



Historical Happenings

Newsletter of the Physician Assistant History Society

Message from the President

Alfred M. Sadler, Jr., MD

This issue is particularly rich with information and happenings. Our PA History Society leadership team staffed the booth at the AAPA annual meeting in San Francisco in May. There, and at other venues, we met new and old friends who have helped to make ours the noble profession that it is. In particular, we met with colleagues at JAAPA and JPAE to discuss the important topics that should best be included in these journals in the coming years to add to the historical record of a profession now approaching its 50th anniversary.



Lori Konopka-Sauer, Managing Director, Fred Sadler, President & Maryann Ramos, Trustee

The remarkable progress made in that span in the U.S. has garnered international attention. Recently I was asked by colleagues in Japan to comment on the establishment of the

PA profession in the United States with reflection on obstacles as well as supporters within other health professions, when we began fifty years ago. Two resulting articles appeared in the *Journal of the Japan Surgical Society*: "[Physician Assistant Training in the United States - with a Surgical Emphasis](#)" and "[Physician Assistants in the United States - Lessons Learned](#)". Our U.S. history has been very useful to the PA programs that have been started in many countries throughout the world, and it is rewarding to see the work of the History Society help to advance the growth of the profession abroad. It is a wonderful example of "honoring our history, ensuring our future."

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On the home front, our Associate members are benefiting from the Society's Trustees and Historians giving addresses at important events at their programs.

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Founders Welcomed by NCCPA for 40th Anniversary Project

As NCCPA celebrates the 40th year of certification of physician assistants, priority is being placed on documenting the beginnings of NCCPA and the certification process. To that end a video is in production to convey the significant events of the early years – a period of tremendous Interprofessional cooperation and of innovation.

(NCCPA Anniversary Project continued on page 2)

(NCCPA Anniversary Project continued from page 1)

On June 1, the staff was pleased to welcome three individuals who were especially key to those early efforts to NCCPA's offices near Atlanta: **Thomas E. Piemme, MD; Barbara J. Andrew, PhD; and David L. Glazer, MS.** It was the first time the three had been together in more than 30 years.



Thomas E. Piemme, MD

Dr. Piemme was a member of the Goals and Priorities Committee of the National Board of Medical Examiners (NBME) that, in 1971, recommended that the NBME develop a certification examination for the emerging PA profession. Three years later, at the founding meeting of the NCCPA on August 8, 1974, he was elected the first President.

Following the approval of the recommendation by the NBME in March of 1972, John P. Hubbard, MD, president of the NBME, appointed Dr. Andrew to become the project director who would guide an advisory committee, its subcommittees, and test committees through a unique process to develop the first examination, which was administered to 880 candidates in December 1973.



Barbara J. Andrew, PhD

Following the creation of the NCCPA in 1974, a search committee identified Mr. Glazer to become its first executive director, a role in which he led the organization in assuming its responsibilities for eligibility and standard setting and promoted the PA certification examination to state licensing boards as a prerequisite for practice.

In videotaped interviews, the three founders described the activities of the early 1970s. Dr. Piemme described the events leading to the creation of the NCCPA. He emphasized the importance of independence of accreditation of programs and the certification of graduates. Such independence was assured by the unprecedented agreement of 14 major national organizations to form a consortium to provide oversight of certification.

Dr. Andrew related the process by which committees identified tasks that the assistant to the primary care physician would be expected to perform, and the development of an examination based on "role delineation" rather than courses of instruction in basic and clinical sciences. She described the groundbreaking use of reliable observational checklists to assess a candidate's ability to perform a physical examination - two decades before the NBME would use "standardized patients" in the examination of medical students for licensure as physicians.

Mr. Glazer told of the countless visits to state legislative committees and licensing boards to promote the reliability and validity of the use of the NCCPA certifying examination in approving the right for individuals to serve as assistants to physicians.



David L. Glazer, MS

He emphasized the very positive influence that NBME involvement meant to the success of the effort, resulting in a recommendation by the Federation of State Medical Boards that states uniformly use the examination to grant the privilege to practice.

The interviews, together with images and video clips from the archives of the History Society, will now be woven together into a narrative history of the early years of the NCCPA. It is anticipated that the video will be released in the Fall of 2015.

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In June, Reginald Carter PhD, PA-C, led the White Coat Ceremony at Sullivan University's Program, Gloria Stewart, EdD, PA, led the White Coat Ceremony at NOVA Southeast University-Fort Myers, and I helped lead the Inaugural White Coat Ceremony and Celebration for the first class of students at the MGH Institute of the Health Professions in Boston. Thomas Piemme, MD, led the White Coat Ceremony at the Arizona School of the Health Sciences PA Program in July. PA Programs that have not yet become Associate members of the Society can do so by visiting our website at: <http://pahx.org/become-associate>

Also, please remember that we are continually adding bios to the Society website and welcome more from those who have contributed to the profession in important ways. [Let us hear from you!](#)

Witness to History: Role of the AAPA House of Delegates in PA History – Part 2

Marilyn H. Fitzgerald, Honorary PA

In the Spring issue, I wrote about the early resolutions that were advanced by the new House of Delegates of the AAPA in 1978. While most concerned improvements and concerns regarding professionalism of PAs, one resolution stands out to demonstrate the profession's abiding commitment to public health. It is as relevant today in the era of the Affordable Care Act as it was in 1978 in its advocacy of preventive medicine and health promotion:

“Resolved that the AAPA shall promote active measures of prevention by asking

1) members who provide direct services to patients to identify outcome criteria, and plan their services to include measures of prevention, particularly in relation to altering lifestyles to protect from disease and injury,

2) members who administer personal health services to design quality assurance programs and controls which include active measures of health promotion in health services programs,

3) members who hold faculty positions in colleges and universities that train PAs to emphasize in their curriculum the prevention of illness and promotion of health with particular emphasis on teaching patients and clients active measures to protect their own health,

4) members who pursue research to actively support research in all aspects of prevention technology, including the effectiveness of measures of health promotion and prevention of disease.”

Through the HOD annual policy re-examination, the 1978 preventive medicine and health promotion resolution has evolved into the current AAPA policy, amended most recently at the 2015 House of Delegates meeting.

“AAPA encourages and supports the incorporation of health promotion and disease prevention into PA practice, through advocacy of healthy lifestyles and preventive medicine and the promotion of healthy behaviors that will improve the management of chronic diseases to reduce the risk of illness, injury, and premature death. Preventive measures include: the identification of risk factors (e.g., family history, substance abuse, and domestic violence); immunization against communicable diseases; and promotion of safety practices. PA's should routinely implement recommended clinical preventive services appropriate to the patient's age, gender, race, family history, and individual risk profile. Preventive services offered to patients should be evidence-based, and demonstrate clinical efficacy. PA's should be familiar with the most current authoritative clinical preventive service guidelines and recommendations.”

(HP-3300.1.3. Adopted 1978, amended 2000, reaffirmed 1990, 1995, 2005, 2010, amended 2015)

Just as the Federalist Papers interpreted the language embodied in the Constitution, the policy decisions of the House of Delegates reflect the history of the PA

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profession, marking both the evolution of the profession's role and thinking as well as those pillars of the profession – like this commitment to preventive medicine and health promotion -- that have stood the test of time.

**Errata: “Witness to History Part 1”,
Spring 2015**

The caption under the photograph of early officers of the AAPA House of Delegates was in error. Maryanne Ramos, Secretary, Bill Hughes, Speaker; and Elaine Grant, Vice Speaker; were the elected officers in 1979 rather than 1977.

**Spotlight on State and
Constituent Chapter History:
Beginnings in New Jersey
Maryann F. Ramos, MPH, PA**

Recently I searched online for the history of the New Jersey State Society and was startled to read that, “NJSSPA was formed in 1977 by the students of the newly established Rutgers University...Physician Assistant Program.” While the students at Rutgers played a major role over the years in the State Society, the organization was actually founded a year earlier by myself as the only PA legally working in the state, employed by the Lyons Veterans Administration Medical Center. I had enlisted the aid of two graduate, certified PAs, who could not legally practice under the law: Joyce Elfenbein and Manuel Maldonado. I served as president, and Joyce and Manuel served, respectively, as secretary and treasurer. William Kohlhepp, a student at Rutgers at the time, was elected as the student representative.

Background: In 1970, I had heard that Rutgers was contemplating a PA program in New Brunswick,

NJ. In anticipation I enrolled there as an undergraduate “pre-PA” biology major at Rutgers’ Livingston College. Within a year, it became apparent that the Board of Governors was not going to receive permission from the state to institute the program. In a pattern that was to persist for many years, the legislature was being heavily lobbied by physicians, who were opposed to the idea, and by nurses, who were pursuing a doctoral degree.

Undeterred, I applied to and was accepted by the PA program that was to begin at Touro College in Brooklyn in 1972. After graduating in 1974, I began working at the Veterans Administration Medical Center in Brooklyn. Soon thereafter, my husband was transferred to a position in New Jersey. I followed, returning to the state where I started my journey, and was employed by the Lyons VA.

Realizing that I was alone as the only legally employed PA in the state, I attended state society meetings in Connecticut and New York, seeking advice of key leaders. Those who helped me establish the New Jersey Chapter were Elaine Grant, Burdeen Camp, and Bruce Fichandler of Connecticut; and Charles Huntington and Clara Vanderbilt of New York. When the AAPA Board met in Boston in January 1978, we applied for a grant from AAPA to support lobbying the New Jersey legislators.

My husband and I left New Jersey in 1985, so I wasn’t there to see the medical practice act finally amended in 1992, permitting PA graduates from Rutgers to remain in the state. Nevertheless, it was satisfying to know that our early work had finally borne fruit.

As those of you in state and other constituent chapters contemplate writing the history of your respective organizations, I urge you to make every effort to contact those who worked to get the profession started for their first-hand accounts of what they experienced.

Living Legacies: Don and Kathy Pedersen

(Editor’s Note: History is being made every day in the PA profession as PAs reach out to make a difference in urban, rural and international communities. This article is part of a new series on “*Living Legacies*” highlighting the important work PAs do from the heart.)

Don and Kathy Pedersen, both certified PAs and professors at the University of Utah, are building their living legacy by instilling their longtime passion for cross-cultural exchange with the next generation of PAs.

Global Partners, a program they developed at the University of Utah, brokers resources for education



The Pedersens in Nepal

and clinical care with foreign countries. Through that program, they have led several international programs, the most recent being an elective for PA students to participate in a one-month rotation in Nepal, one of the poorest countries in the world.

The goals for the Global Partners trip to Nepal were to provide students with clinical exposure, an introduction into the health system in Nepal and experience with diverse cultures.

In the month just before an earthquake that devastated the region (killing 9,000 people in Nepal and injuring more than 23,000 others), six Utah PA students spent two weeks at Manmohan Memorial Teaching Hospital, gaining clinical exposure in emergency medicine, surgery, dermatology, pediatrics, orthopedics, and maternal health. Then

they trekked more than 8 miles in the Annapurna Mountains to remote villages to work side by side with Health Assistants (HAs) – the equivalent of PAs in that country.

Said Kathy: “There are PA-like providers around the world—many actually preceded the U.S. in this concept. But they are the ‘missing health workers’ since they are not counted by the World Health Organization.” The Pedersens helped initiate a survey to identify and count HAs in Nepal for workforce planning.

There, HAs are the only providers in rural areas, treating patients and assessing public health issues in often unsanitary facilities with intermittent electricity and limited supplies and technology.

“It is critical that we dispel the myth that we are only ‘there to help’ as the learning goes both ways,” said Don. “Students learn to be flexible, resourceful and humble. Our group saw first-hand that good care can be delivered even in poor conditions. HAs have the same aspirations as we do—to effect change, improve access and provide quality care.”



Don returned to Nepal several weeks later on a relief mission. With six nurses and a few emergency medicine physicians, his team delivered supplies and treated patients in areas where people lost everything: their homes, businesses and schools.

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The stunning end to this mission was that the students were on the tarmac at the airport on April 25 waiting to fly home when the earthquake struck. “Although it was a frightening time for participants, families and friends until all were accounted for, we are all grateful that we went, inspired by what we learned and determined to continue,” says Kathy.

While the Pedersens saw their students returned home safely, one of the program’s faculty members still in Nepal went out immediately with community-based teams to care for victims. “We stand on the shoulders of other PAs who have been involved in humanitarian work for many years,” said Don. Kathy stated “Our students want to be global citizens and believe that the future will include global PAs and global health equity. Exposing this next generation to health systems in other countries will only benefit our profession over time.”

You can read bios of the Pedersens online at <http://pahx.org/bio.html>

In Memorium

Marisa Eve Girawong, PA-C, was one of three Americans among 17 climbers who died in an avalanche that struck the basecamp on Mt. Everest during a devastating April earthquake. Serving as the camp’s medical provider, Girawong was a 28-year-old graduate of the Master of Medical Sciences and Physician Assistant Studies Program at John Stroger Hospital of Chicago. An avid indoor and outdoor climber, she was completing a second Master’s Degree in Mountain Medicine at the University of Leicester in Britain.

[Read more](#) about Marisa in *People* magazine.

Forbes Magazine Features the PA Profession

For several years, *Forbes Magazine* has rated the physician assistant Master’s degree as the most valuable in the nation in terms of job opportunity and earning potential. An online article by Bruce Japsen in April painted a more comprehensive portrait of the profession, emphasizing its extraordinary growth and diversity. The number of certified PAs has increased by 36.4 percent in the past 15 years. While PAs practice with physicians in virtually every medical specialty and every practice setting, they are far more likely to provide primary care services than are physicians. The largest numbers of PAs are in family medicine.

Drawing upon NCCPA’s most recent profile of certified PAs -, the article points out that the PA population is younger than other practitioners. The median age is 38, while the average for physicians is 54, and more than half of registered nurses are over 50. PAs are more adaptable and flexible in their response to changes and needs in society.

Given the “team-based care” orientation of physician assistant training, PAs are perfectly positioned to participate in the new models of care that are emerging under the Affordable Care Act, such as “accountable care organizations” (ACOs) and “patient centered medical homes(PCMHs)”. As alternatives to “fee-for-service” practice, these organizations contract with Medicare and Medicaid to provide services at a fixed price, sharing money that is saved by keeping a population healthy. It is now estimated that by 2018 such “value-based” care will receive more than half of the federal payments for care of elderly and low income patients. Dawn Morton-Rias, Ed.D, PA-C, president and CEO of the NCCPA, praising this new arena for team-based care, states, “We were doing it long before it became popular.”

(Forbes Magazine continued on page 7)

(Forbes Magazine continued from page 6)

Pressure for increased primary care services, due to the influx of new patients from the Affordable Care Act, is leading to modifications in state regulations governing PA practice. In an article in the *Annals of Health Law*, Ann Davis, a vice president of the American Academy of Physician Assistants, notes that the American Governors Association has urged that states work to remove all barriers “to full and effective PA practice.” An analysis, featured in *Nursing Economics*, shows that even modest improvements in nursing and PA practice acts can greatly reduce state costs for medical services and could result in a net savings of \$729 million over a 10 year period in Alabama alone.

The PA profession is thriving. The average salary is now \$98,387. As demand increases, it can only be expected to grow. Increasing opportunity together with greater compensation will inevitably continue to ensure job satisfaction.

Visit to Stead Center and DUMC Archives

In April, several PA History Society leaders visited the Eugene A. Stead, Jr. Center for Physician Assistants and the Duke University Medical Center Archives (DUMC) in Durham, N.C. The purpose of the trip was to renew the Society’s relationship with the North Carolina Academy of Physician Assistants (NCAPA) and the DUMC Library and Archives as the Society prepares to celebrate its 15th anniversary and the profession’s 50th anniversary in 2017.

A productive meeting was held on Monday, April 27th with NCAPA staff and board members, including the possibility of holding a joint celebration of the 50th anniversary of the PA Profession and 15th anniversary of the PA History Society at the Stead Center in 2017. The group also

discussed possible enhancements to the Veterans Memorial Garden.



L to R: Gloria Stewart, President Elect/PAHx; April Stouder, Director/NCAPA; Linda Sekhon, Secretary/NCAPA Board; Lori Konopka-Sauer, Managing Director/PAHx; Kat Nicholas, NCAPA Director of Membership & Marketing; Reg Carter, Historian Emeritus/PAHx; Wanda Hancock, President Elect/NCAPA; and Alfred Sadler, President/PAHx.

Subsequently, the Society leaders met with staff and toured the extensive DUMC Archives where archive directors are now preparing for an increase in requests for archival materials as various organizations prepare to celebrate the PA profession’s 50th anniversary in 2017.

Dr. Harvey Estes, Jr., who assumed responsibility for the physician assistant (PA) program established by Dr. Eugene A. Stead, Jr. in the Department of Medicine at Duke University, joined the PAHx and DUMC group for lunch on Tuesday afternoon.



Read more about Dr. Estes’ contributions to the PA profession at: <http://pahx.org/estes-e-harvey>

L to R: Reginald D. Carter, PhD, PA, Harvey Estes, Jr., MD and Alfred M. Sadler, Jr., MD

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PAHx Society on Display

The Stead Center is worth a visit for anyone interested in PA history because of its rich display of artifacts and the replica of Dr. Stead's lake home office. If you're in the Durham area, stop by, and you will be warmly welcomed!



A new display cabinet highlighting the PA History Society has been added to the lobby. Visitors will learn about the Society's mission, goals and its history, collections and contributions to the PA

profession. The case contains copies of *The Physician Assistant: An Illustrated History, Just Say for Me, The Way We Were: A Conversation with the PA Profession's Early Leaders* (DVD) and other Society artifacts.



At the receptionist desk, visitors to the Stead Center can obtain an 8-page guide describing the Society's collection at the Stead Center including the Stead Lake Home Office, display cases, wall exhibits and the Veterans Garden. They can also pick up a trifold flyer describing the mission of the Society, its archival collections and how to contact the Society.

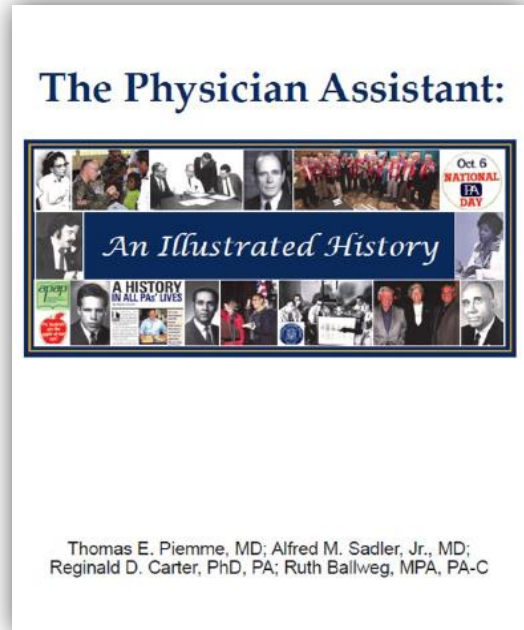
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