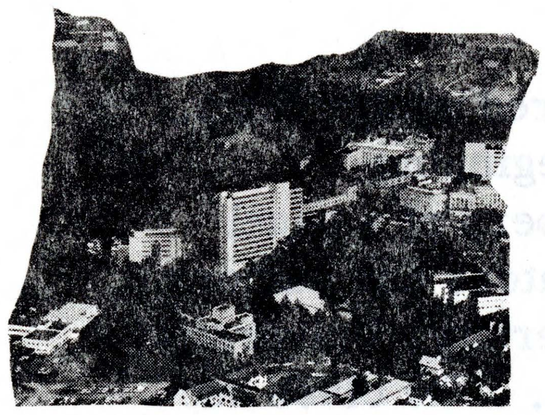


THE PULSE

Vol. 8, No. 3 SAMA Chapter, University of Oregon Medical School December 13, 1971

CLINICAL CORRELATION IN RAMPARTS

One would not expect Ramparts to be on the list of periodicals recommended to medical students, but maybe the October 1971 issue should be. In that issue Michael Michaelson, a medical and graduate student at the University of Pennsylvania, deals with sickle cell anemia in an article titled "Sickle Cell Anemia: An 'Interesting Pathology'." First we see the typical case presentation; Miss Williams is a 24 year old black female who has sickle cell disease. Tell us what brought you to the hospital, Miss Williams. . . .

The article doesn't end with this patient, who has had 18 hospital admissions and 86 transfusions of whole blood. Michaelson goes on to discuss some of the social issues behind the disease, and some of its 'relevance' for medical students. "Although the disease is found in one in five hundred black babies, and although these children survive only an average of 20 years, and although very much more is understood of the genetics, chemistry and epidemiology of sickle cell than of other serious diseases of childhood, physicians and researchers within the white establishment have virtually ignored it. 'In 1967' according to an article published last year in J. A. M. A., 'there were an estimated 1155 new cases of SCA, 1206 of cystic fibrosis, 813 of muscular dystrophy and 350 of phenylketonuria. Yet volunteer organizations raised $1.9 million for cystic fibrosis, $7.9 million for muscular dystrophy but less than $100,000 for SCA."

He states that there was no nation-wide organization devoted to sickle cell anemia until last year and that no celebrity has ever done a sickle cell telethon or chaired a committee. "In one year research into cystic fibrosis, for example, received 65 NIH grants, although this disorder is found only in 1 of 3,000 births (98% of cystic fibrosis victims it is worth noting, are white). The same year there were 41 grants for PKU affecting 1 in 10,000 (again, all of them whites)... Yet there were fewer than two dozen grants for research into sickle cell anemia."

Within the last year money has began to flow into sickle cell research but this may not solve the problem. Read the article...

MEDICINE AND RELIGION ELECTIVE

An exciting new elective in Medicine and Religion is being offered winter term. It will consist of six two-hour meetings on Wednesdays, 7:30 to 9:30 PM beginning Dec. 15, 1971, in 9A-60. The format will be brief presentations by members of a panel with discussion following. The panel members are doctors, clergy, educators and authors from private practice, Portland and Eugene churches, Portland State University, University or Oregon, Warner Pacific College, Portland hospitals and social agencies. The class outline is as follows:

1. Reality and Relevance of Religion and Health Care
   Ray Lowe, Ph. D., Professor of Education, University of Oregon
   Fr. Patrick LaBelle, O. P., Campus Minister, Newman Center, University of Oregon
   Moderator - Glenn Gordon, M. D., Eugene

2. Therapeutic Use of Religion
   Rev. Robert Burtner, Rose City United Methodist Church
   Dr. Ronald Joiner, Warner Pacific College
   Miss Corinne LaBarre, Christian Science Practioner, Portland
   Moderator - Rev. William Adix, Chaplain, Emanuel Hospital

3. Religion in Medical Practice
   Peter Ford, M. D., Author of "Healing Trinity," Portland
   Theodore Utt, M. D. Portland
   Moderator - Richard Gingrich, M. D., Portland

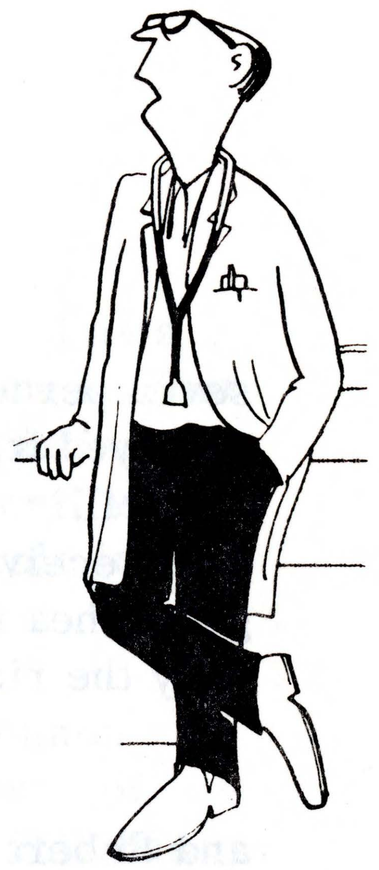
4. Religious Traditions
   Paul Wright, Ph. D., First Presbyterian Church
   Moderator - Verner Lindgren, M. D., Portland

5. Working with Religious Resources
   Rev. James Wade, Suicide and Personal Crisis and Prevention, Portland
   Rev. John Hall, Consultant for Clergy and Religion, St. Vincent Hospital, Portland
   Moderator - Rev. William Adix, Chaplain, Emanuel Hospital, Portland
   Rev. Thomas Strayhand, Allen Temple C. M. E., Portland

6. Medical Ethics
   William Hamilton, Ph. D., Dean, Arts and Letters, Portland State University
   Ralph Crawshaw, M. D., Portland
   Moderator - Glenn Gordon, M. D., Eugene

The Class is open to all interested students, faculty and staff. Any further questions? Contact Karen Ireland, MS IV.

GONORRHEA IN OREGON: The Problem of Treatment



Oregon has experienced a progressive increase in the reported incidence of gonorrhea since 1955. In 1970, Oregon ranked 11th nationally with a reported incidence of 328.0 based on 6,793 reported cases. The purpose of this study was to determine the current status of treatment by the reporting Oregon private physician considering both appropriateness and adherance to recommended (as defined below) therapy.

The male and female reports received from June 21, 1971 to August 13, 1971 were considered for the study if they met the following criteria: (1) acute cases only; (2) no relapsing cases; (3) no complications i.e. PID, etc.; (4) no cases diagnoses and treated in hospital emergency rooms or public clinics.

Only those treatments which had been completed were used. The information was accepted from either the physician or his nurse (if the treatment schedule was in writing and complete in the patient's chart).

The treatment schedules obtained were evaluated according to having received a recommended and/or an appropriate treatment.

1. Recommended - Both the Physician's Desk Reference (PDR) and the U. S. Public Health Service (PHS) recommendations were used to evaluate the treatment schedules. The PDR and PHS differ in that the PHS recommends a 1-1/2 gm loading dose of tetracycline while the PDR does not.

2. Appropriate - This category was considered as a single entity, without regard to effectiveness of the schedule in question. With this in mind, we have defined appropriate as: a single drug (antibiotic or chemotherapeutic agent) administered or prescribed at a single clinic visit.

Results - During the 11 week interval of this study, complete treatment schedules could be ascertained for 187 patients consisting of 103 males and 84 females. The 103 males were treated with 61 different treatment schedules while the 84 females were treated with 50 different schedules. The patients were treated by 150 doctors with 119 doctors treating only one male or one female while 30 doctors treated more than one patient. Forty-nine percent of the cases were treated by physicians in Multnomah County.

Aqueous procaine penicillin G was the most commonly used antibiotic with 61 percent of the patients receiving it alone (35%) or in combination (26%) with another antibiotic. Tetracycline was the second most frequently used antibiotic while benzethine penicillin G, which is not even indicated in the treatment of gonorrhea, was the third most commonly used antibiotic.

Using the treatment schedules the PDR lists, 28.3 percent of the 187 patients were given a sub-recommended level of treatment while 35.8 percent of the patients were given a sub-recommended treatment by PHS standards.

Only 50.2 percent of the patients by PDR standards and 45.4 percent by PHS standards received a level of treatment which was both appropriate and at least recommended. In all, 32.6 percent of the patients received inappropriate treatment.

GONORRHEA IN OREGON: The Problem of Treatment (Continued)

The most commonly used non-indicated drug was benzathine penicillin G with seven percent of the patients receiving it as their only treatment while fourteen percent received it in combination with another antibiotic. The other non-indicated drugs were Veracillin, any oral penicillin G, Cleocin, Oxacillin, and C/R Bicillin. In all, fifteen percent received a non-indicated antibiotic. In conclusion, the only hope in eradicating gonorrhea is for the private physicians to reevaluate their treatment schedules and hopefully the rising incidence of gonorrhea will start to decrease.

The above is a summary of a study done this summer by Ronald L. Hofeldt and Robert B. Delf, Jr. The editors regret that more space was not available so that the complete article could be published.

THE CRY OF LOVE

Although Salem is frequently considered a fairly sedate Oregon town, it is not isolated nor immune to change. As in most other places, there have been new cultural habits developing among young people in the Salem area, and these changes have been accompanied by many problems. In the past few years, venereal disease, drug abuse and its sequelae, and family planning have become areas of increased medical concern, and especially so with regard to this youth subculture. In response to these apparent needs, a small free medical clinic was designed last summer as a means of helping individuals with these problems, and of assessing more accurately their nature and extent in the Salem area. The intent of the clinic was to give basic medical care and counselling to young people who simply were not getting these services, either because of lack of money or fear of social reprimand.

Most of the planning and organizational work behind the Salem Free Clinic was done by two second-year medical students from UCLA who were working during the summer with the Marion County Health Department. These students readily found that many people in Salem were concerned about existing youth problems and the potential for drug-abuse in the area. Several community businessmen became involved, as did a number of extremely helpful Salem doctors. With their support, the Salem Free Clinic opened in early August. It was named the Cry of Love after Hendrix' last album. Located in the Salem Cultural Center, the clinic consists of two examining rooms and a lab/pharmacy, and is presently open Monday and Thursday nights. Financial backing is entirely through donations and the staff is composed of volunteer nurses, counsellors, and lab technicians. Fifteen Salem doctors are currently donating time to the clinic, as are eight second-year UOMS students.

THE CRY OF LOVE
(Continued)

The working relationship for the medical students can be characterized as a general preceptorship. The doctor is the primary physician for the patient but the student is directly involved from beginning to end. Initially, the students began by completing histories on entering patients and by helping with procedures. With time, however, we have become more comfortable with techniques, and have expanded the student role in correlation with the progression of the sophomore patient evaluation course.

As a result, we have been able to develop a feel for the nature of common medical complaints, and have accumulated some experience in observing symptoms of physical problems with at least one corresponding method of treatment therof. This has had much direct value in increasing the retainability of subsequent reading, and also has permitted considerable practice of physical examination methods. It is difficult to gauge the actual effect of this work on student attitudes, but overall, involvement of this type has personally made the present schoolwork seem much more interesting and relevant, and has initiated considerable excitement about medicine in general. But perhaps the best facet of a clinic of this nature has been the doctor-student relationship: the Salem doctors have been fantastic in their willingness and ability to answer questions and to demonstrate or explain procedures, as well as being just friendly, good people.

As part of its development, the Salem Free Clinic of necessity is evaluating itself. The mechanics of staffing and smoothly running an all-volunteer clinic are not easy, and the Cry of Love has had some problems with this in the past. We are presently hoping to expand our physician support list and definitely could use more help in this regard. Meanwhile, we are stabilizing the rest of our staff and procedures. At this stage, the clinic is also only partially answering its initial goals. While seeing many general medical cases and much VD and pregnancy counselling, direct drug problems remain only a minor part of the usual load. This is partially due to the limited clinic hours, and there is a present endeavor to emphasize more counselling and the gradual development into an ongoing drug and social aid station in conjunction with the small medical facility.

There is one other aspect of the clinic that merits consideration. The Salem Free Clinic utilizes only second-year medical students, with each student working about once every other week. The current plan includes the opportunity for involvement of members of the present freshman class over the summer and next year, provided there is interest in this. The basic medical school curriculum now stresses the medical history and exam earlier then before, and this has enabled students to have more skill in these areas. Moreover, it is at this stage in medical school where tedium and lack of interest can too readily become a way of life. As time progresses, we hope to be able to include many more of the present sophomore students, but this is highly dependent on physician and volunteer support.

It is important for students to know what they are working toward. The Salem Free Clinic does this by promoting direct doctor-student relationships and complete patient contact. As such, this clinic not only provides medical advice to a largely unserved population, but also has its own meaning in medical education.

Bob Lindgren, MS II

THE NEW CURRICULUM - PATHOPHYSIOLOGY
Starting on the Right Foot

November saw the burgeoning of a new academic era at UOMS. Many were extremely skeptical; fearing that tradition would prevail and the new would be the same old show performed in a slightly different order with a deceptive billing. The forty-two hour credit pathophysiology course opened with two weeks assuming the name "Skin and Connective Tissue," headed by Dr. Frances Storrs. The first day of lecture arrived and 90 sophomore students braced themselves for the worst (long-winded lectures, lullaby lectures, and a lot of greek.) Instead, what arose before the class took the shape of enthusiasm, dedication, freshness, and yes - what we are all seemingly searching for - relevance. The sessions were highlighted by twenty minute lectures, small group discussions, more clinical correlates, and even test questions one week before the tests.

How did ninety-eight students raised and conditioned to traditional academic protocol react to such an essentially new approach? The following is a collection of statements gathered from student evaluations of the afore mentioned section of Pathophysiology. And as an epilogue to the statements is a letter written and signed by the sophomore students expressing a collective reaction to the course.

> "Mature approach to students.... Placed more emphasis on the value of the individual's responsibility in the learning proces.... Emphasis was clearly on our learning and not in trying to trick us on exams as in the past.... Appreciated the attitude of the faculty as a whole toward us as students.... The general personal feeling that the students got from the efforts of the instructors to make class interesting and pertinent contributed greatly to our desire to learn. For the first time I find myself really interested in school.... This is the first course that has been on par with a university level course. This course is so much better than anything else offered here in the first two years.... If more courses were like this, medical school would be enjoyable instead of just tolerable.... This course is by far the most well-organized and instructive experience I have had in medical school.... Wow - I wish all the others were going to be like this.... I have learned more about medicine these two weeks than all last year.... Teaching seemed to be on a peer group style of instruction instead of faculty to student with its inherent intimidation.... The people connected with this course were willing to direct time and energy to teaching us the material seemingly because they felt it was really worth our knowing.... Appreciate what I've learned from this course more than almost all the others."

THE NEW CURRICULUM - PATHOPHYSIOLOGY
(Continued)

"Dr. Storrs and Staff,

We would like to take this opportunity to thank you and all the people involved for all the work you've done in putting together this very good Pathophysiology section!

We would also like to thank you for passing out the 'objectives, and examination contents', for getting lecture 'summaries', and for all the other things that you and your staff did to make this section a very effective and enjoyable one."

A seemingly new approach is born. Not without a few precocious shortcomings, of course (but very few). In general, students involved are encouraged and actually give positive response to a form of preclinical medical education. The faculty appears to be progressing down a new and promising avenue. As this first section passes to be replaced by others, the hope is that this enjoyable progression does not halt and become an all too familiar digression.

FRESHMAN! SAVE YOUR FIRST PATIENT. THE PULSE NEEDS NEW BLOOD. TRANSFUSIONS ARE NEEDED IN ALL AREAS. IF YOU HAVE TALENT THAT NEEDS EXPRESSION OR IF YOU ARE NOT FINDING TRUE FULFILLMENT IN ANATOMY LAB, THE PULSE IS THE ANSWER. CONTACT M.S. IIs: LARRY ZAGATA OR CODY WASNER.

THE PULSE - Office OPC 4352

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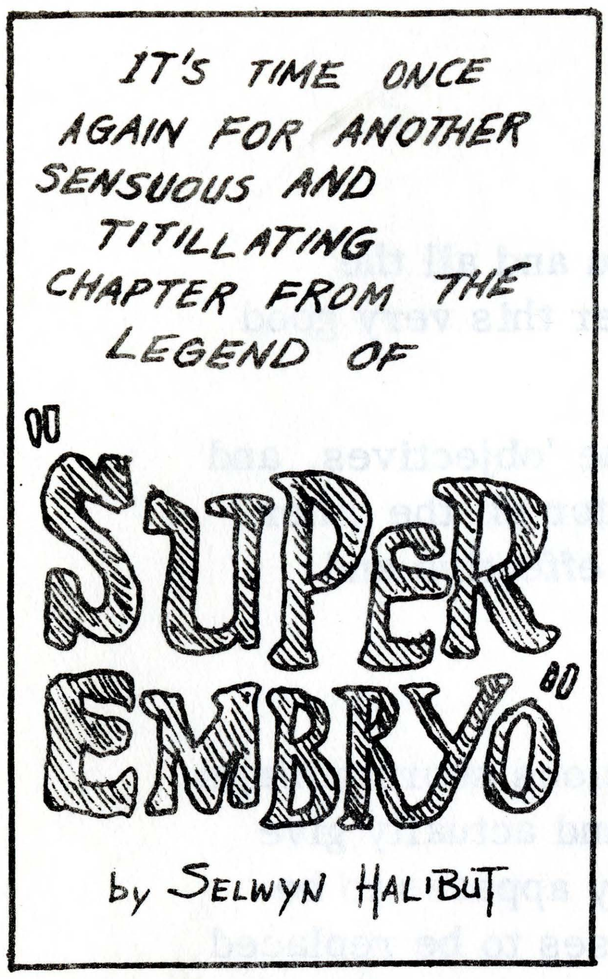

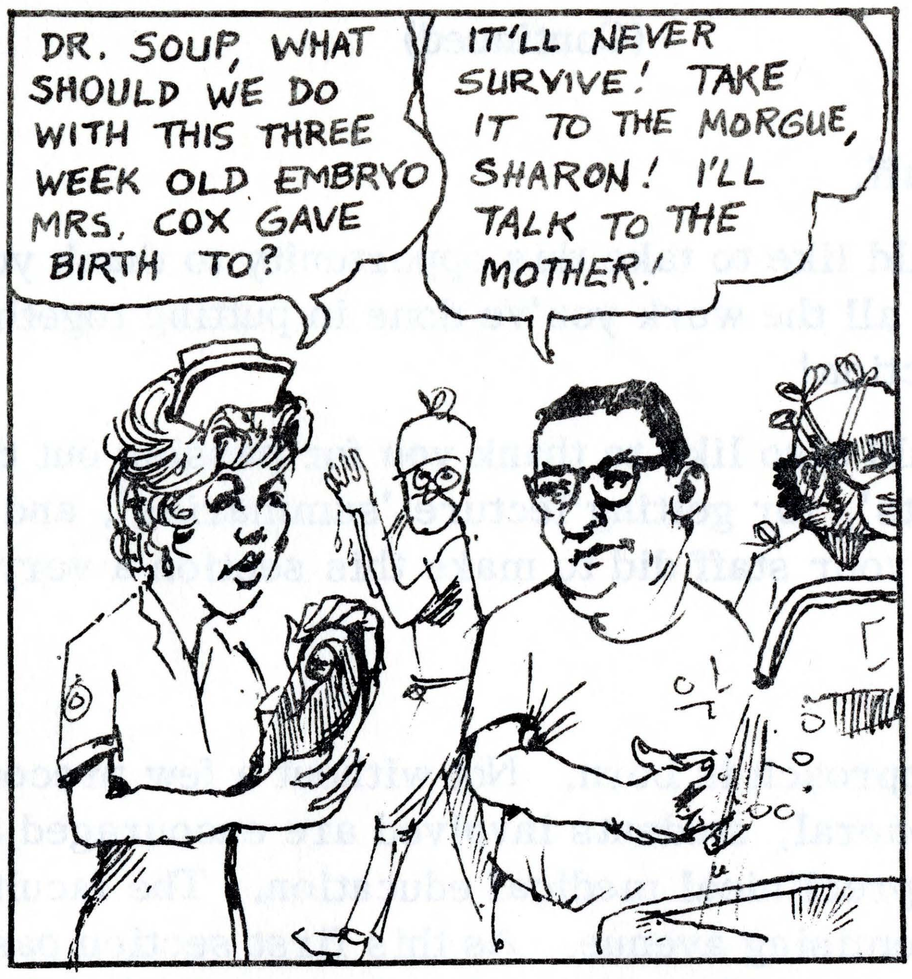

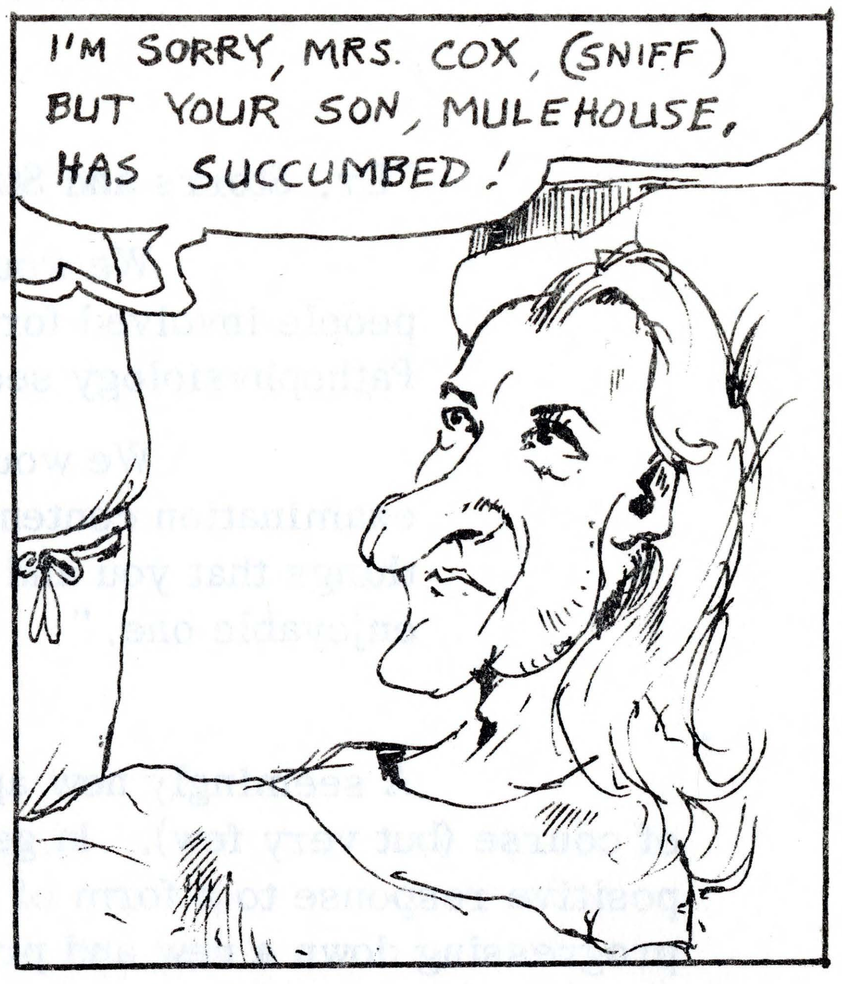

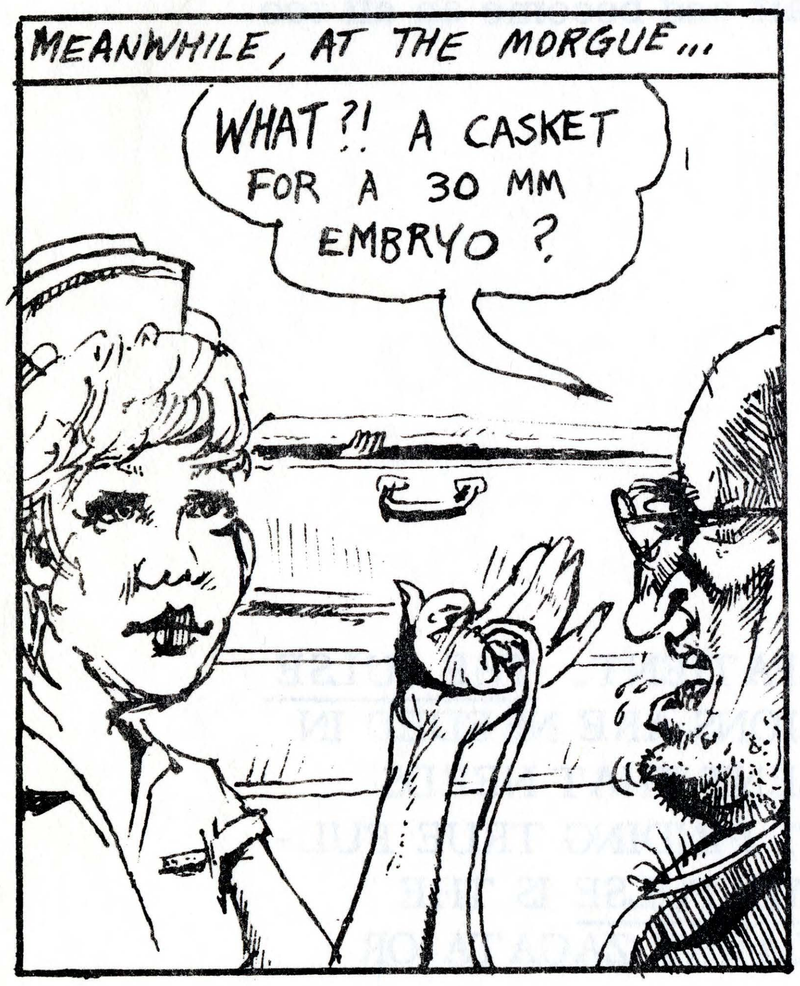

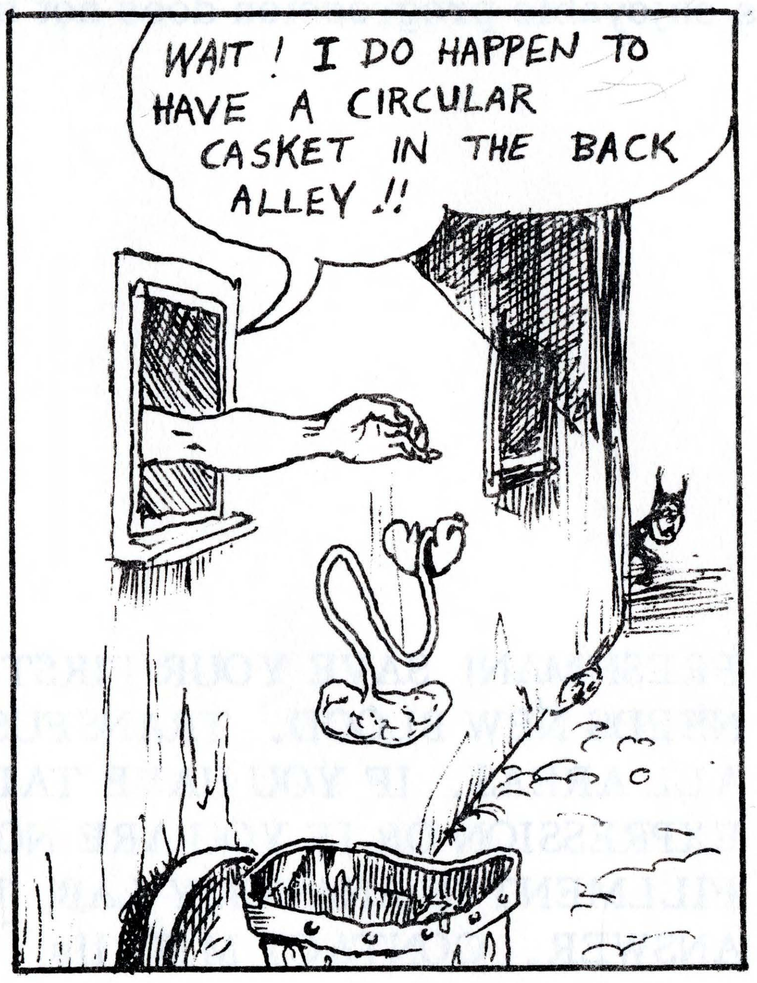

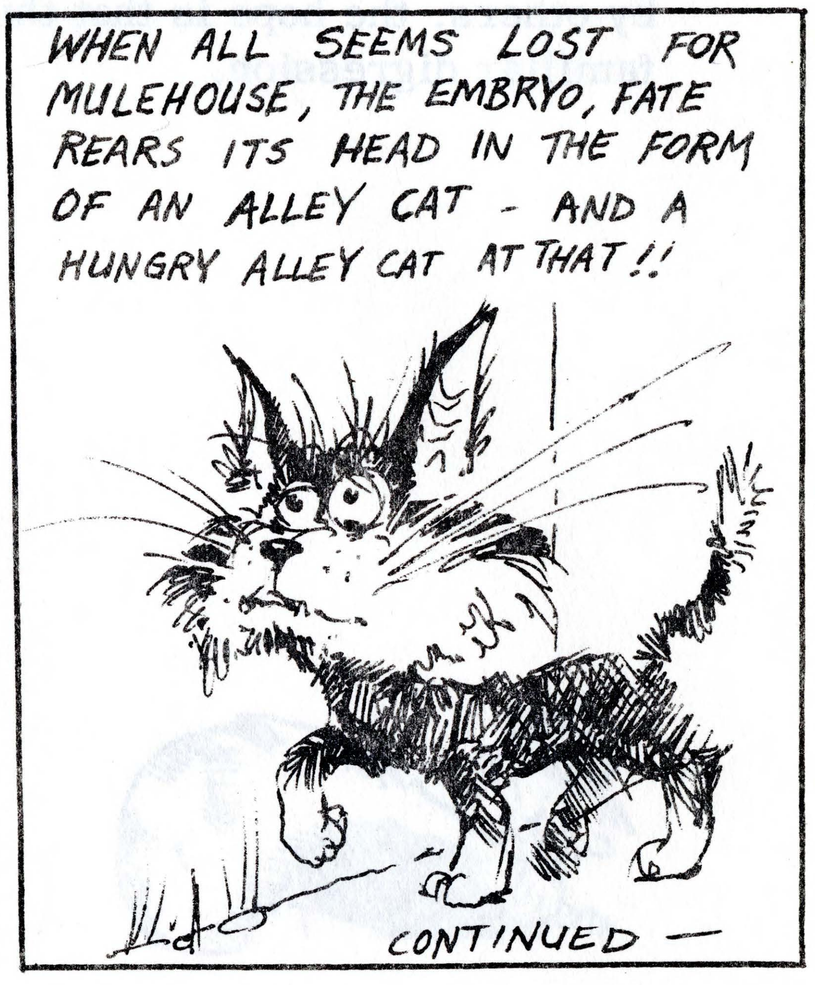

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