urology or they worked in you know another area and just did not know the full spectrum and I feel that every PA should go into Family Medicine first and then branch out and decide well if I want to do something else you know do it, but learn the basics first and pay your dues for the profession. I say this all the time when I speak to groups and they lot of them don't like it, but that's just the way it ought to be.

Thank you for all that you have done to carve out an amazing profession, we appreciate it. I am Lisa D'Andrea and you have been listening to the Clinician's Roundtable on ReachMD XM160, The Channel for Medical Professionals. Please visit our website at reachmd.com, which features our entire library through on-demand podcast and thank you for listening.

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