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SAMA Seeks Involved Students

—David A. Jacoby

Although very active on the national level, for the past several years the SAMA activity has been less than optimal. As student representatives, we have been fewer than ever before for first and second year students who wish to take an active part.

This year's activities start with the Wednesday morning coffee break of orientation week. Functions will continue with student-faculty coffee hours throughout the year, a chapter representatives' meeting in Chicago the weekend of September 20 (anyone contemplating serving should be urged to apply, freshmen especially), a pizza and beer party to assemble the student directorate sometime in early October, sending a voting representative to the Pennsylvania Medical Society's meeting in Philadelphia, regional meetings with medical students from other schools in the area, and local meetings which will include films, speakers, information about past and future national SAMA programs Appalachian, Migrant Worker, Inner City, Health, Education, Community Health, and whatever you, the member, wish.

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

Dons Host Picnic
by Anita Robbins

Welcome back! The Jefferson Dons Program is a unique 350-bed brother program, once again offering an opportunity to meet all of Jefferson's students and all new and old friends, and have fun in the outdoor business of the year.

For the coming year, bikes, tours, skating parties, etc., have been planned for the Medical Don and the high school student.

Won't you join us?

Nader Keysone Symposium

—David A. Jacoby

Keynote speaker at the Health Administration Symposium, to be held October 1 and 2 at the Pennsylvania Medical Society, will be Ralph Nader. The activities will begin on Friday evening with a series of lectures stemming from an actual case which occurred at Philadelphia General Hospital. Saturday morning will commence with showing of the film Hospital, to be followed by small workshops (law and medicine; allied health; national health insurance; sex education and human sexuality; the student role in health education; environmental effects on health; addictions and alcoholics; death and dying; tactics for change; and community health), lunch, summations of each workshop to those participating in the other nine, and the address by Mr. Nader.

As things stand now, attendance at Mr. Nader's talk will be limited to those who register in the workshops, for the seating capacity is limited to 560 people. Therefore, if interested, one should sign up early.

For the full program, including application blanks, will be forthcoming in the September issue of PERHAPS, the newspaper of the Health Alliance for Progress. Watch for it in mid-September.

Welcome

Foundation Assesses Medical Education

By Mark Widome


The Carnegie Commission on Higher Education has just released the final report sometime in 1972, yet certain aspects of its task, such as the medical school curriculum, have become an issue worthy of our attention than any one of a number of reports issued by committees, commissions and foundations.

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

How is reevaluation of medical education now necessary? In what respects is the Flexner report inadequate? The new commission sees the Flexner model as one that basically looks inward to the sciences in the medical school itself. By so doing, it ignores health care delivery outside of the hospital. The new model emerging is the "medical care delivery model" wherein the medical recommendation to the training, doing research in health care delivery systems, local hospitals and health authorities, works with community colleges and comprehensive colleges on the training of allied health personnel. Medical education, as one that basically looks inward, is regarded as a system of medical education, are of such magnitude of national health manpower as a major problem. In the next future, health care delivery will be the responsibility of efficient medical health care teams, with the generalist delivering the major part of the work of allied health personnel working with his team.

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

"Expenditures of medical schools on teaching purposes, as fast in the past decade as expenditures on research, is of medical education generally, yet the number of students in medical schools has risen only half as fast in the past 40 years. In the present four years required after the B.A. to graduate, and the D. degree. It also favors the drop-down model, which provides for post-graduate training.

(The American Medical Association approved elimination of the Internship Requirement, but this was ineffective July 1, 1975, no internship is required. Thus it is integrated with a residency.)

For the most interesting aspect of the report to the student was the final section dealing with curriculum recommendations. In summary, the commission recommends that medical schools adapt a three year program rather than the present four years required after the B.A. to obtain the M.D. degree. It also favors the drop-down model, which provides for post-graduate training.

Thirst for knowledge for knowledge's sake isn't the only drive however. For a doctor, his other drive to excellence is people, the needs of people suffering. My other summer away to study was my summer job. How much anatomy interest did you have this summer? Hopefully everyone went home with a renewed m y faith in Jefferson! We are back at it again.
Raison d' Etre

Why do we, medical and nursing students with cramped schedules, take the time to put out this paper? Three years ago when there was no student newspaper, neither David nor I were anything comparable to the people out of the dark about going on at Jefferson, thoughts of faculty and students and important local and national issues. So two then students sought to organize and publish an Avril to fill these basic gaps and to create a forum for open discussion of issues. We were usually touted as a newspaper by the medical, because we publish, but only once a month, we realized that much news was already out of date. Therefore we began to analyze and comment on many articles. In other words, we had begun to speak for ourselves as being a magazine as a newspaper.

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

Before getting into our commitments, we might say something about...POLITICS!! We have no stated political stance, notwithstanding the set beliefs of individuals on our staff, because of our diversity. The best we can do for those who want to fathom us is that we are liberal in some areas and somewhat radical in others, and we believe it provoking in all.

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

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

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

Dons Begin New Year

—David A. Jacoby

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

In spite of the recent opening of spaces in colleges for inner city students, the typical inner city student has remained underrepresented. Our encouragement of college acceptance over information regarding scholarship opportunities and how to apply. For instance, at South Philadelphia High School last year counselors forgot to tell those science students working for Jefferson researchers two afternoons a week without pay to register for the Merit Scholarship exam—a prerequisite not just for the Merit Scholarship, but also for a number of Black scholarship programs.

Recall this time last year—and how afraid you were that you weren't going to make it into medical school. The Dons students have some fear concerning colleges, but they have no more to reasure them that those boys do in your presence. Last year the Dons program offered tutoring for the Scholastic Aptitude Tests and school subjects which the students were either flunking or especially interested in, a compilation of scholarship opportunities available to the students, and many group activities. Included in the group activities were picnics in Fairmount Park, a hike along the Wissahickon Creek, a skating party, a tour of the College Museum of the Philadelphia College of Physicians, a roller skating party, a tour of the Jefferson hospital, and a meeting to plan this year's activities (with swimming afterwards).

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

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

Editors: David A. Jacoby Eugenia Miller Tom Williams
Associate Editors: Paul Bialas Terry Burt Michael Leo Gail Tenikat
Editor Emeritus and Business Manager: Richard J. Bonanno
Movie Editor: Robert Breckenridge

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REMINISCENCES

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

Early in the semester I began to wonder for what reason do we confine youngsters to a rigid classroom setting. Is it just to keep them out of their parents' hair or is it for some noble purpose? To justify my role as a teacher I had to rationalize a reason for it.

I thought to myself, "Suppose we consider life like a constant combat against tedium, which I think it is. Perhaps, then, one of the primary purposes of education is to expose the student to ideas that like wine will grow tastier with age. Is it not true that good ideas can invigorate us just as readily as Geritol or any stale store elixir? Even if the student does not immediately appreciate a thought this does not mean that the same indifference will hold true in the future too. Mind-storing ideas. Vats store the juice of the grape. Giving time and patience both will produce intoxicating results.

The universe is choked full of marvelous mysteries. Knowledge is essential to investigate many of them."

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

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

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

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

I would like to think that by having introduced such fantasy into my classroom presentations my students acquire a lust for learning. However, 1 cannot bring myself to doubt it. Perhaps, the most that can be said for all my effort is that it prevented me from being barded stiff and maybe that is saying a lot.

MEETING
DON: Get acquainted picnic
Tuesday, September 12
1:00 P.M. Wed., Sept. 22
Room M-2 Jefferson Hall
SAMA: 7:30 P.M. Wed., Sept. 29
SAMA: 7:30 P.M. Mon., Sept. 29
Jefferson Hall
ARIEL: 7:00 P.M. Mon., Sept. 29
Jefferson Hall
Health Alliance for Progress Workshops and symposium
Fri. and Sat. Oct. 1 & 2
Philadelphia College of Optometry
Medical Education

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

Among the student backed reforms, the commission cites more flexible admission standards, greater elective and independent study time, earlier patient contact, and as mentioned above greater integration of the clinical and basic sciences.

It seems, however, that this last suggestion would be difficult to implement and still have the teaching of basic sciences away from the teaching hospital on a university campus.

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

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

Incentives for reform will surely be provided in the form of monies from the public sector. I would urge that both those favorably and unfavorably disposed to major reform in medical education at this time consider the Carnegie recommendations carefully.

Much as the 1910 Carnegie report shaped medical education for the last half century, this one may well be the mold for the next 50 years. This will be particularly true if the state and Federal legislatures are willing to provide financial support for the Carnegie brand of health care reform. The Commission predicts that "the second great transformation in medical education and research is now underway, and the United States, once again, will greatly benefit."