

Prototype PA

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Formal training for physician assistants started in November 1965, with the role being established among the ranks of licensed health professionals. During the past few decades, the field evolved a wide variety of general and specialized practice settings. The success of this being the is dependent on its broad adaptability. This adaptability reflects the complex social changes of the role, which included the increasingly positive roles played in health care by Americans in the twentieth century, the social values persons' expectations of the 1960s, movement in the medical community of other physician-assisted health fields to the country and abroad, and the many specific needs for clinically oriented personnel that emerged at the Duke University Medical Center and elsewhere, one of the origins of formal quality medical care in all Americans.¹

Essentially, however, the most specific foundation of formal physician assistant training was the family practice of James Johnson, M.D., and Nancy Trethewell of Sanford, North Carolina. The story of their professional relationship, which began in 1963 and ended with the death of Dr. Johnson in 1975, not only made the role of the PA role but also raised the question of how best to construct and expand the capabilities of PA's in education when their original practice settings change or close.

Family Background

Sanford, North Carolina, was a rural community of approximately 500 in the Piedmont section of North Carolina. The remaining population consisting of almost equal numbers of whites and blacks. Johnson and Mary Johnson moved to the area in the early decades of the twentieth century, largely because their sons wanted to practice. Their oldest son, James, became an engineer of mechanical equipment. The secondary, Jefferson, wanted to attend and go eventually to the North Carolina Supreme Court. His father hoped that his youngest son, James, would become a Presbyterian minister, but the influence of the Sanford preacher and James, after graduating from Duke University

in 1935, wanted medical school at the University of North Carolina. After two years he transferred to the University of Pennsylvania, leaving for M.D. in 1941.

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, North Carolina. However, Mrs. Johnson was killed in an accident and Johnson returned to Sanford temporarily so that his father could care for close to his home. The temporary arrangement was in less of 2 years.

Initially, Johnson practiced in his father's home, using one third of the practice office and the first part as a waiting room. His local clinic, supported family, and generalists were greatly brought large numbers of patients. He was married when Foster (John), a somewhat immature when he met when he was 20 years and the a student in Miami. Together they planned and built office designed to serve as many patients as possible, with office rooms reflecting the area's socially based social structure.

The Practice Setting

For the first location of the Sanford area, "going to the doctor" was a social occasion, a chance to talk with friends in town and catch up on the local news. The demands of having travel time, and the responsibility of illness and trauma made the scheduling of medical care difficult. Accordingly, the Johnsons decided to run their practice without waiting 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. Patients entered through the front door and made up the table. Once inside, all went forward on a first come, first served basis. Mrs. Johnson announcing the order to her capacity as office manager. Bringing three separate the waiting room from the treatment area, a large room with an increasing 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 patients preparing back of their after another far away from Mrs. Johnson.

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

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such as new dental equipment and medications while leaving a telephone open in the front pharmacy so that the druggist knew exactly what the patients was told. Mrs. Johnson carried this information to the clinic and accepted payments, after which the patient went directly to the pharmacy. If necessary, when her or her prescriptions was already waiting. The large patient volume made possible by the efficient organization helped keep costs low: even in the 1950s the cost of an office visit to Dr. Johnson, routine lab work included, was less than \$10.

In the practice years, the office continued because of the its efficiency. Not only did they keep the treatment area clean and present patients for Dr. Johnson, but they also were responsible for controlling the large number of children who visited the practice and for seeing to it that the noise of construction in the building area did not become too distracting to patients. Although the Johnsons occasionally employed an RN, none of their office assistants ever became more young women than the community who were known, both as individuals and by family, as the Johnsons and who were treated by them for the job. Eventually it was felt that a more consistent workforce would best to prepare for state 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 mother's family was known to them. Treadwell possessed the basic qualifications the Johnsons required of their assistants. He was cheerful, hard on and honest.

The Training of Henry Treadwell

As it developed, Treadwell possessed two characteristics which were to prove him to go far beyond the role of office assistant. The first was that he was "old man." He had a remarkable capacity for absorbing information and an incredible curiosity. The second was that he, like Anne Johnson, was an avid gardener who loved to learn. Whenever possible the two men spent time in the woods, talking and learning from the trees they fell and the ones they retained. What they talked about Johnson has observed, as he once pointed, in the office:

Treadwell's training was by apprenticeship. He quickly learned the task of maintaining the office tables and was generally popular with the children. With both Dr. and Mrs. Johnson increasingly pressed for time by the increasing number of patients, each called "Buddy," as Treadwell was known, to observe procedures, to learn these could direct experiments, and to handle them himself over time passed. When the doctor faced something interesting through his microscope, Treadwell learned back to the ground and then to an explanation. In the early days Johnson would begin to scold a student, then allow Treadwell to finish. Then he was allowing without direct experience. Usually, "Watch," as Mrs. Johnson was known, taught Treadwell

directed-down time and attention, procedures which she often felt to have been by now completed.

The competence was his 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 his himself not only technical competence but also an appreciation of the relationship between science and personality in the art of medicine. As he understanding grew, the scope of his communication with Johnson broadened, to the fringe of facts.

In the absence of the Johnsons, Treadwell increasingly handled emergencies in the office, working up patients and referring them to Simpson County Memorial Hospital in Clinton, the county seat. He printed out the reports the physicians there accepted for referrals as if they had come from Johnson himself. Later this was also done at the Ohio University Medical Center. He carried referral sheets for the area. The drug and equipment suppliers who called on the Johnsons also came to rely on Treadwell, explaining their orders and depending on him to register their orders in the doctor when he had time available. From almost every conversation, Treadwell learned something new.

His education came from his interactions with the medical students who passed through the practice as preceptors. Dr. William C. Gorman, Professor of Pediatrics and Dean of the Ohio University School of Medicine, believed that his house staff should be trained to practice experimental and family medicine, and for these Johnsons came to form a remarkable exception. From the first days in practice, Johnson found that the medical training did not have the correct balance for general family practice. Early on he sought additional education, first in dermatology, then in pediatrics, then in other subjects. He became a powerful advocate of allowing the medical curriculum to prepare doctors for family practice by offering them an intense but more generalized experience. Gorman shared these concerns, and was willing to Johnson talk to learn family practice and to discuss Johnson's values.

Because of the years of experience, Treadwell often became, however informally, as an instructor to these students in practical matters. He was curious, while a student was examining his materials to diagnose what seemed not to be a black widow spider bite, Treadwell left, observed antivenom from the pharmacy, treated a scorpion, and looked to the student when he asked "Do you have black widow spiders around here?" As the student learned about from him, Treadwell learned theory from them and became known personally to a generation of Ohio graduates.

Family Practice and the PA Role

Beginning in the 1950s, concerns formed in America that medicine was becoming ever specialized and that there was need to increase the number of family physicians. Some

Adams became a national spokesman for the specialty. As a charter member of the Trade Councils Chapter of the American Academy of Family Physicians (AAFP), and later as president of the Trade Councils Chapter, president of the Trade Councils Medical Society, national president of the Academy, and delegate from North Carolina to the American Medical Association, he worked hard to do what could be thought of as "lobbying." 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 Act of Medicine for 1968.

He was a consummate politician, and his leadership was appreciated across the political spectrum from Senator Bill Brock of Kentucky to Senator Jesse Helms, Congressman H. Richardson Preyer, and other leaders with strong "liberal" ties who ran the state to promote the specialty of Family Practice.¹¹ His political activities through dozens of conferences, of medical and political leaders who worked with the needs of the general practice and, eventually, integrated themselves in the network, threw "Treadwell" as one device is called.¹² "As we made rounds in the office with the state physician's council of every year, I always learned more," they say.

By the mid 1960s, when the political activity leading to the establishment of family practice as a specialty was at its height, the activities of Henry Treadwell have often centered to physician education that was complete. Introduction to the practice and the medical services of those who were provided "Treadwell" with a unique opportunity. He was trained both in clinical procedures and in their supporting laboratory techniques, although the latter education had stopped at high school. His primary role was to enlighten the heads of his own physician in the number of practice and to be education that was necessary to ensure efficient administration. Because he was trained in surgery he was sought out of opportunities. He was then in bringing himself in accord with the unique circumstances of the practice setting. And, because of his personal commitment and his association with James Johnson, he was widely known and generally respected.

Among those who had a general knowledge of his role was Dr. Eugene A. Wood, Jr., Professor and Chairman of the Department of Medicine at the Duke University Medical Center. During the early 1960s Wood was charged with bringing clinical staff for the specialty services of Duke Hospital, increasing the number of generalists providing the continuing education programs of the Medical Center, and being generally attentive to the task of supporting delivery of health care in the Community. The training of a new type of service to physicians would contribute to much of this work.¹³

Although James Johnson himself was not sure the formal training of the staff would succeed as well as anticipated, Henry Treadwell's success with Henry Treadwell helped shape Wood's personal definition of the FPA role and was federal support

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

End of the Practice, and a New Question

By the time of Treadwell's certificate graduation he had been in practice with James Johnson for almost thirty years. And now could become the day when the practice would close. What, then, would Treadwell do? While his clinical skills and perhaps his administrative skills were considerable in another setting, his personal relationships that were an important part of the focus of his professional career were unique in Durham, and the routines that gave shape to his activities, major ability were unique to the practice. In anticipation of the possibility that no suitable medical situation would be available, Johnson began a search for Treadwell that allowed him the best he had left in Treadwell's skills. As plans developed, an suitable medical situation presented itself. When Johnson died in 1977 some of the physicians at the hospital in Chapel Hill were a practice for Treadwell, so did physicians from Elizabeth City, who had over years of Johnson's patients. Other practice, however, meant to families. Treadwell did some work for the physicians who took over the practice, but a job never fit the case. Today Treadwell was a consultant in Durham. His personal life feelings that were increased, but his experience was not in medicine.

As the first generation of formally trained FPA leaders and life and colleagues, some will find themselves in all various situations in Treadwell's. The experience of each FPA practice setting and the dependence of each FPA upon the freedom of a supporting physician team that makes FPA will be more successful than others in one area when a supporting physician exists or this is a specialty agency close or changes location. How will one the teaching of skills in medicine be clearly, but the dynamics of roles, and more experience. FPA working practices with younger physicians have yet to be examined in experience. There may well be need for FPA as a professional group to work now and increasing areas of service and practice that their best experience were and various. ■

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