

9-1970

## Ariel - Volume 3 Number 1

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#### Recommended Citation

Case, Jr., Delvyn; Williams, Tom; Jacoby, David; Sassani, Joseph; Bonanno, Richard; Tenikat, Gail; Evitts, Mary Lou; Flynn, Stephen P.; Miller, Eugenia; and Windome, Mark, "Ariel - Volume 3 Number 1" (1970). *Ariel*. Paper 55.  
<https://jdc.jefferson.edu/ariel/55>

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## Jeff Becomes Involved

by Delvin Case

Although Jefferson does not have a community medicine department, the nucleus of such a department can be seen developing through the efforts of individuals involved in community-oriented programs at the University. Most of these programs have developed in the past two years, and several have only informal relationships with the institution.

One of these projects is the Grays Ferry Community Health Center, initiated by several Jefferson medical students (Paul Fernhoff, Tom Williams, and Delvin Case) and DeMio and Kaufman of the Jefferson Community Mental Health Center. This work in South Philadelphia began in October 1969 with research into the health needs of this area of the city, communication with the local community leaders and other residents, and acquisition of a suitable site. With the joint cooperation of Dr. Joseph Gambescia, Chairman of the Department of Medicine of St. Agnes Hospital and Professor of Medicine at Hahnemann Medical College, almost 1000 patients have been seen since February, 1970. The center is staffed by Jefferson psychologists and therapists, St. Agnes physicians and nurses, community residents, and Jefferson students. The community health board is now being organized; and OEO grant applications are in preparation. Formal agreement with Jefferson for services and support is being sought.

The Children and Youth Program, under the direction of Dr. Edwin D. Harrington, Associated Professor of Pediatrics at Jefferson, has been in operation in South Philadelphia for three years. It provides health care to children in an area of 4000 residents east of Broad Street. This center is staffed by Jefferson physicians, nurses, and social workers who have developed a comprehensive program which deals with the child and his environment. A Neighborhood Advisory Board has been in operation.

The Jefferson Community Mental Health Center which is a part of the Department of Psychiatry provides inpatient, out-patient, partial hospitalization, emergency, aftercare, and rehabilitation services for the South Philadelphia area. A Mental Retardation Program which is also associated with the Department of Pediatrics was added in 1969.

Dr. Robert Gilbert, Associate Dean at Jefferson, has established a motivation program through which tenth grade students from Southern High School are assigned preceptors from the various departments. These students then work in the medical and scientific areas with members of the staff. Lunch and carfare are provided by Jefferson. The Don's Program, a motivation program begun three years ago by medical students, also works to acquaint high school students with the

health professions.

The Personnel Department of Jefferson Hospital has initiated a job training program in which unskilled individuals from the Model Cities area are exposed to several occupational categories after which more formal training in one area is selected. These areas include occupational therapy, rehabilitation care, x-ray technology, and medical records technology. Forty trainees are enrolled per year with training involving six to eighteen months.

The College of Allied Health Sciences offers students in Philadelphia Saturday workshops providing counseling toward various careers in the health professions. Should

*Dons Host  
Sunday  
Picnic*

By David Jacoby

This Sunday, September 13, Jefferson students will be given a chance to meet Overbrook and South Philadelphia high school students interested in finding out more about medical careers.

The first in a series of outings to be sponsored by the Dons program, the free picnic will start at 3:30 on Belmont Plateau in West Fairmount Park and last until 7:30. Transportation to and from the park site can be arranged by calling either Myrtle Goore (545-1542) or David Jacoby (732-2660).

Entering freshmen interested in meeting people outside the Jefferson womb, good food, and some much needed relaxation before classes start on Monday are especially welcome.

For more information on the Dons program, see the article on page 5, or better yet, stop at the information booth at Orientation.

## from The Person

© 1968 by Dr. Theodore Lutz

Students enter medical school for a wide variety of reasons, and often for reasons of which they never become fully aware. One identifies with his physician father whom he admires; another is simply following the expectations of his parents; a student may be setting out to combat cancer that had robbed him of his mother, or is determined to solve the problem of schizophrenia that has incarcerated his sister in a mental hospital; he may be following his religious beliefs, "of the most high cometh healing"; or he has decided that if he cannot be great he can at least be helpful. These and other such motivations are acceptable reasons for studying medicine, but among these manifold reasons there must be an interest in people and a desire to help them, a wish to stand with the patient against his fate and help him avert tragedy, and when one cannot, to help provide the strength to bear it. If there is no such interest in people, a student cannot properly become a physician. He can still become a medical scientist, for which there is great need, and become very helpful to mankind, but not a physician.

There is some truth to the charge that the medical student becomes indifferent to patients. He enters medical school to learn to treat people. He is immediately confronted by a person - a dead person called a cadaver, which he dissects. For variety, he peers at very thin slices of another body through a microscope. In the second year the student progresses to study pathology; his subject is no less dead, simply more recently alive. He soon becomes accustomed to a patient who is indeed, very passive. He may consider that the only good patient is one who is anaesthetized or, at least, does not disrupt the study of him by talking, and certainly does not disagree with the physician and express an opinion about what is being done to him. The physician's sensitivity to suffering and a constant awareness of what illness means to a patient and his family cannot but cause him pain. He has need for defenses against too great an involvement. The construction of such defenses starts on the first day of school, when he calls the body he dissects a "stiff," as if to deny that it has once been a person, when he utilizes "dissecting room humor" to blunt the grimness of the task and the place. Such defenses are proper, necessary, and valuable, but they become deleterious to the development of a physician when the protective shell turns to callus and the student withdraws from learning what is meaningful in the lives of patients. The study of patients and their personalities can be hampered by just such needs to erect and maintain defenses.

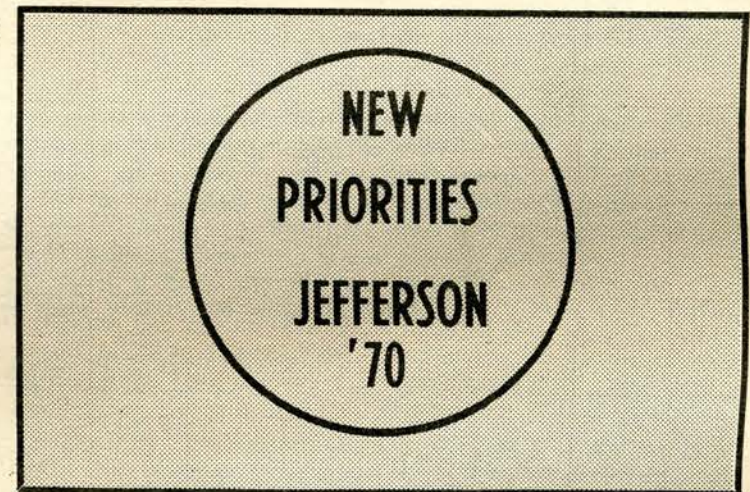
## Buttons Face Scott At Commencement

By Tom Williams

"I could sense the plushness of the inside of the Academy of Music, the weight of the robes and mortar board, and the outworn from repetition solemnity of the graduation ceremony - although I felt becoming an M.D. should really be solemn - as I walked down the aisle and onto the stage to receive my M.D. diploma. However, I was most aware of the big, blue button with black letters that spelled out 'New Priorities - Jefferson '70' that was conspicuously placed on my gown." Whether some senior Jefferson medical students actually thought this at the graduation ceremonies on June 5, 1970 is open to question.

Senator Scott's speech was so short that it caught one unawares when he walked away from the podium and sat down and everyone clapped. For sure, many students were clapping only from relief - Senator Scott could have made a fool of himself. The relief was not so much because Scott did not make a needless scene as it was because maybe then the public letter that had been given to Scott would have a greater effect on the audience.

No one expected him to change, and he proved it with his speech. He, in direct answer to the widely distributed letter addressed to him from some members of the graduating class, defended his consistent, brilliant, prodigious record initiating and supporting health and welfare bills - extending all the way back to 1949 with General Eisenhower. . . He commended the galloping, if not overpowering, social concern (overpowering his votes?) of the senior class, observing that such enthusiasm is such a contrast to fraternity goldfish swallowing fads of the past. Well, if the Senator had to be so defensive - maybe he felt unwanted - then he most likely



Students and faculty who supported Richard Nemiroff's letter wore buttons like the one pictured here.

sensed that many students did not approve of him speaking at their graduation.

Whether they wanted Senator Scott or not, students had no control over who was invited to speak at their graduation. The decision was made somewhere high up in Jefferson's administration. . . Anyway, no one would have objected if Scott had not been so distasteful a politician: among other things he had quickly approved of Cambodia and had backed President Nixon all the way with Haynesworth and Carswell. By the time May had arrived, it was too late for students to try to change the speaker. And to those in the senior class who may have considered disrupting the ceremonies on behalf of Scott, reasons like "we can't disrupt because we had a hand in inviting him in the first place" or "my parents and friends are here, so why not try to get them to listen instead of alienating them?" were good enough to get working on a legitimate, above board, and in good taste protest - but, of course, not in good enough taste to please the Jefferson administration.

A group of five seniors including the president of the class, Richard Nemiroff, got together and drafted a letter to Senator Scott calling for new national priorities (letter reprinted on p. 6) They also designed the button that was to be worn on the graduation gown.

Through diplomacy Nemiroff managed to persuade Jefferson's administration reluctantly to allow the effort. He even got the Dean's office to pay for printing up the buttons! The letters and buttons were handed out at class day (the day before graduation) and at the Academy of Music before graduation exercises began.

Richard Nemiroff on class day delivered an incisive, well thought out speech, but his perception of the United States and of Jefferson fell probably largely on deaf ears. On graduation day, handing out the letters and buttons saw some parents and guests frowning, even though the letter to Senator Scott calling for new national priorities has no harsh denunciations. These people could not conscience any form of protest at such a dignified occasion and before such a dignified Senator; but, hopefully, most of the other people listened to and reacted to the protest.

Actually, "New Priorities" was meant as a slogan for Jefferson as well as for the nation. Says Nemiroff, "Research has a higher priority fiscally than good teaching at Jefferson. And the University spends \$600,000 maintaining Jefferson Hall every year, but it can not raise \$100,000 for student tuition and loans. Both of these distorted priorities somehow have to be changed." To Nemiroff these are only two of the most blatant examples of policies asked at Jefferson.

Fortunately, some students and faculty members are aware of national and local outrageous priorities and they showed it to Senator Scott. About thirty per cent of the graduation class wore the blue button on their gowns, and also several faculty members.

A notable faculty member wearing the "Priority" button was Dr. Maurer, head of the

(Continued on page 6)

## EDITORIAL BOARD

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## Welcome Freshmen .....

Ariel would like to take this opportunity to welcome all the first year students to TJU. We have attempted to make our September issue particularly relevant (whatever that means) to the freshman who may not really know what to expect from medical school, having been bombarded with information from the time he decided to become a doctor. There is clearly no shortage of myths about medical school, but it would seem to be in the best interests of all to forget the preconceived ideas - education is changing everywhere, even in medical schools.

We are a monthly newspaper which came into existence in the Spring of 1969. Considering that news becomes old rather quickly, we do not attempt to report on events monthly, but, rather, we try to serve as a forum for analysis and opinion open to anyone in the Jefferson Community who wishes to write. In our brief history we have been called a variety of things from ridiculous to boring to nihilistic. We have on occasion stirred up some interest and this is encouraging.

Our general intent in this orientation issue is to develop an awareness that there is more to medical education than first meets the eye. The regular curriculum directs itself primarily to medical science, yet medicine does not exist in a vacuum. The health of people depends on a myriad of factors and all health workers must be cognizant of some of the non-medical conditions which influence the practice of medicine and the preservation of health. Ariel would not only like to investigate some of these factors and issues, but we would also like to advocate student participation in areas beyond the standard medical curriculum. We don't encourage this out of a euphemistic desire for the well-rounded man, but rather because health care is changing so rapidly in this country that one must get out of the classroom to begin to understand what "practicing medicine" will mean in ten years.

What we are advocating is not abandonment of standard curriculum in favor of extracurricular activities - one must obviously work to learn medicine. Yet, how one applies his medical knowledge to our society is of vital importance and involvement of the student in health related activities outside the classroom is not an extracurricular activity so much as it is a necessary adjunct to the already existing curriculum.

We hope you will read Ariel with some interest, or better yet, we hope you will write something for us.

## .....But, Beware

In advocating student activities outside of the classroom, Ariel realizes that it is opening itself to the shopworn criticisms about the importance of diligence to studies. Any freshman who decides to stir up a little controversy or "get involved" will soon feel the pressure of this academic vice. It is expected that any student who is critical or bad-mannered with regard to his Jefferson education, will be labeled by some people as lazy, unwilling to do the necessary work to learn medicine, or lacking in respect for the traditions of medicine - the insinuations may go on from there. The student critic may be unknown personally to a faculty "defender of the faith," but the protective mechanism of branding the student as one motivated by personal selfishness, is almost automatic for some people.

It would be foolish for any organization that believes itself credible to advocate a de-emphasis on the work necessary to learn the scientific intricacies of medicine; Ariel has never advocated this. We wonder, however, why there are no accusations of selfish laziness or ineptitude when medical students spend their time on intramural athletics or fraternity social activities.

This whole issue seems to revolve around a misunderstanding of what is going on in medical school, particularly the preclinical years. The purpose of the preclinical years is usually stated as being the provision of the basic medical knowledge necessary to learn and practice medicine: who can really dispute this necessity? Yet there is something else going on which many people do not want to face. Beyond medical knowledge there is an acculturation process occurring. Dr. Charles Lewis of Harvard has described it as "a greater socializing process than even the priesthood...learn how to act and think as well." When the education process is criticized, those who will not acknowledge acculturation, construe it as criticism of the substance of education, and most students would also see it in this way. For example, last year in the pages of Ariel there was criticism of Dr. Aponte, the dynamic, even charismatic, head of the Pathology Department. Students vociferously rebutted the criticism and praised Dr. Aponte for his comprehensive pathology course and for his personal concern for their welfare.

The problem in attacking this acculturation process through a man like Dr. Aponte is the conflict that exists in students' minds which is a consequence of the fact that Path is one of the best departments in terms of conveying medical knowledge. To attack Dr. Aponte is to

attack his sincerity and scientific competence in the eyes of many students. Clearly, however, Pathology is one of the most vital cogs in the acculturation process - one of the best examples is the Spring quarter Pathology course for 1 credit. This consists of one lecture/week, 10 handout sheets of information, and a 15-20 page term paper. What was of interest were the lectures. Nearly all the material in these lectures had been covered somewhere else in the course of the second year. But the lecture material was not of primary importance. What was important were the lecturers - nearly all of whom were well-known physicians from a variety of disciplines inside and outside of Jefferson. They were introduced with a few laudable words and there they were for us to admire and emulate. This is not to take anything away from these particular individuals, but they were present primarily to acculturate not educate.

There are many, physicians and students alike, who would defend the acculturation process, and for these students the provision of a medical culture may be necessary. But for those of us who believe that the medical profession must be changed with regard to its structure and its attitude, without inhibiting scientific competence, the acculturation process is a major roadblock to progress.

## Frank

Some of the powers that be at Jefferson are attempting to destroy one of the most worthwhile "institutions" here. This "institution" is one Frank Lachman, known to one and all as "Frank of the Anatomy Department." The administration plans to force Frank to retire because he is over sixty-five and they feel they are doing the gentlemen a favor. This is far from the truth. If Frank is forced to retire it would be a grave injustice to Frank, the students and the department. Frank loves his job, he is liked and respected by all the students that he has had any contact with, and he is irreplaceable to the department, as any of the professors will attest to.

Frank has been with Jeff for over fourteen years. Formerly, he was the superintendent for old D.B.I. Now, Frank is a teacher's assistant. He works with the cadavers, and handles the mail, tests, and handouts for the students. He transports books back and forth to the library for the professors. He distributes the bone boxes to the students. He also gives tours of the department for Dr. Sam Conly. Over the years Dr. Conly and Frank have received numerous letters of praise for Frank's excellent and informative tours for prospective students and their families. Frank also assists Dr. Ramsay with graduation. Whenever anything is needed or something goes wrong, people yell, "Where's Frank?" or "Get Frank!" and he's always there.

The genuine fondness and regard that Frank has generated in the students is exemplified in the plan of the present sophomore class officers to circulate a petition demanding Frank's retention in his present position. ALL are urged to sign it.

If Frank is forced to leave, the Anatomy Department will never be the same. He adds a warmth and outright friendliness for the students that is irreplaceable. He functions effectively and his age is no handicap to the performance of his duties.

The administration is urged to reconsider its intentionally thoughtful but totally misguided plan.

## The Textbook Waste

One of the immediate problems facing the incoming freshman is obtaining the paraphernalia necessary for his new experience - lab coats, dissecting kits, microscopes etc. Ariel applauds the Student Council-Registrar effort to organize the sale of used microscopes to the new students. One may save hundreds of dollars and obtain a perfectly adequate microscope in this way.

Textbooks, however, is an area which is more difficult to deal with, but really no less wasteful of a Freshman's cash. Many upper-classmen would like to sell their textbooks but don't know where to turn. We would, therefore, like to encourage Student Council to work with the bookstore in setting up a used book exchange. Students could leave off books with prices marked, the bookstore would receive a percentage for handling the transaction, and the freshman would save some money. Naturally some books would still have to be bought new, but having experienced the first few months of med school - every little bit helps.

## SAMA Meeting

Wednesday, Sept. 23  
7:00 PM Jefferson Hall

MEMBERS & NON MEMBERS WELCOME

## What Ever Happened?

By Joseph Sassani

The Jefferson Medical College Bulletin 1968-70 states on page 9 in beginning its history of the College, "Dr. George McClellan and his colleagues founded the Jefferson Medical College in 1824 with the firm but then outrageous belief that medical students should participate, under proper supervision, in the diagnosis and care of patients." What ever happened?

Why is it that some 145 years later, Insel and Skyler in their Report on Curriculum Change for J.M.C. should recognize the need for "modern learning theory" including the concepts of "applying relevance to material, utilization of small groups in learning activities, encouraging students to be active rather than passive learners and to assume responsibility for their own education."

During his first year at Jefferson, a typical student will encounter only two opportunities for face to face patient contact. The first such meeting will be on the evening that he is assigned to witness his first delivery. The second is his one hour a week psychiatry class which is not even continuous through 3 full quarters. Moreover in the "new" curriculum no more additional time, perhaps with the exception of one credit of Preventive Medicine per semester, has been allotted for the kind of patient oriented learning situation upon which Jefferson was founded and nourished.

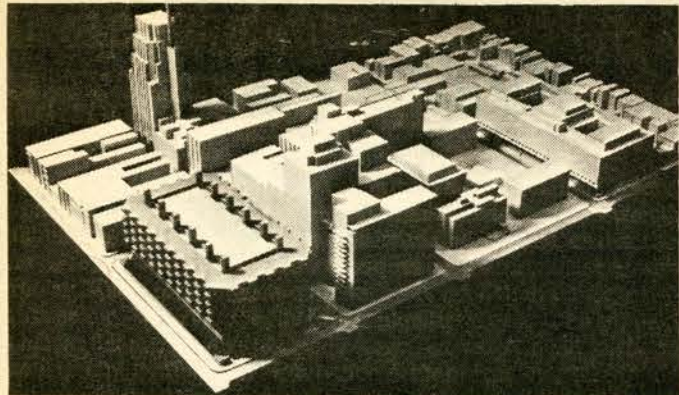
The above situation has not come about as a result of lack of student interest in such topics. Repeatedly Jefferson students have shown their desire for an early opportunity to view and to learn from competent physicians in clinical settings. They participate in such programs as the Mantua and Gray's Ferry Projects, and they work as emergency room technicians and orderlies. Why must students wait for summer externships or sophomore year to practice, such basic medical skills as blood sampling and blood pressure taking. Are pathology and microbiology prerequisite for taking an adequate medical history. What Jefferson needs is a planned and gradual shift of some patient centered responsibility onto the shoulders of the student beginning with the first year.

As a first year student, one often finds himself in the realm of that old standby "Catch 22" and nowhere is this better exemplified than with regard to grading and pass-fail.

In April of last year The Committee on Student Evaluations chaired by Mark Windome submitted its proposal to the Promotion Committee recommending that a pass-fail system of grade reporting be maintained by the Registrar's office. This recommendation was based on a questionnaire survey of all Jeff students which found: Better than 86% of those responding desire a pass-fail system in the pre-clinical years, wherein no numerical grades are kept in the Registrar's office. About 94% want such a system in the clinical years.

In spite of (or shall I say because of) these findings, the Promotions Committee chose to table the recommendations of the Evaluations Committee. Moreover it chose to appoint still another committee to evaluate the need for a pass-fail system of grading at Jefferson. At least report Mark Windome was being sought to aid in forming the new committee.

Some might think my observations of the first year hostile (Continued on page 6)



Expansion of today's University will yield the Thomas Jefferson University of the future depicted above.

### University Strives To Achieve Goals

By Richard Bonanno

The declared goals of Thomas Jefferson University are several. Foremost is the education of medical, nursing, paramedical and other allied health personnel at undergraduate and graduate levels. A second goal is the provision of continuing education to practicing health care professionals. A third and very important goal is the maintenance of a rich environment for the continuing search for knowledge in the basic sciences, and in the art of health care delivery. Implicit of community education and care services which will contribute to improved levels of health and well-being. (from the report on the Clinical Teaching Facility of TJU).

Thomas Jefferson University is a rather unique institution in that it is a university devoted primarily to education in the health sciences. Jefferson has naturally built its reputation on the medical school which will celebrate its 150th birthday in a few years and is the largest private medical school in the U.S. In June 1969, Jefferson declared itself a University with the School

of Allied Health Sciences and Graduate School taking their places alongside the medical school and hospital as official divisions of TJU.

On the surface, little seems to have changed since June 1969, but slowly the University is taking on shape and direction. Last year undergraduate courses in a variety of fields were offered for the first time. These allowed nurses and nursing students to work toward baccalaureate degrees and helped other students broaden their education. Although Nursing is the largest of the Allied Health Schools, Dean John Goldschmidt's plans go far beyond this. Expansion is planned in all the present educational and training programs with initiation of flexible new approaches in order to prepare health professionals for the challenges of future health care. Its plans take into consideration the increasing technological demands of medicine, the shortage of doctors and nurses, and the new methods of health care delivery both in-

(Continued on page 8)

## Student Groups See Jeff from a Different Point of View

The following two points of view by two Jefferson students are meant to give some insight into the particular problems a Penn Stater and a woman might encounter at Jefferson. It is not meant to

divide the Jefferson community in contending groups but only to elucidate the status of students who might not fit the mold perfectly at first.

### Penn Stater Urges: Women Encounter Protective Fathers Make New Friends Inadequate Facilities

By Mary Lou Evitts

by Gail Tenikat

Disunite, Penn Staters! You have nothing to lose but your sense of corporate identity.

How would you like to go through four years of medical school without ever leaving Penn

Of course, the Commons swimming pool will never compete with the Natatorium; but the Friday night flicks are every bit as good as the HUB fare - and they're free, too. Without any effort on your part, Jefferson can easily become an all-encompassing womb.

Just imagine - you, your books, your friends . . . Ah, here you can cuddle even more cozily in your placenta. You have come to Jefferson complete with your preselected friends. No doubt you are aware of which of the frats are heavily membered by Penn Staters, where other Program people from years before bought their microscopes, or what brand of colored pencils for Embryology bears the Penn Staters' seal of approval.

It's easy to rely solely on Penn State habits and friends at Jefferson, but it's more rewarding to break away and join the ordinary eight-year mortals. Involvement with new people can be quite readily achieved and can be fit to your range of activism - from the Surgical Society to the Dons Program. In addition, this will give you the opportunity to enlarge upon your science background by exposing yourself to new people, ideas, and experiences.

Then, perhaps at some future date, you will not feel that you had been denied the four years of "growing up" and exposure to diverse people shared by most of your colleagues. Develop a sense of personal identity.

- Get hatched and mingle!

Welcome! You are now officially a Jefferson woman - whatever that means. For most of us it's been quite a paradoxical experience.

First of all, there is the attitude of the administration. Most of the time they act like protective fathers over their "little girls." I think you'll find they tend to bend over backwards to make sure their girls get through. There is little you will be able to do that will really get you into trouble - aside from deliberately trying to flunk out or take advantage of your position. It is rather frustrating however, to feel as though you are being patted on the head when you have a problem or are criticizing something. It is a shame that the entire student body is not approached with more mature understanding instead of just a protective attitude toward the women and a "get through" outlook.

On the other side, the administration has shown a peculiar lack of interest in providing adequate facilities for women - especially in the hospital. While you are at Jeff Hall, I am sure you will have few inconveniences. During your clinical years - unless there is a drastic unforeseen change - you will find an obvious lack of on-call rooms for all students at Jefferson. For whom it becomes even worse. You will be for ever barging in on the nurses, technicians, or anesthetists' quarters - somehow feeling like the unwanted child who doesn't belong. So unless there is a change, stay away from Jefferson as much as possible. At least most of the affiliated hospitals seem to realize that women do exist within medicine

and have made adequate provisions for them. (There are other reasons too but I won't go into them now.)

For the most part, both with your classmates and the faculty and staff of the hospitals, you will run into very little blatant anti-women-in-medicine attitudes. It is a lot more subtle these days (which makes it harder to deal without seeming paranoid), but it is still there. It's there in the attitude that . . . the woman's place is in the home and that's where you'll eventually end up and if you don't there must be something wrong with you . . . but if you want to do this crazy thing, o.k. Every year or so in one class or another there will be a charge that the women got significantly lower grades than you men - don't let it get to you. With many of the people you work with - nurses, doctors, aids - you may even find it easier to relate to them on a person to person basis and be very casual at times instead of always playing medical student - a nicety, I'm told, not many of the men can experience.

As for your classmates, many will try to deliberately gross you out; others will treat you with so much polite amenities, it will be unbearably icky. Your first experience will be anatomy - the lab is gross enough in and of itself for anybody. You will soon discover for yourself what is a normal part of grossness in medicine and the medical school environment; and you will accept it and fit in. As for the grossness that is done just for your benefit or to irritate you - the guys that play those childish games are not worth getting upset about. You will soon find your own way of coping with it. You will make your own circle of close friends here; with them you'll fit in fine - as a person as a woman.


Lastly, I want to say a few words about your relationship to the rest of the women at Jefferson. Unfortunately we have allowed ourselves to become isolated from one another - aside from a few close friends. We rarely get together as a group except perhaps for an initial tea or an occasional shower. We have done little to discuss our common situation or ever to act cohesively. We are even further away from our fellow women in the nursing school. Hopefully during the coming year we can draw closer together.



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# Kowalewski Discusses Family Physician's Role

By Stephen P. Flynn

Amid the clamor for a better health care system comes a suggestion from the President of the American Academy of General Practice. In a speech delivered at Jefferson last March, Dr. Edward J. Kowalewski discussed what he considers the key role of the family physician.

Dr. Kowalewski began by elucidating some of the problems facing medicine today, especially the acute shortage of physicians. He emphasized the in-proportionate shortage of primary-care physicians due to the trend toward specialization. To ease this situation, he called for a Partnership for Health to promote the training of more family physicians.

Dr. Kowalewski lauded the elevation of family practice to specialty status for several reasons. First, he thought that this would indicate the importance of this field in the coming years and attract more students to enter this area. He felt that the development of this specialty would usher in a new era of medicine with greater emphasis on human worth and the individual as a member of a social unit. He stressed the family part of family practice, distinguishing it from the older concept of general practice. He indicated the need for special training on the undergraduate and graduate levels to enable the physician to function successfully within the family unit.

Dr. Kowalewski called on medical educators to recognize the importance

Dr. Kowalewski called on medical educators to recognize the importance of this new specialty. He urged the creation of a distinct and well-organized department of family practice as a necessary part of medical education: "A distinct, equal department, supported by sufficient curricular commitment which is accepted and understood by the other existing departments is of the utmost importance." Students with interests in this area should receive instruction under physicians with family practice experience. (Presently, Jefferson has no separate department of family or community medicine, nor are there specific courses in family Undergraduate work should be followed by family practice residencies, of which several are in existence at present.

Dr. Kowalewski felt that the public wants and needs more primary physicians, but he added that it is also the responsibility of the community to attract family physicians. The community should be able to provide the opportunity for professional fulfillment by developing modern hospital facilities and the chance to continue medical education. It also must provide the necessities for the proper raising of a family, including educational and social needs. Physicians will settle in areas which provide professional challenge and the life-style they want to lead. Communities cannot afford to be complaisant in creating this type of environment.

Dr. Kowalewski urged the insurance carriers, eg. Blue Cross and Blue Shield, to enter the Partnership for Health. Presently these carriers favor procedures carried out in hospitals. They must be more willing to support the physician in areas of ambulatory care, home care and out-patient diagnosis. In this way, excessive use of costly hospital facilities would be reduced. In the future, it is hoped that more emphasis will be placed on the preventive aspects

of comprehensive care, as opposed to the present crisis-coverage of in-patients.

Dr. Kowalewski was less enthusiastic about the role of government in medicine. However, he realized that unless the physician becomes more involved in solving the problems of our health care system, the government would be forced to intervene under public pressure. Already national health insurance is becoming a very popular issue.

In summary, Dr. Kowalewski believes that one fundamental solution to the problems within the health care system is the rapid increase in number of primary-care family physicians. The creation of a family practice specialty was only the first step in this direction. He looks forward to the further development of what he predicts will be the largest specialty in the coming years.

## ARIEL FILMS

### LOOKING AHEAD TO OCTOBER

- Oct. 2 & 3 "HOTEL"
- Oct. 9 & 10 "THE BIRDS, THE BEES, & THE IT-ALIANS" "SWEET NOVEMBER"
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# Dons Seek New Members

by David Jacoby

To interest bright but unmotivated high school students in academic pursuits, to extend to them the personal counseling and guidance which are offered in the suburbs, but are inadequately, if at all, offered in most Philadelphia schools, and to indirectly recruit talented people into the medical profession are the main goals of the Jefferson Dons Program.

What it can offer to the Jefferson student is more varied — the sense of usefulness so often lost by the middle of anatomy; companionship; the satisfaction of showing someone whose parents aren't college educated how to prepare for College Boards and where to find scholarship money (the program will help you with this last item); and a bona-fide excuse for breaking away from Jefferson to discover with these students the city in which you both live. The fact that one is showing a student around is also an excellent way to gain the courage needed to explore the hospital and ask random Clinical Lab, Radiology, and Maternity employees for guided tours of the departments in which

they work.

In last year's program Jefferson students worked on a one-to-one basis with high school students assigned at random. This year the one-to-one basis will be retained, but in addition a calendar of monthly group activities has been added. For interested students, lists of the scheduled activities, places of interest in the Philadelphia area (including hours and how to get there), and suggestions for scholarship aid are available.

The first meeting of people interested in the Dons Program will be at the Belmont Plateau this Sunday, September 13 from 3:30 to 7:30. Here one will have an opportunity to meet high school students with whom one might want to work. Transportation is available by calling either 545-1542 or 732-2660. For those unable to make this meeting, but are interested in the program, the names of high school students seeking Dons may be obtained by calling either of the above two numbers or by signing up at the Dons Program booth during registration.



Students from Southern High became acquainted with research and clinical medicine.

## Southern High Teenagers Work in Labs at Jefferson

by Eugenia Miller

Fifteen students from South Philadelphia High School during July and August participated at Jefferson in a work study program designed to "awaken the interest of capable disadvantaged high school students and thereby increase the number of qualified professionals from disadvantaged backgrounds."

Each student worked at a different site in the medical center under the supervision of his preceptor, a Ph.D. or M.D. engaged in research or clinical medicine. The fifteen student performed such diverse activities as spectrophotometry, lyophilizing, electrophoresis, dialysis, gas and column chromatography.

Eleven of the fifteen students had been working at Jefferson during the past school year, but on a more limited basis. During the year, they came to Jefferson Tuesdays and Thursdays from 9:00 to 11:00 and received free lunch and carfare money. This summer, however, they worked

Monday through Friday from 9:00 to 5:00, and were paid \$50 per week for seven weeks from funds diverted to Jefferson from a similar motivational program at Temple University. Late in July, when the Urban Coalition supplied Jefferson's program with additional funds, four more South Philadelphia High School students were selected and began work.

Several times a week, the students came together for tours, seminars or movies. These activities were designed to give the students a more complete picture of medicine and opportunities for medical careers than they could see working each day at one isolated spot in the hospital or in a research laboratory. Dr. Robert Brent, who led the first seminar, discussed aspects of preventive medicine, discussed care of a child's mental as well as physical health, and took the students on a tour of the pediatric section of the hospital.

Does a motivational program

such as Jefferson's actually have the desired effect of motivating disadvantaged students to continue their education and enter medical careers? In order that this question might be answered, Jefferson's program with South Philadelphia High School was designed as an experiment. Last fall, teachers at South Philadelphia High School compiled a list of sophomores who indicated interest in working in laboratories at Jefferson.

Gail Tenikat, '72 and Eugenia Miller, '73, began to evaluate the program this summer by comparing experimental and control groups in terms of grades, attendance, and ratings of student interest made by the high school teachers, and by analyzing the results of two questionnaires, one sent to the preceptors and another given to the students who had actively participated in the program.

The students' response to the program has been overwhelmingly favorable. All students felt that they had learned a great deal from their experience at Jefferson. In discussing this work, one student said, "In a lab like this a high school student has to learn a lot from scratch. I learned for the first time how to make up a buffer. I learned about antibodies here before we learned about them in biology class at school." All students who participated in the program indicated a desire to return to Jefferson in the fall. Many wished to return to the same laboratory. "In one year you just whet your appetite. You cover some ground, but cover it with surer footing the second time."

Plans are being developed to continue and to expand Jefferson's program with South Philadelphia High School. It is hoped that the present group can continue at Jefferson, and that fifteen students from this year's sophomore class can be selected in the same manner the present juniors were selected.

Any medical or nursing student interested in becoming acquainted with the students in the program, working as a Don with any one of them, or participating in developing and evaluating the program is invited and urged to contact the author of the article.

## JEFFERSON — WHERE THE ACTION IS

After a long hard week of sweating over your cadaver, or lyophilizing over your patients whom you don't wish to be cadavers, it's time to relax, let your hair down and groove to some of the great social events scheduled at Jefferson this year.

Dr. David Grebos, Director of Programming for the Jefferson Commons, has lined up some great entertainment beginning on September 25 with OPEN HOUSE. This is an event not to be missed by anyone in the Jefferson Community. It begins with dinner, followed by free use of the pool and all sports equipment; there will be art shows, with live demonstrations of painting and sculpturing by the artists themselves; there will be a live performance of an opera, "Mozart goes Mod" which includes a striptease!; there will also be a coffeehouse, films, and to top it all off a rock band and plenty of beer.

On October 7 at 8:15 in the Commons Cafeteria there will be a live performance of "Stop the World..." starring Jackie Warner (who understudied Anthony Newley on Broadway). Admission will be \$2.00.

One Friday each month is official TGIF Day at Jeff (Thank God It's Friday) and in honor of the occasion there will be LIVE ROCK - LIVE BEER - LIVE GIRLS!! in the Commons Cafeteria. These happenings are

scheduled on the following dates: October 16, November 13, December 4, January 8, February 12, March 19, April 23, and May 21.

Several speakers will be coming to Jefferson this year including Mark Russel, political satirist, on December 15; John Humnik, a counterspy for the U.S., on February 16; and Dr. HIPocrates (Eugene Schoenfeld) on March 30. These speakers should be quite educational as well as entertaining.

And last but not least overcome your shy, inhibited nature (if you haven't already done so at the TGIF's) and let your voice ring-out-at the Glee Club meetings, every Wednesday evening at 7:30 beginning on September 23 (in room 139 Jefferson Hall).

There will also be a few live concerts (classical guitar etc.) in Jefferson Hall, but check the October "Ariel" for the specifics. See you at OPEN HOUSE!!!!

### COMMONS FILMS

SEPTEMBER, 1970

September 11 & 12 "ANY WEDNESDAY" with Jane Fonda, Jason Robards.

"...good lines, amusingly human and sexy situations." N.Y. Post.

Jane Fonda is excellent as the warm and comic bachelor girl who accepts a Manhattan townhouse from a millionaire businessman, Jason Robards, in return for spending Wednesdays with him there. Miss Fonda is totally convincing in her belief that this masculine-feminine arrangement should be adopted by everyone! Imagine, if you like, the "now" Jane Fonda explaining this to the Women's Lib! Oh well, they shoot movies, don't they?

September 18 & 19 "BLOW-UP" with David Hemmings, Vanessa Redgrave, directed by Antonioni.

Provocative treatment of a weekend in the life of a high-fashion London photographer. The movie is a brilliantly executed film of disconnected incidents. The vignettes of the photographer's self-centered world depend on camera focus, and the viewer must decide for himself what is real and what fantasy. One day he casually takes pictures of a girl and her middle-aged lover in a park and after developing the picture he discovers a possible murder. The realism inside the studio contrasts sharply with the fantasy of a group of revelers outside.

Fascinating photographic techniques, and a study in contrasts-reality vs illusion, involvement vs indifference.

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REMEMBER, ANYTIME IS PICTURE TIME

# Community Organization Staff Occupies Temple's Mental Health Center

by Tom Williams

Those of you who were in Philadelphia for the summer must have heard or read bits and pieces about the trouble at Temple's Community Mental Health Center (CMHC)—about occupied buildings, people being removed from them by police, vandalism of the mental health center, etc. But, no doubt, you are still puzzled about what actually happened there. The problem is even people right on top of the crisis can not tell what actually happened. Therefore, I will present only some of the most important facts—the main one being that Temple is in turmoil over the familiar issue of community control, and the related issues of professional credentialism and political organizing as a legitimate activity of the center.

## Brief History

Community Mental Health Centers, in existence all over the Country for only the last few years, are supported financially by all branches of government, city, state, and federal. They offer a variety of services which depend on the particular center: group and individual counseling and psychiatric therapy, rehabilitation of drug addicts, organizing communities on a small scale to begin to deal with their own social problems, and maintain people in the community who would otherwise be in mental institutions. But they are all in a state of flux over what they can and should do and how they should relate to the community.

Temple's cmhc has been in a greater state of flux, if not in a boiling state, then most, probably because of the turmoil that white controlled Temple U, has had with black militants in the area for several years over black self-determination. In the forefront of the present bedlam is a personality, Walter Palmer, a black militant who has been involved in the other struggles with Temple in North Philadelphia and who was hired last year to head the Community Organization unit of Temple CMHC.

The most apparent cause of the blowup at Temple was, on June 23, the firing of the Center's director, Dr. Gardner. Dr. Sloane, head of the department of psychiatry under which the CMHC operates, did the firing and placed himself temporarily in Dr. Gardner's former position. Some of the CO staff accuse Dr. Sloane among other things of bossism -- side-stepping established procedures for firing staff. But the real reason for Dr. Sloane dumping the unit can only be guessed at, and the great number of plausible "guesses" is what makes the incident so cloudy. A few of the most widely held reasons are:

1) Dr. Herbert Needleman who is in charge of the CO unit at the center has, some people claim, been a poor leader. He has remained aloof from the daily operations of the CO department, not cooperating or even directing the people under him. Walter Palmer and others were brought into the CO department by Dr. Gardner, director of the whole center (just hiring these non-professional community people, most of whom are black and who lack all the proper credentials, was a blandly radical act in itself). They were more or less given a free hand by Gardner. Dr. Needleman became more at odds with Mr. Palmer and some others who had been doing up-setting things. For instance, they "wasted time" discussing the role of the CMHC in the com-

munity, wrote position papers, and found Dr. Needleman unwilling to help out in any of their projects. Finally Needleman recommended a number of CO people be fired; they quickly returned with their own explanation of why Needleman himself should be replaced. Sloan's action dropping the CO unit and shifting of Needleman to another section of the center could have been partly due to this Needleman-Co staff run in.

2). Originally, a community advisory board, supposedly composed of non-professional community residents, was in existence to communicate with and to give direction to the community mental health center. Last fall, however, due to a controversy between the executive board faction of the community advisory board and the primarily black community faction, some community people got together and formed the North Philadelphia Community Board (NPCB). It held open meetings attempting to serve in a true advisory capacity and worked closely with the CO staff, but the invited executive faction failed to attend meetings. The whole affair put the jobs of the dissident mental health center workers involved in the board and even the idea of having a functioning advisory board, on a crumbling precipice.

3) The last and probably most telling hassle was over the selection of a new director for Temple's Community Mental Health Center. Dr. Gardner had given notice of his departure in April, so a selection procedure was put in operation. A special staff council and the community advisory board were delegated to choose the new director—five candidates were chosen, but no agreement could be reached. The executive board, breaking from the rest of the advisory board, decided to make its own recommendation. This sparked off anger from everyone else on the advisory board, so that Dr. Sloane called a grand meeting between the executive board, the staff advisory council, and NPCB. After no small dispute at the meeting, Sloane allowed two weeks to elapse before he wanted uniform agreement over the new director. Joltingly, only a day later on June 24., Sloane pronounced himself temporary director of the center and dissolved the CO department.

Subsequent events to Sloan's ascendancy and the CO group's demise include: the CO staff order to perform emergency services occupied some buildings of Temple's CMHC complex; Dr. Sloane closed down the center and set up temporary emergency services in Temples hospital; security guards were sent to expel the recalcitrant staff from the buildings; Walter Palmer sat in—on a liquid diet—in one of the buildings for 17 days; NPCB filed suit against Temple accusing mishandling of public money in operating the center; and after

Palmer ended his sit in some of the offices of the center were vandalized, no one seems to know by whom.

## The Hard Issues

Bob Brown, a black mental health worker at Jefferson's CMHC, amply explains that white CMHC administrators have brought the furor on because they refuse to acknowledge that improving the mental health of a community means organizing for social change. He says "HOW CAN PEOPLE BE MENTALLY HEALTHY WHEN THEY LIVE IN AN UNHEALTHY ENVIRONMENT, WHEN THEY ARE TAUGHT TO FEEL INFERIOR, WHEN THEY ARE EXPLOITED? CMHC's must prevent as well as cure mental illness, and prevention can only come through social change."

As for the other issues that have been much in the forefront—credentialism and community

(Continued on page 8)

## What Happened

(Continued from page 1)

or bitter. I do not believe this to be true. Rather they express indignation over a curriculum which frustrates the student's desire to learn his profession within a mature environment and which fails to utilize Jefferson's excellent plant and fine faculty to best advantage. I find it unfortunate that an institution of higher learning should refuse to use the techniques proven effective by educational psychologists. This is heightened when one realized the real spirit of the foundation of Jefferson was that of educational innovation and dedication to the idea of student participation in the learning process.

No doubt all of you are proud to be entering Jefferson. This is entirely justified. There were over 2,000 others who sought but did not attain the position you now hold. This University has given you a tremendous privilege. However, you must now accept the responsibility of keeping Jefferson true to its noblest traditions and also to prepare it for greater accomplishments.

Therefore, I urge you to try to see Jefferson as it really is and if necessary to demand remedial action either through participation in various student or student-faculty committees like the Curriculum Committee or by expressing your views in the Ariel. Perhaps your class will follow the lead of others and form your own Communication Committee to help carry your opinions to those on the faculty and administration closest to the class. Only through these and similar forms of inquiry and expression can you determine what really happened to Jefferson's head start on a modern curriculum.

## Buttons Face

(Continued from page 1)

biochemistry department. He had a chance to display his blue acquisition when he gave out an honorary degree at the podium. It is a pity that there are no administrators at Jefferson the likes of Dean Gelhorn of Penn's medical school who led half of his faculty to Washington right after the Cambodian invasion. Then there would have been a distinctively more pronounced blue hue emanating from the Academy's stage. Nevertheless, no less than a third of the senior class were not timid about their consciences—they wore their buttons.

"So what if they boasted the button! What kind of a gesture is that when whole classes at other universities refused even to show up for commencements featuring

much less controversial figures than Senator Scott," spouts off a long haired friend, or, just as well, anyone leaning towards the left.

These individuals miss the point. The purpose was not to disrupt and alienate—Scott would rather have faced tactics of "crazy freaks" anyway—but to get people to think, to honestly confront themselves. People in this country absolutely must change the present insane priorities! They have to see that if they look objectively.

One question remains, though. Would something more disruptive than a button at graduation ultimately have made more of the people in the audience confront themselves even if a year later—the kind of self-confrontation that causes people to act instead of letting the world go by!?

## Text of Letter to Senator Scott

Dear Senator Scott:

We the graduating class of Jefferson Medical College have now learned that you have been chosen to receive an honorary degree and to speak at our commencement on June 5, 1970. At this solemn occasion of graduation from medical school, we find ourselves faced with the prospect of having a high ranking government official, who is the direct legislative representative of many of us, delivering the major address.

This is our graduation and we feel that we should strongly request that your address deal with issues which we believe are going to continue to be extremely vital parts of our lives. As physicians, we are perplexed and impatient with the priorities of an administration that spends more than eighty billion dollars annually of tax money for war, while a mere 10% of our budget goes to health, education and welfare combined. It is our belief that our government's top priority must be health, education and welfare! The present priorities of our government have gravely affected medical care. These policies have already complicated in impossible situation. At a time in our history, when we have yet to meet the challenge of extending adequate health care to all of our citizens, our government has seriously hindered all levels of medical students, and indeed, made it impossible for the medical community to meet these mounting crises in health care.

Perhaps we of the medical community and you as a representative of our government, can utilize this opportunity to end an era of non-communication and distrust and share our common responsibility for the well being of all our citizens.

Very Truly yours,

Richard L. Nemiroff, President  
Class of 1970  
(for concerned colleagues)

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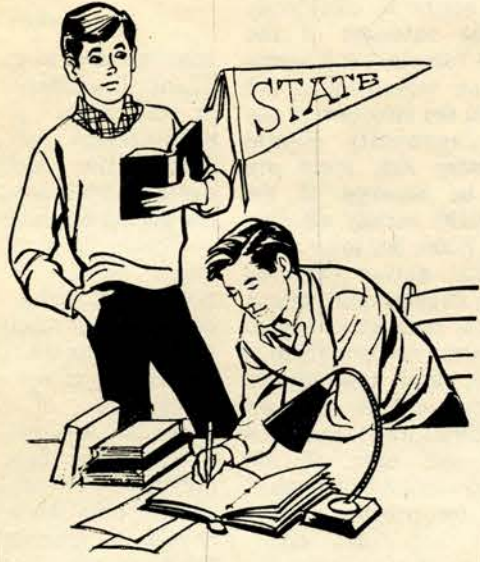
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# Student Evaluations Committee Presents Recommendations

by Mark Windome



"GEE WHILLIKERS, SPENCER! WHY DON'T YOU WAIT UNTIL AFTER YOUR INTERVIEW WITH JEFFERSON TO GROW SIDEBURNS AND LONG HAIR LIKE SAMUEL D. GROSS?"

This article will constitute the report to the student body by the Committee on Student Evaluations. This committee was appointed by the Student Council Curriculum Committee to study various methods of grading including Pass/ Fail grading and to make recommendations to the faculty. The committee was also to prepare information requested by the faculty indicating "what students mean by Pass/ Fail."

Active committee members included: Don Bergman '71, Bruce Bleiman '73, Dr. Benjamin Kendall, Dr. A. J. Ramsay, Mike Starrels '71, and Mark Widome '73 (Chairman).

Over a period of months, discussions were held and a student questionnaire was prepared. Grading systems at other medical schools were also examined. It was found that 40 of the 92 medical schools in this country now employ some sort of a Pass/ Fail system.

### Questionnaire Results

Every student was mailed a questionnaire. Some 290 questionnaires were returned. The results may be summarized as follows:

1) Better than 86% of those responding desired a Pass/ Fail system in the pre-clinical years, wherein no numerical grades are kept in the Registrar's Office. About 94% want such a system in the clinical years.

2) Students feel that exam results should serve as feedback to the students

3) Students feel they have a right to see their written recommendations. More comprehensive questionnaire result including relevant breakdowns is available on request from the Student Curriculum Committee.

Recommendations of the Committee

On the basis of the questionnaire results and further committee discussions, the following recommendations were presented to the Committee on Student Evaluations on May 22, 1970:

The Committee on Student Evaluations proposes that the following plan be put into effect beginning in the Fall Quarter, 1970.

A uniform system of student evaluation is to be instituted for all courses offered in the medical college. The departments may internally grade students according to any system which they feel suitable, however they are to inform the Registrar only whether the student passes or fails. For example, departmental records may contain numerical information as well as subjective written comments by the various instructors in contact with the student. This departmental data is to be regarded as confidential, and for departmental use only. It may be released only to (1) the Promotions Committee in reviewing the records of a student in serious academic trouble, (2) to a member of that department to use in completing a recommendation requested by the appropriate student, and (3) to any person or group authorized by the medical college or Dean's Office who wishes to use exam results for purposes of statistical analysis or educational research.

Although students would only officially be notified as to whether they passed or failed a course, they would have access to the correct answers to each examination so that they may evaluate their own progress and

benefit from the exam as a learning experience. In addition, the department will accept the responsibility of informing any student as to any aspect of his academic work or general attitude which it feels could lead to an unfavorable evaluation of the student. The notification is to be done as early as the shortcoming becomes evident to the instructors so that the student may benefit from the feedback and be given an adequate chance to correct his deficiencies.

Each student will be required to request a certain minimum number of written recommendations from his teachers each year. These letters of recommendation will be sent by the teachers directly to the Dean's Office where they will be compiled in an appropriate manner for use when applying for internships, residencies, etc. This system shall in no way preclude the departmental use only. Indeed, an instructor who is requested by a student to send a recommendation to the Dean, may wish to consult these departmental records to aid him.

It is the responsibility of the Dean's Office to make judgements on the validity of individual teacher recommendations when contradictions are demonstrated.

Students have the right to review their file of teacher recommendations in the Dean's Office at the end of each academic year. Using good judgment, the student may then return to question an instructor if he feels that he has been unjustly dealt with. The reviewing of the file by the student provides him with an additional source of feedback if he so desires it. Departments shall grant students similar privilege to review their departmental files at the completion of the course if the student feels that such information will give him further insight into his development and possible shortcomings.

The Promotions Committee will designate a Faculty-Student sub-committee to conduct an ongoing evaluation of the above outlined system. Should the above system be considered unsuitable at any future date, the departmental files accumulated during the operation of the system will remain strictly confidential and in no case will they become a part of the students' record in the Dean's or Registrar's Office.

The faculty committee discussed the proposals for little over an hour but failed to act on them. Instead, the committee directed the formation of another subcommittee to conduct further study. In view of this action, it seems unlikely that the student desires for grading reform will be acted upon by the faculty anytime in the near future.



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## STUDENT MEDICAL FORUM MEETING

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PRESCRIPTIONS FILLED

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# University Strives

(Continued from page 3)

side and outside the hospital - all of which point to the increasingly important role of the allied health professional. Counseling and placement efforts are presently going on but the brunt of the programs still await funding. Money is the major problem for Dean Goldschmidt at present.

The Graduate School has just been raised in status with the appointment of Dr. Robert Baldrige as dean. Plans presently call for a graduate student body of 200 working toward the Ph.D., but the problem again is money. Graduate students have been traditionally granted fellowships for their work, but these are currently scarce in comparison to a few years ago.

On the whole, the most important step in developing the University does not relate to any of the individual divisions. In the fall of 1969 the Trustees set up a Master Planning Committee for TJU. The Committee includes Trustees plus faculty and administration from the 4 divisions. This year there will also be 2 student members (there was one last year). According to Mr. George Norwood, vice-president for Planning, the Master Planning Committee is dealing with the present and future plans of JU from both a short-term

practical and long-term philosophical perspective. For instance, they are presently grappling with the mundane issue of finding more student housing yet they are also planning medical facilities with an eye on "health care, 1984". Mr. Norwood stated that the committee was well aware that health care delivery would change drastically in the next few decades, and that they realized their obligation to prepare Jefferson for the challenges of the future.

Although it must be emphasized that the Planning Committee is doing much more than constructing buildings, the top priority item is replacement of Jefferson's hospital complex, which is considered obsolete, with a new \$90 million clinical teaching facility. Ariel will investigate the plans and goals for the new complex in the next issue - it is a radically different approach to hospital care than most of us are used to.

The Master Planning Committee hopes to have a major report on its progress prepared in early 1971 so the University community will begin to see the directions in which we are moving. Ariel intends to continue providing information on JU's directions in succeeding issues, and we hope to be able to report on the progress of the Master Planning Committee next year.

# Temple's Troubles

(Continued from page 6)

versus institutional power. The CMHC and Temple University have been ruefully consistent (remember, the outcome of the CMCH disturbance so far is firing of the CO people, some of whom had been hired credential free, and ignoring the community representative NPCB). They hire mainly credentialized individuals, who most often are white and aloof; they avoid community groups that are potential political potholes. However good intentioned some of the CMHC's administrators are, their hands-off potentially-politically-hot-policies policy prevents them from doing anything effective to counteract mental illness of blacks in North Phila., the brand of illness Bob Brown says inevitable unless creating social change is as important as treating mental illness. The psychiatry department and other "innovative members" of the community mental health center have to be shown that traditional methods of eradicating mental illness are not good. If curing a black person of his unbalanced behavior includes smoothing over his hostility to racists, a kind of lobotomy, then

conceptions of therapy have got to change. Hostility to white racists is justifiable if only by the well known natural law of self preservation.

Are predictions in order? One has to be insane to confidently predict the outcome of the situation at Temple, but it seems that if some movement is not made within the structure of the national Community Mental Health Center Act, there are likely to be blowups of the Temple CMHC variety all over the nation. Room has to be made for political action oriented Community Organization units in the CMHC's, realization has to come that strict credentialism is oppressive, and Community Control- that already outworn label, but still with lots of screech power in the ears of administrators - must be thought of as a way for people to truly determine their own lives. Perhaps a more germane prediction would be one about the future of Jefferson's own Community Mental Health Center. Who can say?

# Jeff In The Community

(Continued from page 1)

students elect to go to Jefferson, financial assistance is available in the form of loans and scholarships. Job possibilities within the institution are available while potential students are guided into higher education.

These several programs forma cluster of community-oriented medicine at Jefferson. Some of the projects have formal commitments with the institution while others do not. A round-table discussion of community programs was held in May at which time these and other programs were explained. At the present time the administration should be approached so that these projects can be effectively integrated and organized into the institution so that an effective response to the health needs of the community can be made.



# SUPER-MED

by Steven Ager

AND NOW, WE JOIN THE EXCITING ADVENTURES OF LANCE CUTLASS, BRILLIANT YOUNG HEALER-TO-BE, AS HE PROGRESSES UP THE FOUR YEAR LADDER TO BEATIFICATION:

**1 FLOOR**

**SUPER-MED!**

WOWEE! I SURE AM GLAD THAT I GOT INTO A GOOD SCHOOL LIKE Jefferson!

DOWN

... AND BECAUSE OF THE BROWNIE POINTS I'LL PICK UP RIGHT NOW!

HENRY 372

TGIF

GIVE TO THE ALUMNI ASSOCIATION

ARIEL SAVES

**3 FLOOR**

YUP! I'LL WORK AND STUDY AS HARD AS I CAN! AND I'LL GET THE HIGHEST GRADES THAT I CAN! WON'T MOM AND DAD BE PROUD OF ME A YEAR FROM NOW, WHEN I'LL WIN THE BIOSTATISTICS PRIZE!!!

DOWN

15 MIN. LATER LANCE FINDS A CHANCE TO WIN HIGHER MARKS:

... AND, CLASS, THE POSTERIOR CERVICAL TRIANGLE IS BOUNDED INFERIORLY BY THE...

THIS IS A JOB FOR-SUPER-MED!

FASTER THAN ASPIRIN! MORE POWERFUL THAN A SALINE CATHARTIC! ABLE TO HURTLE TALL NURSES AT A SINGLE BOUND! IT'S SUPER-MED!!!

CRANIUM CRAMMED FULL OF KNOWLEDGE AND CSF!

EXCUSE ME, DR. NATURAL! DOESN'T "POSTERIOR" MEAN "BEHIND"?

WILL LANCE'S DESPERATE GAMBLE PAY OFF? BY INVOKING THE AWESOME AND MYSTICAL POWERS OF SUPER-MED, WILL LANCE IMPRESS DR. NATURAL ENOUGH TO GET A HIGH GRADE IN THE COURSE? DOES "POSTERIOR" REALLY MEAN "BEHIND"? OR, IS IT JUST THE NAME OF A STORE THAT SELLS YOU PICTURES TO HANG ON YOUR WALL? NONE OF THE ABOVE?

DR. NATURAL ENOUGH TO GET A HIGH GRADE IN THE COURSE? DOES "POSTERIOR" REALLY MEAN "BEHIND"? OR, IS IT JUST THE NAME OF A STORE THAT SELLS YOU PICTURES TO HANG ON YOUR WALL? NONE OF THE ABOVE?