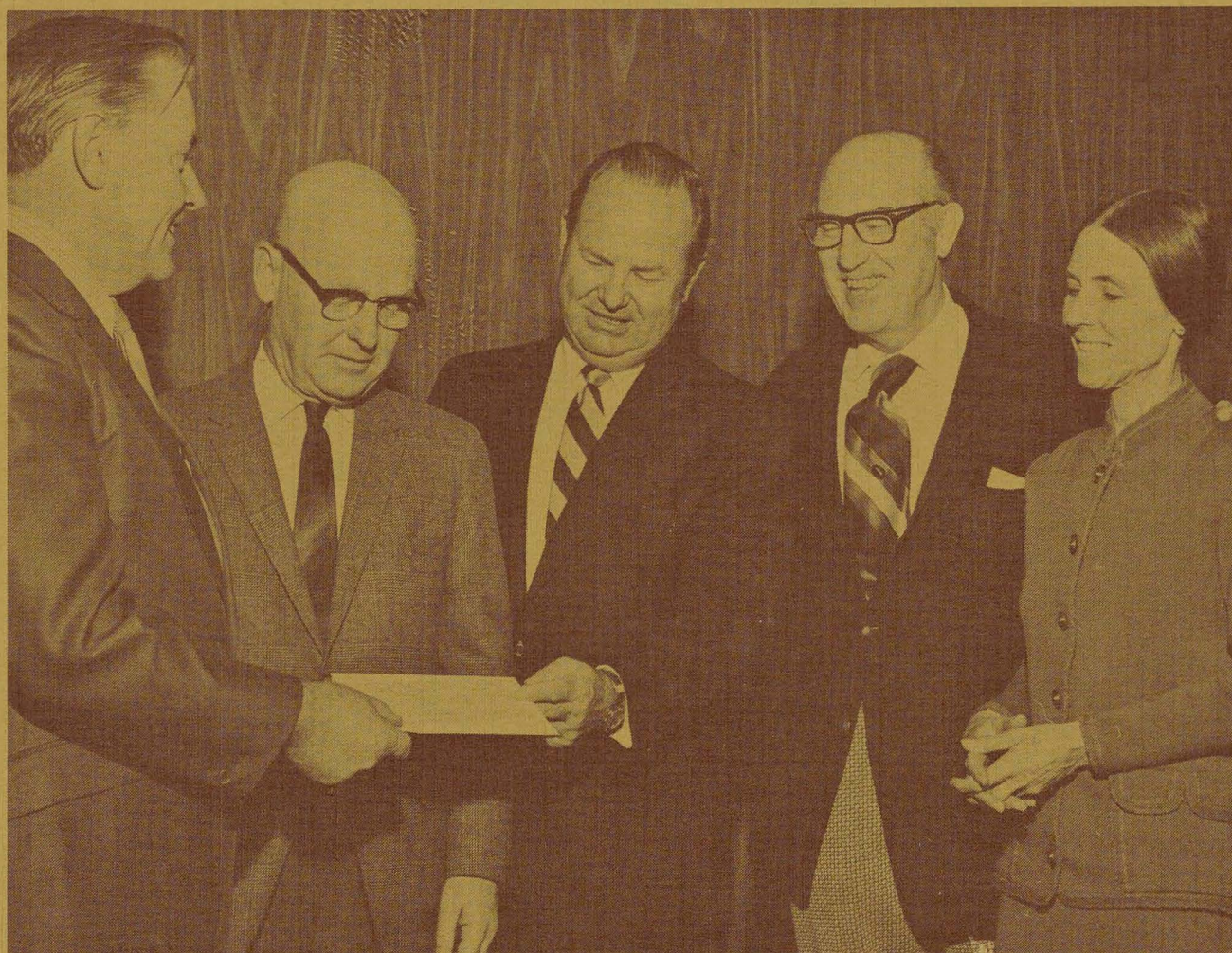
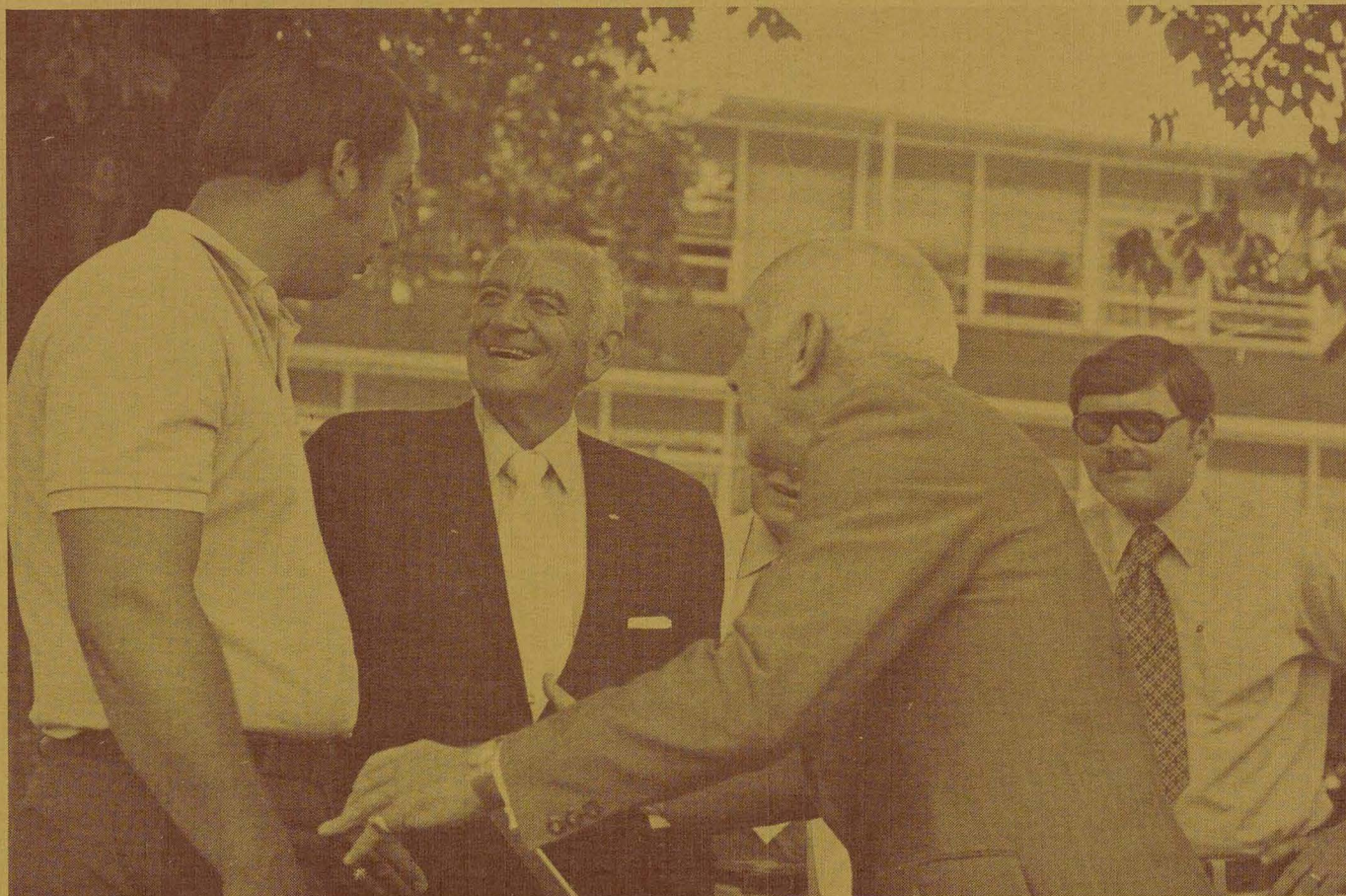


Health News

University of Nevada, Reno
Health Sciences Program
School of Medical Sciences
Orvis School of Nursing
Division of Health Sciences

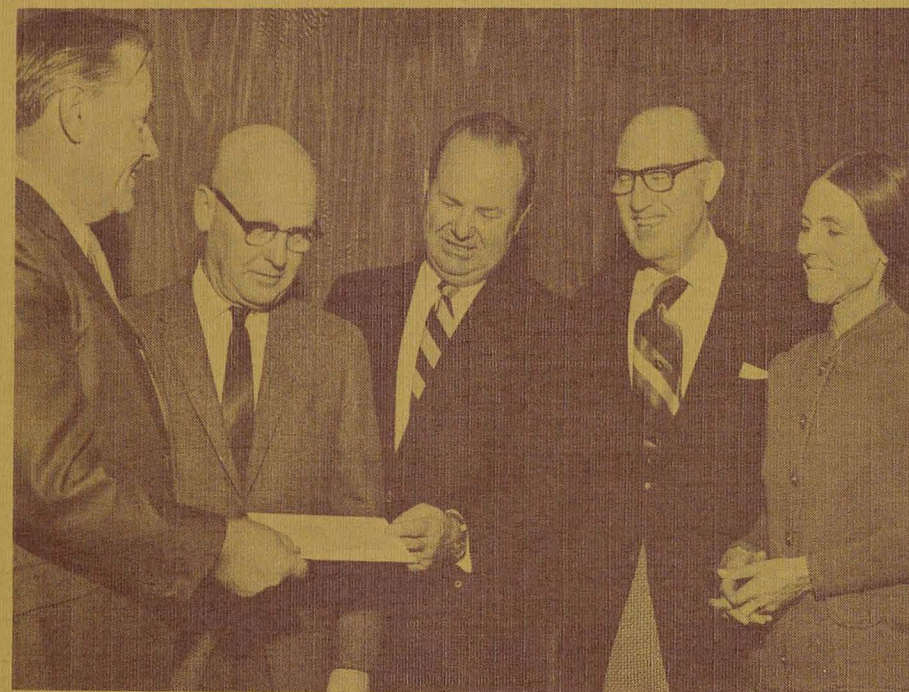
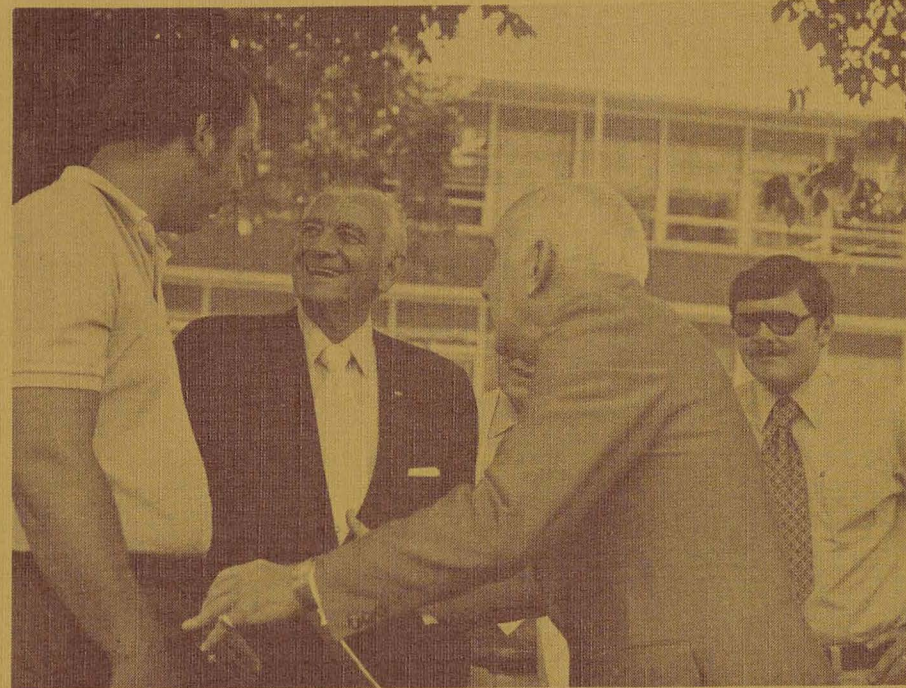
Vol. 2, No. 4 December 1971

Medical School Opens



Hughes Check Arrives

Medical School Opens



Hughes Check Arrives

The Cover

TOP PHOTO — Beginning of academic instruction in the School of Medical Sciences on Sept. 13, 1971, was marked at a luncheon on the Quadrangle Sept. 14. Dr. Wesley W. Hall (center), president of the American Medical Association, gave the principal address. With him are Larry D. Sander, medical student from Winnemucca (left); Jordan Crouch (center foreground), vice chairman of the school's Advisory Committee, and Mark Rhodes, Reno medical student.

BOTTOM PHOTO — A check for \$300,000 for the School of Medical Sciences was received by university officials, from an attorney representing Howard Hughes, at the Board of Regents Meeting in Las Vegas Nov. 12. From left: Harold Jacobsen, regents chairman; Dr. N. Edd Miller, university president; James Wadsworth, attorney representing Howard Hughes; Dr. Fred M. Anderson, regent, and Mrs. Molly Knudtsen, regent.

Health News

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Editor: Richard G. Frohnen, associate professor of journalism.
Associate Editor: Michael R. Reed, senior journalism student.

Dean's Report



By **GEORGE T. SMITH, M.D.**
Dean, School of Medical Sciences

"A Medical School without Walls" is a necessity for Nevada if we are going to be able to give excellent clinical training to all of our medical and allied health personnel students.

The reasons are:

(1) The State of Nevada cannot at this time afford the construction of a "university hospital." Even if we could, there is a mitigating philosophy against doing so.

This philosophy, now held at some new schools to include Michigan State and Illinois, says that university hospitals are mostly for problem and extremely difficult cases. Thus the student intern and resident doesn't really have the opportunity to view or to practice "community medicine" as is done in our community hospitals. This might also be true for Nevada.

We hope that our students will eventually want to practice medicine in our community hospitals. What better way to get their interest aroused than to send them back to their home town to work under physicians who they have grown to respect through the years?

(2) Our students in medicine and other allied health fields need clinical experience during their training. It would be a completely sterile experience if they were to spend full time in the ivory tower of the university.

(3) Our students come to us from all over Nevada. In the summer many want to return to their homes and still have the experience of a clinical clerkship.

Therefore, we are seeking participation from hospitals, clinics and physicians throughout the state to play a role in helping to teach our medical students.

It is important that during the student's formative years, he develop an insight into the practice of medicine, and particularly that he begin to share with our local physicians the needs, desires, hopes and aspirations of our Nevadans. We hope

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Classes Begin At Medical School

Medical education in Nevada began this fall with the opening of the School of Medical Sciences at the University of Nevada, Reno (UNR).

The state's first and only curriculum in medicine is a two-year program to prepare students for entry into the third year of institutions in other states where the Doctor of Medicine Degree is granted.

Classes started Monday, Sept. 13, for the 32 students in the charter class. Official opening ceremonies were conducted the following day at a luncheon on the Quadrangle in front of remodeled buildings which house the School of Medical Sciences.

Dr. N. Edd Miller, president of the University of Nevada, Reno, declared the school open and in operation. Others who participated included University of Nevada System Chancellor Neil D. Humphrey, and many other national, state, community and university officials.

Dr. Wesley W. Hall, Reno physician and president of the American Medical Association (AMA), gave the principal

address. He was among early advocates of a medical school in Nevada.

Other speakers who delivered congratulations upon opening of the new school included:

Dr. C. H. William Ruhe of Chicago, secretary of the Council on Education of the AMA.

Dr. James A. Pittman of Washington, D.C., assistant chief medical director for research and education in medicine, Veteran's Administration.

Dr. William L. Thomason, chief of the Bureau of Dental Health, Nevada Division of Health, representing Gov. Mike O'Callaghan who was at the National Governors Conference.

Dr. V. E. Elliott, Fallon (Nev.) general practitioner, president of the Nevada State Medical Association.

Dr. Harold L. Kirkpatrick, dean of the College of Arts and Science and chairman of the Health Sciences Council, UNR.

President Miller observed in his

remarks that although the new interdisciplinary Health Sciences Program and the School of Medical Sciences are current developments, origins of health care education at the university can be traced from the last century.

Since the 1890's, professors in biology and other departments have helped students prepare for the study of medicine, the Medical Technology Program was firmly established by the early 1950's, and the Orvis School of Nursing admitted its first class in 1957, he said.

Dr. Miller continued:

"Many of Nevada's physicians and allied professionals did at least part of their preparation at the University of Nevada, Reno. Thus, the university has a tradition of keen interest in health care education."

But no more than 11 Nevadans had ever been admitted to medical schools in any one year. With increasingly limited (Please turn to next page.)

DEAN'S REPORT

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that today's student will consider returning to Nevada when he or she has completed medical education.

(4) Our curriculum in medicine is integrative in its approach to the basic, clinical and behavioral sciences.

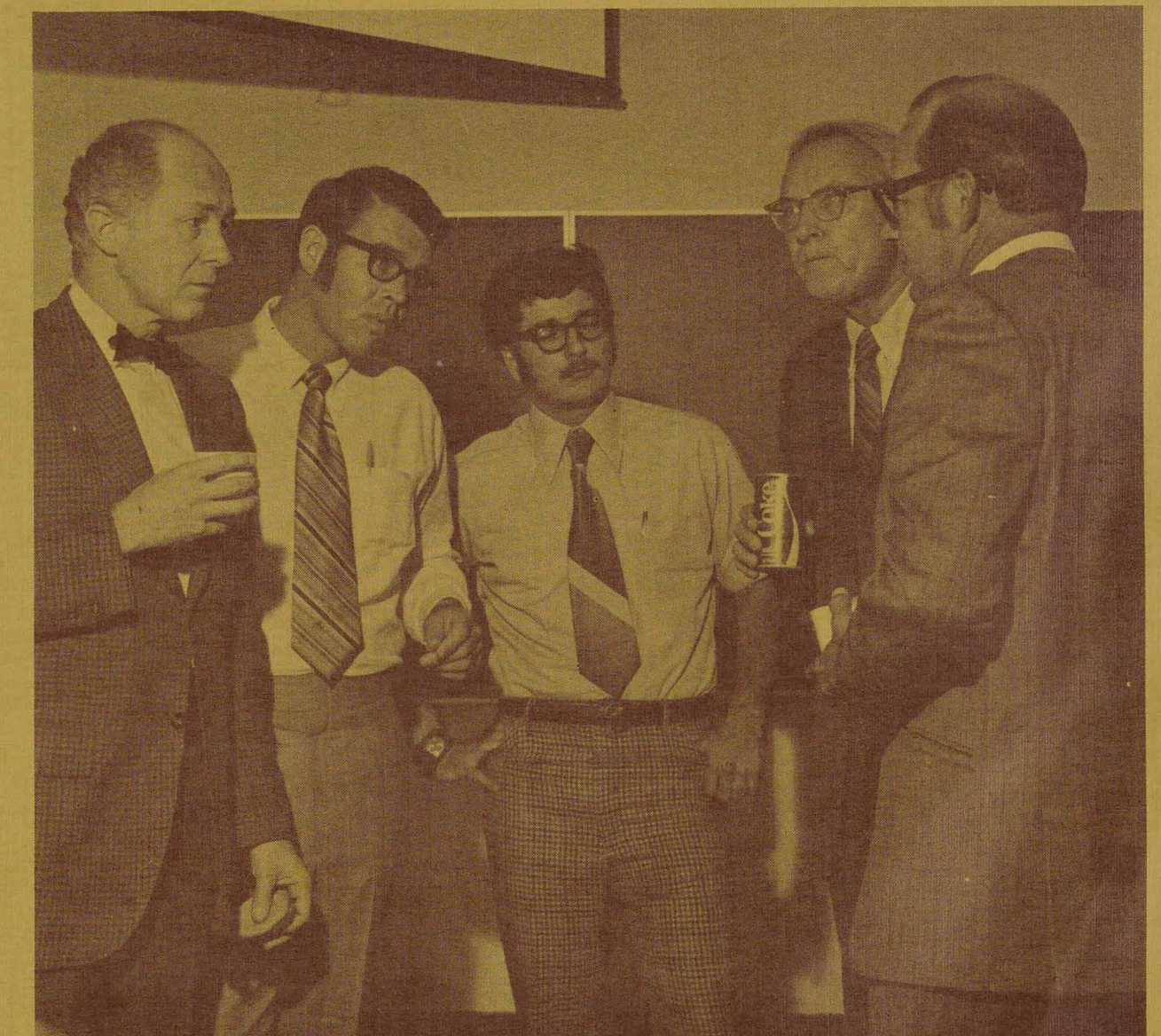
For example, when a student studies the organ system, such as skin, he learns the anatomy, histology, physiology, biochemistry, common dermatological lesions, their pathology and treatment.

He also deals with personality traits and other important elements.

For instance, in the neurodermatitis, the medical student, like the business student, learns by doing and direct participation.

Therefore, in our curriculum there is the need for clinical experience early and continuously because we have stated that our goal at the end of two years is to produce a student who can make a diagnosis and has a concept of therapy.

For these reasons, and because of the number of students in our Health Sciences Program, we must expand our teaching program to the health care facilities throughout the state.



VISITORS WITH STUDENTS — During the first week of classes at the new School of Medical Sciences, numerous guest lecturers participated in "Curriculum Block No. 1, Professional Introduction and Orientation to Medicine." Talking during a break are (left to right), Dr. James A. Pittman of the Veterans Administration; medical students David Christensen and Gerald Calvanese, both of Las Vegas; Dr. C. H. William Ruhe of the American Medical Association, and Dr. V. E. Elliott of the Nevada State Medical Association.

ASSISTANTS

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quired by a bachelor's degree in a health care occupation . . . or by 3 years of responsible and progressive health care experience.

(II) Successful completion of a course of study of at least 12 months, including clinical training or preceptorship, specifically designed for professional-caliber physician's assistants . . . or equivalent education and training.

The course of study or training must be approved by a nationally-recognized professional medical body such as the American Medical Association or the Association of American Medical Colleges, or by a panel of physicians established by a federal agency for this purpose.

They must have (1) ability to identify a medical problem, including referral to a physician, and to carry out designated procedures under minimal supervision.

(2) Knowledge and understanding of the environment, principles, ethics, and special human relationships in the field of medicine.

(3) Knowledge of the medical, biological, and physical sciences related to the applicable area of medicine.

(4) Knowledge of and ability to perform specified diagnostic and therapeutic practices of medicine.

(5) Ability to work responsibly with physicians and other members of the medical team, and to deal effectively with patients.

(6) Ability to communicate effectively, orally and in writing.

Gov. Mike O'Callaghan called attention to the possible utilization of Physician's Assistants as a partial answer to the needs for medical care in rural Nevada during his campaign in the fall of 1970.

In response to these developments, Dr. V. A. Salvadorini, then president of the Nevada State Medical Association, appointed an ad hoc committee to study the feasibility of a Physician's Assistant training program in Nevada and to make appropriate recommendations to the Executive Committee of the Association.

One early decision reached by the committee was to undertake a questionnaire study of all members of the Nevada State Medical Association, the Nevada State Nurses Association and the Nevada Hospital Association in order to ascertain their attitudes and opinions about the concept, training and employment of Physician's Assistants.

Returns from physicians totalled 147 or 34% of the 448 members of the Ne-

vada State Medical Association (29% of the 505 physicians reported in active practice in the State of Nevada.)

Of the approximately 500 members of the Nevada State Nursing Association, 32% or 161 members responded; (16% of the R.N.'s in active practice reported for the state.)

There are 25 hospitals of all types reported for the State of Nevada; of these, 10 (40%) reported through their administrators.

CURRENT EMPLOYMENT

Physicians were asked if they now employ personnel who perform at levels of responsibility corresponding to type A, B or C physician's assistants, and nurses were asked if they now carry out functions fitting these categories. Their responses are summarized as follows.

Of the reporting physicians, 12%-15% employ someone corresponding to one of the three types whereas 65%-75% do not employ any of these types; between 12% and 21% failed to indicate whether or not any of the three types are employed. Among responding nurses, as many as 25% report that they function in a Type A role, 11% in a Type B role and 4% in a Type C role.

It is clear from these returns that there is some discrepancy in perception between employing physicians and employed nurses with respect to currently performed levels of responsibility. However, the data may be influenced by the fact that many responding nurses may be employed by hospitals rather than by physicians in those instances where they perform at a Type A, P.A. level.

The most substantial finding, however, is that most physicians (65%-75%) do not now employ any individual fitting a description of any of the P.A. types, nor do the majority of nurse respondents (59%-69%) regularly perform duties or exercise judgments which, in their opinion, fit the variously described P.A. roles.

POTENTIAL

Physician respondents were asked if they favored employing any P.A. types in their own practice. In descending order, 54% favored employing Type B, P.A.'s, 39% favored employing Type A, P.A.'s, and 30% favored employing Type C, P.A.'s. Type A, P.A.'s would not be employed by 41%, Type C, P.A.'s would not be employed by 37%, and Type B, P.A.'s would not be employed by 24%. 20%-33% did not indicate their preferences among the three types.

Projecting these results over the

entire membership of the association, it would theoretically appear that as many as 180 Type A, 225 Type B and 135 Type C Physician Assistants might be employed; at least their employment would be favored by physicians in their own practice.

The majority of nurse respondents felt that others should be trained and employed in the capacity of P.A.'s. Type A P.A.'s were favored by 69%, Type B's by 67% and Type C's by 54%. This indicates that the majority of nurse respondents favor the training and employment of all classes of P.A.'s.

Unfortunately, we did not provide an opportunity for nurse respondents to indicate their own interest in training for and employment as a Physician's Assistant ("expanded role of the nurse" or "nurse clinician").

About two-thirds of the responding hospital administrators favored the employment of Type A, P.A.'s in their hospitals, 80% favored Type B, P.A.'s and one-half favored employment of Type C, P.A.'s.

The most general interpretation of these responses is that a majority of the responding health professionals surveyed in the State of Nevada favor the training and employment of Physician's Assistants at all levels.

However, the greatest sentiment at this time seems directed toward the Type B, P.A. (highly trained technician) although there is only slightly smaller support for the provision of Type A, P.A.'s (who exercise delegated responsibility and independent judgment.)

PROFESSIONAL ATTITUDES

The manner in which a Type A, P.A. employed by another M.D. would be regarded by physician respondents was next examined. Type A, P.A.'s would be regarded as highly trained technicians by 67% of the respondents, as equivalent to another physician and professional colleague by 12% and as an unwarranted intruder in the practice of medicine by only 9%. Other views were expressed by 6% of the respondents, and 6% failed to answer this question.

Nurse respondents were also asked how they would regard P.A.'s who were employed by physicians with whom they worked. Most respondents (43%) considered the Type A as an officially and professionally qualified representative of the physician, a view which extends to both Type A and Type B by 17% of the respondents and to Types A, B and

(Please turn to next page.)

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C by 7% to Type B alone by 4% and Type C alone by 3% — a total of 74% of the respondents would accord this status to P.A.'s of one or another type; 25% failed to answer this question.

A somewhat similar distribution of opinions occurred in response to the proposal that nurse respondents view P.A.'s as professional colleagues of their own caliber. Although 32% failed to answer this question, 34% indicated this status for Type A's, 20% for Types A and B, 2% for Types A, B and C; Type B was regarded in this light by 10% and Type C by 2% — a total of 68% of the respondents reported a sense of equity.

A greater proportion of respondents, 52%, considered Type B, P.A.'s as highly trained technicians, only 6% and 5% respectively for Types C and A and the balance of responses were distributed among combinations.

The Type C, P.A. was regarded as an orderly by 67% of the respondents, 28% not answering this question.

The perjorative question was asked if any P.A. types would be competitors for the role of the nurse. The majority, 56%, failed to answer this question, (the interpretation of this figure is open to one's imagination), but the next higher proportion, 24%, identified the Type A, P.A. as such a competitor. No alternative opinions were offered by 90% of the respondents.

On the basis of these data, it is concluded that nurses do not substantially perform duties identified with the P.A., that nurses feel that P.A.'s should be trained and employed at all levels, but especially Type A's and that, should P.A.'s be employed by physicians, most nurses would accord them the recognition appropriate to their level of responsibility — none of which is viewed by the majority as competitive with their own roles.

Two-thirds of the responding hospital administrators considered Type B, P.A.'s as qualified for all functions delegated by the M.D. The same proportion felt that Type A, P.A.'s would be both a source of liability and difficulty in the chain of organization.

The professional reception which would be accorded P.A.'s of various categories varies between physicians on the one hand and nurses and hospital administrators on the other hand. The great majority of physicians would consider both Type A and Type B, P.A.'s as functioning at the level of a Type B, P.A. whereas nurses and hospital administrators appear to exhibit a somewhat more generous attitude; they substantially re-

cognize that the P.A. performs whatever duties physicians choose to delegate to them.

These different interpretations may be more apparent than real since they largely reside in the different wordings of the various questionnaire schedules. In substance, many physicians in this state appear prepared to delegate a variety of technical duties, requiring varying degrees of responsibility and judgment on the part of the P.A. Nurses and hospital administrators largely seem prepared to accord this level of recognition to the P.A.

Opinions were solicited from both physicians and nurses relative to responsibility for performing a wide variety of common medical procedures.

At the present time, only 15% of the responding physicians employ allied health personnel to conduct any of the variety of common medical procedures. However, it is assumed by only 15% of the responding physicians that performance of any of these procedures should be limited to such personnel (nurses, technicians, etc.).

A comparable proportion of responding nurses (10%-16%) indicate that they presently perform certain of these procedures.

Both physicians and nurses expressed their views concerning procedures which should be conducted only by M.D.'s. The proportion of respondents expressing this view for each procedure is indicated as follows:

	M.D.'s	R.N.'s
1. Biopsies	65%	60%
2. Lumbar punctures	65%	69%
3. Writing of non-narcotic prescriptions	59%	45%
4. Minor office surgery	56%	41%
5. Physical examinations	52%	24%
6. Normal deliveries	50%	28%
7. Examinations for school athletics and injuries	40%	24%
8. First assist in surgery	34%	60%
9. Making house calls	31%	15%
10. Suturing minor lacerations	27%	22%
11. Taking patient histories	26%	4%
12. Instructing patients about medications	23%	2%
13. Screening and treating patients for M.D.'s	20%	8%

These findings reinforce previous expressions favoring employment of Type

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Meet the Faculty

Faculty members of the School of Medical Sciences who have not been introduced in previous issues of Health News will be presented here in this and future issues.

All faculty, whether full time or part-time with the School of Medical Sciences, have assignments that link them to other schools and colleges of the university. This provides an inter-disciplinary blend for development of professional health care teams.



THOMAS R. KOZEL, Ph.D.
Assistant Professor of Microbiology

B.A., 1967; M.S., 1969; Ph.D., 1971, all University of Iowa.

Formerly: Laboratory instructor, 1967-1969 and 1970-1971, University of Iowa; instructor, Department of Microbiology, 1969-1970, University of Iowa.

Member: American Society for Microbiology; The Society of the Sigma Xi Medical Mycological Society of the Americas; and North Central Branch, American Society for Microbiology.

Honors: Luverne Noyes Scholarship 1963-1967, NDEA Title IV Predoctoral Fellow 1968-1970, and National Institutes of Health Predoctoral Fellow, 1970-1971.

Mesic Promoted

Lucille Mesic of the School of Medical Sciences staff has been promoted to administrative secretary. She serves as Dean George T. Smith's secretary, coordinating all of his various programs in terms of secretarial needs. In addition, she handles a number of school-wide projects.

Students Visit 'Vegas

Fifteen members of the Washoe Western School of Practical Nursing attended the recent 22nd annual convention of the National Federation of Licensed Practical Nurses in Las Vegas.

The group was sent to the meeting by Washoe Medical Center as part of their educational process.

"This was a very important experience for our students," noted Mrs. M. Esther Chalmers, the school's coordinator. "We are very grateful to Carroll Ogren (hospital administrator) and to the Board of Trustees for making this possible."

College of Cardiology Selects Dr. Barnet

A Nevada doctor has been granted fellowship in the American College of Cardiology (ACC), the national medical society for specialists in cardio-vascular diseases.

He is among a group of 61 from the United States and Canada recently admitted to the college's highest membership classification.

Reuben Zucker, M.D., Las Vegas, the ACC governor for Nevada, listed the new fellow as: Robert J. Barnet, M.D., Reno.

The doctor, as well as the other new fellows, has fulfilled stringent membership requirements based on several years of practice and specialty certification. This effort, according to Dr. Zucker, culminates in his being considered by colleagues in his community as a specialist or consultant in cardiovascular diseases.

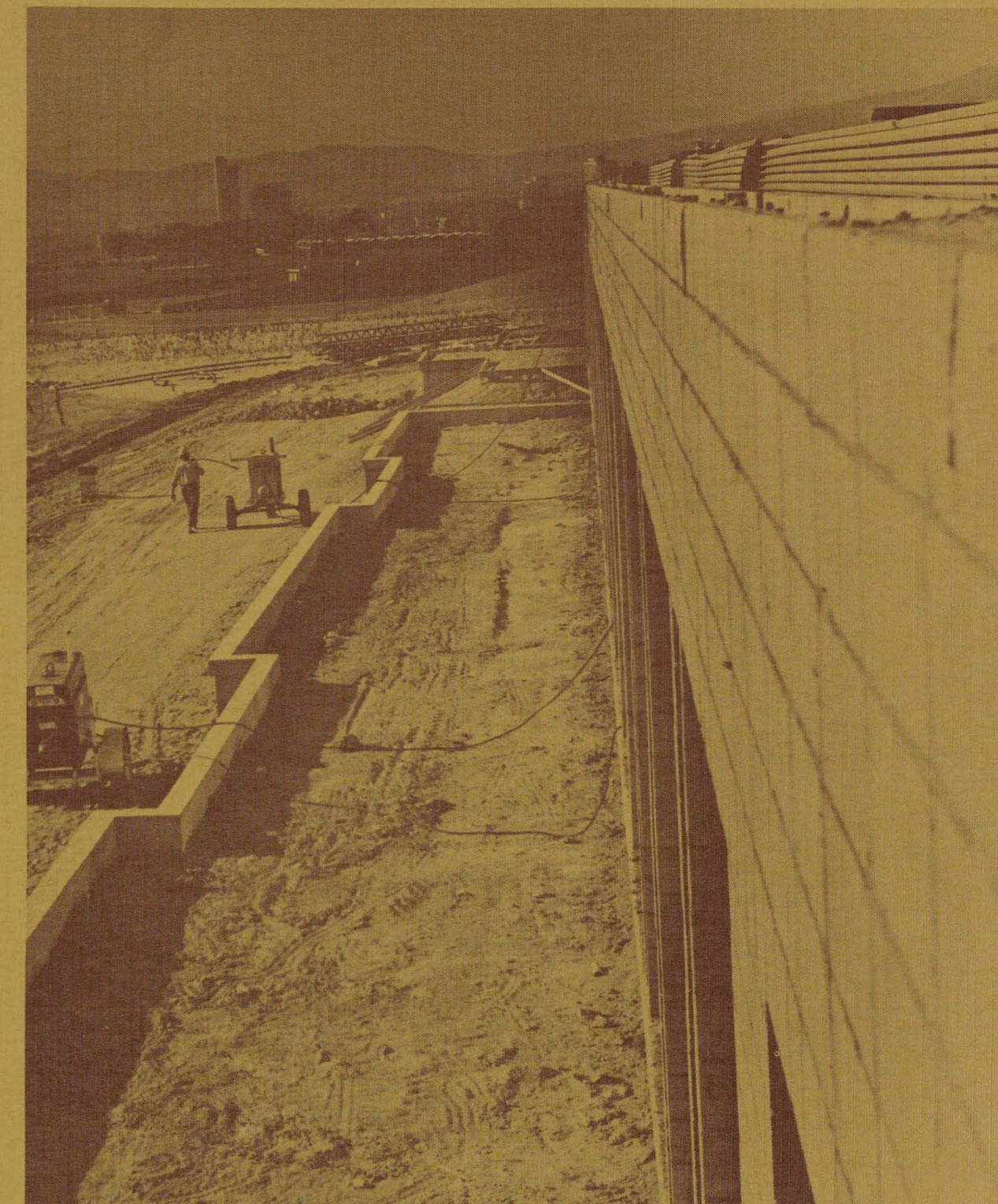
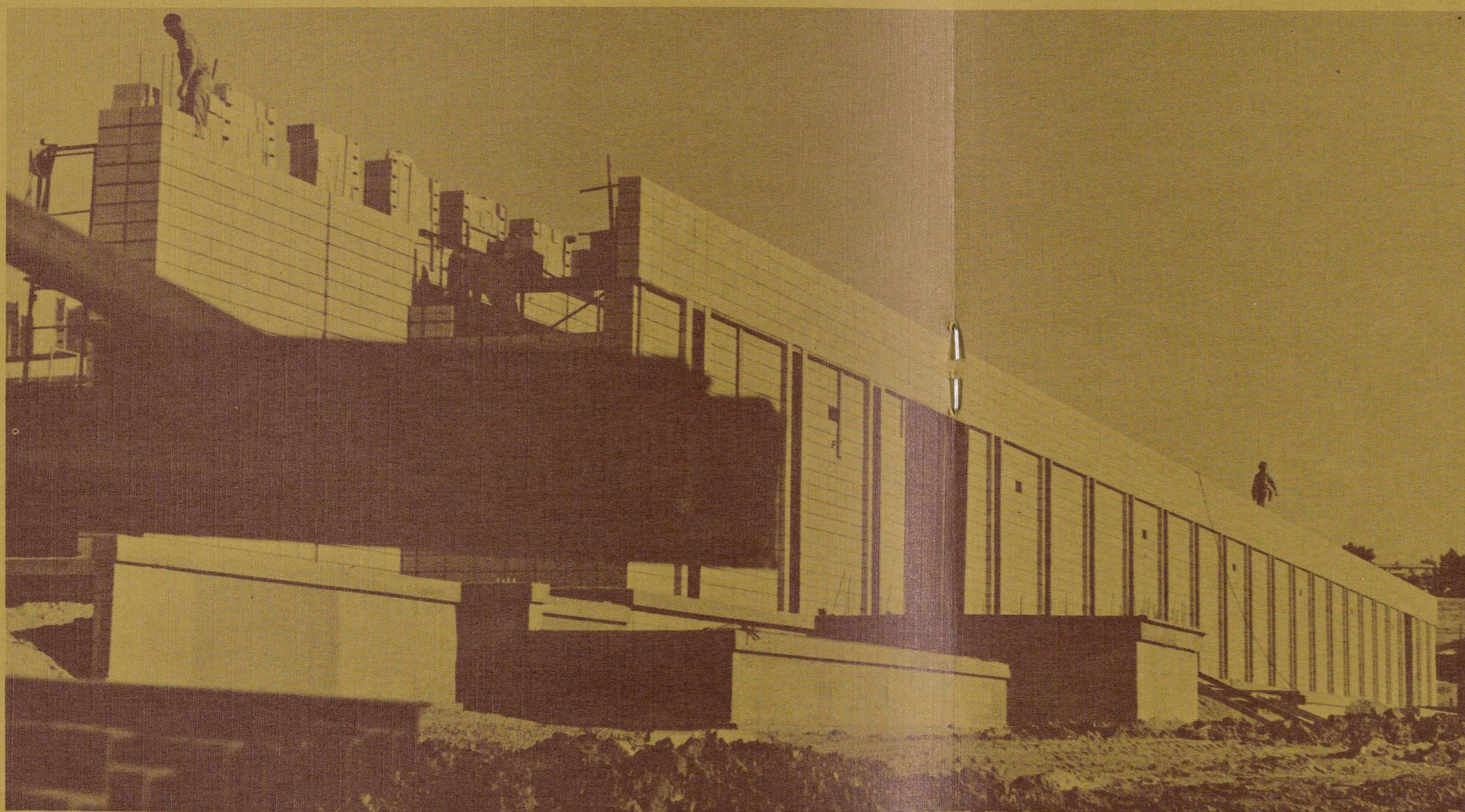
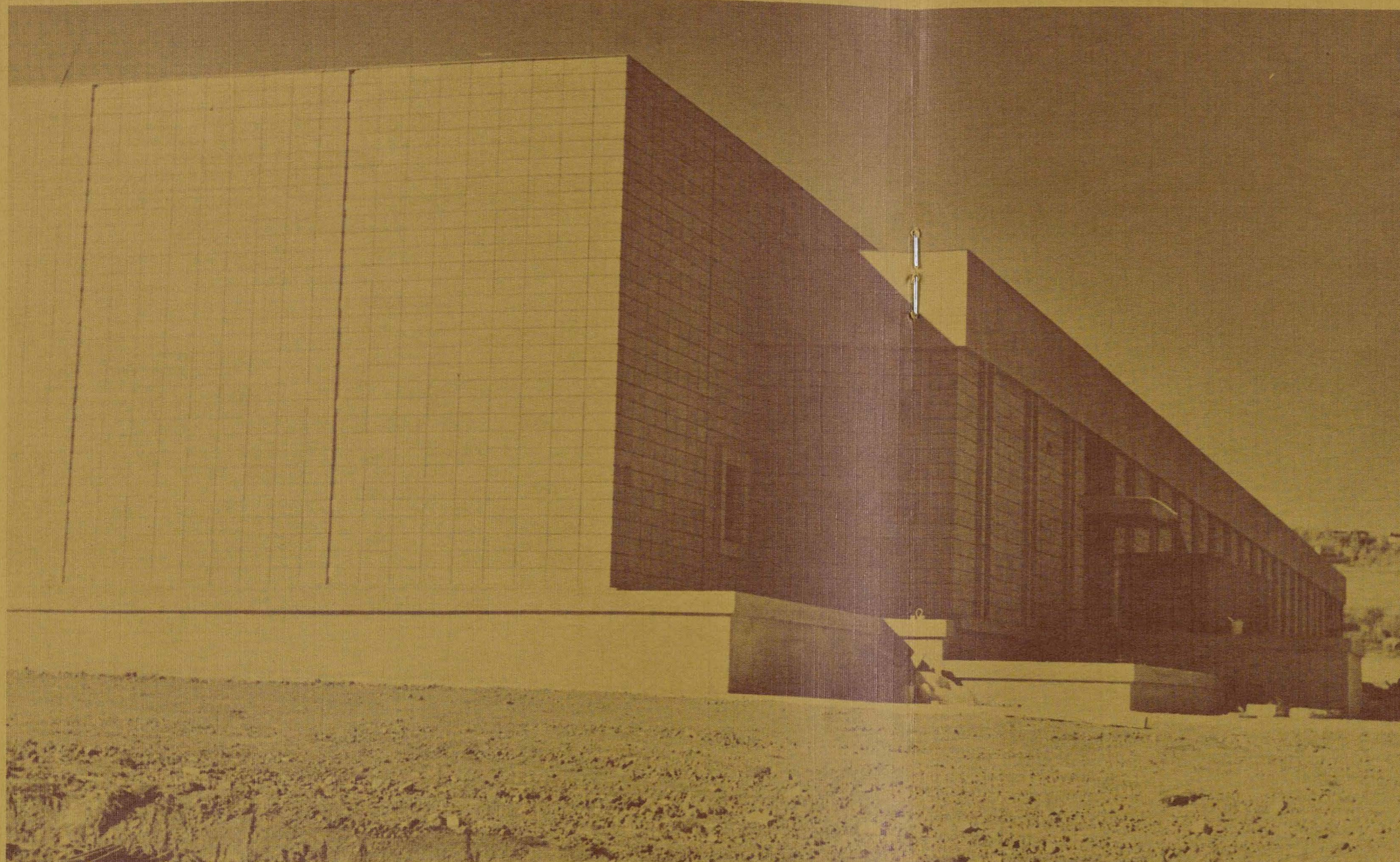
EKG School Starts

A new training program began recently at Washoe Medical Center, when 44 students enrolled in the hospital's new School for EKG (Electrocardiographic) Technicians.

Mrs. Yolanda Erickson, the hospital's EKG Department supervisor, is coordinator for the 12-hour course, with medical advisers Dr. Stephen Phalen and Dr. Robert Barnet serving also as lecturers.

Purpose of the new school is to provide a professionally trained resource of EKG technicians to hospitals and physicians in the area, Mrs. Erickson said. She was instrumental in getting the course started.

"Most EKG technicians are trained on the job," she observed, "and we want to formalize the training and also make it available to people who are not now in the field but who would like to be."



Health Related Sciences Building Completion Due Next Semester

Construction of the new Health Related Sciences Building is progressing on schedule according to the University of Nevada, Reno Physical Plant Department.

Work was approximately 70 per cent complete in early November, and should be completed by the middle of the 1972 Spring Semester.

All external construction with the exception of some finish work and roofing is done. The interior of the building is nearing completion with the installation of internal walls and partitions.

Inside finish work, installation of plumbing fixtures, painting, floors and general cleanup are all that remain to be done before interior furnishings can be installed.

The building, the only new one authorized for the medical program, will incorporate the most up-to-date educational equipment and facilities for the teaching of health subjects.

It will include modern laboratories, offices and seminar rooms to be shared by the School of Medical Sciences and the College of Agriculture.

In addition, the building will house computer access terminals for the Pacific Southwest Regional Medical Library Service, giving students access to the latest information in the health field.

The new building was made possible by grants from the National Institutes of Health, Department of Health, Education and Welfare, and the W. K. Kellogg Foundation.

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B, P.A.'s inasmuch as both nurses and physicians reveal a reluctance to delegate to the P.A. those procedures which call for independent judgments and the exercise of any substantial degree of responsibility.

Some discrepant views are worth remarking, such as the role of the M.D. as a first assistant in surgery, which M.D.'s are more often ready to delegate than are nurses ready to see delegated.

On the other hand, nurses are more often prepared than physicians to see delegation of such procedures as making house calls, performing normal deliveries, carrying out physical examinations, etc. Since the primary decisions relative to delegation of responsibilities rest with the physician, there remains some need for resolution of apparent differences of opinion between nurses and physicians concerning assumption by P.A.'s of larger responsibilities than many physicians are prepared to allow.

PROCEDURES

From the findings of this study, it is evident that a large proportion of physicians and nurses favor performance by P.A.'s of most of the procedures indicated. In general, these tend to be technical procedures in which the exercise of independent judgment is not a major factor but in which specific technical skills are required. This collection of opinions reinforces the majority opinion favoring the training and employment of Type B, P.A.'s.

These include: (1) providing care during transportation of emergency and accident victims, (2) starting intravenous transfusions, (3) changing catheters in male patients, (4) acting as second assistant in surgery, (5) monitoring vital signs, (6) performing immunizations, (7) providing home care for the chronically ill, (8) preparing patients for surgery, (9) performing transfusions, (10) providing emergency first aid, (11) administering medications, (12) caring for nursing home patients, (13) providing physiotherapy, (14) repairing diagnostic and therapeutic equipment, (16) conducting physical examinations for school athletic programs and treating minor athletic injuries, (16) taking blood samples, (17) performing skin tests, (18) taking electrocardiographs on male patients, (19) performing routine laboratory tests, (20) performing stomach intubations, (21) conducting lung function tests, (22) taking X-rays, (23) identifying parasites, (24) performing urine analysis, (25) in-

structing patients about medication, (26) screening patients and treating patients as directed by the physician (sore throats, diarrhea, ear infections, etc.), (27) taking patient's history, (28) performing stool examination, (29) performing gastric analysis, (30) performing emergency obstetrical procedures, (31) setting up and maintaining traction in fracture cases, (32) applying and removing casts, (33) suturing minor lacerations, (34) performing serum chemistries.

Procedures about which there was more divided opinion concerning the role of the P.A. include: (1) acting as first assistant in surgery, (2) making house calls, (3) performing routine physical examinations (including insurance examinations), and (4) performing normal deliveries.

Most nurses and physicians agreed that the following procedures should not be delegated to the P.A.: (1) performing minor office surgery, (2) writing non-narcotic prescriptions, (3) performing lumbar punctures, (4) performing biopsies.

It is variously estimated that between 65 and 200 programs for training P.A.'s have been developed throughout the United States in the past few years. These programs range from 4 months to 4 years and train every type of P.A. from an anesthesiologist technician to an obstetrics "associate."

The most important feature of any P.A. training program is that it provides new career opportunities in the health professions for trainees with every variety of background and that the opportunities for upward mobility in these careers is maintained.

With the increasing use of proficiency and equivalency testing in several states and elimination of highly restrictive educational stipulations, it is possible for someone to enter the health professions at the level of a Type C, P.A. and work his way eventually to the M.D. degree, given the capacity and motivation.

Educational requirements have been

Orthopedic Surgeons Pick Ogren for Forum

Carroll W. Ogren, Washoe Medical Center administrator, has been appointed to the faculty of the American Academy of Orthopedic Surgeons forum on emergency department services in America.

He also served as co-chairman of a workshop on "The Rural Emergency Room" during the meeting in Chicago, Ill., in September.

set forth for various programs by the many institutions which provide P.A. training. More general requirements have been suggested by several national bodies such as the National Academy of Sciences, the American Medical Association, and the Association of American Medical Colleges.

The National Academy of Science recommendations include, for the Type A, P.A., the equivalent of two years of professional-level training in the classroom and clinical work. The program may or may not involve granting a degree but should include adequate instruction in the basic sciences underlying medicine and sufficient exposure to clinical medicine to ensure understanding of patients, their ailments and the diagnostic and therapeutic responses to these ailments.

It is considered economically unfeasible to provide such training except in hospitals affiliated with medical schools and concerned with the training of physicians since much of the P.A. training necessarily involves clinical training similar to that given medical students.

A significant proportion of the training of Type B, P.A.'s should be with physicians since their function would necessarily be highly specialized within one area of medicine or surgery and the Type B, P.A. would have skills which normally exceed those of the physician in this special area of technical competence (i.e., renal dialysis unit).

Type C, P.A.'s would have a smaller amount of basic education than the Type A or B, P.A. and would receive most of their technical training on the job.

More detailed recommendations have been made by other national bodies but will not be further described here.

The School of Medical Sciences of the University of Nevada, Reno has prepared a Phase 1 proposal for a baccalaureate degree program for physician's assistants.

It is clear that, in the interests of maintaining the highest standards of academic and clinical training and to preserve the opportunity for maximum upward mobility with adequate basic medical science preparation all along the route, and to concentrate available resources with the greatest efficiency, training programs for physician's assistants in Nevada could most effectively be conducted through the School of Medical Sciences and its growing number of affiliated teaching hospitals and adjunct clinical faculty throughout the State of Nevada.

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LICENSING, LEGAL

Although the legal aspects of utilizing P.A.'s may sound formidable at first, it is possible here to benefit from the studies and experiences of other states and programs and to reduce several of the most visible problems to some manageable size.

With respect to malpractice and insurance problems involving liability, it is reassuring to note that no lawsuits have been filed involving the use of P.A.'s during the five years or more that such personnel have been functioning. Furthermore, insurance carriers in several states are beginning to provide special forms of coverage for physicians who employ P.A.'s; there is also coverage available to P.A.'s directly, usually at one-half the rate for physicians.

It is believed by many authorities that malpractice suits ordinarily arise because of inadequate communication between patient and physician and that availability of the P.A. will enhance communication and reduce the possibility of lawsuits.

Several basic principals apply to the effective employment of the P.A. Among these is included informed consent by the patient. The P.A. can and should be introduced by the physician to those patients who will receive his services, should be advised of the procedures which the P.A. will be conducting for the physician under his direction and his consent secured.

The ad hoc committee adheres vigorously to the nationally expressed view that there should be a moratorium on licensing any new health occupations. This is recommended so that the emerging role of the P.A. can develop and adapt in each state without being prematurely frozen into a form which may prove inappropriate for unforeseen future occasions.

This is a strong criticism often directed at the Colorado licensing law developed for child health associates, which is extremely specific in connection with many detailed aspects.

The California state law, embodied in AR 2109, Article 18, especially Sections 2510-2515, is generally regarded as a model law and has been adopted almost in its entirety by Iowa, for example.

In this law, provision is made for the State Board of Medical Examiners to be the controlling organ through which cer-

tificates of approval are issued to training programs meeting standards set by the board but through which every inducement is made to promote innovation in training programs and to offer credit through proficiency and equivalency testing for past experience.

The board sets standards for training programs, reviews curriculum, faculty and facilities in order to determine approval.

California law allows an M.D. to employ no more than two P.A.'s, these to be graduates of an approved program and approved by the board to perform medical service under the supervision (but not necessarily continuous personal direction) of the employing M.D. licensed by the board.

The board can require the employing M.D. to first demonstrate his competence to supervise a P.A. by determining the nature of the practice and the manner in which the P.A. is proposed to work in that practice. Utah has adopted a very similar but even less restrictive law governing the training and employment of P.A.'s.

NRS 630.260 already provides an opportunity for the Nevada State Board of Medical Examiners to license, register or certify any additional allied health personnel and to establish such regulations as, in its discretion, shall be necessary and advantageous concerning the practice of medicine not elsewhere covered in the statutes.

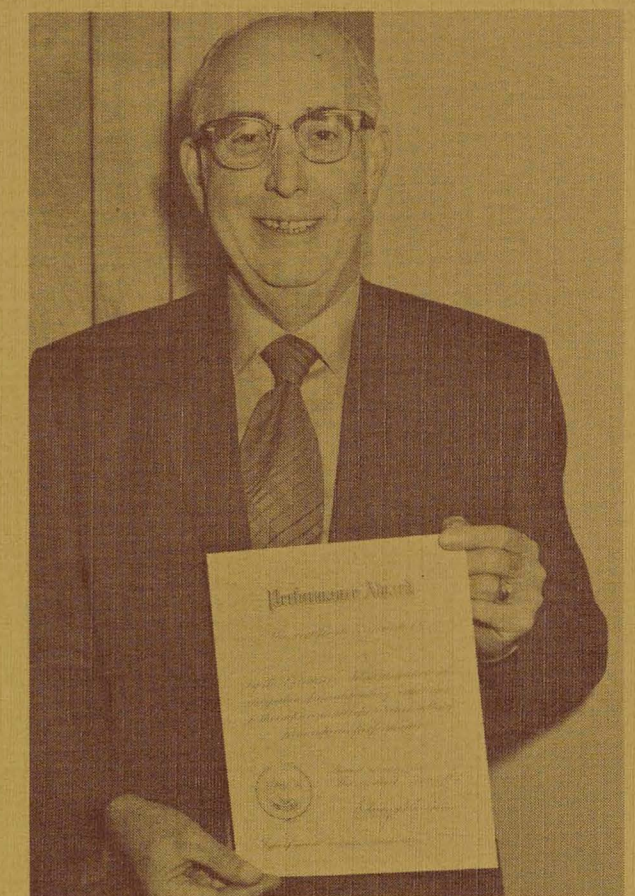
The general premise which most jurisdictions incline to is the "master-servant" doctrine in which the physician is authorized, as he now is, to delegate any of his powers to an employee for whose professional actions he is entirely answerable.

The types of Physician's Assistants to be trained in Nevada can readily be estimated by a more detailed analysis of specialty needs for Type B, P.A.'s available from the questionnaire schedules now in hand. The need and opportunities for P.A.'s of all levels have been clearly demonstrated for the State of Nevada.

There have been proposed within the state and at national levels longrange studies which would more clearly define and establish through systems analysis the needs for personnel to satisfy specific aspects of the delivery of health care. It is important to see that such logical and compelling proposals do not thwart the satisfaction of immediate and current needs.

The P.A. should be regarded as an expedient, stop-gap role which may or may not endure in the system of delivery

(Please turn to next page.)



MERLE ALLEN

V.A. Administrator Gives Merle Allen Performance Award

An "Outstanding Performance Award" was presented to Merle Allen, director of Reno Veterans Administration Center, by Donald E. Johnson, administrator of veterans affairs, in Washington, D.C., recently.

The award was approved by Johnson on recommendation of Olney B. Owen, chief benefits director, and Dr. M. J. Musser, chief medical director.

Johnson, commenting on the award, told Allen:

"Your aggressive leadership and managerial skill have resulted in excellent, favorable and highly satisfactory performance evaluations of all of the operations of your rather complex and diverse hospital-regional office center.

"Your enthusiastic and intensive participation in civic and professional activities in your area has earned for you the appreciation of a number of civic and professional organizations.

"In this manner you have enhanced the stature of the Veterans Administration."

Fletcher Speaks

Dr. Dean C. Fletcher, director of student affairs, spoke this fall to staff personnel of Humboldt County Hospital in Winnemucca, and of the Clark County Civil Defense Department in Las Vegas.

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of health care but which will surely be modified as the needs and resources in the system become more evident; the P.A. is a prompt answer to an immediate need and is not necessarily proposed as a final or permanent solution.

It is worthwhile to define, at this point, some of the problems which are addressed through the P.A. role.

1. *Supplies medical personnel where they are now needed — in rural areas and urban ghettos.*

2. *Provides technical specialists for increasingly complex diagnostic and therapeutic procedures considered essential for preservation of life and health.*

3. *Provides delivery of specialized medical services more effectively — in urology, orthopedics, pediatrics, etc.*

4. *Accommodates the rapidly expanding medical needs of a growing population more effectively than increased provision of physicians and nurses alone can.*

5. *Utilizes untapped medical talent (corpsmen, traditional allied health personnel frozen presently by terminal career positions) and creates new career opportunities for many who would not otherwise be able to enter any health profession.*

6. *Lowers the cost of medical care by providing more opportunities for early diagnosis and treatment and readier access to medical care for large numbers of people not presently seen by health professionals.*

One last and important consideration involves the use of P.A.'s in Nevada. The ad hoc committee follows the nationally set mandate (AMA, AAMC, National Academy of Science, etc.), that the P.A. must be an employee of a physician who directs and supervises his work with patients and who is ultimately responsible for everything the P.A. does (or does not do) for the patient's best interests. How can a P.A. be placed in the great number of rural communities of Nevada, presently without an M.D., and yet perform his functions without direct supervision?

The answer to this problem may simply involve the deployment of modern technology such as two-way audio-visual links between communities with P.A.'s and the supervising physician in a larger city or with the hospital emergency rooms in Reno, Elko and Las Vegas. Helicopter links could provide immediate transportation for critically

ill patients to one of these cities from any rural area or highway location when appropriate.

Although the board may choose to determine the eligibility of physicians to employ P.A.'s, in order to prevent exploitation by unscrupulous practitioners, the fact remains that the employed P.A. is as responsible as the employing physician — no more and no less. Abuses would then be addressed not to P.A. primarily but to the employing physician.

SUMMARY, CONCLUSIONS

1. A survey of opinions and attitudes relative to the concept, training and employment of various categories of Physician's Assistants was conducted among a representative sample of practicing physicians in Nevada and among a sample of nurses and hospital administrators in Nevada.

2. Individuals fitting the roles of Type A, B or C, P.A.'s are employed by 10-15% of practicing physicians in Nevada and 4%-25% of practicing nurses in Nevada consider themselves to be performing in one of these roles. However most physicians do not now employ individuals, and most nurses are not now employed in any of these roles in Nevada.

3. It is estimated that there are new career opportunities for as many as 180 Type A, P.A.'s, 225 Type B, P.A.'s and 135 Type C, P.A.'s as employees of physicians practicing in Nevada. The training and employment of P.A.'s in various categories is also favored by the majority of nurses, and most hospital administrators favor employment in all categories.

4. Physicians would regard P.A.'s basically as health professionals who are highly trained technically but not in any significant way as equivalent to M.D.s or as unwarranted intruders in medical practice either. Nurses are inclined to view P.A.'s in whatever role physicians

Scully, Gillette Address California Hospital Volunteers

Two faculty members of the School of Medical Sciences spoke before the annual meeting of the Southern California Council of Directors of Volunteers in Hospitals in Los Angeles this fall.

They are Dr. Thomas J. Scully, director of the Clinical Sciences Division of the School of Medical Sciences and director of medical education at Washoe Medical Center, and Philip J. Gillette, lecturer in institutional management and administrative assistant in the School of Medical Sciences.

cast them; 24% would view P.A.'s as competitors for their own role. Hospital administrators also generally regard P.A.'s in the role which physicians assign them but forecast some difficulties in defining their position in the staff structure of the hospital.

5. Among the several typical medical procedures suggested, physicians and nurses reveal a large area of agreement concerning which procedures could be delegated to P.A.'s; there are certain specific procedures about which there are discrepant views, but all of the procedures are primarily technical in nature and do not involve matters of substantial judgment or responsibility. Among nurses, 10% to 16% already perform a variety of these procedures in their own professional practice.

6. Specific responsibilities which neither nurses nor physicians care to delegate (or see delegated) to P.A.'s include: writing of non-narcotic prescriptions, minor office surgery, lumbar punctures and biopsies. Most nurses favor but most physicians do not favor delegation of: making house calls, routine physical examinations, normal deliveries; physicians more often than nurses favor delegating the role of first assistant in surgery to a P.A.

7. Training of P.A.'s at all levels should be closely associated with the School of Medical Sciences of the University of Nevada, Reno, through which adequate training in the sciences basic to medicine as well as adequate levels of clinical training can be provided. In addition, the continuing upward mobility in the health profession careers can be most effectively sustained with a minimal expenditure of scarce resources.

8. The practice of P.A.'s in Nevada must be governed by approval of the program in which they trained, as well as by employment and supervision directly by a physician licensed by the Board of Medical Examiners. The employing physician must be responsible for all actions taken upon his patients by the P.A. who he employs.

9. It seems apparent that insurability can be extended to cover problems of liability when P.A.'s are employed. The use of informed consent procedures facilitates acceptance; the involvement of P.A.'s in medical practice is expected to reduce the probability of malpractice litigation by reason of improved communication with the patient.

10. The Board of Medical Examiners presently has the apparent power to provide for the training and employment of P.A.'s by practicing physicians in Nevada or for introducing any other needed regulations governing the practice of P.A.'s. Any further licensing special (Please turn to next page.)

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cifically for P.A.'s is not desired at this time.

RECOMMENDATIONS

1. It is recommended that a training program for Type A, P.A.'s be instituted under conditions which are acceptable to the Board of Medical Examiners, and that resources required for such a program be defined by the appropriate institution.

2. It is recommended that further determination be made of the specialty needs for Type B, P.A.'s, and that an appropriate program of training be instituted under conditions which are acceptable to the Board of Medical Examiners. Resources required for this training should be defined by the appropriate institution.

3. It is recommended that training of Type C, P.A.'s be explored further with respect to needs and appropriate facilities and programs.

4. It is recommended that a study be made and recommendations developed for the use of modern technology, including two-way closed circuit audio-visual systems and helicopters or other suitable forms of transportation in connection with supervised practice of P.A.'s in remote or rural areas.

Pardini Gets Grants

Dr. Ronald S. Pardini, assistant professor of biochemistry, is conducting research with the assistance of two grants received recently.

He was awarded a grant of \$2,000 from the Reno Cancer Center for the purchase of equipment in connection with his investigation of the pharmacological effects of *Larres divaricata* in neoplastic tissue metabolism.

Also, he has received a grant of \$4,650 from the American Diabetes Association to study metabolic alterations in obese hyperglycemia.

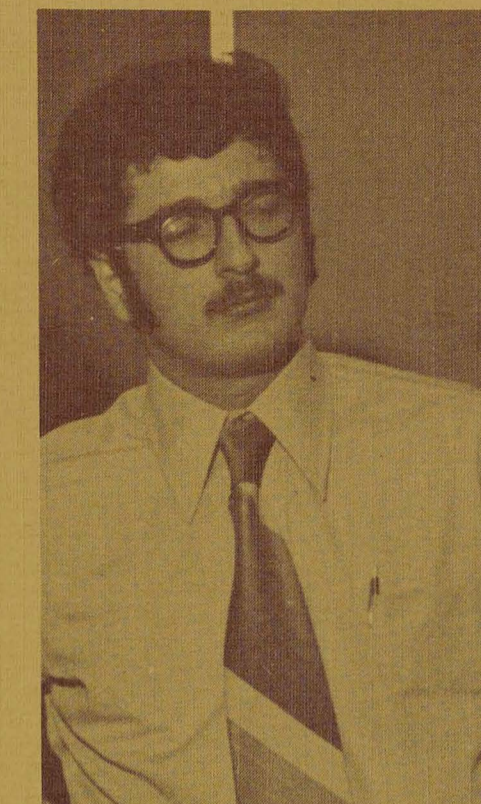
Student Wives Start Auxiliary

The Reno Medical Student's Wives Auxiliary was organized recently at the home of Carolyn (Mrs. Edmond) Pierczynski, the club's president.

The objectives of the club are:

1. *To acquaint the wives with the medical profession and its aims, purposes, and ideals, and to help realize their roles as wives of medical doctors.*

2. *To bring the medical students and their wives into a closer rela-*



GERALD CALVANESE

Calvanese Joins Charter Class

Gerald Calvanese of Las Vegas, one of the charter class of 32 students who began their studies in September in the School of Medical Sciences, was not listed in the last issue of Health News because he replaced another student after the publication was in press.

He was accepted for the space vacated by George Elias, also of Las Vegas.

Calvanese was born on June 11, 1949 in New York City.

He attended one year at the University of Nevada, Las Vegas. In 1971 he graduated from the University of Utah, cum laude.

Calvanese participated in the Education at Home and Abroad Program, and spent five years in Italy as a child.

He resides in Reno with his wife, Lynette.

tionship with the local medical profession and with each other.

3. *To do one worthwhile service project a year.*

Other officers are Cheri (Mrs. William) Lloyd, vice-president; Lynette (Mrs. Gerald) Calvanese, secretary-treasurer; Constance (Mrs. Mark) Rhodes, historian and Barbara (Mrs. Michael) Kinnison, sunshine girl.

The club will meet the first Tuesday of each month.

Miss Cao Presents Library Progress

Miss Hilda Cao presented the developments in the Pacific Southwest Regional Medical Library Service (PSRMLS) for health professionals in Nevada, at the annual Nevada Library Association (NLA) Conference in Elko in October.

She is physical sciences librarian for the University of Nevada, Reno, and part-time health sciences librarian in the Life and Health Sciences Library.

Prior to the conference, she joined the 7 a.m. breakfast meeting of physicians in the Stockmen's Hotel at the invitation of Dr. Hugh Collett, of Elko Clinic.

Reviewing the services of PSRMLS for the information of new medical staff, she went on to describe the recently inaugurated AIM-TWX service for immediate on-line bibliographies produced through computer in a data bank of 122 English language medical journals, located at Santa Monica, Calif.

This supplements the bibliographies prepared by staff in the library, and the MEDLARS searches of world literature in all languages by the National Library of Medicine, the latter requiring a time interval of several weeks.

Miss Cao proceeded to the Elko Clinic Medical Library to advise with Mrs. Cherie Atwood on acquisitions and arrangement of medical literature.

Speaking to the NLA members in groups and individually, she emphasized the need for their involvement in communicating with the health professionals of their areas on the services available through the University Library system and PSRMLS, as well as their direct help in the interlibrary loan arrangements for lending medical books.

Mrs. Joseph Anderson, Nevada State librarian, who has been active in acquainting the state's libraries with the availability of this resource, felt that the personal presentation aided in clarifying and expanding the cooperative apparatus for furnishing health sciences literature.

Baldwin Talks to ADA

Dr. DeWitt C. Baldwin, jr., director of the Division of Behavioral Sciences, School of Medical Sciences, and director of the campus-wide Division of Health Sciences, spoke before the American Dental Association recently.

The subject of his talk in Atlantic City, N.J., was "Social and Behavioral Aspects of Community Dentistry."

'Professors are great'

Medical Student Finds Classes are 'Exciting'

By ARDIS JACOBSEN

At 6:45 a.m., the Lloyds are up and rushing to get their two-year-old son to the babysitter in order to be at school by 8.

William J. Lloyd jr. and his wife Cheri are attending the University of Nevada, Reno. Bill is one of the first 32 students in the new School of Medical Sciences.

He doesn't go home again until 5 as classes run from 9 to 4. The medical students are given one afternoon a week off, but many Saturday mornings are spent in the classrooms.

Most of Bill's evenings include at least three hours of reading. Frequently, he takes time to go over his notes from the lectures.

Something Bill has never before felt as keenly is a motivation to learn. Many of the courses he took as an undergraduate seemed irrelevant to him, he said.

Bill said, "The professors have done a good job of tying the courses in so that we can relate them to everything else we are learning."

What he likes especially about the medical school is the students' attitudes.

"We are friendly and helpful to each other. We are not trying to cut each other's throats," he said.

A competition to learn is more common among the students than the need to rank in the top of the

class. The knowledge that is acquired now will have to be used later on in healing people.

Each medical student has a faculty adviser and a local physician as a clinical adviser.

Bill has worked with his clinical adviser a few times, but his part has been mainly to observe. He may watch any of his adviser's operations as long as he has permission.

"I don't know how to apply my knowledge in practice yet, but I have learned that doctors work with people, not with things," Bill said.

Next semester the students will be given an opportunity to work with patients. Case histories of the patients will be given to the students, and the students will give physical examinations. This information will be combined to form a diagnosis.

This gives the students the chance to apply the basic sciences to clinical situations.

The medical school is new, and mistakes have been made in the curriculum, but the professors are willing to listen to suggestions and make changes, Bill said.

He added, "The professors are great. They are not aloof, and they teach with respect."

He finds medical school exciting because he is finally learning something that he knows he will be using later.

Medical Association Lauds Dean Smith At 'Vegas Meeting'

The dean of the new School of Medical Sciences, University of Nevada, Reno, was commended, and provisions for non-physician and medical student membership were approved, by the Nevada State Medical Association in Las Vegas in October.

The House of Delegates unanimously adopted a resolution praising Dr. George T. Smith, dean of the new school, "for the highly successful and competent manner in which he and his staff have accomplished the herculean task of having the School of Medical Sciences reach fruition."

Amendments to the association constitution were adopted to enroll physicians and non-M.D. full time faculty members "of a Nevada medical school," and full time interns and residents serving on the staffs of Nevada hospitals, as associate members.

Provisions for student membership specify that "The House of Delegates may elect to student membership any fully matriculated student in good standing attending a medical school in the state of Nevada," with voice but without vote.

In another amendment, the delegates to the association's annual meeting decided, "A duly constituted chapter of the Student American Medical Association established at a medical school in the State of Nevada may elect one delegate at large to the House of Delegates," with vote and right to hold office.

All of those constitutional amendments are required by the association's charter to "lay over" for one year to be considered for final action at the next House of Delegates meeting. Then they would become effective.

Video Tape Shown

In keeping with the Division of Health Science's philosophy of providing continuing education to health professionals in Nevada, the Educational Support Division recently traveled to Tonopah.

The purpose was to present a video taped dialogue between Dr. Hildegard Peplau, president of the American Nurses Association, and Dr. Wesley Hall, president of the American Medical Association, at a meeting of the Nevada Nurses Association.

Sunrise Administrator Joins Task Force

As a member of the Advisory Council and Health Facilities Task Force of Clark County Comprehensive Health Planning (CCCHP), David R. Brandsness, administrator, Sunrise Hospital, Las Vegas, will serve as a dual representative linking that agency and Mountain States Regional Medical Program (MS/RMP).

He has been a member of the Regional Advisory Group of MS/RMP since January.

Richard V. Nutley, planner for CCCHP, and Dr. Joseph B. Deisher, director of the Nevada subregion of MS/RMP, said:

"This will serve to tie the two advisory groups together, furthering the cooperative working relationship between the two programs. Although operating independently, cooperation between RMP and CHP will result in increased effectiveness of mutual interests in health service systems for the state."

The 26-member Regional Advisory Group of MS/RMP is composed of health, medical or lay leaders from each of the four states in the Region (Nevada, Montana, Idaho and Wyoming). The Group is responsible for review and recommendation of MS/RMP programs prior to implementation.

Specific activities are based on needs locally identified. Some of the major programs which have been funded in Nevada through MS/RMP include: continuing education for nursing, inhalation therapy and cardiac care training, medical community consulting teams to small hospitals, and participation by the Reno Cancer Center in the six-state Rocky Mountain States Cooperative Tumor Registry.

Fish Disease Studied

A \$6,000 grant has been made to the College of Agriculture's Division of Animal Science by the Department of the Interior's Bureau of Sport Fishing and Wildlife.

The money is earmarked for the experimental continuous feeding of various drugs to fish in waters infested with whirling disease.

In the past several years, thousands of hatchery raised fish have been destroyed because of infestation with the disease. It is hoped the Nevada research will lead to a method of prevention.

Whirling disease is a sporozoa similar to that which causes malaria in humans, but it attacks only fish.

Regional Medical Program Teams Visit Northern Nevada Communities

Visits to Ely, Owyhee and Battle Mountain in November started this season's schedule of the Community Consulting Teams of the Mountain States Regional Medical Program-Nevada Subregion (MS/RMP-Nevada).

William Bee Ririe, U.S. Public Health Service Indian and Battle Mountain General Hospital, hosted the team at each respective location, according to Dr. David L. Roberts, Reno, who coordinates the team membership.

Louise Alcott, assistant director, MS/RMP-Nevada, and director of the project, said:

"Three new undertakings are incorporated in this initial trip. By request of the medical and hospital personnel, Battle Mountain is included in the schedule this year for the first time since the program was inaugurated in early 1969.

"For the first time a student from the new School of Medical Sciences, University of Nevada, Reno (Patrick Colletti) accompanied the team as an observer.

"For the first time, in Elko, two continuing education programs of MS/RMP-Nevada combined faculties aimed at complementing efforts and expertise of the two programs in furthering education of the health professional. Faculty members of the consulting team and the Continuing Education for Nursing Programs participated in a workshop on Medical and Nursing Management of the Patient With Cancer at Elko Community College for all levels of nursing."

The nursing program is under the direction and coordination of Dr. Marjorie J. Elmore, dean, Orvis School of Nursing, University of Nevada, Reno, and Ethelda Thelen, respectively.

The program is under the auspices of an affiliation agreement between Orvis School of Nursing and Western Interstate Commission for Higher Education through MS/RMP-Nevada.

Faculty for the session included Dr. Roberts, Mrs. Thelen, Ann Denzer Lee, clinical specialist for the nursing project, Las Vegas office, and Dr. Thomas K. Hood, Elko.

Since inception of the consulting team project, upon request, the number of communities visited has increased from eight to 11.

Focusing on current concepts and practices relating to patient care, the original major purpose of the project was to provide on-site educational opportunities for medical and other health personnel in smaller northern Nevada communities.

Composition of the visiting group varies as does the structure of each hospital visit. This permits flexibility to consider patient care problems existing at the time of the local call.

Nurses Present Tape At WICHE Workshop

In August, Elizabeth Dick, Jo Deen Flack and Rita Henschen, teaching faculty from the Orvis School of Nursing, exhibited a videotape and a slide-sound presentation at the Tempe, Ariz. WICHE Curriculum Workshop on Innovative Teaching Methodologies.

The two-part videotape, which was created and developed by the nurses, illustrated teaching strategies utilized in the television studio classroom and methods of implementing the theoretical concept of loss in clinical nursing situations.

The slide-sound presentation, giving information about the Orvis School of Nursing and the School of Medical Sciences, demonstrated the teaching methodology of varying audio and visual stimuli.

All four presentations were produced and directed by the Division of Educational Support and Communications.

Health Study Ends

Major steps of a health care study of central Nevada communities conducted under the auspices of the Nevada Subregion of Mountain States Regional Medical Program (MS/RMP) have been completed, according to Dr. J. B. Deisher, director.

Information obtained pertinent to identification of patterns of seeking health care and patterns of health and disease in Nye and Esmeralda Counties is being tabulated and evaluated.

Groundwork for the study headed by Miss Betty D. Schwamb, consultant and coordinator of the project, was initiated in August.

Commencing in September, a study team canvassed area residents of Tonopah, Beatty, Goldfield, Silver Peak, Lida, Round Mountain and Manhattan. Anonymous interviews were taken at one of each 10 households. Dr. Deisher expressed appreciation of the community's cooperation and support.

T. B. Assn. Gives \$10,000

The School of Medical Sciences, University of Nevada, Reno, has received \$10,000 from the Nevada Tuberculosis and Respiratory Health Association.

The \$10,000 is part of a \$50,000 grant, provided over a five year period to the school by the association.

The funds will be used to advance the proficiency of medical students concerning respiratory diseases.

Dr. George Smith, dean of the school, thanked the association for the grant. He said that community interest and support of the medical school are needed to insure success of the program.

Hughie Schoff, president of the association, said: "We are proud to co-

operate with the medical school and view its establishment necessary to the growth of Nevada."

Schoff further stated that the grant was made possible by donations to the association which is the Christmas Seal organization.

Licata Presents Paper on Brain

Dr. Richard H. Licata of the School of Medical Sciences gave a paper on "Neurological Control of Cerebral Circulation" at the 33rd annual meeting of the American Academy of Neurological Surgery at Lake Tahoe this fall.

Medical Association Urges Moratorium On Some Drug Uses

The House of Delegates of the Nevada State Medical Association has requested Nevada physicians to more strictly limit their prescriptions for drugs that may fall into the hands of persons who abuse them.

A resolution declaring a one-year "moratorium on the prescribing of amphetamines, dextramphetamines and similar psychostimulant drugs, except in the rare cases of legitimate medical need" was adopted at the association's annual meeting in Las Vegas in October.

It specifically concerns their use in weight control or treatment of obesity, but lists "proven narcolepsy, hyperkinesia in children and serious psychiatric depressions" as exceptions to the moratorium.

Dr. Robert K. Myles, Reno physician, who reported for the committee that has studied the problem for more than a year, explained that the request is not mandatory upon state physicians, and that it will remain "at the discretion of physicians to prescribe the drugs as they see fit.

"However," he continued, "we are asking physicians not to use the specified drugs in medically invalid cases, and to strictly limit their use to those few and well proven situations where there is beneficial use."

Dr. Myles also said that "misdistribution of drugs prescribed by physicians is becoming far more serious, and that the moratorium is intended to decrease the accessibility to "speed"-type drugs that are used by the "drop-out generation" for their fast trips.

The effectiveness of the moratorium is to be evaluated at the association's annual meeting in Reno next year.

Visitors Tour School

Approximately 25 alumnae and other interested persons toured the new School of Medical Sciences Oct. 21 as part of 1971 Homecoming activities.

The visitors were given guided tours of the School of Medical Sciences and Orvis School of Nursing.

One of the highlights of the tour was a demonstration of the new television intertie system used to link the Reno campus with Las Vegas and Wahoe Medical Center.

Health Sciences faculty members and the visitors were pleased with the tour. As a result, the tours may become an annual event.



NEVADA MEDICAL PRESIDENTS — Dr. William D. O'Gorman (left) of Las Vegas, new president of the Nevada State Medical Association, with Dr. V. E. Elliott of Fallon, retiring president.

Other business of the delegates as they concluded the four-day 1971 annual meeting of the association in the Sands Hotel included adoption of a report opposing mandatory rubella vaccinations for school children in the state.

The delegates requested the Nevada State Legislature "at the earliest time possible" to remove the requirement that children have rubella vaccination as a condition for attending public schools.

The report said there is "uncertainty" about the use of the vaccine, and that the question should therefore be "decided by the individual patient and his physician."

Dr. John P. Sande, Reno physician, was chosen president-elect to head the association in 1972-1973, when he will succeed Dr. William D. O'Gorman of Las Vegas who took over the office Oct. 24, for 1971-1972.

Dr. John W. Callister, Reno physician, was elected secretary-treasurer for the 1971-1972 current year.

The governing body of Nevada doctors set up a program for formal continuing education to include a voluntary registry of those who take part.

One-day seminars in various parts of the state are contemplated. Such scientific sessions have been included in

annual meetings of the association for years.

The delegates adopted a resolution to "commend Dr. V. E. Salvadorini (Reno pathologist) for his untiring efforts, honest and diligent reporting of legislative activities, and service to the members" of the association.

At the awards banquet, the Physician of the Year award for Community Service went to Dr. Edward H. Kopf, Las Vegas plastic surgeon, who is especially active in youth work such as Boys Clubs, Boy Scouts of America, handicapped children, and other projects.

The Past Presidents Award and Silver Sage Award were presented, respectively, to Dr. Elliott and Mrs. Elliott.

Nelson Neff, executive director of the association since 1955, received honors from the Rocky Mountain Medical Conference for his "dedicated and professional service." The conference met concurrently with the state association.

Mrs. Harold E. Halvorson of Reno became president of the Woman's Auxiliary to the Nevada State Medical Association, succeeding Mrs. John L. Holmes of Las Vegas. Mrs. T. Neil Carmena of Las Vegas is president-elect.