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At each site this health team was augmented by one or two Neighborhood Youth Corps students, Indian high school students from the individual communities. The health students came by invitation of the various tribal governments and worked as employees of those governments on health projects of concern to the individual tribes.

The goals of the overall project were fourfold: To assist Indian communities in meeting their health needs, to encourage Indian adolescents to investigate health science fields and to provide information to them on those opportunities, to acquaint health science students with the health needs of American Indian communities, and finally, to provide those students a background in program planning. All goals were at least in part accomplished with the assistance of local Indian Health Service physicians and educational consultants from various universities and governmental agencies.

Most of the student participants felt that the summer experience was worth while and challenging and in many instances frustrating. The tremendous complexities of the medical, cultural, political, and social aspects of the total health situation of Indian people became distressingly apparent to the participants who only a few weeks earlier were safe within the confines of institutions such as the Stanford School of Nursing and the Albert Einstein School of Medicine. Culture shock, interpersonal problems between people of different academic disciplines, and feelings of personal inadequacy all had to be resolved. Such a period of floundering and indecision was good, for it caused each student to evaluate his position within his Indian community and to rethink his personal goals and objectives.

The projects which resulted reflected much very hard work and close interaction with the local health people and facilities. In one site on the Navajo Reservation the project consisted of identifying high school girls who had left school due to pregnancy, informing them of pre-and post-natal care, and informing them of the Indian Health Service facilities available. One of the projects on the Apache Reservation involved the investigational, planning, and educational aspects, along with the Indian Health Service dentist and Apache health people, of the design of a water flouridation system for the whole area.

Perhaps the best index of success of the various projects is found in the reaction of the respective tribal officials. The students have been invited back to every site. The summer of 1972 will find the SAMA-American Indian Health Project back in the Southwest as well as hopefully in the Dakota-Montana area and California. The geographical locations and number of student positions are predicated upon the success of funding requests currently before government and private agencies. More information about the project and the SAMA Appalachia and Migrant Workers Projects can be found in Dean Williams' office.

MECO: NON-TEST QUESTIONS

*Chuck Jones, MS2
Coordinator for MECO at UTSWMS*

Many of the questions to which I leaned answers through my MECO* preceptorship won't ever be asked on exams because they don't appear in any medical school curriculum. Two questions that MECO seems especially well suited to answer are: "Would I like family practice" and, "Would I like a smaller town"? Others might include: How do I pick a location? How do I get started by myself or with a group?

How do I get equipment and good assistants? How can I keep up with medicine? How will I and my spouse relate to the locale socially? How much will I work, and how financially rewarding will it be? How can I use medical school and postgraduate work to best prepare? Last summer provided me insight into all of these questions.

Of course, MECO isn't just medical sociology. I saw techniques ranging from wart removal to a double saphenous aortocoronary jump graft, and pathology ranging from mumps to Legg-Calve-Perthes' syndrome.

A MECO preceptorship isn't for everyone. It's only realistic to expect more isolation and probably loneliness than would be experienced in a summer spent in Dallas. However, the financial potential and the possibility of answering some of the above questions may make MECO a summer option worth investigating.

*MECO - short for "Medical Education Community Orientation", is SAMA's program of student preceptorships with family physicians and hospitals in smaller cities and towns throughout the state.

THE STATE BOARDS: A CHANGE IN THE OFFING?

Richard Hencke, MS III

The State Boards have been an object of attempted change for years. If my experience is at all typical, the medical student's first knowledge of the Boards takes the form of horror stories passed from class to class like heirlooms, and of paranoid seniors, heeding these, cutting off beards, hair etc. so as not to offend the board member proctoring the test and thus place their chances in jeopardy. Later knowledge of a more concrete nature provokes, at least at Southwestern, the common attitude of cynicism and strong disapproval.

The nature of the beast is bipartite. The Texas State Board of Medical Examiners is composed of twelve physicians, including three DO's (one of whom is the vice president), and administers the "regular" State Boards, which tests over the first and last halves of medical school, as does the National Boards. The real worm in the apple is the "pretest" or Basic Science Certificate--this is administered by a different group, the Texas State Board of Examiners in the Basic Sciences.

The written exam, or "pretest", costs \$25 and covers one's undergraduate basic science background. If one does not desire to take the written exam, the medical school will guarantee the adequacy of one's premedical education; this, together with \$50, obtains the Waiver Certificate. Either the written exam or the waiver is a necessary prerequisite for the State Boards. It is possible (I know a recent UTSMS graduate who did this) to pay \$25, fail the pretest, then pay \$50 and obtain the waiver. This form of legalized ripoff/bribery has generated the most moral opposition, some of it vitriolic.

Last May (at the urging of Southwestern students) delegate L. S. Thompson, M. D., of the Dallas County TMA, offered a resolution to the TMA convention which would have the TMA endorse using the National Boards for state licensure (currently Texas is one of three states which accepts National Boards for licensure only if the MD is Licensed elsewhere, i.e. by reciprocity). The TMA referred this proposal to the Special Committee on Medical Licensure, which has a life of one year, is chaired by a Dr. Joe Nelson, and includes Dr. Thompson among approximately five members. This committee will report to the TMA annual convention in May. A proposal for action to be taken, e.g. attempts to influence legislation, will go thru the TMA's Council on Medical Jurisprudence (which suggests legislation), thence to a reference committee as in AMA and SAMA conventions, and thence to the floor for a vote.

The Special Committee on Medical Licensure met in mid-January. For 3½ hours the committee spoke with Texas medical students and every Texas medical school's dean or his representative. The State Board itself was there en masse for about one hour. I spoke to Mr. Robert Mickey, TMA's Director of the Office on Medical Manpower, who was there and "was personally encouraged" by what transpired. The most emotional issue was the Basic Science Certificate and Waiver Certificate setup; the Board was told by students that this was "a waste of time" and "immoral". The site of the test was discussed; the Board opposes tests at each school because of their legally required attendance at each State Board exam.

The date (which each June for years has coincided with the National Boards despite requests for change) was discussed little if at all. However, the idea of changing the test used as a basis for licensure received a great deal of attention, many proposals being discussed.

The State Board exam has long been criticized as being very subjective; one frequently seen question is "Describe the heart"? This subjective element has allowed the paranoid thought of unfair grading to appear--e.g. the rash of haircuts before State Board time, undoubtedly encouraged by Board bulletins such as that posted on the Senior Class' bulletin board last fall, which warned candidates that their personal appearance should befit their profession.

Those who have previously researched this subject report hearing rumors of people having to take the Boards two or three times due to supposedly extrinsic factors, but none who were not eventually passed. The Federation License Examination (FLEX) is currently used in forty states as a uniform State Board--it is composed by the National Board people from previously used National Board questions and, being objective, is an obvious improvement.

Usage of FLEX in Texas was the most enthusiastically received of the revisions suggested at the above mentioned committee meeting. The State Board was favorable toward usage of FLEX (Mr. Mickey emphasized the apparent lack of opposition to this, even from the DO's who might benefit from an easier test) provided that they could personally review the candidates (whatever that means). So, guardedly, a change may eventuate in two to three years.

The opinion of most of the students I've talked to is cynical in the extreme: that the Board is composed of power-hungry old men one of whom is reputed to have said that the National Boards would be used for licensure over his "dead body". This is not corroborated by the Board's apparent willingness to change the test, though the proof is in the proverbial pudding. Whether the "other" Board would be willing to get rid of the pretest, their sole justification for existence, or to reform its obvious but lucrative inequities, is more conjectural.

Last year's State Board "research group" failed to substantiate the rumor that the Texas Hotel in Fort Worth, where the Boards were held until recently, is owned by a Board member (though one does have offices there). More congruent with our ambient paranoia is last year's abortive attempt by Dr. M. H. Crabb, the Board's elderly, powerful, secretary-treasurer, to have Texas licensure required to write prescriptions, even as an intern in a hospital.

Since this issue doesn't swing many votes, the only probable avenue of change is thru the TMA. About all the students can do at the present is wish them luck and be ready to try again (with vigah) if this May's convention is a disappointment.

"YOU SEE WHAT YOU WANNA SEE, AND

YOU HEAR WHAT YOU WANNA HEAR"

Tom Froehlich, MSI

There you sit in that soft, padded chair, oblivious to graphs, numbers, charts and lists scrawled on the board in nearly illegible characters. You return only momentarily to ask someone, "Has he said anything important yet"? Then you return to your mental nirvana, secure in the knowledge that lecture service will have all you need to know.

This daily, sometimes almost hourly, trip to wherever you want to go owes its existence to the fact that lectures are so often either extremely boring, poorly organized and presented or repetitious. It is understandable that not everyone has the ability to lecture dynamically for an hour or more daily, and some material is boring no matter how it is presented; but that still does not account for the low quality of lectures we all too often receive. There is little excuse for a topic to be repeated over and over (i.e. four times for membrane potentials) when one good presentation would suffice. Likewise, it is difficult to remain interested when the lecture is so disorganized that notes, if they can be taken at all, are worthless. There is also a Law of Diminishing Returns for the classroom.

It is impossible for any person to sit through seven hours of lecture daily, even when they are all excellent (seldom the case) and learn anything near the end of the day. Thus the lecturer and the students end up wasting time which could be better spent.

It is the goal of Southwestern, and most schools for that matter, to present the student with the best opportunity for education available. In our present system of education, lectures are a major part of that opportunity. If Southwestern is to improve its educational opportunities, the quality of lectures must improve. This means that the faculty must listen to the students' complaints and realize that the students' education is the main reason for Southwestern's existence. It also means that the students must take their criticisms and suggestions to the faculty and make them heard. Whether you realize it or not you pay for those classroom trips with extra studying time which should be better spent!

REMINISCENCES OF AN OLD TIMER

Steve Moser, MSI

"So you want to know when it all began to change, when it all started getting really efficient and impersonal and all that. Well, it's been a long time, but let me see if I can help you.....It seems to me that it all started around the early and middle Seventies, about the time when the competition to get into medical schools started getting so unbearable (that's when I went to school). It

was hard to get in but once you got in, you sort of knew you'd get through if you'd just set your teeth and do all the dirty work they asked you to do. And admittedly, we complied with them all the way because we saw the problems they were having teaching us, and we could understand and sympathize with their situation--huge classes, vast amounts of material, so little time and all.

Also, the reams of research that they were doing; they'd come down and teach us once in a while when it was their turn, and then whisk away right back up into their labs--at breakneck clip--and then trying to entice us into their nets just like fishermen sometimes, instead of teachers".

"At any rate, there were a lot of different pressures on them in those days, and they were always changing things and trying out new ways to get the stuff down our throats better. Well, we found ourselves right in the middle of this milieu when we got there, or rather I should say, on the other end of it. It was really funny, the teachers up there, facing us (all one hundred and thirty of us), talking down to us, trying to figure out how to pour their knowledge in, pack us up, crate us, and get us out, with a minimum of pain and wasted effort for all. Not just the knowledge, but the evaluation of how well we got the knowledge: they were dealing not just with the problem of testing us for our knowledge, but with the necessity (God knows what that necessity came from) of comparing us so that they could decide who was worthy of getting the better positions later.

And they made up all sorts of distribution curves after the tests to show us where we stood with respect to everyone else in the class. Make no mistake, for those of us who thought we were done with that kind of thing, it was a sore awakening. But really, you know, we played right into it, even though we didn't want to--everyone else was doing it, why shouldn't we? Oh, a few of them didn't want to play the game, but deep down, when the curve was set out in front of the lecture hall, you could tell that they felt bad that they hadn't placed out high on it. So even those people learned in time".

"But the really strange thing was the way that this evaluation thing seemed to begin to shape, or should I say, twist, the way that things were being taught. The professors began to give us everything in "test form", or what I have called such. They would teach us certain things that we were "responsible" for, meaning things that we absolutely had to know for the examinations, and they gave this information precisely, down to the last iota. Other things they would stick in on the side, that we didn't really have to worry about at that time. But more, it was the form of the things that were given. It was all so solution-oriented.

They gave us the information, the method for manipulating the information, and even the blank space for the solution to the problem. They always said as they taught us--"we will ask you such and such on the exam, and you will certainly get a problem like this one" and on and on. It really became a game. The testing procedure lost all semblance of a learning experience, in all respects--from the preparation, to the administration, to the grading, and finally to the follow-up. As I remember, our minds became attuned to a calendar of test-times, and we determined our existences around certain dates on which we were to vomit up all the solutions we had accumulated since the last date. It was really a very simple existence".

"One of my most vivid memories was on the first day of medical school, a sort of an orientation day (not to be facetious); we went to the poor section of town and listened to a bunch of minority people--those were the days of political activism--and one of the speakers told us about what he and others have called "World Time". He wanted us never to forget that World Time stopped for nobody, and that we must certainly always stop for it. He painted the picture of an entangled and complicated world of petty annoyances, unsolvable problems, and people who needed others at times when those other simply had to stop what they were doing, and lend a helping hand.

He spoke of crisis, basically. So anyway, we left and almost gleefully put out of our minds what he had said, and continued on our well-scheduled courses, navigating artfully from test time, to lab time, to class time, to study time. We just forgot about World Time. In reality, it turns out that there was so little to remind us. But I guess I'm kind of getting off the track. Sorry....."

"Oh yes, solutions. That was the name of the game. We were compulsive, solution-oriented students. And on this basis, I think, the teaching establishment began to administer the coup-de-grace. It started out innocuously enough: the teachers needed a way to insure that, first of all, we got all the vital information, and secondly, that we all got the same information in homogeneous form so that we could be tested and compared.

And as I remember, the first experimental programmed texts appeared as a result of previous failures in those two noble endeavors. What better way could there be to inform, homogenize and evaluate us than to put us all into a workbook that would lead us, on the basis of the most advanced behavioristic teaching and programming, to a given level of proficiency. It was sort of like magic. You answer all the questions in this little magazine, and by God, you know all that you need to know, no more, no less; it was like what Keats said about beauty. It was, said our teachers, the perfect solution to faculty and inadequate teaching: just take the teachers out of the picture! After all, classes were too big for the students to ask questions, the students all learned at different rates, the teachers often wrote too low on the blackboard--all of this, and noise in the hall to boot.

So just hand out one hundred and thirty copies of this little book, come back in a week, and take the test. You won't have any questions--it's all in there. What could possibly be better"?

"And that was the beginning, I think, of the whole gemische. First, it was simple physiological concepts that they did it in, and in three years, they had programmed the junior course in internal medicine. The professors collaborated with the psychologists beautifully, and never even had to talk to the students, and the students who couldn't do the programmed texts, who had trouble learning what they were supposed to, were too insecure to go to the profs with their problems.

After all, they had been told that there should be no questions, and also, most of the people did perfectly well and even loved this way learning. Most of these malcontents just left school because they saw no way out, and those who didn't leave suffered through, like I did".

"To sum all of this up, I would venture to say that that was the beginning of the era that we are now suffering through. You, yourself, could characterize our state as well as I. No need to go into that. It was a fatal and inevitable step, although I sometimes think that a little foresight in those early days would have certainly influenced the trends of education. Instead of the last fatal step into what we now have, they might have tried regressing to earlier methods that they thought were ineffectual because they hadn't been creative enough to update the older methods to include new conditions. But it's no use--such is always the case. What if the Persians had conquered the Greeks"?

"Well, I must get back to my patients, I hope you got what you wanted....."

P E R S P E C T I V E S

Psalm unto a Professor of Anatomy

Less than the grease that from cadavers poured;
Less than the grades we make on our exams;
Less than the respect thou hast for us, o, Lord;
Even less than these....

CHORUS:

Even less than these.

Less than the rust that never stained thy Ford;
Less than the hours we aren't afraid of thee;
Less than our scores on the National Boards;
Even less are we....

---Bill Atkinson

CHORUS:

Even less are we.

Smile once, we pray, upon thy slaves, o Chief;

Say that some day we shall be mighty, too;

Say that some day we'll see a PATIENT, please;

Look down, o lord....

CHORUS:

Look down, o Lord.

And let my cry come unto Thee.

there are some living
organisms that become born
copulate, and die all

in the space of two hours,

once upon a time one of

those things

lived to the spectacular

age of three days

nine hours and

42 seconds

exactly!

---j. pintauro

O S M O S I S

from an area of

higher concentration

for the purpose of

equilibrium

my open pores

selecti/v e l y

drink your sunlight

---a. carson

SANGUINE UP THE MALAYSIAN FRUITCAKE

I said Sanguine up the Malaysian fruitcake

One of you I'm gonna bake
Add blood and apples, prunes and berries
With milk from all the farmers' dairies

Sanguine up the Malaysian fruitcake
Oooh I'm gonna love your taste
Slippery slide way down my throat
Slishing tumbling in my tummy boat.

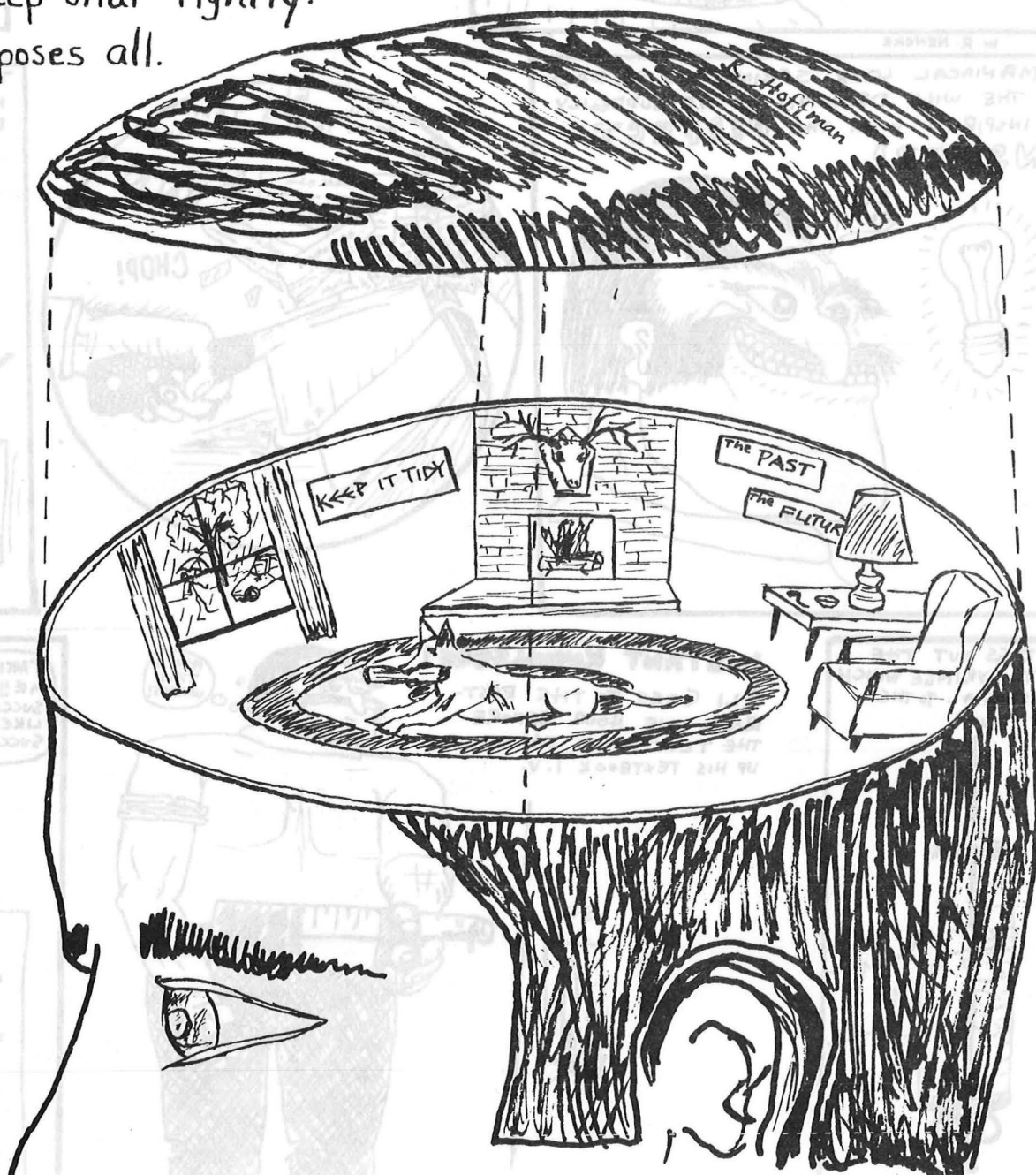
Sanguine up the Malaysian fruitcake
Bring it on home to me today
With plasma and peaches, pears and booze
By eating you I could never lose.

Oh sweet lady, you are so pretty
Come and take me back to fat city.

Sanguine up the Malaysian fruitcake
Dreams and trips, nitemares alone
It's on my bike, I'm off to roam
At Sanguine up your Malaysian fruitcake.

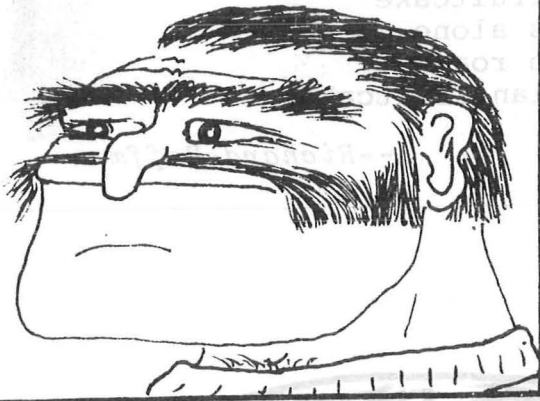
---Richard Hoffman

Please keep shut tightly:
Light exposes all.



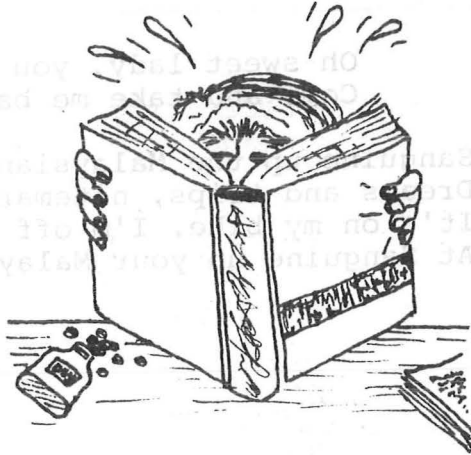
The Adventures of ELI DRONTIN

— MEDICAL STUDENT —



W. R. HENCKE

THE SCENE OPENS WITH
OUR HERO GRAMMING THE
NITE BEFORE A GIANT TEST



SOMATIC MISERY! BUT
WORSE, DESPAIR!



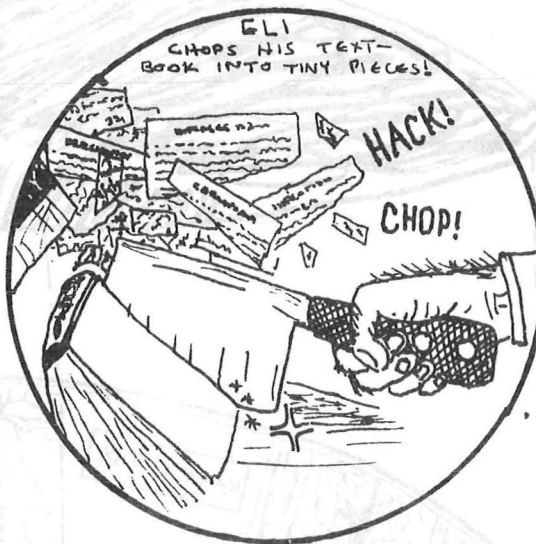
A MANIACAL LOOK SPRINGS TO THE FACE
OF THE WILY DRONTIN AS HE SUDDENLY
IS INSPIRED WITH THE PERFECT
ANSWER!



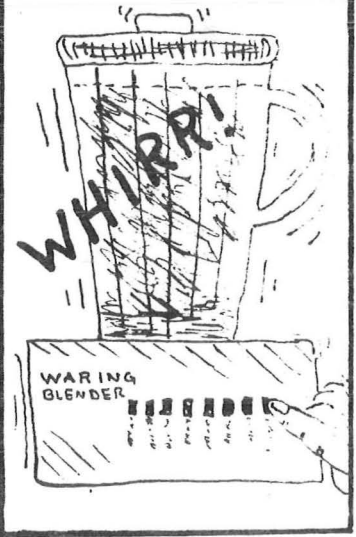
FAR
OUT!



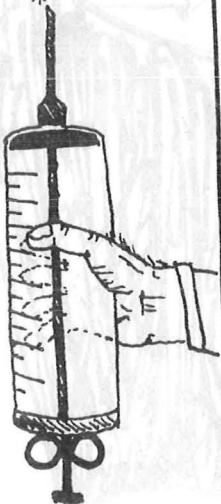
ELI
CHOPS HIS TEXT-
BOOK INTO TINY PIECES!



THE RESULTS ARE THEN
MIXED WITH 500 ml. OF
DMSO AND LIQUEFIED!

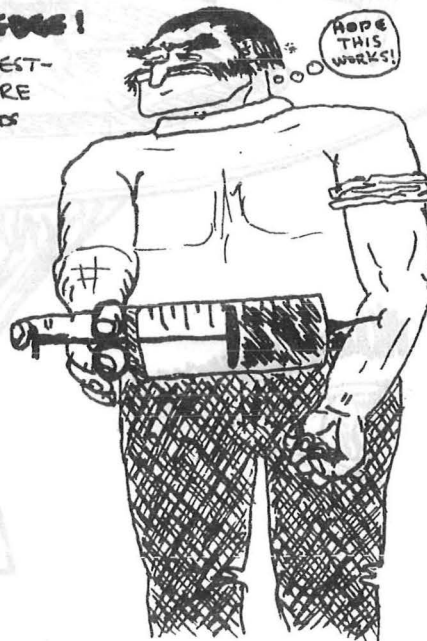


ELI DIGS OUT THE
GIANT SYRINGE WHICH
IS ESSENTIAL TO THE
PLAN - *



INSTANT KNOWLEDGE!

ELI GOES TO THE REST-
ROOM ONE HOUR BEFORE
THE TEST AND SHOOTS
UP HIS TEXTBOOK I. V.



TAKE IT FROM
ME!! NOTHING
SUCCEEDS
LIKE SUCCESS!

