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SAMA Seeks Involved Students

—David A. Jacoby

Although very active on the national level, for the past several years local SAMA activity has been less than optimal. As a result there is more room than ever before for first and second year students who wish to take an active role.

This year's activities start with the Wednesday morning coffee break of orientation week. Functions will continue with student-faculty coffee hours throughout the year, a chapter representatives' meeting in Chicago the weekend of September 25 (anyone contemplating seeking SAMA office is urged to apply, freshmen especially), a pizza and beer party to assemble the student directory sometime in early October, sending a voting representative to the Pennsylvania Medical Society's meeting in Pittsburg, various regional meetings with medical students from other schools in the area, and local meetings which will include films, speakers, information about past and future national SAMA programs (Appalachia, Migrant Worker, Indian Health, Medical Education, Community Health, and MECO) and whatever you, the member, wish.

The first meeting will be held Wednesday evening, September 15, in Jefferson Hall at 7:30 P.M. All interested students are invited to attend.

Nader Keynotes Symposium

—David A. Jacoby

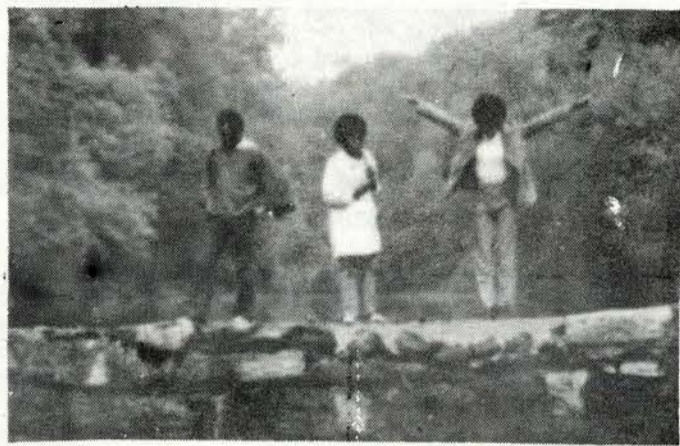
Keynote speaker at the Health Alliance for Progress symposium to be held October 1 and 2 at the Philadelphia College of Optometry will be Ralph Nader.

The activities will begin on Friday night with a mock trial stemming from an actual case which occurred at Philadelphia General Hospital. Saturday morning will commence with a showing of the film *Hospital*, to be followed by small workshops (law and medicine; allied health; national health insurance; sex education and human sexuality; the student role in health education; environmental effects on health; addicts and alcoholics; death and dying; tactics for change; and community health), lunch, summations of each workshop to those participating in the other nine, and the address by Mr. Nader.

As things stand now, attendance at Mr. Nader's talk will be limited to those participating in the workshops, for the auditorium is limited to 350 people. Therefore, if interested, one should sign up early.

Further information, including application blanks, will be forthcoming in the September issue of *PERHAPS*, the newspaper of the Health Alliance for Progress. Watch for it in mid September.

WELCOME



From exploring the hospital to cavorting along the Wissahickon Creek, the DONS Program offers an opportunity to break away from your daily routine.

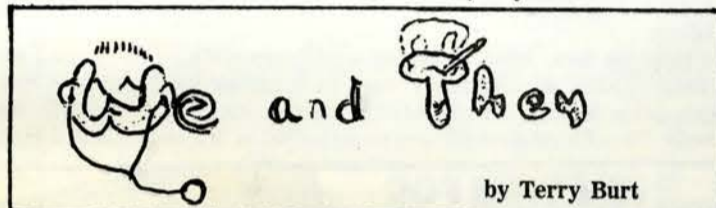
Dons Host Picnic

by Anita Robinson

Welcome back! The Jefferson Dons Program, a unique big brother program, once again begins its operational adventures for the school year '71 - '72. A get acquainted picnic will take place Sept. 12, 1971 at Fairmount Park. On Sept. 22 at 1:00 P.M., room M-

23 of Jefferson Hall, a meeting of old Dons and all new interested Dons will open the official business of the year.

For the coming year, hikes, tours, skating parties, etc. have been planned for the Medical Don and the high school student. Won't you join us?



I have lost my passion: Why should I need to keep it Since what is kept must be adulterated?

I have lost my sight, smell, hearing, taste, and touch: How should I use them for your closer contact?

—from "Gerontion" by T.S. Eliot

Happy New Year, Jefferson! We are back at it again.

All in our places

All in our places
With bright shining faces

Ready for September bright once more.

And what did you do this summer? Hopefully everyone went home and rediscovered his wellsprings of enthusiasm for medical knowledge. What is it that keeps bringing us all back for more? I guess everyone has his own answer to why he wants to become a doctor. But somehow the process of medical education seems to blot out that initial enthusiasm and vision. We have to get away for a few weeks in order to find ourselves and rearm ourselves for a new year. Why is education so painful?

I can't understand why I must force myself through assigned readings with minimal profit from September to June, when I read with avidity and good retention from June to September. Learning goes against the grain at one period, while at another time my mind is like a sponge, ready to soak up every experience indiscriminantly. I should think that after all these years of research, educators would have figured out why we learn with ease at one time and with resistance at another.

Let us hope at the beginning of this new school year, that our curriculum is moving in the right direction toward that perfect mix of meat and sweet aht will capture the energy and joy tied up in our common desire to be some kind of doctor, and harness this energy to the process of mastering *materia medica*.

But one could also dispute the meaning of "mastery." Lawrence Weed, M.D. of Vermont wrote a thought provoking editorial for the *New England Journal of Medicine* this summer in which he presented "new concepts" in medical education. Dr. Weed emphasized the importance of training young doctors to think and to organize data and to retrieve information, as opposed to the "old concept" of medical education as maximal data retention.

Then I re-examined my summer of Joy in Learning in the light of Weed, and I tried to pinpoint what I was doing differently. I was in the process of reading widely and haphazardly, trying to hit on a subject for my impending pathology paper. What did I discover? That nothing interested me? No! That EVERYTHING interested me! I was spending hours tracking down articles on 2,3 DPGA. I was excited about lysosomes! Was I cracking up? Excitement is unheard of in Scott Library.

This experience was very reassuring to me. It renewed my faith in human nature as being naturally inclined toward truth and knowledge. (My remaining problem is to convince myself that some degree of retention is part of the same game of search and discovery which I enjoy so much.) I think though that Jefferson still over-emphasizes the memorization of a limited amount of material, rather than helping us to expand our horizons and to get excited about the process of learning and exploring the unknown. It is an unpopular idea, but I believe this dreaded Pathology paper is one of the most valuable learning exercises that Jefferson has offered so far.

Foundation Assesses Medical Education

By Mark Widome

HIGHER EDUCATION AND THE NATION'S HEALTH:

Policies for Medical and Dental Education. A Special Report and Recommendations by The Carnegie Commission on Higher Education. October 1970. McGraw-Hill, 127 pp. \$2.95.

The Carnegie Commission on Higher Education will issue its final report sometime in 1972, yet certain aspects of its task, such as the recommendations on medical education, are of such urgent concern that special reports are issued as soon as they are completed.

Except for a few considerations, one might expect that this report would be no more worthy of our attention than any one of a number of reports issued by committees, commissions, and foundations.

Firstly, from a historical standpoint, the sponsor, the Carnegie Foundation, is the same one that sponsored *Medical Education in the United States and Canada*, the now famous Flexner report of 1910. It was this earlier report that for better than 50 years formed the foundation and model for medical education in this country. One of the basic themes of the report was that diagnosis and treatment must be based upon a solid foundation of scientific knowledge. It provided that only schools which duly emphasize laboratory work and extensive laboratory experience should be accredited. This model of training was derived from the programs at Johns Hopkins and Harvard as well as the curricula of the earlier German medical schools. Its effect was to promote research and sophisticated technique of diagnosis and treatment.

Why is reevaluation of medical education now necessary? In what respects is the Flexner model now inadequate? The new commission sees the Flexner model as one that basically looks inward to science in the medical school itself. By so doing, it ignores health care delivery outside of the hospital. The new model emerging is the "health care delivery model" wherein "the medical school, in addition to training, does research in health care delivery, advises local hospitals and health authorities, works with community colleges and comprehensive colleges on the training of allied health personnel, carries on continuing education for health personnel and generally orients itself to external service...."

Thirst for knowledge for knowledge's sake isn't the only drive however. For a doctor, his other drive to excellence is people, the needs of people suffering. My other summer spur to study was my daily encounter with patients in my summer job. How much anatomy and physiology is now anchored in my memory by its connection with some living (or dying) person met in the course of my summer? How I wanted to know everything at those moments in order to fully understand the problems each patient presented and to be able to help him.

In this phase of learning too, I have hoped that our curriculum is moving in the right direction. This year's freshmen will be exposed early to the problems of physical diagnosis. Maybe then neuroanatomy will mean more to them than colored wiring patterns. Maybe their passion for medicine and their sensitivity to people won't be ground out and lost in the process by June of 1972, maybe to be recaptured in a lucky summer hiatus and maybe not.

The report begins by documenting the "health crisis." "We have the highest standard of living, but not the highest standard of life—as measured by infant mortality and average life expectancy. A number of countries surpass us. In fact, in comparison with other nations, we are losing." And all the while we are losing, the public expectations of the health care system are rising. Adequate health care is now regarded as a right. The gap between expectation and ability to provide is consequently widening. The Commission sees a lack of adequate health manpower as one major problem. In the next decade, it asks that the number of places for training doctors be increased by 50% and for dentists by 20%.

The commission also recommends that all university health science centers consider development of programs for the training of physician's assistants. The prediction is that in the future health care delivery will be the responsibility of efficient health care teams, with the physician at the center and the work of allied health personnel subject to his supervision.

Another area of concern to the commission is that of financing, both of health care and professional education. It makes recommendations for cost sharing between federal and state governments and between the public and private sector.

"Expenditures of medical schools have gone up twice as fast in the past decade as expenditures in higher education generally, yet the number of students in medical schools has risen only half as fast as in the rest of higher education. It is high time to look more carefully at costs."

By far the most interesting aspect of the report to the student and faculty member, is that section dealing with curriculum recommendations. In summary, the commission recommends that medical schools adapt a three year program rather than the present four years required after the B.A. to obtain an M.D. degree. It also favors the dropping of one year (internship) from post-graduate training.

(The American Medical Association approved elimination of the Internship in June 1970. Effective July 1, 1975, no internship will be approved unless it is integrated with a residency.)

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Raison d' E tre

Why do we, medical and nursing students with cramped schedules, take the time to put out this paper? Three years ago when there was no student newspaper, neither was there anything comparable to keep people out of the dark about goings on at Jefferson, thoughts of faculty and students and important local and national issues. So two then sophomore students organized and published *Ariel* to fill these basic gaps and to create a forum for open discussion of issues. We were originally touted as a newspaper; but, because we publish only once a month, we realized that much news was already out of date. Therefore we began to analyze and comment in many articles. In other words, we look upon ourselves as being more akin to a magazine than a newspaper.

We have had difficulty at times getting people to respond to controversy other than by behind-the-door, unaccountable talk. This pervading unwillingness to write letters to the editor or to submit articles, found in both students and faculty, perhaps is a holdover of the pre-*Ariel* days. Whatever the reason, it is not the answer to any problem. No kidding, we do welcome and print any view point within limitations of space (If you feel the urge, *Ariel*, Box 27 Jefferson Hall is the destination)!

Before getting into our commitments, we might say something

Dons Begin New Year

-David A. Jacoby.

Started four years ago by Cora Christian, then a Jefferson sophomore, the Dons program seeks to motivate high school youngsters to pursue further education, preferably a college one.

In spite of the recent opening of spaces in colleges for inner city students, the road to college is still a forbidding one for them.

Due to a lack of sufficient high school guidance counselors, the typical inner city student has received neither encouragement about his chances for college acceptance nor information regarding scholarship opportunities and how to apply. For instance, at South Philadelphia High School last year counselors forgot to tell those science students working for Jefferson researchers two afternoons a week without pay to register for the Merit Scholarship exams—a prerequisite not just for the Merit Scholarships, but also for a number of Black scholarship programs.

Recall this time last year—and how afraid you were that you weren't going to make it into medical school. The Dons students have these same fears

concerning colleges, but they have no one to reassure them that they are false — unless you help.

Last year the Dons program offered tutoring for the Scholastic Aptitude Tests and school subjects which the students were either flunking or especially interested in, a compilation of scholarship opportunities available to the students, and many group activities. Included in the group activities were picnic in Fairmount Park, a hike along the Wissahickon Creek, game night, a trip to the Mutter Museum of the Philadelphia College of Physicians, a roller skating party, a tour of the Jefferson hospital, and a meeting to plan this year's activities (with swimming afterwards).

All of this was in addition to the one-to-one activities of each Don and his student.

Last year's program has ended; we now need more active people to continue and expand the Dons' program for the coming year. Won't you help us, for it is your enthusiasm, your time, and your confidence which these students need the most?

about....POLITICS!!? We have no stated political stance, notwithstanding the set beliefs of individuals on our staff, because of our diversity. The best we can do for those who want to fathom us is that we are liberal in some areas and somewhat radical in others, and we hope thought provoking in all.

Our commitments and purposes are many and broader than just health related. Nevertheless, as they are important, we will enumerate more than a few. We want a more viable, democratic society, without racism or injustice of any kind and an end to the Vietnam war—reasonable enough? We are committed to bringing out a better health care system assuring everyone of adequate attention to their medical and mental health, an end to local catchment areas for more widely funded programs, true consumer participation and control of health care, and an upgrading of the quality and moral responsibility of the medical and nursing professions. Also, our goals are better communication within this medical community, expansion of Jefferson's scope in the surrounding community by such means as small health centers and drug abuse and addiction centers, greater student participation in the affairs of Jefferson, pass-fail grading (not all of us advocate this), and progressive, continually advancing curricula for the medical school, nursing school and College of Allied Health Sciences. We measure our success by how much we can further all of these things, not by how popular or disliked we are.

For those of you who just came—yes, you freshmen—welcome. If we could we would fill you in on events here for the last several years, but too much has happened. We can mention some of the most important or exciting happenings at Jefferson, most of which you will be hearing more about: a family medicine specialty is being seriously considered for the curriculum; there have been changes in the freshman and sophomore curriculum and a complete overhaul of the curriculum is being considered by the Student-Faculty Curriculum Committee; with the formation of Thomas Jefferson University two years ago, the College of Allied Health Sciences is beginning to increase its enrollment of badly needed para-professional students; Jefferson Commons has many more activities—from coffee house concerts and recent movies to art exhibits, TGIF parties and organized sports; and students are sitting on almost all of the committees of the Medical College.

Here we have tried to describe our *raison d'etre*, or reason for existence; but we ultimately want to stimulate each person's contemplation of purposes and breadth of responsibility to himself, the medical-health community and society—that is, his own *raison d'etre*.

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REMINISCENCES

J.D. Kanofsky
When the summer comes to a close as it is doing now and everyone starts to complain that the end of the vacation is near, my thoughts can't help but dart back to a time two years ago that marked the beginning of my illustrious teaching career. Admittedly, there are people who will question how illustrious it was and many more would quibble over whether it should be called a career. Nevertheless, it was a year which in retrospect

was a watershed in my life.
Early in the semester I began to wonder for what reason do we confine youngsters to a stolid classroom setting. Is it just to keep them out of their parents' hair or is it for some nobler purpose? To justify my role as a teacher I had to rationalize a reason for it.
I thought to myself, "Suppose we consider life a constant combat against tedium, which I think it is. Perhaps then, one of the primary purposes of

education is to expose the student to ideas that like wine will grow tastier with age. Is it not true that good ideas can invigorate us just as readily as Geritol or any state store elixer? Even if the student does not immediately appreciate a thought this does not mean that the same indifference will hold true in the future too. Minds store ideas. Vats store the juice of the grape. Given time and patience both will produce intoxicating results.
"The universe is chock full of marvelous mysteries. Knowledge is essential to investigate many of them."

That still did not explain why all of this had to be done in a somber schoolhouse, five days a week between the hours of nine to two, but that was all right. My melancholy was subdued and as far as I was concerned that was what mattered most.

From then on I spent many hours trying to think up exiting new ways to approach the study of mathematics, which is what I taught at Roxborough H.S.

For instance, when I reviewed the subject of percentage with my general mathematics class I used as a format the rules that govern blood mixing when giving a transfusion. More than a touch of folk-lore was thrown in to make it more palabright

To get across the notion that A and B blood do not mix the following situation might be given. Suppose a voluptuous vampire who had a penchant for A blood came home exhausted after a naughty night of promiscuous prowling. In her rush to refresh herself she accidentally takes a drink from the jugular of a sinner burdened with B branded blood. What would happen and why?

I would like to think that by having introduced such fantasy into my classroom presentations my students acquire a lust for learning. However, I strongly doubt it. Perhaps, the most that can be said for all my effort is that it prevented me from being bored stiff and maybe that is saying a lot.

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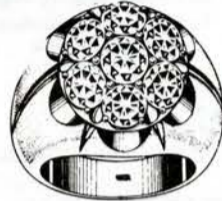


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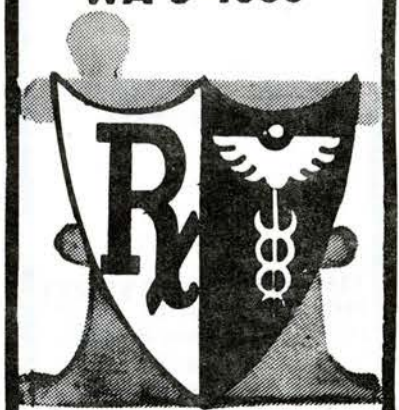
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Medical Education

The Commission also recommends the integration of pre-professional and professional curricula to eliminate the duplication of undergraduate and basic science course material in the medical school. Hopefully, much of the basic sciences would be taught on the main university campus.

Among the student backed reforms, the commission cites more flexible admission standards, greater elective and independent study time, earlier patient contact, and as mentioned above greater integration of the clinical and basic sciences. It seems, however, that this last suggestion would be difficult to implement and still have the teaching of basic sciences away from the teaching hospital on a university campus.

The report further recommends that medical training should include experience in community hospitals, neighborhood clinics, convalescent facilities, and doctors' offices.

The report is now eleven months off the presses. It has been widely discussed, not only in educational and professional circles, but in the lay press as well. Ultimately, each medical school will decide for itself what directions to take in terms of its own and its community's needs.

Incentives for reform will surely be provided in the form of monies from the public sector. I would urge that both those favorably and unfavorably disposed to major reform in medical

education at this time consider the Carnegie recommendations carefully.

Much as the 1910 Carnegie report shaped medical education for the last half century, this one

may well be the mold for the next 50 years. This will be particularly true if the state and Federal legislatures are willing to provide financial support for the Carnegies brand of health care

reform. The Commission predicts that "the second great transformation in medical education and research is now underway, and the United States, once again, will greatly benefit."

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