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Kraatz Laughs Last

by Rockey Weber

"What do you mean that wasn’t funny?"

Charles Parry Kraatz, Professor of pharmacology and wizard of the "one-liners," has decided to devote 10 years of service to the Jefferson community. His departure will leave a gap in the core curriculum which even the Student Master Planning Committee will be hard pressed to fill. Checking into Dr. Parry Kraatz’s (to be pronounced Paray Kraatz) educational background, we find it diverse. In 1963 he obtained his Ph.D. in chemical engineering from Cornell University and his M.S. in Zoology at the University of Kentucky. And followed that with a doctorate at the University of Cincinnati. At the age of 50, he retired, and we find Dr. Kraatz’s (to be pronounced Paray Kraatz) one-liner who went on to a scientific mind-set. I asked Dr. Kraatz if, after a quarter century as an active lecturer, he would express his thoughts on two current topics, namely, curriculum change and student attitudes and concerns. Concerning curriculum changes, he mused: "Everyone is aware of the mass rush to change the curriculum — no one so much, but what, the impetus toward change of some sort is inescapable. I am not able to divide where the pressures are being exerted. Just as scarcely any of us from recent graduates and probably not by the average medical school, because we have the first pressure that somewhere are overwhelming in the interest in this clinical finger closer in the academic anatomy." Pleading to student attitudes: the change has been dramatic. From an almost moronic pride in gobbling up everything put on the platter "labeled Education" by the faculty, the present attitude seems to me almost to bespeak a fear of learning too much and perhaps too soon. The position has changed from medical education being the norm B.A. to current B.S. in a man’s life for four years, often to the exclusion of the liberal art courses, with the result that many other interests may be as important to the student as education more important than the academic." On February 4, the day of his lecture, the Class of ’74 presented Dr. Kraatz with a temperamental mule which he took on a trip to his office and to express their appreciation. The inscription was appropriately as follows: "To Dr. Charles P. Kraatz from the Class of ’74, J efferson Medical College: "It has been said that the best tobacco is not necessarily your friend. Rather it is his ability to stimulate and perpetuate the intellectual curiosity which is the basis of a sound education that counts."

Kraatz’s perniciousity at injecting even the most mundane of pharmacology lectures with a small dose of wit goes unserved here at Jefferson. It is estimated that the 51-year-old New Yorker has put forth close to 750 one-liners and assorted poems, anecdotes, puns, and/or jokes since his arrival at Jefferson in 1961. There goes some sole and some even rhyming with his last name. Checking into Dr. Parry Kraatz’s (to be pronounced Paray Kraatz) educational background, we find it diverse. In 1963 he obtained his Ph.D. in chemical engineering from Cornell University and his M.S. in Zoology at the University of Kentucky. And followed that with a doctorate at the University of Cincinnati. At the age of 50, he retired, and we find Dr. Kraatz’s (to be pronounced Paray Kraatz) one-liner who went on to a scientific mind-set. I asked Dr. Kraatz if, after a quarter century as an active lecturer, he would express his thoughts on two current topics, namely, curriculum change and student attitudes and concerns. Concerning curriculum changes, he mused: "Everyone is aware of the mass rush to change the curriculum — no one so much, but what, the impetus toward change of some sort is inescapable. I am not able to divide where the pressures are being exerted. Just as scarcely any of us from recent graduates and probably not by the average medical school, because we have the first pressure that somewhere are overwhelming in the interest in this clinical finger closer in the academic anatomy." Pleading to student attitudes: the change has been dramatic. From an almost moronic pride in gobbling up everything put on the platter "labeled Education" by the faculty, the present attitude seems to me almost to bespeak a fear of learning too much and perhaps too soon. The position has changed from medical education being the norm B.A. to current B.S. in a man’s life for four years, often to the exclusion of the liberal art courses, with the result that many other interests may be as important to the student as education more important than the academic." On February 4, the day of his lecture, the Class of ’74 presented Dr. Kraatz with a temperamental mule which he took on a trip to his office and to express their appreciation. The inscription was appropriately as follows: "To Dr. Charles P. Kraatz from the Class of ’74, Jefferson Medical College: "It has been said that the best tobacco is not necessarily your friend. Rather it is his ability to stimulate and perpetuate the intellectual curiosity which is the basis of a sound education that counts."

Pass-Fail Grading Fad or Improvement?

by Forrest West

For several years, the Student Senate has advocated a change from the present numerical grading system to a system of honors/pass/fail/pass/fail. Students would continue to be tempted and subsequently shown the correct answers and the word "honor," which would appear to be important in order to increase the student’s level of self-monitoring during medical school.

Without numerical grading and subsequent class ranking, a pass/fail grading system would reduce the pressure generated between students for grades. The future doctor should cooperate with other students rather than compete against them (Funkenstein, 1968).

Drug Evaluations and Relevant Testing

Brent Discusses Physicians Personal Problems

Brent’s word on investments was: know your stock and know your personality. The M.D. who is a gambler at heart won’t be bothered with moderate losses in any stocks, whereas the doctor who worries about the dime he lost in the piggy bank will be functionally incapacitated by the thought of losing his life savings. He feels that the library is the best source of information about stocks. A large part of his time is spent researching a drug for a patient without finding out about the effects of the drug through consulting the literature. Nevertheless, many fall into the trap of taking shortcuts and making mistakes in the medical field. (Continued on page 6)

(Continued from page 4)
The Making of a Doctor

As is quite evident, Ariel has devoted much of this issue to the educational process. It is no wonder that those who have been pass-fail passing the National Board Exams. We will not comment on all the points made or take sides on the specific issues, but we must make it clear that these are some of the issues that have been raised in the context of the educational process.

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The Case for Pass-Fail

To the editors:

It's about time that Jefferson take its place among the ranks of those in the forefront of the graduate professional schools of this nation. The fact that Jefferson still uses numerical grades as a measure of a student's knowledge is indicative of just how far behind we are. Even an asinine observer soon realizes that the overwhelming majority of Jefferson students are not the prototype of the searching scientist with burning ambitions and high ideals, but instead, resemble vessels phlegmatically waiting to be filled with knowledge. Thriving on faculty-force-fed pearls of wisdom in anticipation of the portentious National Board's, the student is unfortunately often oblivious to the rules he plays.

After the completion of one and one-half years of medical school, we have personally encountered and have heard stories of many examples of the absurdities of a numerical system of grading. Two recent examples shall be mentioned. In one sophomore course, we were given two extremely similar exam papers. Made by the same person, one having a grade twenty points higher than the other. Also the fact that this particular course was worked to force a competitive situation between its enrollees. That the major fault of a numerical grading system is the emphasis it puts on the motivation of the students involved. Instead of being re-inforced to study for the sake of knowledge and understanding of a subject, too often the Jeff student, feeling pressured, studies for and concerns himself only with the letter grade. Unfortunately this practice is reinforced by the numerical grading system. For example, just recently we were speaking with a classmate who was concerned with the fact that our class was presented with much as much content fairly rare and exotic diseases, as was presented on certain very common diseases. On being asked why he had not read a textbook to supplement his knowledge on the common diseases in question, as had been recommended, he replied, "What a got the time! I mean, the material on the tests comes only from the handouts and the lectures. I've got to study that."

How much longer must we wait with a system that pays only lip service (if even that) to the idea of study for the sake of knowledge; that reinforces the student who studies for the grade and thus condescends such a practice; and that has faculty members stating that they really don't want to give numerical grades, but since they must and everyone is left feeling unsatisfied? When is Jefferson going to start treating its students as mature adults?

What has the administration done? There has been one very long, nebulous questionnaire the results of which have not yet been disclosed. And there is the Pass-Fail sub-committee of the Promotions Committee that has been meeting and discussing the problem in secrecy. Their final report is due to come out soon. This abominable situation should not be corrected now, before more minds are turned off from the study of medicine. Therefore, we now call for the immediate abolition of Pass-Fail at Jefferson. We ask the entire student body to support this endeavor.

The Student Curriculum Committee has started the ball rolling. Their multi-pronged strategy for dealing with this situation includes a survey of Freshman and Sophomore classes. A source high in the administration has indicated that in order for such a survey to bear weight, at least one hundred students must respond. So please, when you get your questionnaire, fill it out immediately and turn it in.

Joseph R. Berger '74
Albert L. Blumberg '74

Pass-Fail: Better or Easier?

by J. S. AGNELLO, JR.

The question of pass-fail versus numerical grading has been raised many times over the past few years. Many schools have adopted the former system while the majority have elected to remain with numerical grades. Still others have attempted to integrate the two systems in varying degrees. Inevitably, medical schools became involved in this controversy with similar results. Those who chose to operate under a complete pass-fail system, would seem not to have suffered from any loss in the quality of education that their students take in. The multitude of material on the part of their students still remains. Why then would Jefferson's all medical schools switch to pass-fail?

Advocates of the pass-fail system have used a number of arguments the most prominent of which, I have chosen to present. First of all, it is claimed that grades do not give an accurate assessment of the working knowledge which a person has accumulated. In other words, if one student has an A and another has a B, it does not necessarily mean that the higher man has learned 10% more information than the other. Since examinations place more emphasis on minutia rather than on the core of the subject matter, it is assumed that all students have absorbed. Secondly, it is argued that the tremendous emphasis placed on testing and the attainment of high grades, intellectual curiosity is stifled leaving only a test-oriented study environment. Students are forced to study that material which they know will be tested on and no longer have the opportunity to read for their own interest. Lastly, the numerical grading systems perpetuates and intensifies the false categorizations of student ability. Those which chose to operate under a complete pass-fail system, would seem not to have suffered from any loss in the opportunity to read for their own interest. Those who chose to operate under a complete pass-fail system would seem not to have suffered from any loss in the quality of education that their students take in. The multitude of material on the part of their students still remains. Why then would Jefferson's all medical schools switch to pass-fail?

Grades?

by Thomas J.A. LEHMAN

Grades! Here we are graduate professional students. We are all mature individuals, soon to be doctors, and they are giving us grades, just like in high school. Isn't it time they stopped treating us like children? After years of compulsory classroom attendance and enforced departmental and college assignments we left behind in high school—shouldn't grades have been left behind as well?

I wish the above were true. However, after four years at Jefferson, I cannot agree. "Classroom department" was written out behind it. In four years of college, I never sat through a lecture where the whiteboard was as noisy, rude, or otherwise immature, as our class has been for many years. We have been taught that is all that is required of a student. The first day of school, we were given the牢固 assessment of what we have learned, and provided department head with information on teaching and testing effectiveness. Those departments which show high variance factors (Need I list the classes?) are then given concrete evidence of their ineffectiveness regardless of the source, and advised to change their methods. Secondly, it is said that with a pass-fail system, students are not forced to study, but are forced to study. Analyze it on your own. How can a pass-fail student do any more freedom to explore areas of personal interest. This is an idealization which does not hold up. In our numerical system, students are able to do more; they are more oriented and will put out their best effort only when they have something tangible to show for it. It is no great strain for the average medical student to score a 70 on a test. Why, therefore, should he be forced harder when both the 70 and the 85 will appear on his record as a "C-"? This is not meant as a reflection on the student's capabilities such as that by removing one of his lowest personal motivating factors, one also encourages a low attitude. Lastly, the heated competition which is often blamed upon the grading system is created and perpetuated by the students themselves. We must realize that there is no longer competing with his neighbor for an ultimate goal since he has entered a field in which he will always be in demand. It is a task which is personal satisfaction with his performance, that is all that matters.

In conclusion, changing to a pass-fail system is the thing to do. Improving to do those departments which show a high variance factors, improving the teaching effectiveness and would probably elevate our grade point. Numerical grading is still the best means of assessing knowledge even in the modern years of medical school—a time during which little else can be evaluated about the student's ability as a future physician. The intangible—his ability as bedside manner, ability to handle real life or judgement which are a part of the process of being a doctor. It is true that the pass-fail system has many flaws. Any system which would make it possible for all students to graduate without the necessity of taking any examinations is probably better than the present system.
Pass - Fail: Fad? (Continued from page 4)

Grades? (Continued from page 4)

Ariel

The New Ultra Violence

Kraatz Laughs (Continued from page 1)

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BEST PICTURE
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My hands-down choice for best film of the year, without another even breathing close is Stanley Kubrick's fantastic 'A Clockwork Orange.'

-William Wolf, Cue Magazine

If there was any doubt after 2001, 'A Clockwork Orange' confirms Kubrick as our most avant-garde film maker. His work is stylistically almost flawless.

-Jay Cooks, Time

It all started with Night of the Living Dead. After that I saw Straw Dogs followed closely revised of Sam Peckinpah's Wild Bunch and The Ballad of Cable Hogue and I became strongly aware of a strange mood of violence in the 'new movies.' A Clockwork Orange confirmed my suspicions. Today's moviegoers are being fed a lot of pop statements on morality and accepting them apparently without question.

A Clockwork Orange, based on Burgess' novel, is Kubrick's vision of a society so mechanized and programmed that man is incapable of making a choice - man, all men, except Alex, who is made out to be the only human with a soul in the picture, despite the fact that he is a vicious prankster. Played by the excellent actor, Malcolm MacDowell (who played Travers in Anderson's IF), Alex can sing as well as a blanket Jefferson student without further differentiation for you or against you, you must have grades to show them. Otherwise you will have only your National Board Scores.

We are aware of the drawbacks to numerical grades. Anyone advocates pass-fail with a stroke of enthusiasm, that is probably not where you want to aim.

In the hospitals there must have a way of distinguishing distinguished. If anyone advocates pass-fail with a letter of evaluation from the professor, think what will happen to the students who ignore labs as "senseless" and stay home and read the note-taking service instead of coming to lecture.

There is enough trouble with one or another type of exam, but at least the machine-graded multiple choice tests protect us from the personal vagaries of subjective evaluation.

A complete bibliography is available from the author, Jefferson Hall, Box 88.

The New Ultra Violence

by Robert Breckenridge Jr.

Kraatz

were "generally satisfied" while only 2% (one school) were contemplating a change back to a letter or numerical grading system (Abrams and Byrd, 1971). It appears that pass/fail is not just a fad sweeping the medical schools but a superior system of grading.

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Common Diseases Are Common, Rare Diseases Are Rare
by Gregory J. Edinger

Family medicine offers a physician one of the most interesting and rewarding lifelong careers available in the field of medicine. It is with much pleasure that I observe the evolution of family practice residencies. At Jefferson, as well as at most major medical centers, there is the progressive recognition that family practice programs have evolved to such an extent that they are able to offer the physician a comprehensive approach to patient care and to take issue with many of the myths that have been prevalent in medical practice for many years. The medical centers, there is the recognition that the physician on one of the most progressive careers available in health care, common and rare diseases are both interesting and rewarding. Family medicine offers a physician who is without any leisure time during the academic year internal medicine residency, find the physician who truly is a jack of all trades and a master of none. An internal medicine residency without a specialty fellowship results in a doctor who after a few years of general medical practice realizes the increasing difficulty of handling acute illness, hospitalized patients who could best be served by an appropriate specialist. The general internist has to rely more and more on the specialists in areas which influence the patient's health. The family doctor can adequately handle a wide spectrum of health problems.

The pleasure and reward of family practice is summarized in a recent Ariel article by Richard F. Nolle. He states, "The family doctor is not only a diagnostician and therapist, but a counselor and educator in areas which are not the medical specialties. The family doctor is by a three year internal medicine residency, a family practitioner by being able to perform a bone marrow aspiration, sigmoidoscopy, pelvic exam, mirror laryngoscopy, lumbar puncture, thoracentesis, and many other routine procedures can adequately service his patients. In Family Practice a physician can develop skills in diagnosing and treating both acute and chronic emotional problems. Another important role is the management and education of parents and relatives of patients who have physical or mental disorders. Family Practice allows the physician to truly enjoy the art of preventing and curing disease by serving directly and indirectly all of the needs of a healthy family.

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Kurlait Speaks

Kurlait contrasted today's college students with those of his time (16 years ago). "We were a silent generation... This was the essence of self-interest and self-indulgence. The shadow of McCarthyism was still upon the land... There was a war abroad. We looked no risks. We did nothing.

That's how a culture decays. Silently.

Youth today are interested in the quality of life, not in the quantity of personal possessions. "They are more patriotic than we were.

Kurlait maintains that the nation's young people have the whole-hearted support of their elders. "No president can be elected this fall without the support of the committed young people.

National Debate Revitalizing

Vice-President Spiro Agnew is wrong, says Kurlait, when he accuses the press of elevating violence and the number of school shootings. "It's an effort to bring health care to the nation.

Dealing with the news so far is our responsibility for its existence, and that's why television?" he added.

(Continued from page 2)

Kurlait's Concerns

He is worried about six characteristics of American life.

(1) Casual Infhumanity. The taxi-driver who yells "Nigger" to any Black, and "Redneck" to any Mexican blocking his path.

(2) Numericalization and computerization to the point of dehumanization. "I need a number to put down here."

(3) Government accumulation of information on private citizens. "This is a separate war abroad..."

(4) Overpopulation and the Environment. The "standing room-only day is coming."

(5) Malnutrition. "An offense to God. Nothing much has changed since the day of his acclaimed Hamburger in America."

(6) Water contamination. "The water is littered. The water is contaminated."

Federal Leadership

Kurlait claims that Congress could solve many of the problems facing America in 50 years. "We're the richest country in the world, but Congress is blocked by insensitivity to human need, greed, power, politics, fear, and conservatism."

Washington attacks the universities while the real problems are racism, powerlessness, pollution, poverty, racism, ugliness, and war.

Q & A

When asked to comment on the "craze of leadership," Kuralt said, "Face it. Kuralt was speechless for a few seconds, and then continued. "I don't think the very best people have been proposed in the last few years... Americans get tired of searching for rainbows."

Every once in a while, leaders are elected who can be counted upon to give us a rest.

The last few questions concerned the media and Kuralt's work. He was asked whether his view of America was weighted disproportionately in the direction of the rural populace. "In the 1960s, we questioned the "rights of man," and the 1950s..."

Kuralt cited the example of a newspaper editor in a small town who asked him to help. "Yes, it might be very helpful, if alumni were on such committees but not just representatives of the wishes of the Alumni Association but rather to seek the good of J.M.C. as a whole."
**Is Service Denied?**

The Clinic Chiefs, Curtis Clinic

Max Goodman, Manager Outpatient Services

In an effort to improve the referral posture of the Curtis Clinic Hospital Administration has requested me to implement the following procedure with regard to Ancillary Services:

When ancillary services requested appear to be excessive (as a general rule more than a total of $30.00) for a service in which the physician ordering the test(s) to determine if the test(s) can be delayed until the patient is able to make satisfactory arrangements for payment.

The cooperation of the Curtis Clinic and personnel authorized to order ancillary services is essential in order to facilitate this program.

To:

ARIEL

From:

Max Goodman, Manager Outpatient Services

Reference is made to the article by Richard Blutstein in your February issue.

To set the record straight it was not the intent of the directive to reduce any essential service. It is inconceivable to me that clinic doctors have been "intimidated to the point of rendering substandard service" by cooperating with the contents of the memorandum. At no time in a necessary ancillary service was a patient at Jefferson because of inability to pay. The need for any procedure is a professional determination and resides solely within the physician. Although I don't feel that this article should be headed "Curtis Clinic Increases Its Service to the Poor," it would certainly be more accurate in view of the fact that there were 167 ancillary services provided each clinic-patient in December, 1973, as compared to 48 in November 1971, an increase of 29%.

The quotation from the memorandum, though accurate, is taken out of context in that the preceding paragraph of the memorandum did explain the reason for the procedural change and the concluding paragraph, none of which were quoted, stated that the cooperation of involved personnel. The headline to the article is a good eye catcher in that it draws the attention to its content. However, it is totally inconsistent with the memorandum's conclusion that services to the poor are being reduced.

Author's Reply:

Perhaps the intent of the directive was not to reduce any ancillary service. It is inconceivable to me that clinic doctors have been "intimidated to the point of rendering substandard service" by cooperating with the contents of the memorandum. At no time in a necessary ancillary service was a patient at Jefferson because of inability to pay. The need for any procedure is a professional determination and resides solely within the physician. Although I don't feel that this article should be headed "Curtis Clinic Increases Its Service to the Poor," it would certainly be more accurate in view of the fact that there were 167 ancillary services provided each clinic-patient in December, 1973, as compared to 48 in November 1971, an increase of 29%.

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**Brent Discusses**

(Continued from page 1)

Brent's discussion of self-education was a discussion of self-discipline. According to Brent, most M.D.'s have developed the self-discipline they will employ in the rest of their lives by the time they reach medical school. This self-discipline enables the doctor to spend nights in the library learning about his patient's illness when he might rather spend the evening relaxing at home. Brent warns against relying on too many journals. "You won't read them and you won't be able to find the articles you want to read."

How will you finance your practice? In order to make a living, if you charge $4 per visit (Curtis Clinic rate), you will either have to see more patients, or adequately care for, or give too many appointments. Perhaps instead you will give bi- monthly injections, become an ob/gyn specialist, or give up entirely and, as did one Jefferson graduate, go to work and accept DPA patients at only $4 per visit.

However, any policy of harassing either physicians or patients is sure to solve Jefferson's financial problems.

Richard Blutstein

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**There is no room for middle ground with Taylor Grant.**

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For us, the only thing we absolutely agree on is that there should be room for a voice like his to speak the voice of a government that is too often a voice of the voiceless.

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**Philadelphia Gas Works**

Taylor Grant is a WFIJ/PHIL and KJMR Host. He patter on Monday, Wednesday and Friday, 6:05, 7:05 and 8:05 am. On Saturday and Sunday, they are put together for one half hour between 11:00 and 1:30.

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Voters, the Americans for Democratic Action, or Common Cause. She might become engaged in developing a day care center.

Unfathomably, Brent did not discuss or even acknowledge the existence of problems a physician might have with her husband or problems physicians might have as husband and wife.

With regard to children, Brent threshed the need for discipline, not discipline of the Victorian authoritarian variety but reasonable, predictable discipline. Brent stressed the significance of parent example. Children are preceptive and will learn from what their parents do whether it contradicts or conforms what they say.

In discussing "Personal Problems of the Physician" in two hours, Brent necessarily presented only the highlights of the more significant problems. Much of what he talked about was based on personal experience, personal opinion, and personal moral standards, but such is the nature of personal problems. Though Brent's discussion might be criticized for such inclusions, it must nevertheless be highly commended because it touched those issues which are seldom discussed in a medical school, but which are inevitable of a physician's life and style, very definitely influence the life and health of his patients.