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## Ariel - Volume 12(13) Number 4

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# ARIEL

Vol. XII No. 4

The Thomas Jefferson University Student Newspaper

June 1983

## MACKOWIAK, ONLY TO LEAVE JEFFERSON



Dr. Mackowiak's 1980 Portrait

## Asimov to Speak to Grads

by Matt Levin

On June 10th, the class of 1983 of Jefferson Medical College will be graduated. Among those present to receive degrees will be the commencement speaker, Dr. Isaac Asimov, who will be awarded an honorary Doctorate of Letters by the college.

Dr. Asimov is a well-known author of articles, essays, short stories and novels. What is rather unique about his writing is the number of areas into which he has ventured during his forty-five years as a published author. His works vary from "astrophysics to naughty limericks, commentaries on the Bible and Shakespeare, to a large book on humor." Perhaps known by many for his writing in the field of science fiction, more than 200 of his 271 published books expound on non-fiction topics.

He received his doctorate in Biochemistry in 1948 from Columbia University after earning his B.S. and M.A. also from Columbia. Joining the staff of Boston University School of Medicine in 1949, he currently holds the position of full professor in biochemistry.

Despite his academic appointment, Dr. Asimov considers himself a full time writer. What else would you call someone who writes two to four thousand words a day, seven days a week, who has been able to complete a book approximately every six weeks for the past 30 years?

The same mention in the Philadelphia

Inquirer quoted Dr. Asimov: "As it turned out, the only thing I really wanted to do was to write or to speak. I wouldn't have been particularly good at anything else."

Dr. Asimov traces his connection to Jefferson Medical College through his wife, Janet Jeppson, a practicing psychiatrist and psychoanalyst. Her father, John Rufus Jeppson, graduated from Jefferson in 1923.

A writer like Asimov, who has the talent to explain many of the complexities of today's science and technology in simple, un-jargonated terms, is a rare and priceless find. Whether explaining the intricacies of genetics in the **Genetic Code** (1963) or discussing common questions that we've all wondered about, as in **What Makes the Sun Shine?** (1971), Dr. Asimov has an ability to make many of the most complex subjects understandable. He fills the gap that often appears between the ordinary world and the often mysterious world of "science."

For those students not involved with commencement proceedings who would like to hear Dr. Asimov, they can be seated as long as seats are available. If students present themselves at the stage door of the Academy of Music (Locust St.) with their Jefferson I.D., they will be directed to empty seats after everyone else is seated. Commencement is scheduled for Friday, June 10th at 10 A.M.

by Gary Fishbein

Robert Carl Mackowiak, M.D. will resign his position as Associate Dean and Director of Affiliated Programs and Continuing Education effective July 1, 1983. Dr. Mackowiak plans a six month sabbatical after which he will return to Jefferson in clinical work.

His resignation has been prompted by a change in the management team within the Dean's Office. Dr. Mackowiak regards this administrative realignment as an opportunity "to change gears and do something a little different". He plans to devote more time to his clinical cardiology practice. The 45 year old Jefferson Medical College graduate is anxious to spend more time with his wife and two children. A self-described "easy going man", Dr. Mackowiak anticipates "a less intense life" upon departure from the Dean's Office.

Dr. Mackowiak became an Assistant Dean at Jefferson in 1972 when he was appointed Director of Student Affairs. In his nine years as Director of Student Affairs Dr. Mackowiak developed, as he describes it, "an extremely close relationship with his students." In 1981 the late Dean Kellow assigned Dr. Mackowiak his duties as Director of Affiliated Programs and Continuing Education. Dr. Mackowiak is respected by students and colleagues for his consistency and integrity in managing his administrative responsibilities.

One of Dr. Mackowiak's greatest contributions to Jefferson Medical College has been his service as a lecturer in the Physiology Department. His outstand-

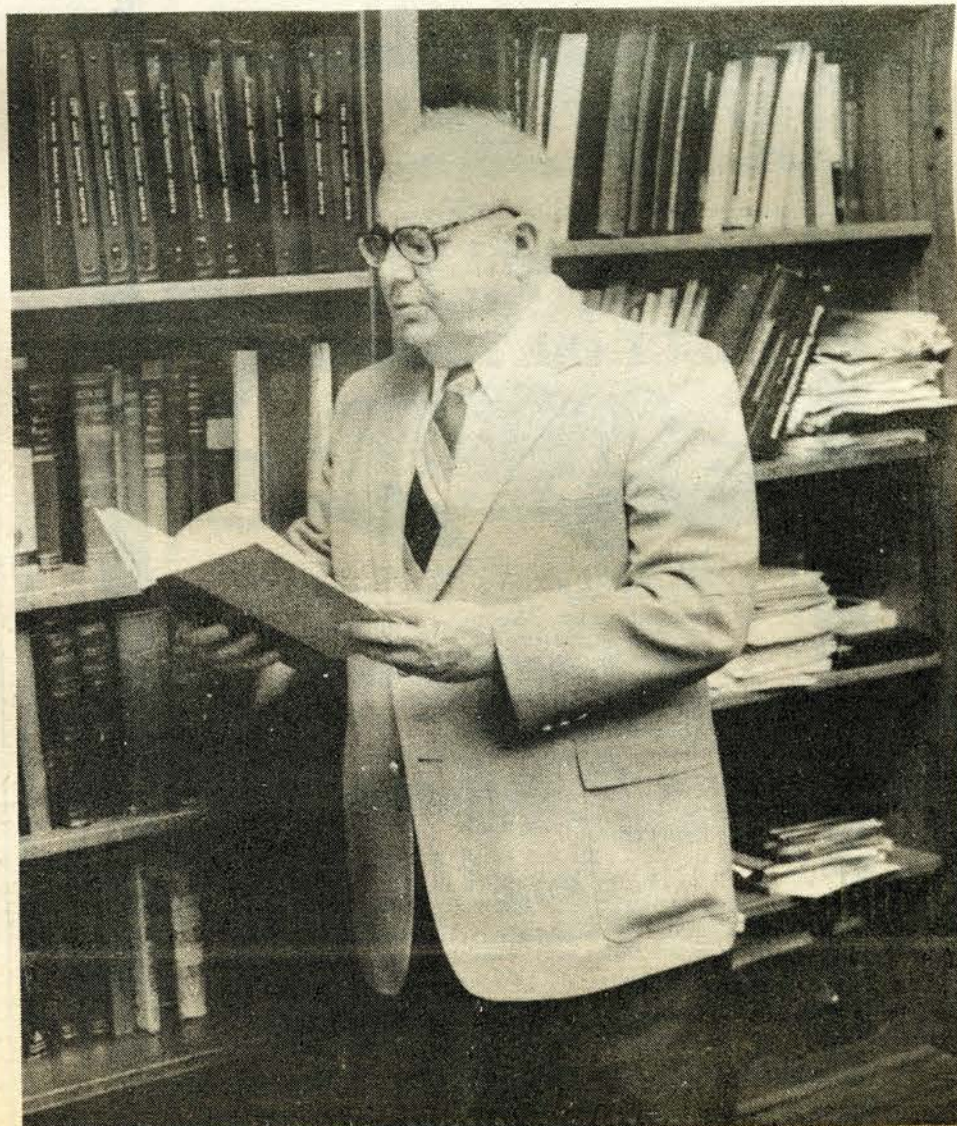
ing pedagogical abilities were acknowledged by the Class of 1980 when they presented his portrait to Thomas Jefferson University Hospital. Dr. Mackowiak became the youngest faculty member in the history of Jefferson Medical College to have his portrait commissioned by a graduating class. He received the Christian R. and Mary F. Lindback Award for Distinguished Teaching at graduation exercise in 1968.

His academic honors include induction into Phi Beta Kappa at the University of Pennsylvania in 1959, and Alpha Omega Alpha at Jefferson in 1963. He was awarded membership in the Pennsylvania chapter of Sigma Xi Research Society in 1968. Dr. Mackowiak is a Fellow of the American College of Physicians and the American College of Cardiology. He holds membership in sixteen scientific and medical societies.

## Dr. Conly to Retire

by Brad Carter

This month, Jefferson bids farewell to Samuel S. Conly, M.D., alumnus (1944) and Director of Admissions. Dr. Conly will retire after 34 years of dedicated service, in activities ranging from Assistant Professor of Physiology to Associate Dean. Future plans will include a much deserved rest on the lakefront in Canada, and visits to his 4 children, of whom Frank L. Conly, M.D., is a Jefferson alumnus of 1980.



Samuel S. Conly, Jr., M.D.



# AMSA Colloquium

by Bill Kendrick & George Cher

The AMSA-March of Dimes Cooperative Adolescent Health Education Project was started with a conference at Cornell Medical School in New York during the weekend of April 30-May 1. This was the first of a series of nationwide meetings scheduled during 1983, the purpose being to train medical students both to work with adolescents and more importantly to organize community efforts toward adolescent health education (and especially the prevention of teenage pregnancy). What follows is a brief summary of the information presented at this conference.

I. Magnitude of the problem: some sobering statistics  
 —Approximately 1 million teenagers (10% of teenage women) become pregnant each year.  
 —Of these, 600,000 carry their pregnancy to term (or from another point of view, teenagers account for 1/3 of all abortions yearly).

—A marked increase in the number of births to adolescents, especially those 15 years old and younger, is occurring, primarily because of

- 1) Increase in the number of adolescent women
  - 2) Increase in sexual activity
  - 3) Inadequate use of contraception
- The risk of birth defects in the children of adolescent mothers is twice as high as that for other groups for several reasons:
- 1) Physical and emotional immaturity
  - 2) Lack of education about proper health habits (e.g., the effects of drugs, alcohol, and smoking on the fetus)
  - 3) Poor nutrition
  - 4) Inadequate or non-existent prenatal care

—The adolescent mother is herself at risk: the death rate from complications of delivery is 35% higher for teenagers

from 15-19 years old and 60% higher for teenagers less than 14 years old.

II. Communicating with the adolescent  
 This section consisted largely of small group discussions and role-playing activities designed to help people become aware of the pressures which motivate adolescent sexual behavior and to remember the emotional turmoil which is unique to this period of life. Of course one "had to be there" to appreciate what went on; but their approach was certainly not unique, and many will recognize the principles of effective communication discussed, such as knowledge of material, tailoring of presentation to the needs of the audience, illustration with audiovisual materials, modifying the presentation based on reaction from the audience, and so forth. Perhaps these might best be summarized as "know who you are and what you can hope to accomplish given the limitations of your own abilities, your audience, and your environment."

III. Organizing activities to reach the adolescent

The primary problem in trying to educate adolescents about pregnancy is finding an effective gathering place to reach the population at risk. A number of sources were suggested: schools, athletic organizations, religious groups, community organizations, and so on. An interesting idea to involve members of Jefferson that was suggested by Steve Guest would be to organize a clinical experience similar to the geriatrics elective now offered to freshmen, in which the student would be allowed to follow an adolescent from her first visit to the OB clinic through her delivery and subsequent first years with her new infant.

If anyone has questions or would like to help, please contact Bob Crocett or Steve Guest.

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# Sports Medicine

by Bessann Dawson

To introduce medical students to the care of sports related injuries as well as the maintenance of a lifestyle for sports performance, Temple University School of Medicine sponsored the first Annual Student Education Symposium on Sports Medicine. 140 Students from the fine Philadelphia medical schools attended lectures spanning topics from proper nutrition to the use of arthroscopy on Friday and Saturday, May 13-14.

Sports medicine, the uncertified specialty dealing with sports related injuries, is gaining in popularity both among the general public and physicians. Two societal influences are responsible for this increased demand. Firstly, telescoping salaries and increased media attention for pro sports figures demand that they perform consistently at peak proficiency. Therefore, the prevention and rehabilitation of sustained injuries has focused attention on medical intervention. Secondly, with athletic participation of the American adult replacing the post WW II spectator approach to sports, increased risk of injuries and concern for health maintenance result. Physicians are responding to the needs of the professional and amateur athlete with increased information, increased technology and increased skill.

The Friday symposium topics offered tips on nutrition and training for the

maintenance of a lifestyle for sports performance. A balanced diet high in carbohydrates was advocated by Dr. Z. Kendrick, former member of the U.S. Olympic Ice Hockey Team and current director of the Biokinetic Research Lab at Temple University. Popular fad diet plans including glycogen loading and precompetition alcohol consumption have not proven helpful for most athletes.

Training should be focused on the specific competition. "Practice what you want to compete," advised Dr. D. Goldberg, Postdoctorate fellow for the American Heart Association and a former fencer with the U.S. Olympic Team. It is important to set training programs for the competitive event, so that the athlete will be able to perform at their peak for the competition.

To write an exercise prescription for the sedentary adult, Dr. B. Denenberg of the Dept. of Cardiology at Temple University Hospital recommends a complete physical. Stress testing is indicated for patients over the age of 40.

In spite of careful preparation for sports events, injuries still result. The causation and care of sports related injuries was dealt with on Saturday by understanding clinical anatomy, acute care and rehabilitation, and the use of arthroscopy for diagnosis and treatment.

(Continued on Page 7)

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# Toward Better Testing

by Mark Shelly

For a medical student, tests sometimes constitute a life crisis. He/she spends tremendous amounts of time and energy preparing for quizzes, exams and finals. Knowing the material is not the only problem: Trouble arises in communicating that understanding via an exam. Too often the questions seem arbitrary, the student's response left to chance. Jefferson needs concrete suggestions to realign the process of testing with appropriate educational goals.

Learning is the primary goal. Ideally, tests function in harmony with the process of learning. Tests should underline important concepts, provide new insights into relationships, solidify understanding through expression, and provide incentive to study. Tests also serve the important role of measuring knowledge and understanding, in the valid interest of appropriately conferring credit for the work/learning completed.

Tests, as a reality, fall short of these goals. In the face of overwhelming amounts of material presented, tests become a goal in themselves. Tests begin to guide the nature of studying, ignoring the process of learning in an attempt to avoid being defeated by yet another exam...Some responsibility for this perversion of proper order rests with the students. However, apart from the students role, exams themselves need to be reevaluated and redirected to fit the interests of good education.

Exams should test concepts and basic understanding. Many exams discard the broad concepts in the interest of testing small facts. This incorrectly assumes that everyone who can recall the facts knows the rest. The student who remembers one sentence from the notes may not have an integrated understanding of the simplest point made in the same lecture. Rote learning (reading over lecture notes several times) establishes a short term recall highly effective in answering "picky" questions without requiring the integration and conceptualizing important in long term memory. Understanding requires more effort—students pressed for time in their studies soon discover that the few questions which require more than rote memory are not worth the effort. In order to encourage long term, effective recall, the number of questions requiring understanding should be increased.

A corollary: Test the rule before the exception. Exceptions to the rule should not be tested without testing the principle first. To ask only the exception invites those who have things backward to get the question right, while the student who knows the rule answers correctly only if he remembers the exception also. Obviously this ranks as a poor measure of understanding.

Any effort to communicate is subject to error, tests included. In spite of the best efforts of all those involved in formulating an exam, students do not understand some of the questions. In so far as possible, questions which reflect a failure to understand the question (or questioner) should be eliminated or adjusted to express comprehension of the material. Please consider the following suggestions in this regard:

(1) Detect more potential misunderstanding before the exam is finalized. When professors review each others submitted questions, the point of view of the student taking the exam should be considered. Reading over the question and the suggested answer at the same time, the connection may seem obvious. It is much more difficult to assign a correct answer without being prompted: more than one option may appear open, leaving the result to chance. If the question needs further clarification, it should be added at this point. Student paranoia ("There must be a trick") only compounds the existing problem.

(2) Questions should be eliminated in retrospect if they show a flat distribution of responses when the analysis returns. This implies that either no one understood the question/answer or that no one knew the material. It seems unlikely that only a few would know the correct answer if the material was actually presented. Note that under the present system, if only 25% of the class answers correctly, then less than 7% actually knew why (after correcting for the 93% who guessed.) Quite often the apparently "hard" questions are not hard (testing difficult facts) but rather ambiguous.

(3) An even split between two responses may suggest confusion as to the intent of the question. If a reasonable mechanism for misunderstanding can be found, the scoring of the question should be reconsidered. In order to give credit to those who understood in the first place, both responses should be allowed if some students who understood the material tripped up on the questions wording.

"Hard" questions do not have to be eliminated. A few good, hard questions may serve as excellent discriminators between the many levels of comprehension. However, if a retrospective look at response distributions shows less than a tenth remembered any given point (after correction for a guessing baseline), something is wrong somewhere. Blaming students is too easy: A majority of the class studies adequately, without even considering the "intense" few driven to perfection. Well over a tenth study very hard. Even the smallest fact, adequately presented in lecture, could not slip by everyone. Tests should measure knowledge gained from material presented in texts and hours of lecture, not whether a student understands the intention of a short exam question.

Knowing what you do not know is part of wisdom. Wild guessing belongs in Atlantic City (if anywhere at all). The baseline grade of 20 to 30 percent that a monkey could score with random answers should be eliminated, as it measures nothing that tests are meant to measure. Simply institute a subtracting routine, taking of a fifth of a point for each wrong answer (the computer can handle it!). Such a system would better discriminate knowledge and would reinforce the development of an understanding of one's own limitations.

The Normal Distribution Curve Myth: When the computer comes back with a pile of information about the test, people often see the distribution curve as an

# The JMC Strut

by Gary Eric Fishbein

My miniclerkship's been fun,  
I'm having a blast.  
But I must study a ton,  
This procrastinating cannot last.

I'm a sophomore, you see,  
I've spent the last two years in class.  
Studying, Path, Micro, Neuro and Pharmy,  
Oh, what knowledge I've amassed!

The tests have been conquered,  
I've filled in circles 'til I was sore.  
Though one more exam awaits,  
The one administered by the National Board.

It's a two day affair,  
Making sure you've got all the knowledge that's "core."  
And whether you pass by a lot or by a hair,  
You get to spend third year on the hospital floor.

So memorize those enzymes,  
Learn as much Histo as you can endure.  
Next year on Medicine we'll do fine,  
Considering diagnoses and assisting in the cure.

And when it's over, we'll strut like Mummies;  
We'll have emerged alive.  
Best of luck and a happy summer,  
To the JMC Class of '85.

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indication of the exams validity. Being close to nature, it seems the "Bell Shape" curve gets the votes as "normal". However, medical students as a population are highly selected for certain characteristics, including (hopefully) the ability to learn and remember. (Think of them as the top half of the bell curve.) Giving a certain amount of credit to the admissions committee, and assuming that a good test measures several parameters for which medical students were selected, then a normal curve would be skewed to the left, with a mode below the mean. (The median is a better measure than the average.) Often the retrospective evaluation of a tests effectiveness do not consider appropriate measures of the examination process.

Appropriate goals should be established in conceiving and executing an exam. Testing is a biological process, and as such feedback should be welcomed as means of improving past, present and future performance. "Multiple-dot", computer processed tests can help speed up the feedback process, allowing more time to correct misunderstandings and injustices. The suggestions submitted here could for the most part be easily implemented (programmed?). Improvements can and should be made to bring the testing process more in line with the process of good education. By testing, understanding

and adjusting for misunderstood (bad) questions, the students can only benefit. With these processes and by limiting guessing, those who wish a more accurate measure of comprehension will have it. If anything is learned from these suggestions, Jefferson will have taken a step toward better testing.

## Soph Job In Ent

Attention Sophomores: The Department of Otolaryngology has a summer job for you! One student from the second year class is needed for a research position dealing with nerve regeneration. The ten week laboratory experience involves microsurgery and histochemical work. No prior experience is necessary.

The stipend will be \$125/week. Interested students should contact the Department of Otolaryngology at extension 6784.



# Counseling For The Future

by Mike Patti

Beginning in July, 1984, Jefferson Medical College will begin instituting a new clinical curriculum for the class of 1986. This plan which has been discussed at length on several occasions has a major advantage of offering flexibility, in the third year, to the students. One area which will need, and at present is receiving, much attention is that of proper counseling for the sophomores.

In the past the student has progressed from two years of an absolutely regimented basic science care into a still highly structured third year, in which the number of total choices were limited, to the final year which had much more freedom in its design. Now, however, while the first two years are not changing in terms of student selectivity, the third year will be totally open to the students insofar as course sequence and location are concerned. The sophomore student, without any clinical experience, will be forced to schedule sixty weeks of hospital education including requirements, care requirements or "selectives" and free electives. These choices, ideally, would be based on what the student will be specializing in after graduation — whether to get a sound educational background in that particular field or to be sure to get a good, solid, well-rounded, background which will compliment it.

Unfortunately, many students, at this point in their educations, have no clinical background yet. This is where good strong counseling programs will demonstrate their worth. Currently, three major types of guidance are offered at various medical schools. These include: personality assessment tests (e.g. Myers-Briggs Type Indicator or Medical Specialty Preference Inventory) with post-

test consultation of the results; presentation by clinical faculty, alumni, and practice-management experts on the myth vs. reality of various types of medical practices and specialties; and pre-clinical experiences with clinical faculty and alumni, for one day to two weeks, so students can at least get a taste of different areas and practices. These programs would prove to be worthwhile whether the curriculum was changing or not. However, with these changes being imminent they are even more important.

What is important for the student to take away from this article is twofold. First, many societies, groups, and clubs at Jefferson have clinicians speaking at their meetings. Usually, they are speaking of particular diseases or procedures, but afterwards answer questions, and are quite willing to discuss what their practice includes, what they **expected** their professional lives to hold, and where the two meet or do not meet. Second, the student should realize that through those meetings, classroom lectures, and private appointments the student has had with physicians in the past, contacts have been made with people who very often are happy to show what a day in their office or at a hospital is like for them. These take some initiative, on the students part, to complete but frequently give necessary direction or ideas to a student about how to schedule his/her clinical experiences.

In closing then, even if the school does not wholeheartedly accept these, or any other, revisions to its counseling procedure, the student can still find ways of becoming knowledgeable about medicine such that wise choices can be made.

## LETTERS TO THE EDITOR

I feel it necessary to reply to Joe Dankoff's allegations in the last issue of **Ariel** ("An Unworkable Honor Code"). Had he bothered to discuss his objections with any members of the Ad Hoc Honor System Committee, he would have found they are based on unfortunate mis conceptions.

First of all, the "Honor Code" printed in the Student Handbook has been completely rejected, and the new system is still in the process of being written. A considerable amount of research and effort have gone into this rewriting, so the product merits consideration on its own grounds.

Secondly, the faculty is simply not interested in "passing the buck." In fact, many faculty members have expressed displeasure over their proposed loss of responsibility in proctoring exams.

Finally, Joe completely misunderstands the purpose of the new system. It is not designed to catch more cheaters, but rather seeks to promote a more healthy learning environment. By providing a mechanism for discussion of questionable behavior without necessitating disciplinary follow-up, it will enhance communication within the class and allow for more effective peer identification.

Joe is certainly entitled to his opinions. The goal of the new system, however, is to encourage discussion about such issues. Hopefully, it will also alleviate the us-against-them paranoia which Joe apparently feels toward the faculty and administration.

Dan Gzesh '85

## Ode To The Fair

by Brad Carter

One day, sometime in May  
Hundreds gather for fun and frolic  
The festive occasion?  
It's the OLD MARKET FAIR!

People come from miles around.  
Some come to eat: some wine,  
a little cheese, or a cultural cuisine.

Even celebrities couldn't resist the draw.  
Herb Clarke, TV 10's man of all seasons;  
Janet Davies, the smile of AM/Philadelphia;  
And live from the Vet, Phillie's own Phanatic.

Surely there was a Tombola, with fantastic prizes?  
Surely there were booths brimming with blue-ribbon pies?  
What's a fair without clowns and jugglers?  
Surely there were hand-crafted treasures?

And the air was filled with music.  
Jazz that was hot and lively;  
The Mummers String Band came to the fair,  
And trumpeteers notes knifed through the air.

And what fair is complete without White Elephants?  
Those things that are irreplaceable  
And just what I was looking for?  
a veritable boutique of bargains.

Yes, the OLD MARKET FAIR is just like those I remembered.  
Yet there was more...A wellness center...  
Old toothbrush?...Take a free trade-in?  
Plus literature and demonstrations of many an interesting subject.

Now the fun and frolic is over for another year.  
Yet the funds will be funneled into Jefferson's future.  
There is but one criticism?  
I missed a ferris wheel.

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The Ariel welcomes your signed letters. Submit them to the box in JAH.

## Honor Code Views

by Chris Tomaszewski

Many medical students at Jefferson are opposed to an honor code. Joe Dankoff summed up some of these feelings, and the arguments against an honor code, in the last issue of the **Ariel**. He argues that a policeman's clause would be unpopular and unenforceable among students. Such a clause, found in most traditional honor codes, makes students responsible for turning in any fellow students suspected of cheating. He also suggests that the faculty may be promoting the honor code as a way to shirk their responsibility for monitoring student behavior, including during exams. In summary, Mr. Dankoff calls the honor code "nothing more than a hoax" that will actually result in a rise in cheating if adopted.

Well, one student group strongly disagrees with Joe Dankoff's editorial, namely Dan Gzesh and the Student Honor Committee. The honor code they envision at Jefferson will not be anything like the traditional one that used to operate at Jeff. It will not be simply an affirmation of ethical behavior by medical students; it will not have a policeman's clause tacked on. Instead, the Committee is proposing a more complete honor system that would increase student support services while providing an outlet for any conflicts students might have with the behavior of other students or faculty. The main aim of these services would be to create an atmosphere where students will find less of a need to resort to unethical behavior

in order to cope with medical school pressures. The new group being proposed to run this whole system is the Student Advocacy Board.

One function of the Student Advocacy Board would be to decrease some of the anxiety around this school, so that students can study more efficiently. The Board would encourage efforts like Dr. Ronald Jensch's, to make all former exam questions and answers available on school computers. Therefore, students could quickly review the large body of material from which actual exam questions would be drawn. Support services would also be provided by insuring the availability of religious, drug, and crisis counselors for confidential consultations. Finally, the Board would guarantee the continuation of the freshman-upperclassman student match-up. Such a program provides lower classmen with studying tips as well as a better perspective on the importance of basic science grades.

The Student Advocacy Board would also provide aid in disputes over grades, academic requirements, and disciplinary action. As an impartial body, the Board could guarantee legal counsel and due process in student cases before the Judicial Committee. As for individual complaints about the behavior of other students or faculty, the Board could address these or refer them to the Faculty Honor Committee.

(Continued on Page 7)



# Jefferson Manifesto Nothing To Lose

by Stephen Greenspan

Next year, if there is a Jefferson Manifesto it will be written from Jerusalem! I am going to be spending the 1983-84 school year tracing my historical and religious roots. This is no doubt an unusual route for a sophomore medical student to be taking. It is especially outlandish that I should be delaying my M.D. after skipping grades in order to get to med school as soon as possible. Yet the paradox goes even a step further. I am planning, by binding myself to a system of law to achieve a greater degree of freedom.

Last summer, while visiting Israel, I became captivated by the study of the Torah (i.e. The Old Testament, commentaries & explanatory texts). The Torah translates into English as "Instructions for Living". Putting the seemingly ancient code of laws into practice helped unify my summer into an action packed adventure story rather than a confusing array of unrelated experiences. It became clear to me that Judaism is not something which the progress of modern medicine or technology can outdate. One of the most useful skills which is worked on in a yeshiva (a school for Jewish studies) is that of planning your next move rather than falling headlong into it. It is amazing how much one can gain control over his life by sticking to a system of rules designed to teach foresight. One reason why we tend to lose our freedom is because everyone else is making ignorant, rash, and uninformed plans which we copy for ourselves. For example, how many students really consider all their options before deciding on a specialty?

Some may think that it is only common sense to go about picking the right profession, specialty, spouse area to live in, etc. Yet if it is only a matter of common sense there sure are a lot of Americans without any! Of course, not many people can see into the future but we certainly have more of an ability than we presently employ. High divorce rates, mid-life crises and cynicism are the alternatives to making good decisions. Everyone knows that doctors are subject to more than their share of these hardships in personal affairs. Yet somehow the threat does not seem real to us. Just like it seems impossible to convince a prospective student that medical school will make him cynical in a year it seems impossible to consider that we will be affected with the problems which other doctors live with.

Aish Ha Torah (translates into Fire of the Torah), a yeshiva in the Old City of Jerusalem offered some unique insights to this problem. For the past 3300 years, since the beginnings of the Jewish people, there have been great struggles for survival. Over the years, there has been amassed a tremendous amount of wisdom and foresight. Many things have changed over the years, but man's basic needs for leading a satisfying & fulfilling life have not.

One of the most readily apparent requirements which man has is for a stable cause to devote himself to. All of us find such causes in our profession, political belief, hobbies, etc. Another requirement is for fantasy, thrills, and dynamic situations. Star Wars, space invaders, Ren-Shar's or rugby are all good examples of captivating pursuits.

Well, the most steadfast and dynamic of ideas which one can possibly assume is the idea that there is one unifying Force in the world. This knowledge is stable because nothing on this planet can shake it. Human beings can always disappoint one another but an ultimate being will not if one undertakes to realize what is truly meant by ultimate. At first, this idea seemed like an "opiate of the masses" to me. After seeing it put into practice, however, my cynicism was shaken. I realized that someone had to be fooling themselves. Either the secular world was denying something they wished were true, that there is a Supreme Being and that He is One. Or the Orthodox Jews in Jerusalem were living in a fantasy world.

The problem was, there is really no scientific criteria for testing the two opposing ideas. My only choice was to sample both, listen to evidence for and against and make decisions from day to day.

In the back of our minds, we all want there to be a Gd (Note: it's a Jewish tradition not to write out his name on paper such as this newspaper which may be thrown in the trash by someone who does not agree with what I am saying.) We have no proof that there is not a Gd. Living as if there is a Gd gives one a cause to fight for.

It is like Luke Skywalker trying to revive the Jedi Knights! That is part of the adventure of Judaism. Pursuing the understanding of a Being who is really beyond our grasp and trying to convince others to join the cause is a task which requires strenuous study and training. First of all, we can come to a better grip of what an ultimate being is and how we can model ourselves after Him. Secondly, becoming more observant helps one solve some of life's more mundane problems. This breeds optimism which gives more energy to go about your work.

Denying the existence of a Supreme Force breeds stagnancy and cynicism. Why bother looking for something if you deny its existence?

To summarize all of the above, I am going to spend next year making up for last time. After spending 22 years of living in a Western Civilized secularized world there are a lot of ideas which I have that need reconsideration. A solid year of study, argument, thought and action will allow me to begin to overcome the shackles of the past.

# Boards Revised?

by Chris Tomaszewski

The theoretical controls on medical education were discussed by Dr. Edith Levitt, President of the National Board of Medical Examiners, at the AMSA Contemporary Issues in Medicine workshop at Harvard in April. The first of these controls is accreditation of medical schools by the Liaison Committee on Medical Education, the joint AAMC-AMA body. The second is regulated by the faculty at each school and includes the choice of curriculum material. Third, graduates must be licensed via state and national boards which include exams and the completion of an MD program and assume other non-tested interpersonal and communication factors are present.

But controls do not always work. Levitt admits that most schools tailor their curriculum to teach what is on the boards. Therefore all schools tend to conform, and unique programs, such as those stressing research and independent study, are eliminated. Currently, the NBME is attempting to restructure the exams by separating them into specific subjects areas and allowing each school to only administer sections applicable to its own program.

Beyond the point of graduation from medical school, further controls exist, namely acceptance into a residency program, state licensure, and obtaining hospital privileges. Here the controls deal not only with the quality of education, but also take into account market influences such as the geographical distribution of physicians and their choice of specialty.

On these subjects of market and economic factors, Dr. Thomas Oliver spoke during his keynote address at the AMSA Spring Workshop held at the University of Pittsburgh in May. Dr. Oliver is the past president of the Association of American Medical Colleges. He cited statistics indicating an impending excess of physicians, a decrease in residency positions due to stiffening accreditation standards, and therefore compromised choice and location of practice. His proposed solutions include getting tough with the 8,000 foreign medical grads competing with the 17,000 Americans for residency slots by making sure they meet the standards of U.S. students through means such as instituting practical exams testing communication skills.

A second solution given would be controversial due to the fact that it may violate anti-trust laws. This is to stiffen requirements for accrediting medical schools, since Dr. Oliver believes there are several schools, especially some of those begun within the last ten years, that do not compare in quality with the majority of established schools. Accreditation periods should be much shorter than the current ten or so years, in order to keep watch on this matter.

Dr. Oliver charged the Reagan administration with creating further difficulties. Seeing an end to the physician shortage problem of recent years, the government cut back the National Health Service Scholarship and reduced the funding of student loans. After going through calculations of debts and salaries, Oliver predicted that students with excessive financial burdens will tend not to choose primary care specialties, research, or academic medicine, and said, "It seems evident that we are on the edge of creating a new elitism for those entering medical school, financial elitism instead of academic elitism." Medical education will suffer as facilities get old and young people do not go into academics. Loan forgiveness and government money for research will help the situation. Dr. Oliver encouraged everyone to fight the current policies by influencing congress through letters, calls, and visits. "It is not only an opportunity but an obligation; this concerns the future of medical care quality, and the health of the American public is at risk."

## Loyal Jeff Employee Retires

by  
Gary Fishbein

The laboratory portion of the Introduction to Clinical Medicine course teaches sophomore students valuable diagnostic skills. Ms. Jane Kirk, the person who ensures the smooth operation of the laboratory exercise, plans to retire at the end of this academic year.

Ms. Kirk has been employed at Jefferson for over forty years, her other duties here include medical technician work in the Cardeza Foundation. She began working in Cardeza in 1942, just three years after the internationally acclaimed blood research center had been funded.

She became involved in student laboratory during the 1950's when the late Dr. Hodges coordinated a course called Clinical Laboratory Medicine.

The Chestnut Hill College graduate notes that Jefferson students in the 1950's and 1960's were responsible for learning how to perform more thorough blood analysis than is presently required.

Ms. Kirk, an avid traveler, has toured South America, Europe, Japan, Hong Kong, and Alaska. Her plans for retirement include some travel, relaxation, and needlepoint.

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# Sequella Success

by Tom Smith

The time: spring. Scenario: after two years of books, books, and more books (with occasional interruptions for an examination), what was needed was something different — something **completely** different. This led some of our sophomores to utter that time-honored expression, "Hey kids, let's put on a show!" This began the production of that entertaining but strange entity known as the Sophomore Sequella, which was revealed in all its chaotic glory on Friday, April 29 in the cafeteria.

Wasting no time, the audience was drawn into the Twilight Zone from the first sketch. Try to picture what Steve Greenspan will be doing in the year 2000. How about Richard David? Julie Milewski?? Steve Gest??? Our beloved cast did just that, and the results were amusing and quite often bizarre. Following a rapid-pace satire on enthusiasts of Scott Library, the troupe began to sink its fangs into every sacred cow to be found. The weekly pharmacology conference would never be the same, going from the predictable (Harsha Gopel and Janice Huang as Drs. Laks and Kaji), to the sublime (Gregg McAninch and Bob Ball as Batman and Robin), to the downright ridiculous (Joe Dankoff, Jeff Jacobs and Major Tom as the Three Stooges). The show was now on the Proverbial roll.

The game show format was put to good use that night as the audience got to play "To Tell The Truth" with the celebrity panel (Celebrities #1, 2, and 3). To those who were there, you weren't drinking too much as there were indeed three Dr. MacDonalds and three Dr. Takedas. Interesting, to say the least. However, the surprise of the evening was yet to come.

After a brief warmup by a pair of Molson-sotten hoseheads (who shall remain nameless), the musical entertainment was introduced. Appropriately named Not the Breech Boys, this recently-formed agglomeration astonished the audience with its tight performance. Kittsey Reihard gave her soprano the night off as she displayed some gutsy vocalizing. The inspired musicianship was led by Micki Zucker on tenor sax and rock god George Pronesti along with Mark Kelly on guitar. With that, it was time to move on to more comedy.

Since the Note Service was a lively subject this year, it became necessary to make it a lively part of the Sequella. To this end, Joe Dankoff demonstrated how he types a "typical" lecture (with Nick

Mandalakas in a bravura performance as the "victim"). Next came the obligatory newscast, with your anchorpersons Polly Arthralgia (Jill Jacobs) and Billy Rubin (Mark Hummel). Their one-liners were interspersed with advice from Carla Goepp (Mary Gibbons), fracturing of scientific vocabulary by Steve Kalchman, and a truly head-shrinking appearance by Father Guido Sarducci (Teo Ramos), who made a pitch for his latest book, "How to Survive Medical School" (only \$19.95 at bookstores everywhere).

What followed next was one of the highlights of the evening, a havoc-wreaking game show entitled Medical Jeopardy. With host Art Phlegm setting the pace, our intrepid contestants (Joe Szgalsky, Micki Zucker, and Gary Gilman) were answering questions (or is that questioning answers) at hilariously breakneck speed.

Everyone has seen those ex-jocks in action in those Lite Beer commercials, but did you ever wonder what would happen if your favorite professors were doing it instead? Probably not, but our troubleshooting thespians did it anyway, with mind-boggling results. Before the crowd could decide whether the Sequella was less boring or had great taste, however, the climax was set into motion.

It was time for the final sketch, the Mark Fabi-Micki Zucker production of "Last of the Rennshai", with an all-star cast. It followed the adventures of our hero Mar Lon (sophomore Socrates Marlon Maus), as he attempts to fulfill his quest and seek the "Holy Em Dee." He encountered windkessels and trolls, sinister Progs and the great god Bee-bahl. But it ain't all roses in Rennshai-land, as he also encountered the evil Darth and an incensed Micki Zucker, who was wielding the deadliest weapon of them all — her copyright to the story. With that, the sketch and the evening were brought to a close. However, the show was a success on several metaphysical planes. First and foremost, it provided great entertainment to the masses. Secondly, a few of our fellow classmates have learned to overcome their stagefright, an asset in a profession in which they will be constantly scrutinized. Finally, it proved that even though the first two years of medical school can be a difficult and frustrating time, we don't take ourselves so seriously that we can't find some humor in our daily experiences. By being able to laugh at life, we shall become well-rounded physicians, and well-rounded people.

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# Honor Code

(Continued from Page 4)

In addition to creating the Student Advocacy Board, the Student Honor Committee is taking a stand against the proctoring of exams. They feel the main deterrent to cheating should be the fear of compromising one's integrity. Contrary to this, proctoring creates an artificial environment where students are not expected to be responsible for their own actions. The Committee argues, "If students cannot be trusted with exams, why should anyone trust them with patients?" Unproctored exams, without policeman's clauses, are common at other medical schools and have worked in some courses at Jefferson. The Committee would like to see students assume responsibility for their own behavior early in their careers.

The Student Honor Committee feels that Jefferson medical students need an honor code, but not because of faculty persuasion. They point to the fact that unethical behavior in medicine is becoming well publicized. Over 10% of physicians have had sex with their patients. Researchers in biomedicine have been caught fabricating results. Meanwhile, alcohol and drug abuse have impaired the medical ability of many a physician. The public is starting to question whether medicine can properly monitor the behavior of its own ranks.

The Committee wants to prevent exams and grades from degrading students into cutthroats, as some faculty have labelled medical students. They want to create an honor system that will make it easier for each student to follow her or his own personal ethical standards, as well as provide an outlet for the frustrations and pressures of the medical school experience. If you believe that some of these ideals are attainable and would like to provide input into the new honor code, contact Dan Gzesh and the Student Honor Committee.

# Sports Medicine

(Continued from Page 2)

Dr. Carson Schneck of Temple Univ. Medical School Department of Anatomy reviewed the anatomy of the knee and shoulder girdle. By clinically reviewing the role of ligaments, bones and muscles, stable and stressful joint movements could be appreciated. Once familiarized with the surface anatomy, diagnosis of the injury can most easily be made by recreating the stressor.

Ice, compression, elevation, immobilization and rest are important for any recognized injury. These elementary rules of first aid were emphasized by Theodore Quedenfeld, Associate Director of Temple University Hospital Sports Medicine Center.

Communication with the athlete is key to diagnosis. After an injury is diagnosed and appropriate initial care instituted, the physician's duty is not complete. Prescribed exercises to maintain motion and strength will capacitate the athlete quickly to his peak ability. Physicians also have an obligation to educate their patients in injury prevention.

Dr. R. Moyer, Director of TUH Sports Medicine Center introduced the role of arthroscopy as a diagnostic tool as well as a procedure for surgical repair. Instruments can be inserted through a properly oriented entry site at the joint. With the visibility afforded by fiber optics, the joint capsule is entered and repairs done with a minimum of surgical trauma. A videotape of a meniscectomy of the knee was shown to demonstrate the visibility and operative maneuverability this procedure affords.

Arthroscopy is only one example of the advanced technology in the rapidly expanding sports medicine field. Although the history of sports medicine begins with the establishment of the International Federation of Sports Medicine in 1928, not until 1974 was the curriculum introduced in a university

affiliated medical school. Last year, more than 22,000 patients were treated in the two sports medicine centers in Philadelphia. Temple's First Annual Student Education Symposium focused student attention on the design of sports medicine for their future.

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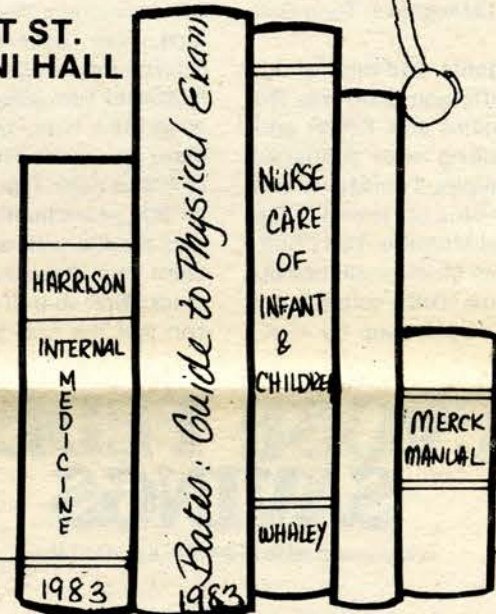
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# JEFFERSON WINS 2 TITLES!

## —Soccer— by Ken Margulies

On May 1st the Jefferson soccer team continued its winning ways by defeating the Philadelphia College of Osteopathic Medicine (PCOM) by a score of 2-0 to claim the Philadelphia Professional School Soccer League Championship. The final round victory capped an undefeated spring season for the Jefferson squad. The championship represents the first time that Jefferson has captured the league title in over 12 seasons of participation.

Ironically, the biggest victory of the season for Jefferson was not against PCOM in the finals but against the perennially strong Wharton Soccer Team in the semifinals. Against Wharton, Jefferson overcame a 2-1 deficit on a goal by Microbiology Professor Tom MacDonald midway through the second half. After two scoreless, but dramatic, overtime periods, the Jefferson team outshot Wharton 4-2 in the penalty-kick shootout used to determine the winner. For Jefferson, the penalty kicks were scored by Mark Kahn, Ken Margulies, Tony Ball and John Lavson.

In the Wharton game, and throughout the season, the Jefferson team was led defensively by goalies Jon Krohn and Tom Shephard along with fullbacks John Larson, Ed Snipes, Tom Meyer and Dave Goodman. On the other end of the field, forwards Paul Maguire, Tony Ball, Mark Kahn and Tom MacDonald directed the teams offense. Other strong performances were registered by T.K.

Tandy, Paul Stromayer, Dave Abrams and Stuart Singer.

For its efforts, the team was awarded the league's trophy which will reside in the trophy case in the basement of Alumni Hall for the next 6 months—if not longer.

## —Hoops— by Ed Podgorski

Not much is known about the Jefferson Intra professional league basketball team, but through the last 4 years Jefferson's team has reached the finals 4 out of 4 years. Jefferson has won its division 4 years in a row. The league consist of 2, 9 team divisions (18 teams). This year Jefferson again reached the best out of 3 final series by beating PCOM and Villanova Law in the playoffs.

Jefferson played Temple Law this year in the finals and took a scrappy Temple team 2 out of 3 games to win the Philadelphia professional league championship. The team this year was run by player/coach senior Ed Podgorski. Starters included a quads: Bob (Radar) Wallace, Tom (Lover) McGarry, forwards: Ed (Big Ed) Podgorski, Dave (Roth Man) Roth and Tom (Sky) Walsh. Also included on the team were guard Jim (Wild Man) Loughran, Rich (Pretty Boy) Yelovich and John (Rookie) Gould. It seemed this years team was strong in desire and played well as a team. When the team was down everyone gave a little extra effort to pull the game out. Jefferson lost the first game of 3 to Temple

Law 78 to 72 but caught five to win the last 2 games by the scores of 82-71 and 70-58 respectively. Leaders in the games included Tom McGarry who handled the ball excellently, Dave Roth who controlled the board game with his strong inside play, Tom Walsh with his rainbow jumpers and great leaping ability, Ed Podgorski with his strong board game and inside/outside jumper attack, Bob Wallace with his uncanny ability to sink shot after shot from down town, Jim Loughran with his incredible ability to drive to the bucket with 3 men hanging on him, Rick Yelovich with his strong defensive play and John Gould with his strappy play.

Special thanks to Jefferson for supporting the team both financially and in spirit and thanks also to those special few who came to see the games regularly.

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