

Prototype PA

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Formal training for physician assistants entered its twentieth year in 1963, with the role firmly established among the ranks of American health professionals. During the past two decades, PAs have entered a wide variety of general and specialized practice settings,¹ the success of PAs being due in significant part to their adaptability. This adaptability reflects the complex social origins of the role, which included the increasingly positive values placed on health care by Americans in the twentieth century, the social reform pressures characteristic of the 1960s, awareness in the medical community of other physician-extender models both in this country and abroad, and the many specific needs for clinically trained personnel that emerged, as the Duke University Medical Center and elsewhere, out of the attempt to deliver quality medical care to all Americans.²

Historically, however, the most specific forerunners of formal physician assistant training was the family practice of Amos Johnson, M.D., and Honey Traxedwell of Garland, North Carolina. The story of their professional relationship, which began in 1940 and ended with the death of Dr. Johnson in 1975, not only recalls the roots of the PA role but also raises the question of how best to conserve and expand the experience of PAs in mid-career when their original practice settings change or close.

Family Background

Garland, North Carolina, was a rural community of approximately 300 in the Piedmont section of North Carolina, the surrounding population consisting of almost equal numbers of whites and blacks. Jefferson and Mary Johnson farmed in the area in the early decades of the twentieth century, but pointed their sons toward the professions. Their eldest son, James, became an engineer of international reputation. The second boy, Jefferson, entered law school and sat eventually on the North Carolina Supreme Court. Mrs. Johnson hoped that her youngest son, Amos, would become a Presbyterian preacher, but the influence of her husband prevailed and Amos, after graduating from Duke University

in 1929, entered medical school at the University of North Carolina. After two years he transferred to the University of Pennsylvania, taking his M.D. in 1933.

Following an internship at Jackson Memorial Hospital in Miami, Florida, Johnson returned to North Carolina to join his brother-in-law in practice at Lenoirville. Shortly thereafter, however, Mrs. Johnson was killed in an accident and Johnson returned to Garland temporarily so that his father would not be alone in the house. The temporary arrangement was to last 43 years.

Initially Johnson practiced in his father's house, using one front room as his office and the front porch as a waiting room. His local roots, respected family, and personable manner quickly brought large numbers of patients. He soon married Mary Foster Allen, a laboratory technician whom he met when he was an intern and she a student in Miami. Together they planned and built offices designed to serve as many patients as possible, with office routines reflecting the area's racially based social structure.

The Practice Setting

For the farm families of the Garland area, "going to the doctor" was a social occasion, a chance to visit with friends in town and catch up on the local news. The demands of farming, travel time, and the unpredictability of illness and trauma made the scheduling of medical care difficult. Accordingly, the Johnsons devalued run their practice without making appointments.

Their offices were built with a large waiting room at the front, divided in the center by a wall with a large open door. Whites entered through the front door and blacks at the side. Once inside, all were treated on a first-come, first-served basis. Mrs. Johnson determining the order in her capacity as office manager. Incoming doors separated the waiting room from the treatment area, a large room with an examining table surrounded by six examining rooms, each with a hospital bed. This arrangement allowed Dr. Johnson to call seven patients at a time for treatment, office assistants preparing each of them after routine lab tests from Mrs. Allen.

After each round of visits, Dr. Johnson called the patients together for what he called "group therapy," instructing

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each in turn about regimen and medications while holding a telephone open to the local pharmacy so that the druggist heard exactly what the patient was told. Mrs. Johnson informed this information in the charts and accepted payment, after which the patient went directly to the pharmacy, if necessary, where his or her prescriptions were already waiting. The large patient volume made possible by this efficient organization helped keep costs low: even in the 1940s the cost of an office visit to Dr. Johnson, routine lab work included, was three dollars.

As the practice grew, the office assistants became the key to efficiency. Not only did they keep the treatment area clean and prepare patients for Dr. Johnson, but they also were responsible for consulting the large number of children who visited the practice and for seeing to it that the nature of conversations in the waiting area did not become too disturbing to Johnson. Although the Johnsons occasionally employed an RN, most of their office assistants over the years were young women from the community who were known, both as individuals and by family, to the Johnsons and who were trained by them for the job. Eventually it was felt that female assistants would be useful, both to prepare the male patients and to deal with the children. Accordingly, the Johnsons hired Henry Lee Treadwell, a recent high school graduate whose aunt was employed by the Johnson family as a domestic and whose entire family was known to them. Treadwell possessed the three qualifications the Johnsons required of their assistants. He was likable, honest and trainable.

The Training of Henry Treadwell

As it developed, Treadwell possessed two characteristics which were to permit him to go far beyond the role of office assistant. The first was that he was "all ears." He had a remarkable capacity for absorbing information and an insatiable curiosity. The second was that he, like Anne Johnson, was an avid operator who loved to hunt. Whenever possible the two men spent hours in the woods, talking medicine from the time they left until the time they returned. What they talked about Johnson then illustrated, as occasion permitted, in the office.

Treadwell's training was by apprenticeship. He quickly mastered the task of maintaining the office routine and was instantly popular with the children. With both Dr. and Mrs. Johnson increasingly pressed for time by the increasing number of patients, each allowed "Buddy," as Treadwell was known, to observe procedures, to learn them under direct supervision, and to handle them himself once competent. Whenever the doctor heard something interesting through his microscope, Treadwell learned both to the sound and then to an explanation. In the early days Johnson would begin to return a second, then allow Treadwell to finish. Soon he was entering without direct supervision. Similarly, "Mink," as Mrs. Johnson was known, taught Treadwell

about blood tests and urinalysis, procedures which she often left to him once he was competent.

His competence won him respect from the entire community, and he was the object of particular devotion from the children, who frequently demanded, whatever the procedure, that the doctor "let Buddy do it." Treadwell gained for himself not only technical competence but also an appreciation of the relationship between science and personality in the art of medicine. As his understanding grew, the scope of his conversations with Johnson broadened, to the delight of both.

In the absence of the Johnsons, Treadwell increasingly handled emergencies at the office, working up patients and referring them to Sampson County Memorial Hospital in Clinton, the county seat. No previous visit his reports that physicians there accepted his referrals as if they had come from Johnson himself. Later this was true also at the Duke University Medical Center, the central referral hospital for the area. The drug and equipment stores who called on the Johnsons also came to rely on Treadwell, explaining their wares and depending on him to relay their orders to the doctor when he had time available. From almost every conversation, Treadwell learned something new.

He learned even more from his interactions with the medical students who rotated through the practice as progressors. Dr. William C. Davison, Professor of Pediatrics and Dean of the Duke University School of Medicine, believed that his house staff should be trained in practice organization and family medicine, and for these Johnsons came to have a nationwide reputation. From his first days in practice, Johnson found that his medical training did not have the correct balance for general family practice. Early on he sought additional instruction, first in dermatology, then in pediatrics, then in other subjects. He became a powerful advocate of reforming the medical curriculum to prepare doctors for family practice by offering them an interest but more generalized experience. Davison shared these concerns, and soon students to Johnson took to learn family practice and to absorb Johnson's values.

Because of his years of experience, Treadwell often became, however inadvertently, an instructor to these students in practical matters. On one occasion, while a student was reexamining his manual to diagnose what turned out to be a black widow spider bite, Treadwell left, obtained antivenom from the pharmacy, loaded a syringe, and handed it to the student when he asked "Do you have black widow spiders around here?" As the students learned details from him, Treadwell learned theory from them and became known personally to a generation of Duke graduates.

Family Practice and the PA Role

Beginning in the 1950s, concern mounted in America that medicine was becoming over-specialized and that there was need to increase the number of family physicians. Anne

Johnson became a national spokesman for this concern. As a charter member of the North Carolina Chapter of the American Academy of Family Physicians (1946), and later as president of the North Carolina chapter, president of the North Carolina Medical Society, national president of the Academy, and delegate from North Carolina to the American Medical Association, he lobbied both in the state capital at Raleigh and in Washington. His goals were establishment of family practice as a recognized specialty, with family practice programs in the state's medical schools, and passage of what became the Family Practice of Medicine Act (1968).

He was a consummate politician, and his leadership was applauded across the political spectrum from Senator Edward M. Kennedy to Senator Jesse Helms. Congressman H. Richardson Preyer credited Johnson with doing "More than any one man to promote the security of Family Practice." His political activities brought doctors, if not hundreds, of medical and political leaders into contact with the details of his personal practice and, necessarily, into general awareness of his assistant, Henry Threadwell. As one doctor recalled, "As we made rounds in his office with his black physician's assistant of thirty years, I always learned something new . . ."¹

By the mid-1960s, when the political activity leading to the establishment of family practice as a specialty was at its height, the evolution of Henry Threadwell from office assistant to physician assistant also was complete. Involvement in the practice and the medical activities of Anne Johnson provided Threadwell with a unique apprenticeship. He was trained both in clinical procedures and in their supporting laboratory technologies, although his formal education had stopped at high school. His primary role was to multiply the hands of his boss physician in the conduct of practice and to do whatever else was necessary to ensure efficient administration. Because he was trained in advance for no single set of responsibilities, he was free to develop himself in accord with the unique circumstances of his practice setting. And, because of his personal competence and his association with Anne Johnson, he was widely known and generally respected.

Among those who had a general knowledge of his role was Dr. Eugene A. Stead, Jr., Professor and Chairman of the Department of Medicine at the Duke University Medical Center. During the early 1960s Stead was charged with developing clinical staff for the specialty services of Duke Hospital, increasing the number of area physicians attending the continuing education program of the Medical Center, and being generally attentive to the task of improving delivery of health care in the Carolinas. The training of a new type of assistant to physicians would contribute in each of these areas.²

Although Anne Johnson himself was not sure that formal training of PAs could succeed as well as apprentice training, Johnson's success with Henry Threadwell helped shape Stead's prototype definition of the PA role and win federal support

for PA training. In recognition, the Duke program awarded Threadwell an honorary certificate of graduation in 1968.

End of the Practice, and a New Question

By the time of Threadwell's symbolic graduation he had been in practice with Anne Johnson for almost thirty years. Both men could foresee the day when the practice would close. What, then, would Threadwell do? While his clinical skills and perhaps his administrative ability were transferable to another setting, the personal relationships that were also part of the basis of his professional respect were unique to Garland, and the routines that gave shape to his administrative ability were unique to his practice. In anticipation of the possibility that no suitable medical situation would be available, Johnson bought a home for Threadwell that adjoined one that had been left to Threadwell's wife. As events developed, no suitable medical situation presented itself. When Johnson died in 1975 some of the physicians at the hospital in Clinton discussed a position for Threadwell, as did physicians from Elizabeth City, who took over some of Johnson's patients. Either position, however, meant relocation. Threadwell did some work for the physicians who took over the patients, but it just wasn't the same. Today Threadwell runs a restaurant in Garland. His personal relationships that were maintained, but his experience was lost to medicine.

As the first generation of formally trained PAs reaches mid-life and mid-career, some will find themselves in situations analogous to Threadwell's. The uniqueness of each PA practice setting and the dependence of each PA upon the license of a supervising physician mean that some PAs will be more successful than others in new roles when a sponsoring physician retires or dies or a specialty agency closes or changes function. Not only may the matching of skills to situations be chaotic, but the dynamics of older, and more expensive, PAs seeking positions with younger physicians have yet to be examined in experience. There may well be need for PAs as a professional group to seek new and rewarding areas of service and practice for their most experienced men and women. ■

References

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