

Shep Stone Interview – August 2023  
By Mick Devanney, MHS, PA-C

The CT PA Historical Society is an ad Hoc committee recently formed to highlight individuals who have had an influence on PA practice in the state. We recently had the opportunity to interview Shepard Stone, MPS, DMSc, PA, FAHA, DFAAPA, AFAsMA. Stone is the first PA to attain the rank of Brigadier General in the Connecticut State Guard. He graduated as a physician assistant from Long Island University in 1976, afterward joining the Connecticut Army National Guard (CTARNG) where he became the first PA to serve in the CTARNG as a Warrant Officer PA. He then went on to complete the Norwalk Hospital/Yale University PA Surgical Residency Program in 1977, and the following year took the place of a first year Anesthesiology Resident at Yale-New Haven Hospital where he served for three years. This included six months of Critical Care. Stone was appointed Clinical Director of Adult Post Anesthesia Care Units at Yale-New Haven Hospital, where he worked for over 40 years in the Department of Anesthesiology. For more information, please visit the PA Historical Society bio on Mr. Stone here: <https://pahx.org/bios/stone-shepard-b/>

**1. During which years were you President of ConnAPA?**  
1987-1988

**2. How do you feel your military training/career aided you in your medical career?**

At the time I began my military service I was not planning a career in medicine. I was an undergraduate with the thought of studying applied physiology (while I was on the JV soccer team I had been a “lab rat” and it seemed interesting). My training as an Army “Medical Aidman” (medic) gave me a clinical orientation. The different training and life experiences that followed eventually brought me to the operating room. I worked first as an orderly in the Operating Room and then as an Operating Room Technician (now called Surgical Technician) while I was completing my undergraduate degree. In the OR I had exposures to surgery and anesthesia. After acquiring a Master’s in health care administration (it seemed like a good idea at the time) I learned of the PA profession.

Subsequently I followed my surgical and then anesthesia interests for the remainder of my career.

My continued military service in the Army’s reserve components (Reserves and National Guard) led to my training in aviation medicine. The final 25 years of my 40-year military career provided leadership opportunities in aviation medicine. Leadership experience is not limited to the wardrobe: it was transferable from flight suit to scrubs and vice versa.

**3. What were some issues you encountered during your ConnAPA presidency/leadership career that impacted PA practice in CT?**

Our greatest efforts in that era were in obtaining licensure so that we could obtain prescriptive privileges. This took the efforts of many Connecticut PAs over a number of years. We helped lay the groundwork and in 1990 these mutual efforts succeeded.

It is difficult to appreciate now that “once upon a time” one only had to be a graduate of an approved PA program (and have NCCPA certification) and you could practice as a PA. The state of Connecticut had no credentialing. If any of this recollection is inaccurate, I hope that it will be corrected.

**4. What motivated you to become active in leadership, both in your PA career and in your military career?**

I did not have a goal of attaining leadership positions *per se*. I have always been opinionated and am always ready to share those opinions. When I saw things that did not seem fair or optimal (in my opinion, that is) I would speak up. This did not always involve speaking ‘truth-to-power’ but sometimes it did.

The precept of striving to leave things better than you found them was explicitly stated in the military but is valid everywhere.

**5. What advice would you have for young PAs interested in becoming more active in leadership?**

See above.

Keep looking and learning. If something seems broken, look for remedies. Find colleagues and work together to strive to make things better (“It’s not *who* is right, it’s *what* is right.”). Be the agent of change. Don’t be afraid of mistakes just try to “learn from the mistakes of others because you won’t live long enough to make them all yourself.” (Mark Twain?) When they do happen, take responsibility and move on.

**6. Talk a little about your mentoring and educational background?**

When I think of mentoring, I think of what PAs do: we practice medicine. Until our Profession’s creation in the 1960’s the only people who did this were physicians or, as they have always been labeled, doctors. The word ‘doctor’ comes from the Latin word *docere* meaning teacher. PAs teach their patients, their colleagues and their students. It is what we do. As more and more professions have doctoral degrees the use of the title doctor can be misleading. I am of the belief that in the clinical arena only medical doctors (MD, DO, MBBS) i.e. physicians should use the title doctor to avoid such confusion (By historical precedent dentists and podiatrists are also accorded that honorific). If someone who has a doctoral degree and identifies themselves as a doctor it should only be done with the explicit clarification of their role whether they are an audiologist, psychologist, pharmacist, physical therapist, optometrist, etc.

My educational background includes the items in question two above. There were four major educational events that followed graduation from PA school in 1976. The first immediately followed and that was being in the initial class of the Norwalk Hospital PA Surgical Residency Program. This is where I was introduced to anesthesiology. After serving a year as a staff surgical PA at Norwalk Hospital, in 1978 I took the place of a physician anesthesiology resident at Yale New Haven Hospital (YNHH). Upon completion of that residency in 1981 I was appointed to the staff at YNHH and the faculty at Yale School of Medicine. Academically, I was fortunate to ultimately attain the rank of Associate Clinical Professor (the first PA to attain a

professorial rank at Yale). The third educational event was attending the Army's Aviation Medicine Primary ("Flight Surgeon") Course in 1986. The final educational event was the earning of the Doctor of Medical Science degree in the inaugural cohort at the University of Lynchburg in 2018. Needless to say, I was the most senior member of the class in terms of age and years of practice as a PA (I do NOT claim to be the brightest or most accomplished as classmates included a number of AAPA Presidents and Presidents-to-be).

As the recipient of so many wonderful educational experiences, how could I pay it forward? As an Army PA I taught medics, nurses and physicians who were not expert in my areas of practice. As an Army Aeromedical PA (APA) I mentored quite a few Army Flight Surgeons and APAs. As a senior member of the Army aviation community, I helped institute a number of changes that enhanced APA practice. At Norwalk Hospital I mentored the next generation of PA Surgical Residents. Starting at Yale in 1978, my practice included teaching PA students, PA residents, medical students and physician residents. I take great pride (justified?) in noting that many of the anesthesiology residents I trained became Professors and Chairs of their own Departments. This continued throughout my years of practice in perioperative anesthesia. In 2012 I was tasked as the Clinical Director of Adult Post Anesthesia Care Units at YNHH's York Street Campus (there were three). It was in this role that I practiced until retiring in 2020. This role was one that I had never envisioned. At that stage in my career it turned out to be the most gratifying. I mentored anesthesiology residents on the mandatory PACU rotation. This one-on-one experience was symbiotic. I was able to share my decades of experience with them and these bright, eager learners shared their knowledge, insights, enthusiasm and curiosity with me. It was, I like to think, mutually motivating. Physician residents were not my only students as I was able to teach the PACU nurses while assisting them in their provision of care to our mutual post-operative patients. The final beneficiary of teaching was self-teaching as I, myself, provided direct patient care as well as the supervision of my colleagues.

It has been a truly wonderful career: caring for patients, teaching others to care for patients and to help others care for patients. It's all about the patient.



Basic Training Graduation 1969



Army Flight surgeon course February-March 1986



August 2010 following my "Fini flight" (last military flight). Being assisted with removal of flight gear, walking back to my fellow Soldiers and having the traditional toast. Bittersweet.