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Some examples of the kinds of errors to be found in the transcripts are provided below.

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Dr. Williams Reel 11

Most of the medical students that come to Southwestern have had four years of college work and in that college work we have not required by any means that they all have a strictly scientific background. In other words, they don't have to major in biology or biochemistry. We've urged students to get a broad education when they've been considering their pre-med curriculum and to, some of them to major in economics or sociology, history, psychology because we think we have a lot of problems in medicine today that we wouldn't have if doctors in the previous generations had been better educated as to some of the broad problems in society rather than just having their scientific education and indeed we have a good number of students ^(who) ~~that~~ have an unusual educational background. For instance, in the current senior class there's a fine arts major who was trained as a sculptor at the University of Texas at Austin. Now he certainly took the required scientific courses that we required, but he's a sculptor and he's thinking about using this in his profession because he's thinking about doing reconstructive surgery. He has a three-dimensional eye, and he may very well go into reconstructive surgery of the face and head which would be good use of his unusual background.

Sure, we require an educational background in biology and chemistry and mathematics so that they can understand the scientific part of medicine, but we don't ^{at} require that they be overloaded in the sciences. That...

Most of the students who come here do have a degree though it's not required. A minimum number of hours is 90 for admission.

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I think that's an important thing--not to have everybody

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educated the same way and in a narrow scientific way.

?Do you stress that?

Sure, when we talk to pre-med clubs, we stress to them, "We don't care what your major is. You have to have the minimum scientific background," but we do encourage a broad education for students if that's their interest. If somebody's primary interest is in biochemistry or biology, we don't discourage them, but we don't require that.

Then there is a four-year time here at Southwestern, and at the conclusion of that time the graduates of this medical school, as they are from all medical schools, are nothing but an M.D. In other words, they do not, while they are here, become a surgeon or a family practitioner or any kind of specialist. That kind of development, a specialist or nonspecialist, that kind of development occurs during a residency, and it's the thesis of our school that we wish to provide a very firm background on which the students can build their special interests.

Then after medical school, at the conclusion of medical school you're about half-way through your training. There's a three- to five-year training in residency which takes place in a hospital and our residency is based primarily ~~on~~ at Parkland and the Veterans' Administration Hospital. And this has become a widely sought-after residency from all over the country. About a third of the Parkland house staff is ~~from~~ composed of our own graduates, but we have encouraged our students who graduate from Southwestern to broaden their education by getting residencies in other localities if they are so inclined, and if they wish to do it for part-time to go away and then come back.

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And it's during the residency that a young physician becomes a practitioner or a surgeon, which incidentally takes five to seven years sometimes, or becomes a pediatrician, which currently takes three ~~6~~ years of residency training and incidentally the Children's Medical center is part of the residency training here. I said Parkland and VA. I should have included Children's Medical Center as well.

I think we ought to, while we're talking about the Parkland residency, which is very much a part of our campus, look at that as a community asset. What does it mean to this community to have a residency where there're some of the sharpest young people in the nation want to come and do their training. Well, I think it has a lot of advantages to it, just from a community asset, or from a community standpoint.

Number one, Parkland serves as the physician for a large segment of our population. The provision of professional services is the responsibility of the medical school. The attending staff and the resident staff. And to have that hospital staffed at all times with people who are sharp and who are well motivated, hard-working means^s that the people who show up over at Parkland are going to get first-rate care. Also a good number of those residents stay in Dallas to practice because they've found it an attractive community in which to live and they enjoy the medical contact at the medical school. And in all areas of Dallas you'll find people who have come to Parkland to have their residency. They may have come from other places, and this means that we have a continuing supply of well-educated and well-motivated doctors.

This gives you kind of an overview of the education that goes

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on out here. There's one other aspect of the education that ought to be stressed, and that's the fact that the educational effort is extended to the doctors that are in practice, and the people that live in Dallas are served by doctors who are continually educated by the efforts of the medical school. So this education doesn't just stop after you finish your residency, a practicing physician in Dallas may very well come out here and work in clinics and attend rounds and so forth.

?This is Dr. Race's ⁹program?

That's right. But it also is done on an informal basis. In other words, if you're a practicing internist here, frequently you will do service at Parkland for two or three months where you have contact with the resident staff, and you see the sick people in Parkland on sort of a volunteer basis. You may come out here for conferences, and also I think it ought to be emphasized this is a community asset because if the doctors have a bizarre or a very unusual case, they know they can get experts out here at the medical school. So this place serves the community by having Parkland staffed with a staff that's an unusually high caliber.

The second point I think is that a good many of the residents stay in this community and practice, and the medical school serves as a continuing education ^(focus) ~~program at least~~ for the doctors, which I think is very important.

And then the fourth point about this is that the doctors can get help out here at the medical school for unusual cases, and all these are direct community assets from this entire medical center. In other words, the citizens I think are served ^(directly) ~~by it~~ by the fact that an ^(educational) ~~institution~~ of institutional quality's here.

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Do you want to talk about the students next?

?Yeah, your role as counselor?

Okay, let me just run through how our student body is sort of pulled together and so forth. Since we're a state institution, we are compelled by law to admit 90 per cent Texas residents, and as a matter of fact, we end up admitting more than 90 per cent Texas residents. We ~~do~~ do have some out-of-state students every year, but they are relatively few in number.

However, a good many of our Texas residents have ~~done~~^{gone} out-of-state to school, and they do come back here to go to medical school. In the average ~~en~~terring class, there are more than 50 colleges represented in the 200 members. So it means that we have a student body with a diversity of educational background. Since this is a state school, and the state supports it very generously and the tuition and the expense of going to medical school is largely concerned with just living expenses, the tuition is very low and all the fees and books and so forth don't amount to an enormous amount of money ~~compar~~^{ed}relatively speaking, which means that people from a good spread of socioeconomic backgrounds can come to medical school. It's economically possible for them to come, especially in view of the fact that in previous years the federal government~~s~~ provided low-interest rate long-term payback loans. When the Admission Committee works, we make a big point of trying to get a geographical spread of students. In other words, if a student comes from a rural area, we take special note of that student, and if you look at the distribution in relation to the geographical population of the state, it almost follows the geographical distribution. It's amazing. In other words, we have a very even

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spread of, we have most of the students from the areas where^{ae} most of the people live but at the same time we have people scattered^{ed} out in the less populated areas of the state. So we have a good many students with rural backgrounds. I think the personal characteristics of these students, one hears ~~that~~ now that there are automatons and driving people who becuase^{use} of the competition of getting into medical school all the humanity has been drained out of them, and I^{id} like to refute that as much as I can because in my intense personal contact with these students I think that we're far from that. Sure they're a bright bunch of very hard-working studnets but in the process of working to get here I don't not think^g that they've drained all the humanity out of themselves, and I find them extremely well-motivated and in ~~all~~ the upper years have all those characteristics that you would want in a practicing physician. And I firmly believe that there is no, that there is no conflict between intellect and humaneness, that those things can be combined in people, and I see it over and over in the students, and I don't think that when you have a kind physician ^(at) ~~the~~ you necessarily have to have one that's not achieved intellectually, and certainly none of us want a dumb ~~e~~ doctor.

Now one thing that you're interested in is what's happened to the people ~~that~~ when they get out, graduates, I'll have to get ~~that~~ ^(that) in more detail. The secretary^X has most of that information is ill. I'll get that later, but I do think it's of great interest that this is I think a startling ~~1~~ fact that more than 50 per cent of the pediatricians now practicing in the state^e of Texas went through a residency at Children's Medical Center right at the present time, and I think that's a startling point.

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There's a general statement about the curriculum that's in the first part of the catalog. I think you can read and work out a pretty good statement. I would say that the curriculum is designed to train students in excellence of patient care with a special emphasis on how to solve problems and also an emphasis on constantly asking why things are done and how things have gone wrong rather than an empirical consideration of things. In other words, we're not encouraging them to do things just because doctors before them have done certain things. We're asking them to constantly review why they do things and to ask why and to think through all their problems.

?Is that a recent development?

No. I think that too much in the past there are too, there have been trends of just do this because somebody's done it before, and there are some medical schools now that are training their medical students in a preceptorship experience almost totally where students are out working with doctors without any great organization of a body of knowledge and so forth, and we think that's a mistake. There's a certain amount of material that students need to go through and be exposed to in an organized ~~and~~ orderly way, rather than a chance encounter of a doctor and a number of problems. And too much of a preceptorship type of education students are just told to do something because the doctor they're watching is doing it without all this constant inquiry, and we think the inquiry will help them stay on their toes the rest of their life, and I think that's the fundamental ^(a) philosophy of the curriculum is to train a thinking doctor who will continually have an intellectual and a humane approach to

problems.

?Reinforced by liaison with graduate school?

No, I think that that's an independent pursuit. ~~that~~ that really is an overpowering, overwhelming part of the philosophy of the medical school. Thank you.

That's fine. Well, that opening statement about the curriculum, I think, sort of expresses in much pithier, better language what I've just done over.

The curriculum out here I think can be outlined sort of as follows:

When students start out in medical school, they don't know the language, the first year alone the vocabulary increases by several thousand words^e. They don't know where things are, they don't know how they work, they don't know much about normal behavior. And all these thing have to be ~~learned~~ learned before you can begin a consideration of what's gone haywire. And I'll talk about some of this in that Saturday speech.

We try the first year to talk about normal things--where they are, ~~in~~ anatomy, how things work in physiology, and the second year we begin studying about disease states. And also drugs that affect diseases, and at that time, the students are introduced to the patients, so to sppeak. They begin to go see patients in the hospitals and in the clinics and find out what complaints brought them in. And they also visit specialty clinics where they see patients with heart problems and so forth .

And then by the third year they begin a very intense clinical experience which extends throughout the third and fourth year. And in which they participate in kind of a team effort¹ to take care

of patient^s. And one thing that I think is distinctive about this medical school in contrast to some others but not all others is that the student is integrated into a patient care team in which the residents, the attending men and the students all participate in providing medical care for the patients. In other words, they help those with more experience take care of the patients, and by that ~~become~~ ⁱⁿ become much more experienced at a relatively sooner period than ~~at~~ some places where the students are sort of disinterested observers only. In other words, they're not part of a team that's taking care of patients.

During the third and fourth year, the students are trained in all of the what I'd call major disciplines of internal medicine and pediatrics, obstetrics-gynecology, surgery, neurology, psychiatry, and then during this time they also have some elective time in which they can pursue special interest^s or fill-in areas where they feel that they need special knowledge before they get to their residency.

?Do you have contact when selecting electives?

Sure. I think that there's a lot of counseling that goes on through~~z~~ student affairs all the way through school, both of a personal standpoint and also ~~xx~~ helping students make career choices. Since Dr. Johnson and I both have had clinical experience, and his is continuing. We're consulted a lot about what people do in practice, ^{and} we have frequently arranged for students to spend short times, sometimes even just a day, with a practicing physician to see what they actually do in an ordinary practice, so to speak, in an urban community, and also we've arranged for this to take place in less populated areas so students will really know what

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they're getting into, when they're ready to go into practice.

?Difficult choosing alternatives?

It is for some students, but it's amazing how students find out what their talents are, and there are certain students who are strongly attracted to surgery, who, one thing that I think might be brought out in this is a good many students come to school with inherent talents that they find that they have and that they develop, the people that like to fix things, ~~that~~ who are tinkerers, who are good with their hands, soon find that they are attracted to things where you fix things, like surgery and orthopedics, all kinds of things that employ their hands and their brain. And a lot of that is inherent, I mean that is inherent talent, and we try, we don't think that in a, particularly in a free society, on in any kind of free atmosphere, that you can make students do certain things within fields of medicine, and do a good job. For instance, if somebody is made to do things in practice, and they are, they have, if they have talents that lie in other directions. In other words, if they have a strong surgical bent and great talent along that line, it would be a mistake to have them out taking care of children and people with long-term medical illnesses because their talent and temperament don't fall into that area.

I think that's one thing that we could develop and work on because people, I think, because the lay public needs to understand that it's not just a matter of saying, "You do this and you do that," that you have to realize that the doctor has certain things that he can develop and serve people well and certain talents that need to be developed.

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?Your relationship as counselor?

Well, since I was in practice for 15 years, it does give some background on which the students can draw when they go to make up their minds about some of these, but they find out about themselves what they can do, and that's what they try to encourage, what they ~~can~~ not only learn something here, but they find out something about themselves and what they're good for, what they want to do, and it's amazing the spread that occurs within ~~them~~ an individual class of the different interests.

For instance, last week a very meticulous young man came to see me who is good with his hands, and he's already interested in neurosurgery. He's not quite ready to graduate or choose his residency, but he's found out about himself, and in a refined surgical area like neurosurgery or eye surgery you need to have people who are very skilled with their hands and very steady in their nervous systems and very meticulous in the way that they can do their work. And I think this young man found this out about himself that he has some of those inherent qualities that mean that he can develop in this area.

?Some students change their minds during residency?

Sure.

?Do you have as much contact with the residents?

No. I don't, but those students who graduate from here who change their minds usually let us know because they need their credentials. I'd say the number is really pretty small, relatively speaking.

I believe that's most of the list that I went through. I don't think it would be of any particular interest to go through

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how medical education's financed. That's a very narrow sort of thing.

But I think that those points of how this place serves the community directly, and those are well-defined. I think everybody would recognize those. They provide a center over here where excellent care is offered to a ~~g~~ big sort of segment of the community.

?Extracurricular activities?

We have as best we could on a campus that's not part of a big university campus encouraged students to have some extracurricular activities. If they work hard, they also need to play hard, too, and have some digression just for their own health, so to speak. And a large number of students participate in athletics. We have, for instance, some professional athletes who have come to medical school. In the sophomore class is a former member of the Tulsa Oilers football team, so he's very prominent in the intramural sports. We've recently had organized a rugby team, which is certainly unusual for Texas that's participating in the city leagues. The women have a modern dance class that goes on through the winter. It's a combination modern dance and exercise group that they've enjoyed very much. We have several tennis champions on the campus, and in addition to this a large number of students who are interested in music, art, and what have you. I don't think I ever go to a symphony concert without feeling that I'm in a freshman or sophomore class room. Large numbers of students taking part in all the activities in town, that primarily are neither cheap or free. So it's amazing the variety of things that people do. A couple of students came by the house this

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weekend to pick up some plants because they've got interested in horticulture, and there are some that have extensive modest greenhouses in their apartment windows. Just a whole variety of things.

?Most of them live in apartments around here?

Yes. They don't want university housing, but at the time you're 22.1 years, you don't want to be constrained by living in a dormitory, so they live in apartment houses in a pretty scattered area.

One point that might be made is that some of the students are older and they are married and they have, a few of them have children.

That's a start.

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