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CONFUSION REGARDING CURRICULUM

by Bob Rubles

The proposed curriculum changes for the 3rd and 4th years of medical school were discussed in two forums on January 4th and 10th. Freshman attendance at these sessions was surprisingly good, reflecting the concern for our future education at T.J.U.

The key words from these forums were exposure and flexibility. Exposure to more specialties in medicine during the junior year of medical school was felt necessary to make more intelligent decisions concerning residency selection. The elimination of the track system and the option to tailor one's own schedule during the 3rd and 4th years of medical school was also popular. However, senior students questioned the ability of a sophomore to realistically schedule for the last two years of medical school. Dr. Gonella's proposal would eliminate the distinction between the 3rd and 4th years and create one long "year" which the general opinion from these forums was that exposure and flexibility are good; some change is needed, but where the changes would come is up in the air.

Despite this initial burst of activity, nothing else has been forthcoming since then. With the result, freshmen feel uninformed about the future of their education. There has been a lack of communication between those who are formulating and evaluating curriculum changes and those who will be affected by the changes. Freshmen are ignorant of what proposals are being considered; are Dr. Gonella's proposals being considered? Or are there other proposals? Many don't know who is working on curriculum proposals, the Faculty Curriculum Committee or the Student Council Curriculum Committee? How do these two groups cooperate? The only source of information right now are rumors. There are no status reports being given to the freshmen by either party in charge.

The opinion of freshmen is that these changes will be dictated to us, if at all. This feeling is accentuated by the lack of any formal mechanism for soliciting the opinions of the freshmen on curriculum proposals. The Student Council Curriculum Committee had given out course evaluations for the first teaching block during the time when curriculum changes were being presented and discussed. But the evaluation didn't include any way for the freshmen to give their opinion on curriculum changes, even though this would be our school third year were few of these forums were being considered.

It curriculum changes really require student input, some mechanism must be established to collect the feelings of students and keep the students informed of current proposals and their status. More cooperation between students and faculty on issues such as this might reduce any antagonism between the two groups.

AMS "REVITALIZED"

by Chris Tarnaszewski

The American Medical Student Association Chapter at Jefferson has a new set of officers, a fresh batch of active recruits, and several activities planned for the next two months. Our first presentation this year should contribute to students' open-mindedness about a subject that is difficult to discuss with patients. Dr. Martin Weisberg gave an entertaining talk on "The History of Sex at Jefferson" on February 17.

AMS is also starting a program to address some of the needs of first and second year students for patient contact. The Patient Services Department at Jefferson is willing to provide a limited number of students the opportunity to interview patients on aspects of their hospitalization. This experience should provide a chance to be with patients on people and to become more familiar with the organization of Jefferson Hospital. Guidelines are being developed presently, and details and applications should be available in early Spring.

In addition to our programs, AMSA is acting as a liaison for a variety of summer experiences for medical students. There are positions available in areas ranging from occupational and community health to working on an Indian Reservation. Many have deadlines in March, so if you are interested check the AMSA bulletin board (JAH Mailroom) or leave a message (JAH Box 117).

On March 2-6 two delegates from Jefferson will join 1,000 other medical students in Cleveland, Ohio for the Annual AMSA Convention. This year's theme, "The Education of the Physician: Is It Relevant to Our Needs Today?" will address such issues as curriculum changes, corporate medicine, and the GME/NAC prediction of a physician surplus. With an exposure to a variety of workshops on medical education and leadership training, our delegates should return with new project ideas for the coming years.

AAMS PARENTS DAY

by Gregory D. Mackey

On Friday, March 25, the Jefferson Medical College Alumni Association in conjunction with the Dean's Office concluded its tradition of sponsoring Parent's Day for sophomore medical students, their parents, and spouses. Parent's Day provides an opportunity for parents and spouses to tour Jefferson facilities, meet with Jefferson faculty and administrators, attend several presentations, and above all, regain confidence that those tuition dollars are being well spent.

The Day's activities, which are centered in Alumni Hall, begin with a brief introduction to Jefferson followed by a morning of presentations by clinical and basic science faculty. These presentations are designed to be of interest to both those with and those without a medical background. During the lunch period, parent and student will be treated to remarks by President Lewis W. Blumle, Dr. Wolfgang Vogel, and other prominent alumni members. To conclude the luncheon activities, Joseph B. Shragowsky, the sophomore class speaker, and other members of the junior class, will provide an overview of medical school. The afternoon program will include a presentation by Dr. Wagner on the History of Jefferson Medical College and its Alumni. Formal activities will conclude about 3:30.

Parent's Day has been a highly successful and pleasant occasion in previous years with over eighty percent of parents attending. This year's program should be just as outstanding.

THE NOTE SERVICE: Problems in 1983

by David Chernoff

Anyone who has already been through the basic science years here at Jefferson, or those who are currently in their first or second year of medical school here, are well aware of the dominant role of the note service during these first two years. Most students depend very heavily on the note service to provide them with what they will need to know to pass the exams. One's study schedule often revolves around which notes have been printed to that date. Certainly before an exam, everyone's concern is how quickly the last set of notes can be printed and distributed. Clearly the note service plays a central role in the educational process here at Jefferson.

The student note service is, as the title implies, a service which is completely organized, funded, and operated by the students. The services it provides are of great benefit to the students. Since the notes are handwritten and since the service is a cooperative effort, the students have the responsibility to ensure that the content of the lecture will not be lost to him. Another benefit the note service provides is that it allows the students to listen to the lecture and try to comprehend what is being said rather than furiously trying to scribble down every sentence which leaves the lecturer's mouth. Since the lectures are recorded on tape, the note service becomes a major blessing when the lecturer is too difficult to understand or speaks too rapidly to absorb (much less write down) everything which is said. In fact, the idea of going through the basic science years without the note service would be, to most students, inconceivable.

So what could possibly be wrong with a service which provides so many benefits to the students? Some faculty members feel it allows students to treat medicine as a correspondence course and that class attendance suffers because of it. There is also the feeling that the note service is the only person who gets to "think" about the lecture material as he processes it into written form, whereas everyone else merely "memorizes" the end-product.

Finally, it encourages the learning of facts, rather than learning by didactic problem solving approach. These criticisms are probably a reflection of certain facts on page 18.
NOTE SERVICE

(continues from page 1)

weaknesses inherent in our system of medical education, and most faculty members would probably agree that it is unfair to blame the note service for these problems. In fact, the faculty's primary concern is that the information which the students get is the best and most accurate available. They are well aware that different students learn most effectively by different methods, and that it is up to each student to take advantage of the mechanisms which suit him or her best.

Aside from philosophical arguments regarding the value of a note service, other issues arise primarily with regards to the content of the notes and the degree of faculty's support. Some professors have been disturbed by what they feel is a failure of the students to recognize that they could not edit all the notes prior to their printing. The goal is to print and distribute the notes as quickly as possible. Also, since the note service is totally student-run, there really isn't anyone who has the time to act as an editor for every lecture. Therefore, the responsibility must fall on each and every student who scribbles a lecture to use his or her best discretion when adding comments or jokes to the lecture notes. Failure to uphold this responsibility only serves to antagonize those who find such comments offensive.

It is the opinion of this writer (and one that I imagine is shared by most, if not all, students) that the note service performs a useful and vital function at this medical school, especially with the fast-paced approach of medical education today. However, to deny that there are problems within the system would be naivete. Hopefully, with a little more courtesy on the part of the students, and a little more cooperation by all parties concerned, the note service will not only remain a strong and vital force in helping the medical students get through the first two years, but that the note service can actually be improved so that everyone benefits.

Post Script: The sophomore class, in an effort to rectify some of the problems noted above, has voluntarily instituted strict guidelines regarding how the lectures are to be scribbled. Students are now forbidden from including irrelevant comments within the body of lecture material. Any scribbler who chooses to place extraneous remarks at the end of a lecture may do so, though the professor's name is not to appear on that page of notes. These guidelines should encourage scribblers to think carefully before making additions to the lecture notes.

SENIORS NURSES

THE NAVY NURSE CORPS is hosting a 3-day orientation visit to Naval Air Station Pensacola, Fl., March 10-13. Transportation is paid by the navy. Interested Senior nurses should call Mary Ellen Quinn before March 1st. (COLLECT) (215) 568-2042.
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PRESENCE OF AIDS
Reprinted from AMN

Four children under 2 who are suspected victims of acquired immune deficiency syndrome (AIDS) may have developed the illness before they were born, the Centers for Disease Control (CDC) has reported. Three of the children have died of opportunistic infections, which tend to attack individuals with compromised immune systems. More than 800 cases of AIDS, and often fatal breakdown of the body's immune system that allows the onset of rare cancers and infections, have been reported to the CDC. The syndrome occurs most frequently in four high-risk groups: intravenous drug abusers, homosexual men, hemophiliacs, and Haitian immigrants.

The four afflicted children were born to high-risk parents, the CDC said in its Morbidity and Mortality Weekly Reports. The child who is still living is the offspring of a drug-abusing mother who died of an opportunistic infection. Two of the three dead children were twins born to a Haitian immigrant, and the third was born to a prostitute and drug abuser with a history similar to AIDS victims, the CDC said.

In its report, the agency said, "If the infants...had AIDS, exposure to the putative 'AIDS agent' must have occurred very early." A spokesman for the agency said it was possible the children developed the immune deficiency before birth.

"Our primary hypothesis is that we're dealing with a transmissible agent," said Tom Spire, one of the agency's AIDS investigators. "From all we've learned...it is very similar, if it is an agent, to (that in) hepatitis B; it can be passed venereal, intravenously, or through blood products.

"We know that hepatitis B is passed in situations that require close contact, and the contact between a mother and child, during birth, before and after, it close contact."

Spira said that although a child's immune system is somewhat less developed than that of an adult, the investigators did not know whether children were any more susceptible to AIDS than adults. The agency is careful about labeling children AIDS victims because no conclusive test is available for diagnosing the disease.

The CDC is studying six more children who died with opportunistic infections and unusual immunodeficiencies, including a half-sister of the child born to the prostitute. It also is studying 12 more children with unusual immunodeficiencies but without opportunistic infections.

In adults, 827 cases of AIDS have been reported in the United States, including 312 deaths.

The ARIEL encourages any comments or letters.

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ARIEL VIEWS

JEFFERSON COMPUTING
by Gary E. Fischbein

Imagine learning cardiovascular physiology by means of a computer assisted educational program which presents the material and provides graphic simulations of the CV system. Programs such as this may soon be present in medical schools, and students may find the computer to be a useful tool in gaining pre-clinical knowledge.

The computer has already made its appearance in Jefferson's educational program. The Department of Microbiology is utilizing the computer in its "Clinical Unknown" laboratory exercise. Each Micro student has been assigned one computer simulated patient, and the student's job is to identify the etiology of his or her patient's illness and then institute appropriate therapy. This computer based project fosters creative thinking among medical students, and students have responded enthusiastically to this exercise.

What other measures are being taken to institute computers into Jefferson's medical education? Many individuals within the faculty and administration are analyzing the role which the computer may play in the future of medical education. In particular, Carter Zelaznik, Ph.D., Associate Director of The Office of Medical Education, has suggested the publication of a journal of medical computing. According to Dr. Zelaznik, "The Journal will be devoted to the presentation of articles concerned with hardware and software materials related to medical education and the medical field in general. It is expected that this journal will hasten the arrival of the computer oriented medical school curriculum".

What are the implications of a computer assisted medical school curriculum? Perhaps the basic science departments, or even students in training, could develop computer programs which would help students to learn the material at their own pace. Students might then assume more responsibility for achieving the educational objectives.

One might even foresee some eventual collaboration of medical educators across different medical schools through the use of the computer. Their goal would be to produce multiple competitive modes of learning and many different computer programs to achieve any particular defined educational objective. I wonder, for example, if it might not be possible to develop a course in biochemistry which has been formulated through the work of all six medical schools in the City of Philadelphia. Perhaps those six biochemistry faculties or their students could get together and devise a single, computerized biochemistry course which would draw upon the strengths of all of the city's biochemists resulting in an educational program which is stronger than any single biochemistry department working independently. Or, it might be desirable for several different computer programs to be developed and for students to be allowed to choose from amid them in their learning the subject matter.

A computerized system of medical education could turn out to be cheaper than our present methods of educating students. In a computer assisted curriculum, lectures might be freed from having to deliver similar lectures year after year. Faculty members could utilize their increased available time to do more research, develop more laboratory and computer experiences, and discuss subject material with students on a more individualized basis than is now feasible. Laboratory exercise, such as those which currently exist in basic science courses, would remain an important component of the medical school experience.

The incorporation of computers into formal educational training is, of course, still in the experimental and speculative stages. However, institutions such as Drexel University, Rochester Institute of Technology, Clarkston College, and Carnegie-Mellon have already formulated policies for including computers into their respective curriculums. Perhaps these colleges and universities can serve as a model for how Jefferson can best utilize the computer in its educational programs.

Dr. Harry Smith of the Dept. of Microbiology has offered to make his Apple computer system available to any students who want to pursue their interests in computer.

POLITICS AND PERSONALITY IN EDUCATION

by Paul J. Fink, M.D.

Curriculum is a complex topic and involves philosophy, design, execution and evaluation. While these are difficult, controversial and often weakly supported by research, they are made much more difficult by politics and personality.

Since medical students are generally the brightest of the bright, it is often said that they will learn in spite of the faculty and no matter what the curriculum design. What I believe causes the greatest distress among faculty, students and administrators, is the wide gap that often exists between the espoused philosophy of the curriculum of a medical school and the actual design and execution of the curriculum by the faculty in the classroom and laboratory.

While there are many reasons for this, the honest and sincere differences of opinion among members of the faculty, especially those who serve on the curriculum committee, are the most important to consider. In addition, the needs of the students and the philosophy of the curriculum in general are lost in the Tower of Babel which results from 24 departments, each of which is most knowledgeable about its own subject and may see all of medicine through the understanding of its own field or specialty.

Since medicine has become so complex and technical, four years is far too short a time for students to learn everything. However, during the medical school years, which is shown at the three-phase process, a great deal is accomplished. With regard to knowledge, a phenomenal amount of information is conveyed and quite a bit absorbed especially, vocabulary and a dawning awareness of the interaction between structure and function, intrasystemic and intersystemic and mind and body. In the area of skills, students acquire the rudimentary global skills of history taking, physical examination, patient care process, especially the hospital routine and the uses of laboratory and non-physician members of the health care team. As far as attitudes are concerned, students acquire or develop attitudes from mentors and peers which must be consistent with their own background and experiences and which also must fit with attitudes of the society in which they have grown up. The same conflict of generations which routinely develops between parents and children often develops between faculty and students because the values, beliefs and experiences of both groups are so different. In addition, student attitudes are often distorted by the anxiety of the students who wish to please the faculty and the "curriculum" for the problem which they have with the anxiety of the task and the requirements of the process which includes the acquisition of knowledge, skills and attitudes discussed above.

Since medical education is a three part process, with the medical school years as the initial phase, followed by the post-graduate or residency years and then continuing or lifetime education or reeducation as the final step, if we accept this concept, then we should plan the medical school curriculum accordingly and attempt to get students to integrate and synthesize ideas and concepts upon which they can build in subsequent years and be prepared for the many changes in ideas and technology which will occur during the 40 or 50 years of active work as a physician. We should attend to the professionalization of the student and the nature and quality of physicianhood which, in my opinion, overrides the informational and skill areas of medical education. The latter are transient while the former should be considered. Physicians who learned, with meticulous care, how to apply leaches to cure agoe in the 19th century, were expected to be as moral, ethical, persuasive, thoughtful and sincere as today's physicians who are expected to be as knowledgeable and technically proficient in the diagnosis and treatment of a complex collagen disease.

We can develop a curriculum at Thomas Jefferson University which is less...
Interview with Dean Lowenstein

During the evaluation of candidates for the dean's office I had the opportunity to meet with Dr. Lowenstein. Although only a brief encounter, she impressed me with her subtlety, yet commanding manner and her realistic appreciation of the challenges that a new dean would face at Jefferson Medical College. Thus when asked to interview our new Dean, I was thrilled to the privilege of presenting Dr. Leah Lowenstein to the faculty.

MG: Why did you enter medicine? How did you find it as a woman?

Dr. L: I had a commitment to medicine from childhood. At that time, women who made rational decisions, later than that to enter medicine usually had many dissuaders, often the goal was supposed to be not to become a medical student, but to marry one. The high school counselors said, "Be a nurse." The college counselors counseled, "Why bother, you're going to get married."

SOPHOMORE MANIFESTO

by Stephen Greenspan

I hate complaining about things if nothing is being done about the situation. Even worse, however, is giving up on all complaints and just accepting things for what they are. Cynicism, apathy which is nothing is being done to improve the medical situations.

MG: How is it that you have found your way to the Dean's Office?

Dr. L: I have had an enjoyable career of research, teaching and clinical practice, in both renal disease and gynecology. I first became interested in the administration of medical schools by being involved in faculty-student advising activities. There were challenges in making sure that each of the students could realize their full potential and career aspirations. My other activities in the Dean's Office in Boston soon included faculty development and research, and governmental relationships to medical schools. In fact, my path was not very different from that which lead most physicians to the Dean's Office.

MG: It has been said that at the time of your interview at TJUH, you were also evaluating administrative job offers at other institutions. Why did you choose TJUH?

Dr. L: As soon as I visited TJUH, I called up the other schools and put them on hold. What entranced me about Jefferson was, that it is a well-run school and hospital. It is not involved in the complexities of a gigantic university. It is fiscally sound and has some excellent academic programs. Then there was an air of excitement because Jefferson had also just hired other leaders who had as their commitment the development of academic excellence. There was good support of the institution by the board of trustees. The students seemed surprisingly very concerned about their education (compared to other schools) and generally satisfied; even the national level of satisfaction. In addition, I was pleasantly surprised that the alumni were so supportive. There is also a certain friendliness and good will around here absent in many other schools. Jefferson is just in many ways a jewel of Medical Center.

MG: How have you managed to balance your medical career with your personal life and maintain your sanity?

Dr. L: A supportive, helpful family is essential for a woman who works full-time in any occupation. I've been fortunate in having 28 years of a wonderful, supportive marriage. Very few mothers worked as our sons were growing up, but they thought that working mothers were part of a normal, family pattern and pitched in to help. By now, in this country, 52 percent of the women are working. This has now become the norm and I think that is good.

MG: How do you relax?

Dr. L: Well, so far I haven't. I feel like an enthusiastic, but exhausted, intern on every other night call, attending meetings, and becoming immersed in learning about Jefferson. My earliest appointment is 6:30 a.m. and the latest one on most days is about 9 p.m. You students, by the way, are a good antidote to my hectic daysimes, since when I speak to you, like the speech on residences I gave the other night, I become instantly rejuvenated.

One way of relaxing in Boston was to entertain medical students and faculty in our home. Unfortunately, we do not yet have a house in Philadelphia to do this.

MG: Will your research continue here?

Dr. L: My laboratory is being unpacked right now in Jefferson. Alumni Hall and several research workers from Boston are joining me here. In addition, as soon as my Pennsylvania license is obtained, I will be teaching on the wards. I think that if...

3 EASY STEPS TO LANDING A SUMMER JOB - 1983

Several million students, teachers/professors and seasonal workers will flood the summer job market May through June; some will land a job without much effort; others will work desperately but always come up empty. While there is no scientific approach to landing a summer job, there are basics that can give the job seeker a competitive advantage.

3 EASY STEPS TO LANDING A SUMMER JOB is a complete guide which tells where the jobs are and how to land them. It provides names and addresses of thousands of employers who usually have summer jobs. It provides information about summer jobs with the Federal Government and Temporary Help Services; and state and private employment services. The guide also provides information on traditional and non-traditional summer jobs; summer jobs abroad and summer self-employment. For quicker referencing, much of the information is listed state-by-state.

The guide is easy to follow and understand and it provides a comprehensive view of the summer employment process. There are sections on preparing the resume, writing the cover letter, and interviewing and testing. There is very valuable information every job seeker should know before looking for a summer job.

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AN IMMINENT HONOR CODE
by Dan Gzesh

Medicine has traditionally been regarded as one of the noblest of professions, the ideals of which had already been stated by the ancient Greeks. Each of us is drawn to it by a desire to relieve individual suffering and make significant contributions to society. Why then is there such resistance to the adoption of an honor code, the purpose of which is a proclamation of personal integrity? The answer is simple.

The honor code, as now stated in the Student Handbook, requires each student not only to be responsible for his own actions, but also to report any transgressions by his classmates. Presumably, a trial ensues, with the accused either being acquitted (but possibly with a tarnished reputation) or convicted and probably expelled. Few are willing to expose their classmates to such a devastating occurrence; given such feelings, the adoption of this code would constitute a mockery of the original intentions.

Many believe the presence of an honor code would lead to additional distrust between students. The result would be a virtual police state, with everyone afraid of being falsely accused. Furthermore, pronouncing of exams is improper the responsibility of the faculty. Finally, there is the cogent argument that morality cannot be imposed. Ethical decision making stems from internal convictions, not external rules.

If the purpose of an honor code is, as assumed above, simply to prevent cheating and apprehend those who transgress, then I agree it is both unworkable and undesirable. However, there are other problems at Jefferson which are more prevalent and more significant to the majority of students. These have to do with attitudes which, though subtle, are pervasive. There is poor communication and deep mistrust between students and faculty. Statements like, "They really tried to screw us on that exam," are common. People view the rigors of the education as an arbitrary and egotistical imposition. This hostility was manifested in a series of outrageously rude and obnoxious outbursts during this year's sophomore M&L course. Similarly, many of the faculty have a low opinion of medical students. One professor remarked to me, "Students don't give a damn about learning. All they care about is their grades, their degrees, and getting drunk on Wednesday nights."

However, while these students stick in our minds, they really are not typical. Most students go to class because they want to learn, and most professors are eager to share their knowledge.

There is competition and distrust between students. Many are against an honor code because, while they themselves are honest, "There are too many in the class who would try to take advantage." There is even fear that maliciously false accusations could be made. In a similar spirit, there have been a number of hurtful and insulting comments printed in the 1985 note service. The majority of students agree these were inappropriate and without humor, yet the entire class is held responsible for them. At the root of all these problems lies a general lack of mutual trust and respect, and it is this that an honor system properly seeks to ameliorate. While a 24 year old has certainly already developed a personality, his thoughts and actions are influenced by his environment. The question is, how do we create an atmosphere in which integrity is considered fundamental, and which fosters a willingness to confront and discuss issues more openly?

Through a sincere and active affirmation of principles, we can effect this change. A common ground of understanding brings people together, and this is the purpose of an institutional philosophy. Like it or not, Jefferson leaves its mark on us; fortunately we can influence the character of the school. Integrity without self-righteousness.

located on page 119

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The Curriculum Committee is composed of representatives from the faculty, the Dean's Office, and the student body. Its charge is to monitor the curriculum of the Medical College and, when appropriate, recommend change. Any change must be approved by the Executive Council of the Medical College and its Professoral Faculty.

It is difficult to serve on such a committee, for there are always many vested interests which could detract from formulation the best possible curriculum for the College. Committee members are asked to be trustees, not just representatives of varied interests. Change, for the sake of change, or "to fix something that is not broken" has to be avoided. On the other hand, when change is indicated and will improve the curriculum, it has to be considered carefully. Proposed changes are reviewed with meticulous scrutiny. This is the way it training.

For example, many educators feel that it is important that a future radiologist be aware of the clinical significance of a pneumothorax, or that a cardiologist be able to detect and appreciate the potential seriousness of a severe depression after a myocardial infarction. A broad exposure to appropriate disciplines in the undergraduate medical school education has been encouraged. The fact that this frequently is not the case has led to a new surge of enthusiasm for the flexible internship in graduate training.

At Jefferson, the Curriculum Committee has always agreed with the concept that a medical education should represent a general experience, consisting of both a broad exposure to the basic science disciplines in order to develop a scientific foundation, and to encourage critical thinking, plus an involved experience in the various clinical disciplines. In order to accomplish this, many things must be taken into account. These include faculty and physical resources; both Jefferson and its affiliates, the rather large number of students per class, and the changes in emphasis per certain, medical knowledge. Furthermore, societal changes and their role on health care delivery and research must be anticipated.

For these reasons, the Curriculum Committee continues to make significant changes in the Medical School's curriculum. In the past year, immunology was taught for the first time by an interdisciplinary, interdepartmental course. The preliminary evaluation of this change has been most favorable. In the next school year, starting in September, 1983, microbiology and pathology will be taught simultaneously during the first block, as will the introduction to clinical medicine and pharmacology during the second block.

Starting in July, 1984, the Curriculum Committee wishes to recommend some relatively minor changes. The current third and fourth clinical years will be considered a clinical continuum, 100 weeks long with 16 weeks of vacation. This is a duplication of the current calendar requirements and vacation time. The students will be given greater flexibility, for they will be able to choose to start their clinical years, rather than in September. This, however, is not mandatory. Some of the mandatory content changes that are being considered include adding a four-week experience in Rehabilitation Medicine and Radiation Therapy, a six-week experience in Ophthalmology, ENT and Neurology; a six-week experience in ambulatory care. (Family Medicine, Internal Medicine, or Pediatrics); and a four-week "junior internship" in either General Medicine or General Surgery. The other existing clinical requirements will remain basically the same. Twelve weeks of elective experience will be available to the students in order to allow them additional exposure to clinical or basic science. For those interested, this will allow an additional opportunity to do some research. For those students with military service obligations, the overall schedule will allow them to take service sponsored derksips in order to be visible and, in

Educators from the various medical schools, through self-study, have recently recommended that the medical school graduate should be a generalist and that specialty training should be postponed until graduate training or the residency years. Furthermore, they have recommended that the curriculum provide sufficient structure that this occur. For example, many educators feel that it is important that a future radiologist be aware of the clinical significance of a pneumothorax, or that a cardiologist be able to detect and appreciate the potential seriousness of a severe depression after a myocardial infarction. A broad exposure to appropriate disciplines in the undergraduate medical school education has been encouraged. The fact that this frequently is not the case has led to a new surge of enthusiasm for the flexible internship in graduate training.

At Jefferson, the Curriculum Committee has always agreed with the concept that a medical education should represent a general experience, consisting of both a broad exposure to the basic science disciplines in order to develop a scientific foundation, and to encourage critical thinking, plus an involved experience in the various clinical disciplines. In order to accomplish this, many things must be taken into account. These include faculty and physical resources; both Jefferson and its affiliates, the rather large number of students per class, and the changes in emphasis per certain, medical knowledge. Furthermore, societal changes and their role on health care delivery and research must be anticipated.

For these reasons, the Curriculum Committee continues to make significant changes in the Medical School's curriculum. In the past year, immunology was taught for the first time by an interdisciplinary, interdepartmental course. The preliminary evaluation of this change has been most favorable. In the next school year, starting in September, 1983, microbiology and pathology will be taught simultaneously during the first block, as will the introduction to clinical medicine and pharmacology during the second block.

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THE PROVIDENT OFFERS PERSONALIZED SERVICES FOR THE MEDICAL PROFESSIONAL

Philippe Museum of Art News

Jan Steen: Comedy and Admiration: The Philadelphia Museum of Art will exhibit ten paintings by or attributed to the great Dutch painter Jan Steen (1625/26 - 1679), comprising the richest collection outside Holland. The exhibition offers a review of the full range of the artist's production, from his earliest works to his mature masterpieces. In addition to outstanding examples of his genre scenes, Philadelphia owns some of his early paintings, dominated by landscape and one of his greatest history paintings, Moses Striking the Rock. The exhibition, organized by Peter C. Sutton, Associate Curator of European Painting, will be installed in the Johnson Special Exhibition Gallery, first floor, and will run through, April 1983.

Minor White: Photographs: An exhibition of approximately 100 photographs by Minor White. The Museum's collection will be on view in the Print Gallery, Ground Floor, beginning February 5. This exhibition, which features a most representative body of highest quality work, will honor Minor White, a major figure in photography of the 20th century. The distinguished art historian Meyer Shapiro wrote, "Minor White's photographs are works of an extraordinary craftsmanship applied to an image that calls for just that precision, scale, and finish...the qualities of his best prints are inescapable from the beauty and mastery of his objects; print and scene alike are discoveries by an inspired and loving perception." "Minor White: Photographs" is supported by a grant from the National Endowment for the Arts. The exhibition will run until April 3, 1983.
presumed and attempts to do less in the area of transfer of knowledge while paying attention to:

1. problem solving and methods for gaining and using knowledge
2. integration and synthesis of diverse areas of specialization and interest
3. interdisciplinary approaches to complex multi-systems problems
4. the effects of personality on both the patient and the physician on the processes of care and cure.

New areas of information and technology which will prepare students to practice medicine in the 21st century.

5. the extraordinary interaction between mind and body which is the cement between the science and art of medicine.

In order to accomplish this we must develop a curriculum philosophy at Jefferson and remind ourselves frequently of these principles as we make changes in the curriculum design. We must recognize the time allocations are a minor part of the curriculum and we must honestly face the fact that some people are poor teachers and therefore should not teach. The faculty must have respect for each other's area of expertise and build on that respect by incorporating elements in the curriculum, not through power and politics, but because there is a recognition of the need for such information and skill. Finally, the students must develop trust and tolerance for the faculty and respect for their knowledge about what is important to include in the curriculum. This is highly idealistic. The reality is, as I mentioned at the beginning of this article, that politics and personality will continue to distort the process. It is inevitable. Let's hope that we can minimize the effect of these two mischievous devils and perhaps rise above them and design a curriculum that will provide the greatest good for the greatest number.

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DEAN LOWENSTEIN

deans become totally divorced from practicing physicians and researchers, they lose their practical concepts of how their medical school functions.

MG: Do you think Jefferson has already missed the boat in attaining an increased role in medical research?

Dr. L: There is a national fear that the medical schools will soon divide into those of the top thirty doing research, teaching an patient care, while the other schools focus on teaching and patient care.

I think that with our academic developments, TJUH can achieve a research presence within the top 30 schools.

MG: What of Jefferson's low profile on the national scene?

Dr. L: Jefferson Medical College does maintain a quiet profile and is overly modest.

However, many of the national leaders of American medicine are on our faculty; for instance, chairman elect of the Board of Regents of the American College of Physicians, Dr. Frank Sweeney; the president of American Academy of Physical Medical and Rehabilitation, Dr. John Ditunno; the past president of the American Assn. of Orthopedic Surgeons, Dr. John Gartland; and the past president of the American Association for the Study of Liver Diseases, Dr. Willis Maddrey. There is a long list of others, Dr. Bluemie is on the Board of Directors of the Association of Academic Health Centers that helps guide health care in this country. Jefferson should be proud of its national prominence.

MG: An attempt had been made to establish a honor code by a group of students in our class but failed. What has happened to this issue currently?

Dr. L: We have a committee of students and faculty working on that right now. The major problem with any honor code is that people do not want to report their classmates who may have cheated.

Theoretically, there should not be a need for an honor code in medical school. We are training students to become physicians of integrity, honesty and reliability, but I have never practical need for such a code can be implemented quickly here.

MG: How do you see health care fitting into the American political and economic system?

Dr. L: We now spend 10 percent of our gross national product on health care; many people complain about that high amount, but it is one of the most worthwhile expenses our country pays for.

However, I think that we are reaching critical problems in health care costs.

Before the 1970s, there was a twoclass system. The poor received poor health care or received it when it was too late. In the 1970s, health care became a right instead of privilege. Many people felt that the ability to pay for health care should not be a factor in the care received, and the government partly responded to this feeling.

Now with new economic restrictions, we are doing things back to that two class system where health care will become a privilege, not a right.

Students that help us have in evaluating professors during the first two years?

Dr. L: As you know, the students do evaluate the teachers. Student evaluations should be welcome and listened to. Changes should result from these critiques, especially if the same issues are raised for two or three years running.

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LOCAL THESPIAN STARS IN GREASE
by Brad Carter

Andrea McArdle, Broadway star and native Philadelphian, is starring in the City Line Dinner Theatre’s current production of Grease. Andrea reached stardom in the original role of "Annie", and has been seen in numerous theatrical performances, television spots and movies, personal appearances and talk shows.

In addition to these claims to fame, Andrea is also the daughter of Phyllis McArdle, of Thomas Jefferson University. Phyllis has been at Jefferson for two years as a secretary in the Department of Urology. More than just a mother, Mrs. McArdle is also a traveling companion, housekeeper, personal secretary, confidant and friend to Andrea. As she greatly enjoys traveling to see Andrea’s productions in numerous American cities, Phyllis has a hard time leaving her daughter to return to duties at Jefferson.

For the McArdle family, show business is family business. In addition to mother Phyllis, father Paul McArdle, an accountant with Amtrak, handles Andrea’s books. The son, who prefers sports to show business, is starring in numerous American cities, Grease. Andrea’s confidant, accountant with Phyllis, has been at Jefferson for two years as a secretary in the Department of Urology. Andrea has starred in such well-known favorites as Annie in Annie, Three Penny Opera, and Annie Get Your Gun. Significantly, Andrea began her show business career at a Taboo Dinner Theatre in a production of The King and I. In October, 1970, City Line’s Executive Director is the same Richard Tubbs. City Line, soon to be renamed Mickey Rooney’s City Line Dinner Theatre, is starring Andrea in a move up from traditional dinner theatre productions to Broadway quality productions and stars.

A large step, City Line will now offer fantastic productions for a very reasonable price.

The current production of Grease, which opened February 15, is scheduled to run for a five week engagement, and is complete with a large cast and a live orchestra. Set in the 1950’s, the musical features nostalgic rock-n-roll and dialogue of the color of “Jitterbugging”. Grease is produced by John Kinsman and directed by Scott Ellis. Ticket prices range from $15.95 for matinee performances on Wednesday and Saturday, $17.95 for the Tuesday through Friday, and Sunday evening performances, or $19.95 for Saturday evening. All tickets include a superb full-course meal. Andrea is back in town, starring in Grease. Don’t miss it.

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TEST TO BEGIN FOR HERPES
(REPRINTED FROM AMJ)

Investigators in Seattle this month will begin testing a vaccine against venereal herpes.

About 500 uninfected spouses of herpes victims will receive the vaccine in the study at the Seattle Herpes Research Clinic. It is the first clinical trial of the vaccine to determine whether it can prevent healthy people from getting the disease.

A smaller, earlier trial was conducted in Philadelphia to determine whether the vaccine could produce evidence of immunity to herpes in a patient’s blood.

The vaccine uses dead herpes virus to stimulate immunity. Another vaccine against the disease, which is engineered genetically from live herpes virus, may go into clinical trials next year.

The Food and Drug Administration estimates that 300,000 cases of herpes occur annually in the United States and that there are some 10 million active cases of the disease.
HONOR CODE: (cont'd from page 66)

more meaningful relationships for us all. When thinking about the honor code, do not take a position pro or con. Rather, consider the problems we seek to alleviate and try to make a contribution. It is easy to be cynical and complacent. An effort, however, is worth the expense. Jefferson has always stood for excellence in clinical medicine. Now is the time for it to symbolize these other, non-quantifiable yet equally important aspects of professionalism.
THE PUNISHMENT OF DEATH
it may deter a few; does it deter the many?

(Reprinted from Playboy)

Who can quarrel with the intent of the death penalty? Its purpose is to validate the preciousness of human life by imposing the ultimate punishment on those who commit the ultimate crime. Too bad it doesn’t work that way.

Consider who qualifies for the death penalty. Not the enraged individual who in unpremeditated fury kills a spouse or a harmOMEMADEWAY—adversary—the simple most common kind of murder.

Not the person who kills by accident or negligence. Not the rare person who kills by accident or negligence. Not the rare person who is so mentally defective that he doesn’t just kill in the moment but may commit robbery as an excuse to kill, terrorize or maim. This is the fellow who holds up the mom-and-pop grocery store for $20 and then pumps bullets into the owner pleading for his life or who takes the wallet from an unsuspecting victim and then sticks a knife in him.

Only the most principled humanitarians would spare these killers’ lives—and maybe a few criminals who find the threat of death still to be a deterrent to murderous behavior but an inducement to it.

Psychologists who specialize in violent antisocial behavior have long recognized that the most damaging and hurtful, aggressive and sadistic criminals tend to be mentally deranged but legally sane individuals who are embroiled on a campaign of self-destruction. Most of those criminals would laugh at that idea, and it certainly doesn’t seem that way to their innocent victims. But where the hardly troubled person from the so-called upper classes tends to turn his hostility inward, sink into an abyss of depression and end his own life with a bottle or a bullet, his less introspective and socialized counterpart takes his frustration and aggression out on others until he is caught or killed.

For this person, brutality has the immediate payoff of compensating for the insufferable sense of impotence; the ultimate reward is to be rid of the lightening.
The percentage of murderers who kill in order to be killed is unmeasurable, but it seems likely they outnumber those who rashly weigh the prospect of execution and are deterred.

And add to that another unhappy fact of criminal behavior: The rational felon whose planned or unplanned act could cost him his life may well elect to leave no living witnesses.

And add to that a cultural effect of capital punishment that to students of violent behavior is the most worrisome of all. By performing executions in the name of justice, the state validates the idea that killing is an appropriate response to sufficiently wicked or inhuman behavior. Which happens to be the exact frame of mind that pervades in the most common of murder situations—the bedroom or bathroom rage. Whether cloaked in legal pagantry or performed in a moment of white fury, the message is the same. The sin of a blank is not coming.

Not even the Supreme Court has suggested that the death penalty deters violent behavior. In 1976, it took, instead, the curiously honest position that execution primarily serves a retributive function that is fulfilled by emotional need of criminals outraged and frustrated at the prevalence of crime and violence. That it certainly does. Contrary to the lofty position of the true humanitarians, the less philosophical citizen may in fact derive comfort and genuine satisfaction from bloody vengeance. But a wiser court and wiser men in public office might have concluded that the transient satisfaction of a blood sacrifice may well be paid for by additional violence and suffering inspired by its lethal example.

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JEFFERSON MANIFESTO

(Adapted from page 5)

Such behavior is understandably upsetting for the faculty. It is an even worse situation for students. The answer to this difficult situation is obvious attack the source of the tension. As Dr. Eichna pointed out, all the curriculum changes in the world will do no good if the evaluation procedures do not change. In my opinion, cheating on exams has been a problem for Jefferson in the past because of the way that testing is done. Eliminate fear of failure and 100% factual tests and cheating will disappear. If students were tested for problem solving and original ideas as well as factual information it would not be possible (or worthwhile) to cheat. This answer is actually quite blunt and a cooperative effort to move towards it will improve the quality of Jefferson curriculum. Until that time, though, the best students and faculty can do is to realize our situation and try not to take it out on the other party!
JEFFERSON SCUBA DIVERS

By Ed Harvillo

The 1983 dive schedule of the Philadelphia Depth Chargers is now available. This year the scuba club will sponsor twenty-six ocean diving trips aboard six different charter boats. Charters will operate from May through October and make available the finest shipwreck diving available off the New Jersey Coast. The Depth Chargers are one of the oldest and most experienced diving clubs on the East Coast. The club was formed in 1955 as a non-profit organization to promote safety and fellowship among divers. It has excelled in both respects. Club members are currently offered a wide variety of activities, among them are shipwreck exploration, underwater photography, spearfishing, lobstering, fresh water diving, and social activities. Membership is open to all certified scuba divers.

For individuals who are not certified and wish to become divers, the Depth Chargers offer internationally recognized scuba instruction at the Thomas Jefferson swimming pool three times a year. The next class begins March 15. The opportunity exists for individuals who are not certified and wish to become divers, the Depth Chargers offer internationally recognized scuba instruction at the Thomas Jefferson swimming pool three times a year. The next class begins March 15. The opportunity exists for $100 payable to the Depth Chargers. Individuals who are not affiliated with the Alumni Club may obtain instruction for a nominal fee of $150 payable to the Depth Chargers. Those interested in obtaining more information on the activities and instruction offered by the dive club are welcome to attend one of their meetings. They are held each Thursday at 7:30 p.m. in the Mezzanine Auditorium, Jefferson Alumni Hall. Or you can call Ed Harvillo (215) 735-7300. Ed is a Jefferson nursing student and a diving enthusiast.

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