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

Filename	PDF Version Page	Error
jmf_int_transcript_Williams_2_2_1976.pdf	20	"Parkalnd"
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WILLIAMS

NEW INTERVIEW TAPE - 4-11-77

Reel 19 Dr. Williams Orientation

Of course, I would like to tell you something about Southwestern as we go along, but I would like to try to be as objective as possible to get you to thinking about a medical school. The other thing I would like to do is to begin, that is at least to get you to thinking about yourself as a doctor. You know it's not very far away, and I know that your facts are nothing but about pre-med, which I still think is an honorable estate. But I think it's time for you to begin to think about yourself as the doctor. Okay...and what your reactions and relations will be. I think what happens to students that I see in the medical school is not only a vast education process, learning a lot of things and also how to think, most importantly, but also students find out a good deal about themselves, and I think that this is something that you begin to think about right now, and I would urge you to think about yourself as the doctor and how you respond to various situations. I think it will help you to select your school, and also maybe for a very few of you confirm all your future interests in and going to our own medical school.

Now let's look at some of these things. Some of these things that you have to think about _____

medical school And your reaction

help me get an M.D. degree, and that's true. That's the purpose of all medical schools, is to produce doctors. But let me acquaint you with some things that are going on in medical education. There are some medical schools now, that

more

and a good many of them in subtle ways are responding to societal demands by trying to turn out a product that society wants. For instance, we could use many more primary care physicians--general internists, pediatricians, family practicioners. Now I don't deny that at all, but there are many schools that are aiming toward this in such a strong way that they wish to turn out all or most of their products in these areas. In other words, if you walk in the front door and that medical school has a predetermined goal. Now I know that some of you have predetermined goals. I've visited with you, and I know what your aims are in that, but as I've watched people go through school, and their residencies, I've come to realize that you don't really know what you're worth, what your real talents are until you've had a good deal of clinical experience, until you're about ready to to go down for the third time sometimes during your third or fourth year. Let me give you some examples of this. I was in a general practice ~~program~~ of internal medicine for about a decade and a half before coming out here full-time, and in that kind of setting I did a good deal of family medicine, and in a couple or three families I took care of four generations. Now this meant that I saw the same people year in and year out. And when the weather changed in the winter time, ~~and~~ it got cold like this, you could ~~really~~ predict that the next week there would be the traditional little old ladies whose joints would hurt like they did in the cold weather the year before, and you knew that you weren't going to cure them, but you could certainly help them be more comfortable and get around and be active. But that

bugs some people, to see the same people over and over, and if in your professional life, in the beginning of it, you find that that kind of thing doesn't suit you, you'd better not go into primary care.

I have some friends who know how to put things together, you know, they're tinkerers, they know how to fix light switches and they can tie their shoes and ...I have a tough time. As an internist, Mrs. Williams had to tie my shoes before I could... You know I'm not any good at putting things together... or making things.

Well, now those tinkerers can turn out to be very talented people in certain areas--they're orthopedists, they're ophthalmologists, who do very delicate surgery. They do neurosurgery. They do a good many things where they like to fix things, but their contacting with the patient is relatively short. It's a short contact.

If you go to a school that has a predetermined goal for you, you may find yourself channeled into something that doesn't really suit your talents or what you would like to do or even what you're fit to do. And I would caution you against fixing yourself too soon, until you find out a great deal more about yourself and what your talent really is. And we don't have any predetermined aim for you except for one thing, and that's quality, excellence, whatever word you want to call it. We want you to come to Southwestern, find yourself, let us help you find yourself, where your talents are, and then be the best of whatever you want to be. Okay, that's one _____

But I would caution you in selecting your medical school

to not get too narrowly channeled too soon. till you have gone through this period of , I guess you might call professional self-awareness.

Now the second thing you have to look at of course, is how things are done. The curriculum, you can't find it out in the catalog. There are some listings, and some xx forth. And the best thing to do when you go to visit a medical school is to talk to the people there and see how things are done and particularly look at the time framework in which their education takes place.

I think maybe the best way to do this is to compare and contrast what goes on here and see where medical schools now are approaching education in the different ways. And let me assure you that I am not damning by faint praise. They are being done differently. Some of the things that are going on are experiments. Some of them are repeated experiments that have failed before, but _____ complimentary history so we're repeating them. But look at these things and see how they suit you and how you would like to approach your medical education. Particularly I would call your attention not just to the total number of years, but how the work is distributed and in this time from here to here.

Now let me direct your attention to this wonderful _____ right here--the first day of medical school. Here you are--your pencils are sharpened and you're sitting right there ready to go. But let me call your attention to what a physical state this is. You're starting out in a new field. You don't know the language. Your first year alone your vocabulary increases by several thousand words. You

don't know how to talk to each other. You don't know the front from the back, okay, or how to say it in a medical way. You don't know where things are ~~xx~~ in ~~the~~ this body ~~x~~ you're going to help stay well or help get well. You don't know how it works. The human behavior, in many aspects, is still a mystery to you.

And so I think you can look at medical school maybe as a way to overcome this acute deficiency state in all those things. And the first thing that I think you need to do, and indeed it's ~~the~~ (sorta) purpose of the first-year curriculum at Southwestern, is to find out something about the normal, for Pete's sake. There's no point in your going to see the ill until you see what actually _____ normal since you don't _____ _____ how it works ~~a~~ s ~~x~~ to (why people behave)

So the first year curriculum at Southwestern is to give you a good foundation in what's normal, anatomy--where things are, How ~~can this~~ (things) function, biochemistry. Eventually all ~~x~~ things are chemical reactions, of course, in the way they function. Progressing on to physiology, some points about normal behavior, and all this time you are learning the language where you can converse with your confreres and your mentors, how ~~you can help~~ to talk medicine, for Pete's sake.

Now I would call your attention to the fact that even though there are clinical _____ this first year, you don't have (any direct) patient responsibility. I don't see any point in putting a white coat on you _____ the first year and ~~s~~uffing your pockets full of instruments (that) you don't know how to use, and sending you over to see sick people when you don't even know where their innards are,

for Pete's sake. In other words, we think you need to know and have some good, firm basics in what's normal before you start seeing the sick, and considering what goes haywire.

Okay, once you've gotten a basis for the normal, you can begin to see what goes haywire with people. After all you're going to be a doctor, and you'll probably keep people well or help them when they're sick. You certainly need to know about the abnormal. And this year one of the big major considerations is pathology, the study of disease. You also have some consideration for abnormal forces coming from the outside, microbiology. If you think about it, any kind of organism that comes in from the outside that affects health is an abnormal force from the outside. Pharmacology... therapeutic drugs are certainly an abnormal force from the outside, even though it may help you get well. Some more considerations are abnormal behavior, and during this year which is not just a basic science year, but what you might call a transition year, you begin to see patients,

Now we try to do this in a gradual way on purpose. I don't know whether you've ever considered what happens to you the first day you see your first patient. It's a painful experience. As a matter of fact, I can remember the names of the first few patients I saw, even to day, it was such a painful experience. Because you go in, and you've got ten thumbs and you don't know the patients. and you're fumbling around and you really don't know how to begin to deal with patients in a very skillful way.

What you've got to do is to make this painless but efficient, and to acquaint you with how to interview patients

and how to establish a rapport with the patients. If you're going to see the sick or even the well, it's probably helpful. One of your chief jobs is to be able to communicate with that person and set up a relationship. You can't talk to them about taking pills unless you've got a good relationship with that person. So we begin this right, I would say gradually, we enable you to begin to take histories and to do physicals examinations, how to get around the hospital, how to function in a hospital, and by the end of the sophomore year, you not only have a good firm background, a background that helps you learn how to think and approach problems in a logical way.

But you also are comfortable in dealing with patients and then you'll be ready to begin an intensive clinical experience. Now it is true we have a junior and senior year and you would think that they would be split in their concepts, but I'd like to have you think about these two years as a clinical unit, the third and fourth year.

We don't have just an intensive clinical experience in the third year in which they're exposed to all disciplines and then have a fourth year of elective tacked on just so we can say we have a four-year curriculum. The clinical experiences are spread in the third and fourth year so that it is not _____

_____

Now let's see what gives in these two years. The junior year is divided into two five-month segments. It's a ten-month year, not a nine-month year. And one of these segments is five months of internal medicine, and the other is five months equally divided between pediatrics and obstetrics-gynecology.

Now this is a big chunk of internal medicine and we're well aware of it, but the long experience here has indicated that serves the students very well because in internal medicine a good many fundamentals are learned and spread into other areas. There are a lot of surgical illnesses, so to speak, that have a lot of medical implications, and that's true of obstetrics-gynecology also. So this is a ten-month year equally divided between these two major areas.

And this clinical experience extends into the fourth year where there's three months of surgery, there's a month of psychiatry, a month of neurology, and four months of electives. Now those electives, we may have a very distinct purpose for you. We don't think it's just a time for you to do what you want to, though you do so after we think they'll either help you make a career choice or they ought to help you build some strengths around your career choice if you've already made one.

Now this gives you a very sort of rough idea about what goes on in the four years. Let me call your attention once more to a very important point, or a couple or three important points, I think that when you go to look at a medical school. Again, look at the distribution of this. It's an even sort of experience. Look right here. That's the time between your freshman and sophomore year, and after nine months of medical school, and after the strain of getting into medical school, it's a tight time for you. We think that you need a respite. There are a number of students who work around here during that time off, and especially those students who think

they want a research career. A good many students find jobs away from the campus, and I certainly encourage that because I think that sometimes (it's a good idea to) they feel like they're getting cobwebs (out) at this point. Some students goof off, which again I think is great because this is one of the last times, ladies and gentlemen,_____

But this is a time at your discretion.

In these experiences during the third and fourth year. we have two other significant time_____

but these (o) time _____

are rotated through the year for 20 per cent of the students. In other words, it's not taking everybody to school during the winter and everybody having the summer off. These times are rotated off so that we are constantly using the hospital in tutorial _____

As you well know, we have increased our enrollment because certainly we needed more doctors, and there are more of you (who want) to be doctors, and we're (doing) our part, but at the (same) time we (did) not want to destroy what we think is our major strength, and that's the essential tutorial experience of the third and fourth year, so there's still the six students plus or minus one or two on the ward units over at Parkland and Children's and the other clinic facilities so that these are still tutorial experiences, and if you would look also at this curriculum, again I would call your attention to the fact that in the fourth year the experiences are distributed so that nothing is jammed or cut short.

Let me call your attention to one other thing that

is being done in some medical schools, and perhaps it's right, I don't know. And it may be right for some, who have very fixed interests at this point. There are some medical schools now where you can come in on the first day and declare your intent to be something really specialil _____ You can come in and say, "I want to be a left-handed eye surgeon." And they'll sit down and design a curriculum for you. And you might skip some of the experiences that our students have. Okay, and I suppose that if you have a particular interest, that there are some points to that. But our ideas as to what you need at this stage in your medical training is just the opposite. We think that there's a certain body of knowledge that will serve you well the rest of your professional life, no matter what you turn out to be, and our idea is that in these four years you'll build a good firm background on which to base your future professional life, and that you need experiences in all the major medical disciplines no matter what you want to be.

Let me lift your eyes just a little bit and remind you of some positive facts. Here you are in college for four years. Here you are in medical school for four years. Let me remind you that after medical school there comes a period of a minimum period of three years, no matter what you do, the minimum residency is three years and some of the surgical subspecialilties go five to seven years after medical school. So when you think of medical school, you're about half-way through with your professional training, and I think that you sometimes lose sight of _____ that long time pause you've got to think before you pursue this any longer. Because here you

are in your residency. Now as most of you know, it's in your residency where you become something, where you become a family practitioner or where you become an internist or an ophthalmologist, whatever your interest is. That's where you get the special trainning, and when you've finished medical school, all you are, ladies and gentlemen, is an M.D. That's it. Nothing else, and there's no such thing as taking a year's internship any more and then going into practice. The minimum residency is three years, and that experience is designed to sharpen you into a usable product.

Okay, so there's no point, it seems to me, at this point in time trying to specialize you when there is so much basic knowledge that will contribute to your professional excellence the rest of your life. Let me just give you an example. I know of a curriculum in a medical school that I don't think any of you are applying to. It's ~~ruled~~ _____ so you can't identify it. They don't have any obstetrics-gynecology and pediatrics in any depth. They have a five-week experience called maternal and child welfare, for Pete's sake, and that is your pediatrics and obstetrics-gynecology with the idea that in your residency you indeed will become something and you just don't need to know all this business in detail about a pregnant woman or the little child unless you become a specialiest .

Well, that's nonsense. Let me give you some just trival examples without even looking at the books. If you're going to be an eye man, or an eye woman, you will be taking care of

all kinds of people. And if you're sitting in your office and a pregnant woman comes in, and says, "Doctor, I'm having trouble focusing. Yesterday I could see the newspaper quite well, and today I have to hold it out, and I noticed last week that I was changing my focus every few days. I'm worried about this."

Well, if the doctor doesn't have a good background and know about what happens in pregnancy in some detail, he might try to fit some glasses to that poor woman, and she'll bring them back the next day and say, "These don't work any more."

Well, if you have a good solid background in clinical medicine, including some obstetrics-gynecology, you'll know that fluid retention is a normal part of pregnancy. Abnormal fluid retention, of course, is bad, but that fluid retention may affect the lens of the eye, too, just like it affects the rest of the body, and you can't fit glasses

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the patient's been given some diuretic. Her glasses are going to be washed out, too. So this is a prime example of why we think you need a good strong basic in all the clinical disciplines no matter what your goals are now, and the other thing I'd like to remind you again is that a good many of you come into school with fixed ideas as to what you'd like to be, and you change your minds because you find other interests and other talents. So our thesis is that you need a good strong background, a good strong background before you enter any kind of residency, and this includes a good strong background in the basic sciences. The basic sciences--biochemistry, physiology, cell biology and so on,—

afford you a background and a way to think about problems. We want you to be thinking doctors for the rest of your lives. In other words, to approach a problem in a scientific way.

Now I don't mean to forget the humane aspects of medicine at all. When you go to solve a problem, and somebody comes in to you as a sick, I don't care how kind you are if you don't have what it takes to solve a problem, you haven't done that patient as much good, and you can't solve all problems by humaneness. You must help them solve their problems in a scientific way as well. In other words, if you have a good background in clinical experiences and if you have a good background in basic sciences, you will approach those problems thinking mechanisms there that caused this patient to get sick. What are the things that have gone wrong? And then when you approach the therapy of that patient, you can begin to think of therapy in a rational way, too. I would discourage you from ever being a a doctor who just does things ~~xxx~~ because you know that's what a doctor you've seen do before for that particular illness. You must constantly think through your problems. And that's our aim here is to start you ~~xxx~~ on that kind of thinking.

You know, I don't know whether you've thought about it or not, but you're not only going to be active professionally, in the year 1984, but you're going to be doing some of your professional work in the year 2,000 and beyond. And I think that's very exciting to think about, and you will in a few years regard a lot of the things that you've learned now as abysmally primitive, in fact because I'm sure that we're going

to move forward, but if you have set your way of thinking in present terms ~~of the present ways~~ of thinking, why things go wrong, how things go wrong, why am I doing this, I think it will serve you very well to be an active old doctor when you are working in the year 2,000 because a good many of you will be working.

Well, we've talked about the sort of outline of curriculum and why ~~w~~we've done these, but I don't think we've really told you what ~~xxxxxx~~ students do Monday morning at 7:00, say, when you're over there starting your day, or at 6:30.

In the clinical experiences, how do students function at Southwestern? What do they do? There are two ways to approach medicine, _____ at this stage. the first certainly works. I've been in some experiences in my life where this system was used, and this system is that the student arrives at the ward ~~xxxx~~, is assigened a patient. That patient may have been there a day or two. The action is sort of already over, you go in and find out what's happened to the patinet, talke a history and a physical examination for the record. Then you go over to the library and do your book work and then you discuss this with the staff. This is sort of a disjointed way to do this, in other words, you're not part of taking care of that patient, but you've certainly seen what happens, and you have a valid experience. Well, our thesis about medical education is that you learn much more in a clinical arenas if you're actually involved in the patient care. So when the students are on medicine, obstetrics-gyneocology, pede, surgery, all types of surgery, and all those things, you're actually part of the

team that takes care of the patient, and if your team is on call when somebody comes in with heart failure in the middle of the night, you're there to help take the history, see what responses there are to the medication and to the _____ that go on when you see a patient in terms of _____ you do certain things, and you are intimately involved in ~~taking care of the~~ patient care, and we think this is a much more valid way to learn than if you are just sort of a disinterested observer of the patient's illness and the students here really are involved in patient care . In doing, they soon realize the awesome responsibility that you have as you ~~xxx~~ become a doctor. And I think that's very important to learn, but I think our students very early on begin to feel their responsibility, and the purpose is on their medical education a very intense ~~clinical~~ _____ because of their intimate clinical experiences

Well, let me progress on a bit to see some other things about _____ medical schools. The next thing you have to look at in addition to curriculum is where all this is done, and I don't mean the lecture halls like this. Physical facilities are adequate and even palacious most places nowdays, no problem. But let's look at the other distinct setting where you're going to have ~~xx~~ some experiences that are unique to medical education _____ in a very important sest of considerations where you have to look at this now and evaluate a medical school.

And of course, that's the hospitals and clinics where the things take place. Now I also know that some of you have had some clinical experiences, and it's confirmed your interest in medicine, but being an orderly in a hospital or a candy-striper

or a ward clerk and so forth is a little bit different experience than being a medical student in a hospital. And I want you to look at hospitals now as to what I need in a hospital if I'm a medical student and want learn right. What are the characteristics of a hospital that serve a medical school? Let's look at some of these things and see. I think some of them are pretty obvious to you. Size, what you need in medical school at that stage in your life is a variety of clinical experiences, to see a big turnover of patients, to see a variety of all sorts of things. And that can be afforded only by hospitals, hospital beds, clinics and emergency rooms that have a big volume of turnover within a reasonable period of time. Size makes a difference. You've got to have a variety of experiences, and make sure that there are plenty of sick people either way.

Okay, so size is important, and I think very obvious to you.

The other thing that may be a new concept for you but not entirely, and I'd like to have you think about this a good deal, because it makes a good deal of difference in the kind of experience you have when you get to medical school, and that's the type of patient that you have there. In other words, whether it's a private patient or whether that patient is the patient of the staff of the medical school. Now let me try to explain this a little bit. The patients are in Parkland, The patients of the Veterans' administration hospital are good general patients and the patients in children's Medical Center are the ultimate responsibility of the staff of this medical

school, in other words, the people in the clinical areas here are responsible for the care of those people. And I believe if you stopped a clinical faculty in the halls as they walk back and forth today and say, "What's your ...what is the responsibility that you feel most keenly? Is it teaching? Is it turning out a research paper?" And I think the universal answer would be their responsibility for the care of the patients in those three institutions. That's the thing that weighs most heavily on their conscience and on their activities all the time because there are problems, and once you begin to assume patient responsibility, that takes priority over all things _____

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It's a thing that you'll learn very, very early in your professional life. But with responsibility goes learning. The students...

The first day you start your new career _____ and you realize that you're helping that patient , I think at that particular time, you begin to feel your responsiblity. And we think that because the responsiblity is ours that the learning situation is much more valid. Because if you're helping the situation, if you're helping the resident take care of the patient, helping the staff member take care of the patient, I think that you realize right away some of the awesome things that happen to you when you're a doctor, and you learn much more effectively that way because if you've got to know what to do in ~~xix xxxkxx~~ _____

So the type of patient--surely you learn from a private patient, but if the ultimate responsibility is the staff, the private staff man. The ultimate responsibility belongs to that staff man as a private patient, well, you sometimes think he's going to decide that difficult problem, or he'll take care of it, so I think that the type of patient that you will have most of your experience with is a very valid thing to look at.

Okay, there's one other thing that I think you ought to look at, and that's the emergency room at the hospital. Now it's obvious to you one, you'd like to have a good emergency room and somewhere along your experience. The amount of time that you spend in the emergency room in your medical school is going to be very small indeed. It's a short time relatively speaking. It's a valuable time because that's where you learn to think in priorities. You think, you know, what do you do first if somebody comes in with a coronary or somebody comes in with an accident. You soon learn to layer these things in very astute priorities. You don't do a urinalysis, for Pete's sake, if somebody comes in, and their leg's been broken. You learn how to approach an acute problem. Sure that's a valuable experience in the emergency room, but let me give you one other consideration I think maybe more important than that. As all of society in this country these days is mobile. A good many of you will move several times in your lifetime, and not only is society mobile, but the private medicine has not kept up with the population, in providing medical care, and a good many people don't have access to doctors, one on one yet,

I think we'll eventually do a better job of that with increased enrollments, but a good many people now depend on emergency rooms for their care. If you stop a significant portion of the population of Dallas and say, "If you get sick st 2:00 this morning, who's your doctor and where do you go?" And they say, "Parkland's my doctor." And Parkland indeed is their doctor. So if somebody wakes up and has chest pain, cough, chill, and so forth, signs of pneumonia, early in the morning, their access to medical care is the Parkland emergency room.

So what does this do for me as a student? It means that if this emergency room is serving as the primary care physician, for a significant population, it means that I will be fed a variety of different kinds of cases. And you will find that emergency rooms in metropolitan areas serve a population like that. That's almost universal in our metropolitan areas, and it benefits you. Of course, it ultimately benefits your patients and society, but you're looking at this as a medical student. A busy emergency room means a good deal to you.

Now I've saved the most important thing for last. House staff. residents. All the house staff now is called residents. It's not interns and residents. It's residents one, two, and three, or residents one, two, three, four, and five or residents one, two, three, four, five, six, seven say in neurosurgery and in cardiovascular surgery .

But what part does the house staff play in your life from now on? What do they have to do with it? You know that they sort of run the hospital, and they take care of all the emergencies in the hospital, they admit people. But what do they do for me

as a student? Well, let me just say that prior to your junior and senior year the people you see the most of were not your spouses or your friends. For Pete's sake, it's your friendly house staff. Because you're in the hospital an inordinate length of time no matter where you go to medical school. And there's your friendly resident, okay.

The residents are on the ward with you constantly. The residents are the people who say, "Look, we've just had a flurry of people come in with asthma. Why did this happen and why did we do the things we did? And let's look at this and let's come into the conference room and talk about this the next thirty minutes."

The resident is the person you go to and say, "Say, Joe, say, Mary, I've never done a spinal tap before. Would you show me how to do one? This patient needs to do one."

They'll say, "Sure, I'll do this one, and I'll supervise you closely, and so forth."

They're the people that look over your histories and physicals and help you constantly. It's one of the grand traditions of medicine that the people who move before help the people who are coming behind. It's one of our grandest traditions and it starts while you're, your relations with the house staff. I can assure you that if your hospital and your medical school have a sharp house staff, it serves you immeasurably because they are there all the time and frequently set the tenor of your day-to-day education. So look at the house staff very closely. I think it's extremely

important for you.

Now your first question, I'm sure, is how do you look at a house staff? There are several things that are very easy. To begin with, there are a lot of free-floating, sort of subjective opinions that you're as to what the residencies involve. You've heard some of them. And I think you can pay attention to those. The other thing is when you visit the hospitals in your medical school, find out what percentage of them are local graduates. Let me give you an example of this. If you find that 80 or 90 per cent of the people who are there or 70 per cent or whatever are local graduates, that means two things to me.

Number one, it tells you that that residency is not widely sought after by people from outside. They're not trying to come in there and get the benefit of the education afforded by that medical school.

The second thing is that that situation is inbred. People move from the medical school into that residency in large numbers, so that there's no bringing in of experiences from other schools. Now sure, our house staff over here has a good many of our graduates. I think about a third of them, plus or minus. Bob Johnson, is that about right? About a third of our residents over here come from our school, and we're glad to have them, they serve very well, but when they apply for residencies over here, we ask them to enter the general kind of pool along with the applicants from other schools. And when you're on the wards with residents who have

gone to other medical schools, they bring in their different experiences, and _____ in this experience they've been to schools in different parts of the country. They help loosen up your thingking because if you have too much of the same thing, you begin to think that's the way to do it. And what you have to learn in medicine very early on is that there are different ways to do things, but they are not necessarily wrong. So, find out from the medical ~~schools~~ students where their house staff comes from, is it a sharp group, that may be the most important consideration in looking at this hospital -med school.

Now you need some information about Southwestern. We have plenty of hospital beds. Parkaland has about 1,000 beds. Children's has 125. the VA has 500 or 600, and we do our part with the ecumenical movement. We use Methodist, St. Paul, Presbyterian and Baylor, which is a Baptist hospital, has a thousand beds over there. So we have plenty of sick people for you to see.

As we've talked about, most of the patients you'll see while you're in medical school you help assume responsibility, and I think it serves you very well.

The emergency room is one of the five busiest emergency rooms in the U. S. There's no better place to learn Anatomy than Parkland emergency room on Saturday night. Plenty of sick people go through there. 165,000 a year.

~~Again~~ I Ask our students about the house staff. Most of you

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know that the Parkland residents here _____

But anyway talk to the students. I think that's a very valuable source of _____ house staff serves them in their medical education.

Well, we've talked a lot about _____ in the medical school and what may affect some of your decisions. I think you then have to decide, you know, how you measure the quality of the school, and I think that's a difficult thing to do.

Subjective opinions mean something, but I don't see any point in walking up and down and telling you what a grand school this school or another school is unless we can back it up, and that's hard to do in a very objective way. There is one thing that I think you'll find valuable, in looking at the quality of a medical school that again I hope you look at and think about.

Let me give you a brief lesson as to what's going to happen to you when you graduate from medical school. When you get out of medical school, you'll become a resident. Now I realize you've been climbing up the totem pole all these four years, and finally on graduation day there you are sitting right on top. Then the next day you slide right back down to the bottom. And you're back in the application business. You're applying for residencies so you're not through with it yet. The hospitals choose the residents, of course, They want the good residents because the residents run the hospital, and they depend on the decisions of those residents to take care of the sick and to keep things moving in that hospital. They want the best residents they can _____. Now if Southwestern sends a bum resident, a bum

graduate, a bad resident, to another place, the next year when that hospital goes to choose a resident, they're ~~not~~ going to say, "Well, you know that man or woman from Southwestern we got last year didn't know his way around the ward or how to function very well, and we'd better think about taking somebody else from Southwestern."

Now it's true that we'll have an occasional aberration in the sense that he doesn't represent the student body, but year in and year out these hospitals have experiences

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