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# The Physician Assistant

**New health professionals are extending  
physicians' services in areas where care is scarce  
—while struggling for acceptance from medical colleagues.**

**By RICHARD GREEN**

**Photos by Jim Thomas**

**T**en years ago solutions were badly needed for the state's physician shortage problem, especially in rural areas.

Though increased funding of medical student education in the state could lower the ratio of physicians to the population — and end the shortage statistically — it didn't necessarily follow that more physicians would be distributed more uniformly

throughout the state of Oklahoma.

So, in addition to campaigning for more medical education funding, Oklahoma medical and higher education leaders helped initiate a physician assistant program at the University of Oklahoma Health Sciences Center.

The idea, based on other states' experience, was that most PAs would work for doctors in rural areas, where demand was greatest.

Because PAs operate as physician extenders, more patients could be seen in less time, thus partially mitigating the burden of caring for a huge number of patients in medically underserved areas.

With this sort of assistance available, perhaps more physicians would decide to practice in rural areas.

The OU Physician Associate Program was begun under the directorship of William Stanhope in 1971.

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During that year, Stanhope was visited by a young Louisianan, Don Bevers, who was interested in the new program. Noting Bevers' medical experience in the army and good science background from college, Stanhope encouraged him to apply for the 1972 class. Bevers did and two years later received a B.S. degree from OU and was certified as a PA by the State Board of Medical Examiners.

Today, Bevers is perhaps more deeply involved in the profession than anyone else in Oklahoma. In his eighth year as a PA, Bevers works for four Edmond family physicians; he is a member of the State Board of Medical Examiners' certification committee for PAs; he sits on the University's PA program admissions committee, and he is almost midway through a year-long term as president of the Oklahoma Academy of Physician Assistants.

All of this qualified him to assess the profession's past and present on its tenth anniversary in Oklahoma and to speculate on its future.

According to Bevers, the profession's once and future dilemma is increasing the public's understanding of physician assistants. In 1972 the term physician assistant was meaningless to most; worse, it was misunderstood and even misinterpreted by some to mean physician replacement.

Public education remains the most vital issue today for PAs, and their most crucial target group is their colleagues in the health professions. The results of a recent Health Sciences Center-sponsored survey of Oklahoma health professionals showed that 45 percent of the physicians responded negatively when questioned about PAs. Bevers wasn't surprised.

"I'm sure that most who responded never have employed a PA (there are 250 at most in the state) and have little knowledge about PA training, capabilities and advantages to physicians. As a profession, the physician assistant still is an infant.

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*ABOVE: Physician Assistant Don Bevers examines a patient, one of the 85 per cent of office calls that he estimates that a PA can handle alone. OPPOSITE PAGE: Bevers, here with Dr. Ronal Legako, always informs one of the physicians about his patients.*

Because patient accessibility improves without decline in the quality of care."

During the two-year PA program, students are trained mainly by physicians to work for physicians, Bevers says. Nursing students, with whom the PAs are often confused, are trained mostly by nurses. PAs are by law dependent on physicians; they can't be certified independently. Nurses, on the other hand, are licensed by a state nursing board.

The first year of PA training is spent in basic medical courses, many taken side-by-side with OU medical school students. The following year the PA rotates through several specialities — such as emergency medicine and family practice — in rural communities.

"Aside from the basic coursework and clinical rotations," Bevers adds, "the PA faculty accentuates the importance of developing good rapport with the physicians during training."

Describing a PA's duties also reflects the relationship between him and his employer, the physician. Bevers was hired by the Edmond family physicians to handle the patient overload, mainly drop-ins.

Bevers says about one-fourth of his work involves what he calls "industrial medicine," treating on-the-job injuries and giving pre-employment physical exams. But, like his employers, he sees the injured and the ill, from babies to the elderly. And like his PA colleagues nationally, he could handle at least 85 per cent of all office cases himself.

Approximately half the patients Bevers sees aren't seen by a doctor, but he informs a doctor about all of them. When Bevers sutures a wound, he calls in a physician to check his work. He isn't necessarily required to do so, but feels more comfortable that way.

When a patient asks to see a doctor, Bevers says he isn't insulted. "It is no reflection on my ability. All the patients know I'm a PA. If they have questions about my training and qualifications, I explain; to those still wanting a physician, I say that's perfectly okay."

What a PA does for a physician is governed by their mutual agreement, professional ethics and the certification board of the state medical examiners. PA certification is based on meeting the stated qualifications and an application declaring the kinds of services the PA will be offering the physician and his patients.

"There aren't very specific lists of dos and don'ts," Bevers says. "But most applicants — and all trained at OU — know generally what is acceptable."

What is acceptable in Oklahoma varies from time to time and may not be sanctioned in another state, and vice versa. For example, Bevers says in certain hospitals in New York, some PAs working for surgeons are performing appendectomies. And a few are even teaching the techniques to surgery residents.

PAs in North Carolina have been extended limited drug prescriptive practice by the state boards. "This means they can sign prescriptions for some antibiotics, decongestants and the like, but again, not inde-

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*Bevers checks records with Nurse Janice Williams in the Edmond office.*

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pendently of the physician. I think this might be a future consideration for PAs in Oklahoma."


In a few states, PAs are diagnosing and treating patients in rural "satellite clinics" owned by physicians working in other locations. Two such clinics have been allowed to operate on an experimental basis in Oklahoma, but financial problems forced their closing.

Bever's main goal as president of the PAs' state professional organization is to leave it stronger and more unified than it has been. "Of the approximately 250 PAs in Oklahoma, 122 belong to the academy, including about 40 OU students. We need at least 65 per cent to function effectively."

One reason to have a stronger organization, Bevers says, is to promote the profession and factors favorable to it. "For example, we would like to see the state welfare commission change its ruling and begin reimbursing physicians for PA services rendered to Medicaid eligibles. The current ruling, in effect, discriminates against these people."

Likewise, the Social Security Administration doesn't reimburse unless the Medicare recipient lives in a predominately rural area. "When that ruling went into effect, it was to encourage PAs to practice in rural areas."

Bever claims that such incentives aren't needed. "About two-thirds of the PAs in Oklahoma practice in rural areas because that's where the demand is. There are small communities in Oklahoma that just aren't going to attract more than one or two physicians. But if they employ a PA, their service is extended, and time is saved without sacrificing quality."

To a great extent, the future of PAs in Oklahoma is tied to OU's Physician Associate Program, which graduates 30 PAs per year. Last year's graduates averaged over three employment offers each, according to the associate director, Tom Godkins. Moreover, the Oklahoma State Legislature passed a joint resolution in April commending OU's program for providing the manpower to ease the shortage of medical care in rural areas. 

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