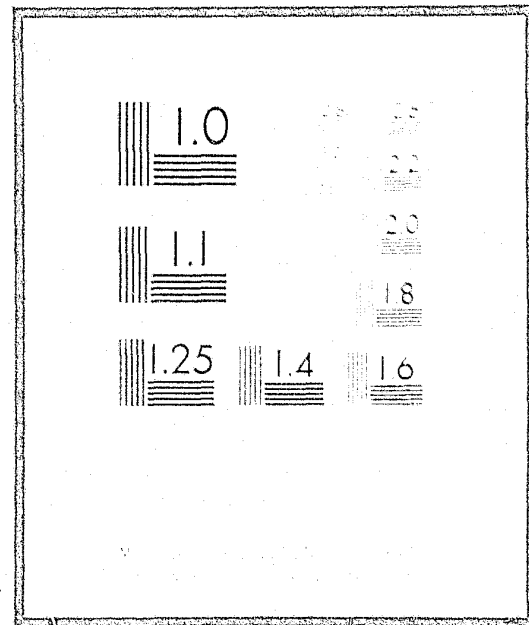


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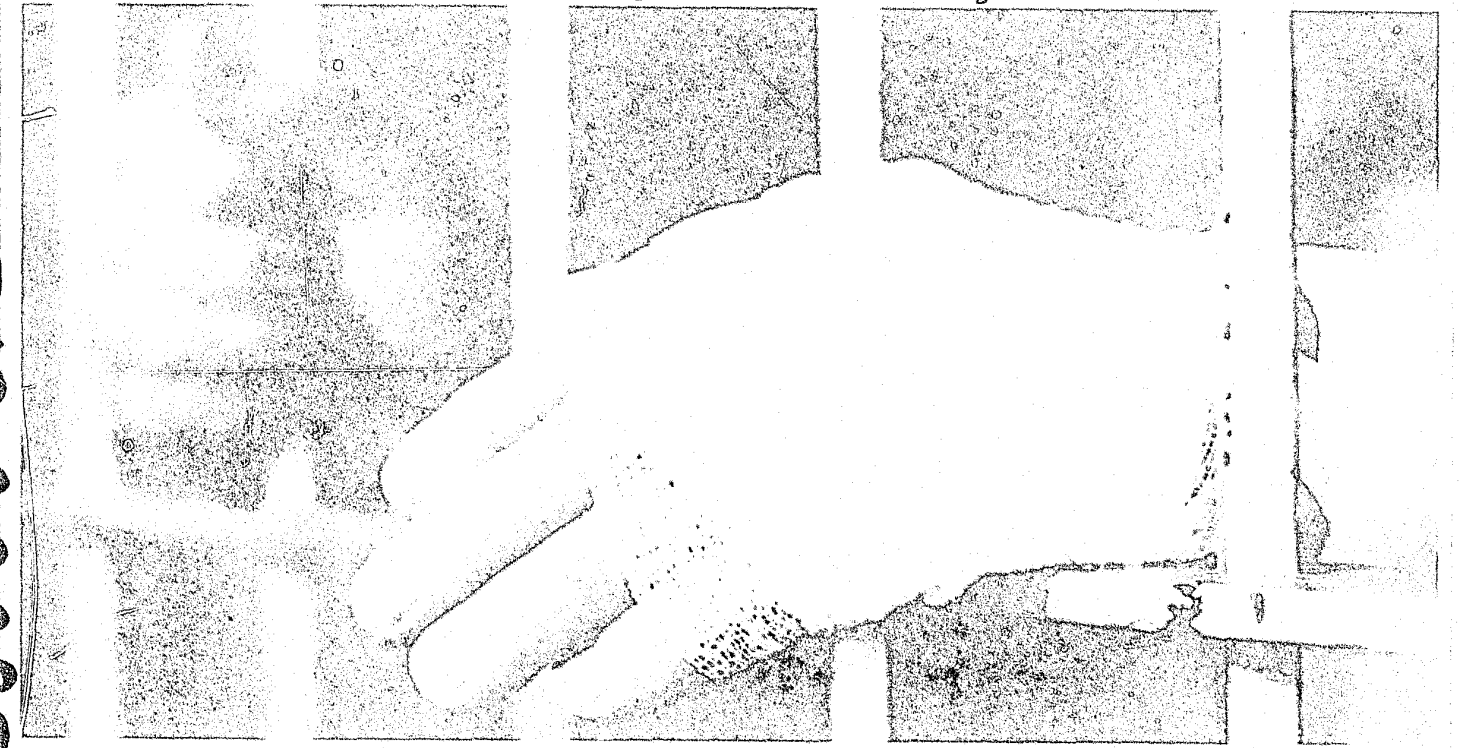
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The use of allied health personnel in jails



American Medical Association

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INTRODUCTION

The purpose of this fact sheet is to generally describe the growth and use of allied health personnel (formerly referred to as paramedics) in order to aid in understanding their potential utility in a jail health program.

Successes in medical research, advances in modern technology and the introduction of patient health maintenance and education have enabled physicians to lower death and sickness rates. At the same time, the increasing levels of public education and public awareness of modern medical achievements have created a demand for medical services unequalled in modern history. There are new methods being successfully utilized to meet these demands, some of which utilize the "team" approach to patient care where many tasks previously performed by the physician are being performed by others.

The established allied professions are being called on to play greatly expanded and increasingly complex service roles. In addition, completely new support occupations such as physician's assistants are being developed to further extend the capabilities of the physician to provide care.

The term "allied health personnel" has been defined as including all those professional, technical, and supportive workers in fields of patient care, public health, and health research who engage in activities that support, complement, or supplement the professional functions

of physicians, of dentists and of persons engaged in organized environmental health activities.

A more restrictive definition of this field groups a smaller number of allied health occupations on the basis of their involvement in personal medical care under the category of "medicine and allied services." Within this category, three sub-groups are identified: (1) selected practitioners who function independently or semi-independently of the physician, (2) "medical allied" occupations for which basic occupational preparation at the baccalaureate level is appropriate, and (3) "medical allied" occupations for which basic occupational preparation at less than the baccalaureate level is sufficient.

HISTORY

Sub-groups (2) and (3) above, along with nursing at professional, practical, and aide levels, have exhibited striking numerical growth over the past two decades. In 1950, the total number of individuals in these three occupational categories was 877,000. By 1970, individuals employed in these fields had increased to an estimated 2,581,000 -- an increase of nearly 300%. The relatively rapid growth in these occupations reflects the explosion in scientific knowledge and technology as well as the greater utilization of trained assistants in administrative and diagnostic work that has occurred over this period.

The basic concept of allied health personnel and the delegation of "physician" tasks are not new. Physicians, for years, have been delegating tasks of all kinds to nurses, medical office assistants, social workers and laboratory, diagnostic and treatment technicians. Tasks performed by these allied health workers range from performing highly specialized functions in a particular area to performing a broad range of activities under the personal supervision of a doctor. Physicians have found that this frees them to focus skills where they are most needed, and many studies have found that the higher the ratio of allied employees per physician, the higher the productivity of the practice.

Institutions have found that in many cases, better and more efficient care is given through triage and other screening services performed for the physician by allied health personnel. (Triage means the sorting out and classifying of illnesses to determine priority of need and proper place of treatment.) The delegation of tasks is usually done through individual or standing "orders" by the physician. A further development of the process of delegating medical care tasks can be found with many allied health personnel who are in turn utilizing less skilled personnel to assist them.

NEW MANPOWER CATEGORIES

Of more recent vintage has been increased activity by

educational institutions in various parts of the United States in developing new types of physician support occupations generally termed "physician's assistants." Over 2,000 such assistants are now working in various health settings around the country and their ranks are expected to grow by at least an additional 700 per year for the next few years.

Included under the generic term "physician's assistant" (PA), are persons being trained to work in a variety of medical specialty areas, at different levels of responsibility, and with different specific occupational titles, including "physician's assistant," "physician's associate," "MEDEX," child health associate" and others.

Thus, the actual job functions of a "physician's assistant" will vary with the above factors. A number of training programs are preparing physician's assistants who will work for the primary care physician (family practitioner, internist or pediatrician). Others are preparing individuals to work primarily in such specialty areas as general surgery, urology, ophthalmology, anesthesiology, obstetrics and gynecology, and pathology.

The primary care PA, or MEDEX, functions in a number of areas including diagnostic services, continuing medical care for chronic disease and pregnancy, care of acute disease and injury, rehabilitation, health maintenance, and health services to the community at large. The tasks performed by the primary care PA are those

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which require technical skills, execution of standing orders, routine patient care tasks, and such complicated diagnostic and therapeutic procedures as the physician may wish to assign to the assistant after he has attained and demonstrated his proficiency through adequate instruction and for whose provision the doctor is willing to accept responsibility. The PA may be responsible for keeping complete records of all events and results of encounters with patients, whether by direct contact with patients or by telephone.

Nurses are also being prepared to assume responsibilities in patient care through special training over and above their basic nursing education. Such categories include:

Nurse Practitioners, (general or specialist), who deliver primary care to meet general or specific needs under physician supervision;

Nurse Midwives, who help provide prenatal care, manage normal deliveries, and give postpartum and well baby care and counseling on nutrition, hygiene and immunizations.

One other type of physician's assistant is the medical technical assistant, developed by the U.S. Bureau of Prisons. These personnel assist the physician by conducting sick calls, giving emergency care, acting as operating room nurses, and giving comprehensive nursing care in wards. They also perform technical services such as laboratory technology, x-ray technology, pharmacy disbursement, dental care and physical therapy.

Currently, 39 states have some type of legislation regulating the use of physician's assistants. Nurse prac-

tioners generally function under the nursing practice acts of their states, and in some states, these practice acts have been modified to accommodate the expanded health care roles of such practitioners.

Various programs have been created to train personnel in emergency medical care exclusively. These Emergency Medical Technicians (EMT) at the advanced (certified) level operate the telemetry equipment and render medical care at the remote site under the supervision of a physician stationed at the "base." Telemetry equipment includes two-way closed circuit T.V.'s, electric stethoscopes, electronic measurements for ECG, heart rate, respiration, systolic blood pressure and other physiological data collection instruments.

CONCLUSION

The above information is a simple outline of basic facts about allied health personnel; it is not meant to be a comprehensive listing, since the utilization of allied health personnel will vary according to individual state licensing and certification laws and the creativity and ingenuity of the supervising physician.

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