Model Family Practice Clinic Moves Into Expanded Broad Street Offices

The model family practice clinic operated by the medical center and Watts Hospital will move into expanded offices soon to provide training for more family doctors and offer medical care to larger numbers of Durham residents.

Dr. William J. Kane, who became director of the Duke/Watts Family Practice Residency Training Program Jan. 1, said the new office at 719 Broad St. will have 14 to 16 examining rooms. The present clinic at 1010 Broad Street has only four examining rooms.

The name of the model clinic has been changed from Durham Health Care to the Family Medicine Center.

Kane said there are now 10 residents in the three-year training program, and eight first year residents will be added in July. In July of 1975 another first-year class of eight will be added, he said, and from then on the program will be stabilized at a level of 24 trainees.

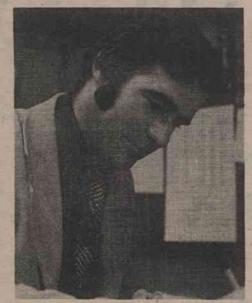
"We are probably serving about 2,000 area residents right now," Kane said. "In a year or two when we have a full complement of residents we hope to be providing primary medical care for about 8,000 people."

The clinic operates just like a private group medical practice. Each resident spends certain hours in the clinic and is assigned a certain number of families as his private patients. Patients call for appointments just as they would at a private physician's office. The rest of the time the residents spend rotating through various services at Duke and Watts hospitals.

Kane said expansion of the family practice training program at Duke and Watts is coming at a time when interest in primary care medicine is increasing among medical students.

There are only about 1,800 residency positions for family doctors in the nation right now, Kane said, and in the past some programs have had a hard time finding enough applicants to fill the positions. But he said it is expected that in 1975, for the first time, there will be more applicants than openings.

Kane said committees at Duke are also



NEW FAMILY PRACTICE MAN-Dr. William J. Kane, shown here in his office at Watts Hospital, is new director of the cooperative Duke/Watts Family Practice Residency Training Program. A model family practice clinic will be expanded within the next few weeks. (Photo courtesy of Watts Hospital)

designing a "family medicine tract" of elective courses which third and fourth-year medical students interested in becoming a family doctors may take. The courses are expected to be offered as part of the medical school curriculum next fall.

Kane himself is a 1972 graduate of the University of Rochester and Highland Hospital (New York) residency program, one of the oldest in the nation for training family physicians.

He received his board certification in family practice in August, 1972. The Pennsylvania native is a 1969 graduate of the Temple University School of medicine.

Before coming to Duke, Kane spent a year and a half in private practice as a family doctor in Hamilton, N.Y. He succeeds Dr. Lyndon K. Jordan, who resigned in September to return to private practice in Smithfield.



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FOUND-Duke class ring. Owner may call 489-1111 after 6 p.m.

North Carolina

(Continued from page 1)

requiring emotional care, it is a resource for its local community, the western part of the state and the Southeast. Dr. Charles Neville, its able director, has also initiated a residency training program which will be interdigitated with the one at Duke Hospital.

Sea Level Hospital—In 1969, the late Mr. D. E. Taylor donated the 80-bed Sea Level Hospital to the Duke Medical Center. Serving northeast Carteret County, it has all the assets and liabilities of a small rural hospital in a sparsely populated area. It is a beautiful and rustic setting and we are indebted to the five physicians and the administrator, Mr. Jack Johnson, for their dedicated service. In the years to come, we look forward to increasing the traffic of faculty, staff and students going back and forth.

Residency or fellowship affiliations as well as faculty consultative service have also existed for years with the McCain Sanatorium near Pinehurst and the VA hospitals in Oteen and Fayetteville.

Faculty, resident staff and students participate regularly in mental health and maternal-child welfare programs in Warren and Halifax counties. It is not an unusual event for an expectant mother with a serious complication of her pregnancy to return in the car with our staff for further evluation at Duke Hospital.

Cabarrus Memorial Hospital-Our newest affiliation is with the Cabarrus Memorial Hospital. By mutual agreement with the hospital staff of the institution and with their financial support, there now exists a major affiliation with most of our clinical services. The affiliation entails daily visits of Duke clinical faculty and fellows to Cabarrus to make rounds, see patients in consultation and provide bedside continuing education. Since we do not have our own airplanes and charter air service is still too expensive, travel is accommodated by car with an average of two round trips a day.

Carolinas' Camp for Diabetic Children-For the past five years, the faculty and staff of the Departments of Medicine and Community Health Sciences have participated regularly in the activities of the Carolinas' Camp for Diabetic Children in Pisgah Forest.

Circuit Clinics--For several decades, Dr. Lenox Baker and his orthopaedic staff have held clinics in several communities, including Ahoskie, Asheboro, Cabarrus, Clinton, Concord, Greensboro, Goldsboro, Lumberton, McCain Sanatorium, Morehead City and Wilson. These visiting clinics have been maintained by Dr. Leonard Goldner and his staff. It has been a saving for the patients who have avoided the need for travel to Duke, it has been of mutual benefit to the physicians of that community and our staff to see the

patients together.

During the past decade, Dr. Joseph Wadsworth and his staff in ophthalmology have initiated the same type of clinics in the following communities: Eagle Springs, Goldsboro, Halifax County, Jackson County, Kinston, Laurinburg, Lillington, Louisburg, Nashville, Oxford, Rocky Mount, Snow Hill, Warrenton, Wilmington and Yanceyville.

In the Department of Pediatrics, Dr. George Brumley, chief of the Neonatal Division, provides consultative services to nurseries throughout the state in evaluation of services and program augmentation. They also conduct a postgraduate program at the Tarboro Hospital. The Duke Developmental Evaluation Clinic (DEC) staffs a DEC in Oxford. In addition, the Ambulatory Division of Pediatrics operates consultative public health clinics in Roxboro and Warrenton.

Who Comes to Duke Hospital?

Overall, 86% of the patients coming to Duke Hospital are from North Carolina. During fiscal 1972-73, these patients included large numbers of persons who could not afford to pay any or part of their care. The deficit incurred was \$4,093,660. This deficit was made up by the private patients attending Duke Hospital. There was not a single dollar of direct support from the state or county.

Duke Hospital has no endowment of its own and in this manner differs from other leading private teaching hospitals such as The Johns Hopkins Hospital and the Massachusetts General Hospital. It receives no subsidy from the state such as that provided N.C. Memorial Hospital in Chapel Hill.

It is of further interest that one-third of our patients come from Durham County; unlike Mecklenburg County, Durham does not fully support its indigent care needs which amounted to approximately \$1,481,000 during fiscal 1972-73.

Health Manpower

Of the 4,772 physicians now practicing in North Carolina, approximately 635 physicians received their M.D. from Duke and over 500 other physicians received all or part of their internship/residency training at Duke. The total amounts to over 1,100 physicians in North Carolina who received all or part of their medical training at Duke.

Whereas there has been a paucity of family physicians produced, many of the internists, pediatricians, obstetrician-gynecologists and surgeons in the small to medium-sized communities in North Carolina do provide primary medical care. With the Family Practice Program described above, we do hope to make a substantial improvement in the number of family practitioners produced.



