Authors
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Jeff Becomes Involved
By Owen Cane

Although Jefferson does not have a community medicine department, the nucleus of such a department is being developed through the efforts of individuals and organizations interested in community-oriented programs at the University. Most of these programs have been initiated in the past two years, and several have only informal relationships with the University.

One of these projects is the Gray's Ferry Community Health Center, initiated by several Jefferson medical students (Paul Formholt, Tom Williams, and Delvyn Cane) and David and Kaufman of the Jefferson Community Mental Health Center. This work is being done in South Philadelphia. Project was begun in 1969 with research into the health needs of the area of the city, communication with the local community leaders and other community groups to locate a suitable site. With the joint cooperation of Dr. Joseph Gambescia, Chairman of the Department of Medicine of St. Agnes Hospital and Jefferson, Project of Medicine at Hahnemann Medical College, it has been seen as since February, 1972.

The Children and Youth Programs, under the direction of Dean at Jefferson, has been developed. This program is in operation in South Philadelphia. Project of Medicine, which also provides health care to children in an area of 8000 residents east of Broad Street, adds to the community activities of Jefferson.

This interest has been fostered 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.

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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 misinformation 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. Consideration of second rate is not for us. 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 called a variety of things from ridiculous to boring to nihilistic. We who may not really know what to expect from medical school, having an issue particularly relevant (whatever that means) to the freshman is more to medical science.

What we are advocating is to forget the preconceived ideas - education is changing everywhere, even in medical schools. A new idea in this orientation is to develop an awareness that there is more to medical education than first meets the eye. The current curriculum directs itself primarily to medical science, yet medicine does not exist in a vacuum. The health of people, whether they are a part of a family of factors and all medical workers must be cognizant of some of the non-medical conditions which influence the practice of medicine and the provision of health. Ariel would not only refer to such factors and issues, but we would also like to advocate student participation in areas beyond the standard curriculum. We do not endorse the out of this of a euphemistic desire for the well-rounded man, but rather because health care is changing so quickly that only those who are prepared to go to the curriculum to begin to see that "practicing medicine" will mean in ten years.

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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.

Thomson 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 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. Expansions are 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 emphasis of health care delivery both in...

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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 disproportionate 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 medicine.) 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 lifestyle they want to lead. Communities cannot afford to be complacent 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 areas of ambulatory care, home care and out-patient diagnoses. 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.
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 inadequate, 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 Don Program.

What can it offer to the Jefferson student is more varied – the sense of usefulness so often lost in a premed education; companionship; the satisfaction of showing someone whose parents aren't parents exactly how to prepare for College Board examinations, and where to find $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 941-1347 or 720-2669. For those unable to make this visit, 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 Don Program booth during registration.

Fifteen students from South Philadelphia High School during July and August participated in Jefferson's Don Program. As a 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 students performed various activities such as spectrophotometry, microbiology, scanning electron microscopy, dialysis, and gas 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 summer, however, they worked Monday through Friday from 9:00 a.m. to 5:00 p.m., and were paid $80 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 applied Jefferson's program with additional funds, four more disadvantaged high school students were selected and began work.

Several times a week, the students came together for lunch, 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 student's job 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.

A motivational program was scheduled on the following dates:
- October 16, November 13, December 4, January 8, February 16, March 18, April 22, and May 21.

Several speakers will be coming to Jefferson this year including Martin Russell, political satirist, on December 15; John Humluk, a countrystyle, on the U.S., on February 16; and Hal Pocrates (Eugene Schoenfeld) on March 30. These speakers should be quite educational as well as entertaining.

The program leads students to develop an interest in health care and to consider careers in medicine. The students' response to the program has been overwhelmingly favorable. All students felt that they had made a great deal from their experience at Jefferson. In discussing the program, one student said, "In a lab like this a high school student has a lot from scratch. I learned for the first time how to make up a buffer. I learned about techniques here before we learned about them in biology class." All students who participated in the program indicated a desire to return to Jefferson in the fall. Many wished to return to the same department. In one year you just want your appetite. You cover some ground, but cover it with a foot or two 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 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 discussions and evaluating the program is invited and urged to contact the author of the article.

Jane Fonda is excellent as the warm andcomic bachelor girl who accepts a Manhattan boardinghouse businesswoman, Jason Roberts, in a romance with him there. Miss Fonda is totally convincing in her belief that she is the "now" Jane Fonda explaining this to the Women's Lib. Oh, they shoot movies, don't they!

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

Prohibitive treatment of a woman's life in a high-fashion London photographer. The story of a woman whose fiancé, an először, is amused by the film of disconnected incidents. The vignettes of the photograph are like scenes from a world that depend on camera focus, and the viewer's eye may make for himself what is real and what fantasy. One day he casually takes pictures of a character, a middle-aged lover in a park and after developing the picture he discovers a possible murder. The movie is the story of murder with a twist sharply with the fantasy of a group of revellers outside. The picture is a fascinating photographic techniques and a study in control-reality vs illusion, involvement vs. surface.
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 read and heard lots of stories about Temple’s Community Mental Health Center (CMHC) and its problems. The center is located in an occupied building, people being removed from them by police, violence breaking out in the center, etc. But, no doubt, you are still interested in the problem and what is happening there? The problem is even people right on top of the center do not know what is happening there. Therefore, I will present to you some important facts — the main one being that the Temple is in turmoil over its CMHC. The turmoil is related to community control, and the related issues of professionalization and political organizing as a legitimate aspect of the community mental health movement.

Brief History

Community Mental Health Centers, in existence all over the country for only the last few years, were expected to be staffed and run by bourgeois and working-class people, and brought mental health care to white and black communities. But they selections of a new director for the center had an executive board, breaking from the rest of the advisory board, choosing the new director — five of whom were chosen, but no agreement could be reached. The executive board, breaking from the rest of the advisory board, decided to make its own decision. This sparked off anger from everyone else on the advisory board, so that Dr. Sloane called a special meeting between the executive board, the community advisory board, and the NPCB. After no small dispute at the meeting, Sloane allowed two appeals to be entered, but he later decided to make his own decision. People in the center were not cooperating or even directing the center.

The last and probably most telling incident is the decision to fire the director of Temple’s Community Mental Health Center. Dr. Needleman had given notice of his departure, but the firing of the director was not approved by the advisory board. The firing of the director was over the selection of a new director for Temple’s Community Mental Health Center (CMHC).

The most important aspect of the present situation is that the Temple’s head was hired last year to head the Community Mental Health Center of Temple University.

Dr. Needleman is in charge of the CMHC. The CMHC operates the firing and placed himself temporarily in the center. Some of the CO staff accuse Dr. Needleman of bias and stepping established procedures for firing staff. But Dr. Needleman dumping the unit can only be guessed, and the great number of plausible “guises” is what makes the incident so difficult to understand.

One of Dr. Needleman’s goals is to improve the CMHC so that it will be a useful center. But, most of all, he is determined to remove the problems with the center. He has been trying to do this by bringing the center to a position of financial solvency. The center has been losing money in the past, and he is trying to stop this. But he has been facing a lot of opposition from the staff.

The center is located in the heart of a poor neighborhood, and the staff has had a lot of trouble with the residents. They have had trouble with the police, and the center has been closed down several times. The staff has been trying to work with the residents, but they have had a lot of difficulty.

There are a lot of problems at Temple’s Community Mental Health Center, and they are not going to go away any time soon. The staff is trying to work with the residents, but they have a lot of work to do. The center is going to be a difficult place to work in, but the staff is going to try to make it a better place.
Ariel

Student Evaluations Committee Presents Recommendations by Mark Windrow

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 Berninger ’71, Bruce Bleiman ’73, Dr. Benjamin Kerdel, Dr. A. J. Rannar, 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 41 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 80% of those responding desired a Pass/Fail system in the preclinical 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 student.

3. Students feel they have a right to see their written recommendations. More comprehensive questionnaire results, including relevant breakdowns, are 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 Curriculum Committee.

1. 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 accreditation purposes, it may be released only to (1) the Promotions Committee in reviewing the records of a student in serious academic trouble, (2) 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 he feels could lead to an unfavorable evaluation of the student. The notification is to be given, as early as the shortcoming becomes evident to the instructor, so that the student may benefit from the feedback and be given an adequate chance to rectify 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, thus ensuring privacy in internships, residencies, etc. This system will 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 also forward departmental letters of recommendation to him.

It is the responsibility of the Dean’s Office to make judgements on the validity of individual recommendations when contradictions are demonstrated. Students have the right to review their file of teacher recommendations at the Registrar’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 the grade given was unjustified. The reviewing of the file by the student provides him with the opportunity to benefit from the feedback if he so desires it.

Departmental files will also be added to the student’s record to aid in the future. The Promotions Committee will designate a Faculty-Student sub-committee to examine an ongoing evaluation of the above outlined system. Should the above system be considered unsuitable at any future date, the departmental files filled out during the operation of the system will remain strictly confidential and in no case will they become a part of the student’s permanent record. Each student will be informed of this action, it seems unlikely that the student desires for grades or comments to be acted upon by the faculty anyway in the near future.

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58 SIDES TO THE STORY

the Story of a Diamond’s Beauty

ROBERT J. SCHEIDEL}

60th Year Alumni of Swarthmore College

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September 1970

ARIEL
University Strives

(Continued from page 3)

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 million clinical teaching facility. Ariel intends to 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 1981 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.

versus institutional power. The CMHC and Temple University School of Medicine have been rudely consistent in remembering, the outcome of the CMCH disturbance so far is fitting of the CMCH site. Some of whom had been hired credential free, and ignoring the community representation NCPH. They hire primarily credentialized individuals, who most often are white and male, who work in community groups that are potential political pariahs. However good, some of the CMHC’s administrators are, their handCXAnd politically-hot-policies prevent them from doing anything effective to counteract mental illness in blacks of North Philadelphia, the brand of illness Bob Brown says inevitable unless the administration is doing much more to redress the balance of power between blacks and whites.

On the whole, the most important step in developing the University does not relate to any of the individual divisions. The fall of 1980 the Trustees set up a Master Planning Committee for JU. The Committee includes Trustees plus faculty and administration from the 4 divisions. This year there will also be 2 student members (this 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

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 structures 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 outlawed label, but still with lots of screening power in the eyes 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?

Welcome Back to School

by Steven Ager

September 1970

Ariel's September 1970 issue featured an article titled "Temple's Troubles" which discussed the challenges faced by the University of Pennsylvania's School of Medicine, particularly in regards to its hospital complex and teaching facilities.

The article highlighted the need for modern medical facilities and the importance of community involvement in planning for the future. It also touched on the issue of credentialization and the need for more diverse and inclusive hiring practices.

The text concluded with a prediction about the future of Jefferson's own Community Mental Health Center, suggesting that a more politically-oriented approach might be necessary to address the challenges in the mental health field.

Overall, the article reflected on the importance of adapting to new developments in medical education and the need for a more integrated approach to healthcare.

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