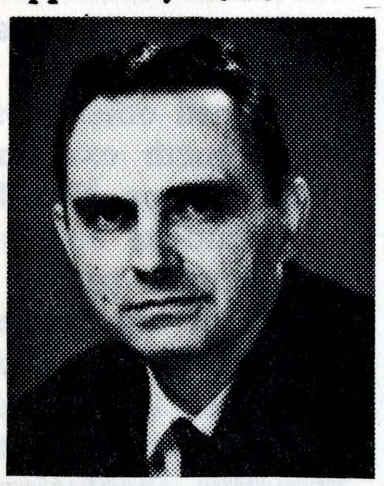
THE PULSE

Vol. 4, No. 1 UNIVERSITY OF OREGON MEDICAL SCHOOL May, June Issue

CURRICULUM GOALS REVEALED

by William Krippaehne, M.D.



DR. KRIPPAENNE

The Curriculum Committee of the Medical School, Dr. D.W. E. Baird. Its current composition is: W.W. Krippaehne, Chairman. R. L. Sleeter, Vice Chairman, J.J. Adams, Secretary, J. A. Benson, Jr., P.H. Blachly, R.A. Cooper, Jr., R.L. Dobson, R.B. Durfee, R.T. Jones, H.T. Osterud, A.A. Pearson, and W.E. Snell.

As stated in the guidelines of the University of Oregon Medical School, the Committee on Curriculum and Schedule is charged with the responsibility of all matters concerning the undergraduate curriculum and medicine and the schedule arrangements for the classes of the four undergraduate years. This committee receives from the faculty requests for new and deletion of old courses, revision of the orientation of established courses, changes in class hours, grade values and course titles. The committee studies these requests and recommendations concerning them are made to the Dean.

In addition, the committee continuously reviews effectiveness of the current curriculum and teaching program, and keeps abreast of and studies new ideas about medical education with the idea of ascertaining their value and usefulness for this institution. If the committee feels that revision of the curriculum is indicated, in the course of its planning conducts detailed discussions with the heads of the departments concerned with the revision under consideration. The committee then formulates its final proposals and forwards them to the Dean and the Executive Faculty for consideration. All changes in the class and credit hours as well as the addition and deletion of courses or changes in courses and titles must be approved by the Dean and by the State Board of Higher Education at its January meeting before they can be implemented.

The past Curriculum Committee under the able Chairmanship of Dr. Howard Lewis accomplished major forward changes with the marked decrease in the number of lecture hours and the establishment of a modified block system in the clinical years.

The first order of business of the current Curriculum Committee was to try and establish broad goals that would be considered necessary to promote an ideal teaching-learning situation. Some of the goals identified were: (A) There should be a greater correlation or integration of subject material with increased cooperation between departments. (B) As students are entering with better background and more training, an increased flexability of the curriculum or the program with an increased body of electives should be made available to further challenge this group. (C) The curriculum should not be so rigid that changing concepts and new information could not be introduced. (D) Additional elective time should be made available for a study in depth of fields of interest to the individual student. These should be designed to place emphasis on learning at the student level through individual study and seminars, placing the challenge directly on the student.

Further goals established were to explore new curricula from other institutions, new teaching aids, programmed instruction, and self instruction methodology as it might be applicable to this curriculum.

The Curriculum Committee subsequently started with the evaluation of the first two years in Medicine and has interviewed the departments concerned with this teaching. Discussions have centered around such questions as: (1) What is the department teaching now? (2) What do you believe is good and what not good about your current curriculum? (3) What change would you recommend to better accomplish your goals? (4) What will the result of this change be in the improvement of the curriculum? (5) What will it take to accomplish this change?

On reviewing departmental programs, it became obvious that ongoing change was in process and that the curriculum currently was significantly different from the past.

The review disclosed that major changes had recently occurred for the improvement of the teaching-learning situation. Departments likewise identified many areas where problems exist and have already made plans for improvement. The committee has been impressed that a large amount of thoughtful planning, well conceived and dedicated is underway at the departmental level.

It remains for the current committee to make it easier for the faculty members to accomplish their goals in the framework of an integrated curriculum sensitive to contemporary medical needs.

THE SEARCH IS ON!

In January, 1967, the Oregon State Board of Higher Education appointed a Search Committee charged with the task of considering the future administrative leadership of the University of Oregon Medical School. David W. E. Baird, M. D., Dean of the Medical School, is scheduled for retirement in the fall of 1968.

The State Board of Higher Education has directed this Committee to submit to the Board the names of individuals acceptable for consideration and qualified for the position of chief executive of the Medical School. Three members of the Board, Mr. Ancil H. Payne, Mr. George Layman, and Dr. Ralph E. Purvine are serving on this committee which also includes the following members of the Medical School faculty: Dr. David D. DeWeese, Chairman; Dr. Kenneth C. Swan, Vice-Chairman; Mr. W. A. Zimmerman, Secretary; Dr. Robert L. Bacon, Dr. John M. Brookhart, Dr. Herman Dickel, Dr. Chalres T. Dotter, and Dr. William Krippaehne.

This Committee has been meeting at regular intervals since the first of the year. It has sought to obtain the broadest faculty opinions possible, views of the Oregon State Medical Association, the Oregon Academy of General Practice, and opinions from outside individuals, both through interviews and correspondence.

When the work of the Committee is ended, a name, or names, will be submitted to the State Board of Higher Education, and the Board then will make the final selection.

Editorial

TAKING THE PULSE OF 'THE PULSE'

THE PULSE is concluding its first full year; the accomplishments are few and the problems have been many. Yet, the paper has become established and is considered a part of the U.O.M.S. academic environment.

Difficulties with finances and the mechanics of printing have been overcome by the sustained effort of the faculty, practicing physicians and Mr. Bob Bissell and Dave Talbott of the Oregon Medical Association.

The administration has encouraged us and members of the faculty have kindly given of their time to guide us and to "write" for our cause. Through this THE PULSE has become useful as a device of communication between students and faculty and among faculty themselves.

Our paper has matured — that is, the staff has become aware. At one time there was a staff paranoia certain that all the faculty were conspiring to make our four years of school as difficult as possible. Many of us were convinced that our problems were unique, the curriculum archaic and progress was slow, if at all.

Today, however, the interpretations might be these:

1) Students at U.O.M.S. do have special problems — in fact there have been specific students problems and dissatisfactions from the beginning of the "hill". That's good! It shows the students are thinking and they are interested in getting a good education. (Hopefully these grumblings come not from a desire for an "easy" education).
2) The curriculum is obsolete — and will always be so as long as man is developing new ideas in medicine and new approaches to teaching. People on "the hill" are becoming increasingly aware of the need for greater student envolvement in the teaching procedure and the desire for stimulation which will lead to more self-teaching by the student.
3) Progress is slow — changes are slow at our school for two reasons — there is some inertia against progressive changes. Additionally, being aware of the disastrous problems faced by other schools which have hurriedly made comprehensive revisions in their total structure, the powers that be are moving with profound thought. They are hoping to offer to the people of Oregon a better product. When you take time to learn the facts from people who have nothing to hide, you realize that there is a quiet, well organized revolution going on at our school — one which guarantees success.

We of THE PULSE staff encourage the students to talk with the faculty, let their feelings be known, and learn the facts. It has become apparent that many members of the faculty are for the student, eager to listen to him, to learn from him and to teach him. We hope that THE PULSE can continue to serve as a means through which students and faculty can learn from each other.

J.L.

NOT HOPELESS

The clearly visible signs that significant needed changes in our medical school community will take place with more and more speed prompt me to make two observations.

First, when a member of our community tells us that he is hurting while living in it, his information can be a valuable contribution to our understanding of the community's life. It deserves our attention and respect, because he has shown us trust and confidence by revealing it. He may not have a solution for his hurt. But perhaps equally concerned others will respond with solutions worth examining. On this point, then, I hope The Pulse will encourage contributions such as Larry Dean's, and not deprive us of them if they do not meet all the expectations of Eleanor Cooper. ("It is best not speak out in criticism at all unless one is prepared to follow through to a logical and constructive conclusion," The Pulse, Feb. - March 1967).

Second, when members of our community hurt, propose new solutions that they know have been tried successfully elsewhere, and find no response here at first, the effort to examine and alter our life as a community is not to be abandoned as hopeless. It has in fact only begun. To change an organization, to prevent ever threatening organizational dry rot (the words of John Gardner, Secretary of the Department of Health, Education and Welfare) is never easy, and requires concern, skill, and persistence, as well as accurate diagnosis.

George Saslow, M. D.

THE PULSE

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SUPPORTER LIST GROWS

The last issue THE PULSE listed and thanked the many individuals who had contributed to support THE PULSE. By mistake Dr. Thomas R. Montgomery was ommited from this list. We would like to thank the following people who have offered their financial support subsequent to our last issue. We sincerely appreciate your interest and contributions which help maintain a healthy "PULSE."

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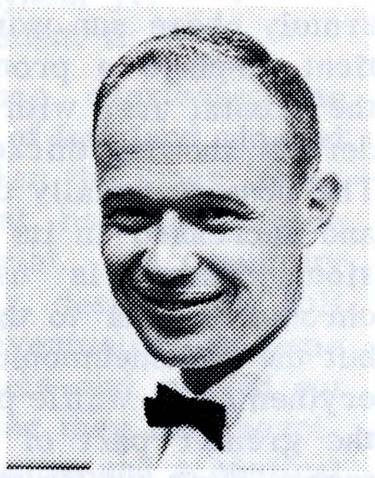
MEDICAL EDUCATION - - - THE DILEMMA

by Robert E. Kellum, M.D.



DR. KELLUM

The explosion of medical knowledge over the past two decades has found the medical schools unprepared to integrate and correlate this vast wave of knowledge for their students who frequently feel hopelessly overwhelmed. What should the medical student know? How does the student learn to reason and to question? How does he become intellectually involved? What are his motivations and career goals? How does the student relate his present learning to previous experiences, to the knowledge he already possesses?

If learning hinges on student motivation, on the presentation of subject material in meaningful context to previous experiences and related to individual career goals, on the gradual accumulation of inter-related and correlated information, if true learning hinges on these basic principles, why are they ignored in medical school curricula? Why continue the agony of ineffective lectures when more productive avenues of learning are known?

For several years the Division of Dermatology has been asking these questions, engaging in frequent informal intradepartmental discussions, seeking new answers to these old questions. Repeated critical incidents (pre-and post-testing, etc.) had convinced us that lectures generally failed to involve the student, and thus the lecture material had a retention half life of only a few milliseconds. We found most students had great difficulty relating their pre-clinical experiences to clinical medicine and viewed the pre-clinical years not as a base for future learning, but as a necessary hurdle to be jumped. They therefore retained minimal pre-clinical knowledge to apply to clinical problems. This gave little or nothing to build upon or even to reinforce by recall and application.

Beginning in the fall term of 1966, the Dermatology Division discarded the series of 24 one-hour lectures given to the Junior class and substituted a program of self-directed student seminars. The goals were simple — to involve the student in meaningful discussions with his peers on cutaneous medical subjects of his own choice, to promote his understanding of these medical subjects and their relationship to his goal of becoming a physician, and to give opportunities to read, reason and think critically as an individual.

The Junior class was divided into groups of 10 students. Each group was asked to select a topic for discussion each week from a list of 30 question-subjects. Each question was formulated to explore an important concept ("what do contact dermatitis, the tuberculin reaction, and tissue transplantation have in common?"), to demonstrate the application of knowledge of pre-clinical sciences to clinical medicine ("what is the rationale for using anti-leukemic drugs in the treatment of psoriasis?") or to introduce the student to the inter-relationships of dermatology and general medicine ("cutaneous manifestations of systemic disease"). A short list of pertinent (sometimes purposefully made conflicting) references on each subject were placed on closed reserve in the medical library. A different member of the group served as moderator each week with free rein to conduct the discussion in any way he believed appropriate. A member of the dermatology staff attended each week, with specific instructions not to enter

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READERS RESPOND - - - LETTERS

PRINCIPALS, NOT DATA

The main objective of this journal is the improvement of medical education, and many students and faculty members have written pertinent and constructive articles to this end. Indeed, if volume of words written on the subject indicates educational ability or standing of the institution, the UOMS should rate very high. But the best estimation of this school is probably our own. I think it is a better-than-average school on balance, with a few excellent and a few very poor features. I believe that we — yes, WE, for I am a part of this school, as is every student, employee and alumnus — would be a better institution if we tried less hard to reorganize the curriculum and to rebuild the system. Sweeping changes have glamour in the beginning but this attraction often turns to repulsion later. We need quite a few things, including a first-class autopsy room, but do we need a complete new curricular structure? Let us move, to borrow a phrase, with all deliberate speed.

Of course there are too many lectures but this does not mean that the ancient and honored method of instruction by textbook and lecture is outmoded. What is needed is more involvement of students in the realities of medicine and less direction of them to "do as I say, not as I do." Give them responsibility, as long as they use it properly, and less of a store of details. How and why, not what; principles, not data. I know how few of the details taught in sophomore pathology now are used by senior students, interns, residents or practitioners and I fear that too little of the principle is retained by them.

It can be presumptuous, but alternately it can be proper, for students to prescribe in part their own course of instruction. On the other hand, students sometimes need convincing about the importance of attending or participating in a class or project. This brings up exams, which are well known convincers and a useful threat. Students can be induced to work very hard and by judicious use of exams we can develop a class who react to few other stimuli to learning. Probably the worse danger of this is that we may so maim the young doctors' sense of responsibility that more and more regulation of the profession by external authority may result. I think we should reduce drastically the numbers of exams; however, non-counting quizzes, formal or informal, may be used to advantage. And although I find value in the National Board exams, I think there should be some fundamental changes in them. Furthermore, the school, not the Board, should be the judge of our students.

The curriculum should have fluidity. It seems to take congressional action to change the structure now. This situation is not for lack of new ideas among students or faculty; it is because of habit, because of the pride of some established old-timers and because of justified respect for them. Perhaps we require an authority who would regularly prune the curriculum. Admittedly a hell of a job, but may be necessary.

So the recommendations of this ramble are:

1. Have no change just for the sake of change, but demand a reasonable objective and plan before changing.
2. Increase involvement by students and faculty together to make it a common learning experience.
3. Cut the lectures down but not out; remove the cover-the-material approach.
4. Reduce severely the number of exams for grades.

Since we are all, whether we like it or not, both teacher and student, let us each thus do his best to improve the school. If enough of us do so, improvement is assured. And in as much as any of us does, by so much does he profit.

Nelson R. Niles, M.D.
Associate Professor
of Pathology

HINTS FROM THE HILL - - -

In keeping with the educational aims of the PULSE this article is designed to help keep the busy interns, residents and general practitioners abreast of the recent innovations in the field of physical diagnosis.

Huntington's Maneuver

This maneuver has been instrumental in adding a little class to the otherwise rather mundane chore of eliciting positive evidence of stress incontinence. The patient is placed in the usual position for examination of this type. The location of the usual 75-100 watt light source is crucial and must be placed so as to provide maximum illumination. There are a number of successful ways to initiate the stress element. We find that asking the patient to yodel at full volume will usually bring the desired response but in some cases a medium-firm fist percussion of the umbilicus may be necessary. If the test is successful and the light has been carefully placed the explosion of the 75-100 watt light bulb located approximately 10cm from your right ear should be sufficient to send you hurling backwards through space. At the same instant the patient usually responds by standing up in the stirrups and making a similar exit from the drop zone in the opposite direction. As you pick yourself off the floor you should note the angle of bend imparted to the stirrups as this is usually a direct indication of the patient's neuromuscular responses in the lower extremities. Being careful to warn the patient about stepping on broken glass as she exits the examination room, you can smile inwardly about a job well done as you note on her chart the presence of a four-plus Huntington's Maneuver.

NosliW or gnidlapS's Syndrome

This disorder is recognized quickly by the Californian physicians but the Oregon doctors don't see enough of these cases to keep it right on the tip of their tongue blade and so a review of the presenting signs may be in order. This syndrome is usully found in the well-tanned moderately obese sun-worshipper. The patient displays a prominent flattening of the frontal area with the overlying epidermis showing thickening and scarring. The nose is usually decreased in length and increased in its transverse dimension. There is usually evidence of chronic trauma to the palms and knees but the pathoneumonic sign is that of an erythematous waffle pattern present over the greater part of the anterior abdomen. This waffle pattern is recessed from the surface of the skin and off to one side or directly inferiorly is found the inscription nosliW or gnidlapS. The doctor can show his diagnostic acumen by striking a casual pose and suggesting that the patient walk around the tennis net rather than try further unsuccessful attempts at jumping it while holding his racket in front of him.

Steve Ebert
Med Student II

the Roving Reporter - - -

'TO ASK OR NOT TO ASK'?

TO ASK OR NOT TO ASK — most medical students, especially in the first two years, learn not to. If they raise a question they will often risk frustrating the professor's attempt to cover a large volume of material in limited time, or incur the disgust of their peers. So they keep quiet and scribble desperately so they will have a complete set of notes to memorize.

In the eyes of the public, the medical person is a man of science, one who is seeking answers to important questions. But often the medical student is only a repeater of others' answers. "They could feed me anything around here," an intelligent sophomore student said ruefully, "and I'd believe 'em."

"It seems to me," a freshman complained, "the idea is to cut out of Biochem lab as fast as you can (without making Dr. Todd mad at you). Then you run home to memorize stuff you don't really understand about, stuff NOBODY really understands."

In the traditional medical school curriculum, according to a research study done recently on the predictability of success in the first year of medical school, it is those who "Tend to accept new situations or propositions without much reflection of consequences," who do well scholastically. The "yea-sayers" are positively rewarded. And those who question, eventually learn not to.

It is a common complaint that the volume of material to be memorized by the medical student is overwhelming. But much of it, if once UNDERSTOOD would not need to be taught so extensively so many times from so many different angles by the different departments. "This redundancy of teaching,' Dr. Cooper says, "leads to frustration of learning. Conflicts arise where there are none. Finally the student decides not to believe anything."

So he dutifully memorizes. He memorizes material he has never quite tackled on his own, material he has not made his own.

Knowledge can be taught, but understanding must be learned. Therefore if understandings are desirable we must include self-discovery.

Thomas C. King
Medical Educator

But since the student spends seven hours a day sitting in a lecture room absorbing bits of wisdom dropped by learned teachers, when does he have time for self-discovery? But perhaps this is not the intent of the teaching. Perhaps instead, as one student remarked, the medical school intends "to create pear-shaped people with pearl-sized minds."

by Jerilyn C. Smith
Medical Student II

DILEMMA

(Continued from Page 3)

into the discussion. As expected, other students usually detected (and corrected) errors that appeared within the discussion, thus serving as an additional mechanism for individual learning.

During the first year, problems have arisen; some of the questions were poorly formulated; reference sources were inadequate or overly complex; reference material was sometimes unavailable; individual students came poorly prepared to contribute to the group effort etc. These and other problems can and are being corrected.

The ultimate, long-term value of this seminar program is difficult to assess. We must seek new ways to help the student learn. We must re-awaken in our students, stunted by years of dull lectures and unimaginative teaching, the sense of inquiry, a desire for critical examination of evidence, the ability to reason, discuss and reach conclusions, the adventure and rewards of learning, as well as the urge to learn and study throughout the remainder of their professional lives. As other authors have emphasized, "our aim must be to develop our student's taste and judgement and not impose ours upon them, no matter how valid they may seem to us. Students must learn the necessity of practicing with their own thoughts as preparation for independent thinking and independent action."

When one sees a group of medical students thoughtfully and critically dissecting the strengths and weaknesses of a published paper, or engaging in heated debate, one may also be witnessing the maturation and development of competent physicians of the future.

THE PARKING TICKET

by J. E. Lynch, Jr.
Med. Student II

Marquam Hill once overlooked the thriving lumber town of Portland adorned with nothing more than the pines, ferns and undergrowth that had been there since time immemorial. Its proximity to the town, however, destined the Hill to its special fate. Eventually men came with picks and shovels and carved out the first roads. Later they built hospitals, houses, apartments, and a Medical School — a perpetual endeavor that has lent the Hill the formidable aspect of a medieval town.

Now, as any student of history knows, the congestion caused by vehicles in medieval villages, and so too, it came to be with Marquam Hill. The problem of traffic developed into a crucial concern for the Hill and in a way the problem became vital to its very survival. It became obvious that if men were not able to park their cars near the buildings they would eventually stop coming. The rooms, corridors, and labs would become silent. To avoid this possible oblivion the leaders of the Hill cried out for help, and alas, upon the scene came a new organization that promised to vanquish the traffic dilemmas once and for all. The new organization set up in a small office in the Medical School and modestly called themselves the Campus Parking Service. Their priority though, soon came to be apparent, and manifested itself in prodigious parking lots and a hyper-efficient corps of traffic cops.

Such was the state of affairs one afternoon when Eddie Willard, a freshman medical student, decided to drive down to the medical school Activities Building for a workout. At that same moment officer Murphy of the Campus Parking Service was taking his turn up in the lookout perch high above the grounds atop a fourteen story Teaching Hospital. With his binoculars Murphy made a slow scan over the parking lots, the last one being the lot in front of the Activities Building, and watched Eddie Willard's Volkswagen pull into an empty slot. The time: 3:25 p.m. Students were allowed to park free at three thirty. He watched Eddie hop out of the car and run briskly up the stairs of the building and duck through the big glass doors.

"Picket Patrol number four come in," whispered Murphy over his walky-talky, "Number four do you read me?"

"Read you here," came the reply.

"Have violator in sight, lot 14, light blue VW."

"Got it Light-House. Over and out."

"Rodger."

"Rodger."

Officer Skidmore eased into the flattened worn seat of the yellow patrol scooter and reved up its powerful Harley-Davidson engine. The scooter spun-out from lot 9 and careened through the narrow streets all the way down to lot 14 and made an abrupt halt next to Eddie Willard's Volkswagon. Skidmore lurched out of the scooter, scratched out the parking ticket, and slapped it under the wiper of Eddie's windshield just in time. It was 3:29 p.m.

Two hours later Eddie strolled out of the Activities Building towards his car and spotted the ticket on his windshield. "Oh damn, &*@#-z," he said, and crumpled the ticket up and threw it as far into the woods as he could.

Eddie dismissed the matter, for in his mind he had been unjustly victimized. Even though he received a warning notice a month later that the fine on his ticket had quadrupled, Eddie went about his way without a second thought to it. The routine of getting up each morning, filing into classes, taking notes, filing down the long corridors to other classes, taking notes, filing here, filing there, swept along in the current of bodies in white coats, day after day, did much in the way of benumbing concern over intrusions of any sort.

Many months later, in the Parking Service office, several stern faces were lifted towards a speaker who motioned at a board and discussed things of import with the others. It was the day of review of delinquent violators and on the board was a list of names with dates of notices received and dates of payment. All the names and dates had lines drawn through them, all except one at the top whose name was (you guessed it) — Eddie Willard. "Number One says it is time to take the proper steps," said the speaker, "Willard has disregarded our notices to comply for the past eight months. His fine has escalated to six hundred and twenty-five dollars, and I see that he has another ticket recently which he has neglected. Officer Murphy, Zeke, and Skidmore are to execute plan X Tuesday afternoon." And so it was. The Parking Service was not about to regard the matter as nonchalantly as Eddie was.

Tuesday afternoon Eddie slipped out of physiology lab and headed for the cafeteria to buy an ice-cream cone. There weren't many people around, only an occasional wanderer in the corridor or someone coming up the steps toward him that had been on the same mission. Eddie reached the bottom of the semi-lighted stairs. Suddenly there was Skidmore, Murphy, and Zeke waiting for him. "Come with us," said Skidmore. "Why?, what have I done?" Eddie demanded but feeling half resigned already. They said nothing and directed him towards an elevator in the central building. They got in. Zeke pushed the button for down, and down they went very rapidly, past the ground floor, past the basement level, down, down into the very bowels of Marquam Hill.

Finally the elevator stopped. The doors opened and before Eddie's wide open gaze was an immense room that had been hewn out of the deep granite. There was a long conference table with muted lights that shown down on it, and beyond the end of the table was an elevated desk, but with a screen in front so that you couldn't see the person behind the desk. "This is Number One,"

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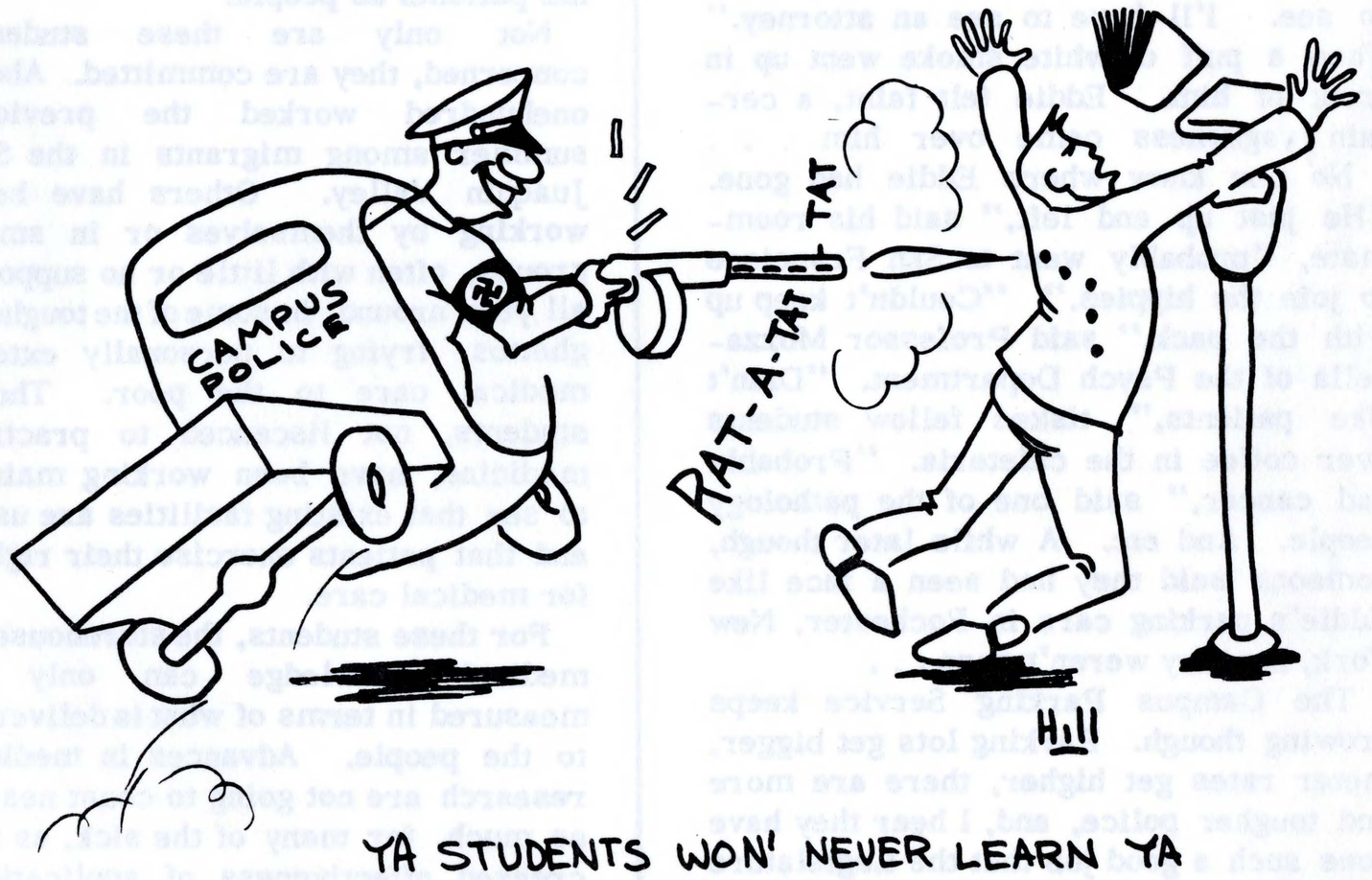


YA STUDENTS WON' NEVER LEARN YA CAN'T PARK NEAR THE SCHOOL ... WILL YA ?!

THE PARKING TICKET

(Continued from Page 5)

said Skidmore gruffly as an introduction, and motioned Eddie towards his interviewer. Eddie made his way towards the desk. An inscription across the front of it caught his eye, it read: HE WHO CONTROLS PARKING CONTROLS THE UNIVERSE.

Number One slowly stroked the back of a black cat and observed the anxious student in front of him. He spoke in a coarse voice that echoed . . . "You have been brought here because of your long delay in paying the parking fine," he said, "We are going to present you with a choice. That is, either pay the 1'250 dollars you now owe us, or, work the next two summers for us without pay." Eddie could hardly think. All he could discern was that something was not right. It seemed like a masquerade, a joke, not real. Go along with it? Eddie hesitated groping for something to say, but stammered, "I . . I'll have to see. I'll have to see an attorney." Then a puff of white smoke went up in front of him. Eddie felt faint, a certain vagueness came over him . . .

No one knew where Eddie had gone. "He just up and left," said his roommate, "probably went to San Francisco to join the hippies." "Couldn't keep up with the pack," said Professor Mozzarella of the Psych Department. "Didn't like patients," tisked fellow students over coffee in the cafeteria. "Probably had cancer," said one of the pathology people. And etc. A while later though, someone said they had seen a face like Eddie's parking cars in Rochester, New York, but they weren't sure . . .

The Campus Parking Service keeps growing though. Parking lots get bigger, meter rates get higher, there are more and tougher police, and, I hear they have done such a good job that the Legislature is thinking of letting the Service run all the public parking lots in the state.

THE NEW BREED

"One must never forget that the practice of medicine envolves a social contract which is, by the way, badly in need of renegotiation," said Dr. Martin Cherkasky addressing the second assembly of Student Health Organizations at Albert Einstein College of Medicine. He was heartily applauded by four hundred medical, dental, and nursing students from two-thirds of the medical schools in the country.

These students, with whom I met last February, are concerned about the irrevocable link between poverty and disease; about the widening gap between what we know how to do and what is actually being done; about hospital practices of racial discrimination; and about effects of medical education on a student's perception of his patients as people.

Not only are these students concerned, they are committed. About onehundred worked the previous summer among migrants in the San Juaquin Valley. Others have been working by themselves or in small groups, often with little or no support, all year around, in some of the toughest ghettos, trying to personally extend medical care to the poor. These students, not liscenced to practice medicine, have been working mainly to see that existing facilities are used and that patients exercise their rights for medical care.

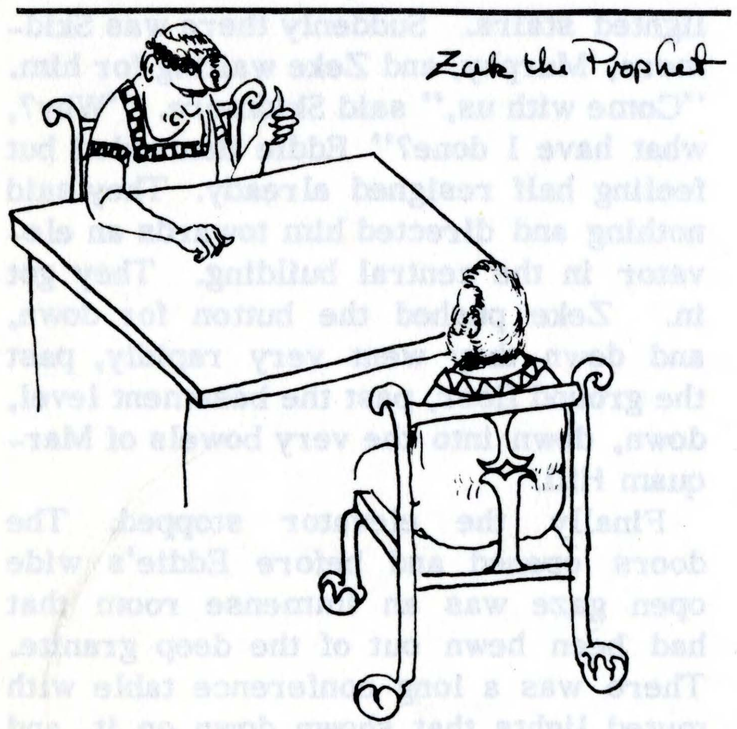
For these students, the storehouse of medical knowledge can only be measured in terms of what is delivered to the people. Advances in medical research are not going to count nearly as much, for many of the sick, as increased effectiveness of application. Needless to say, these students count Medicare a victory.

They have some definite opinions about some other things too. They believe that modern medical problems are too complex for the doctor to encompass alone. Good health care requires teams of health personel including physicians from different specialties, nurses, psychologists, physical therapists, and social workers. Also they believe that medical education must emphasize community health problems as much as the intricacies of the single case.

It is interesting to me that, although many of the programs advocated by the students at Einstein were "liberal" according to old sterotypes, they, too, shared fears of federal governmental dominance and instead encouraged grass roots, individual activity. Indeed they were so suspicious of central power that they refused to elect a president.

I am happy to see medical students who are aggressively attacking the health problems of our time. Although a relatively small group, they are active, purposeful and rather sophisticated about the uses of power. Sometimes I think that many of these students are overly romantic when they view the poor as pastoral creatures who are somehow better and more loveable than the middle class. Also I critisize them for not having more definable goals in attacking the problems of poverty. But their influence is already being felt and I am sure that it will be felt more in the future. I hope so.

Bob Sack
MS IV



"YOU'VE GOT TO TAKE IT EASY ON THE PHILOSOPY BIT FOR A WHILE, 'SOC'— YOUR PLASMA-HEMLOCK LEVEL IS LIKE 'ZOOMSVILLE', MAN.!!"

THE PULSE
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