

Note:

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These documents are digitized and provided on an “as is,” uncorrected basis, in order to maintain their historical integrity.

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”
jmf_int_transcript_Foster_2_2_1976.pdf	2	“trememdous reseurce”
jmf_int_transcript_Neaves_1976.pdf	6	“Andreas Baselius”
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RESEARCH
CHANGES IN MED ED

MS2 - HISTORIES
ENLARGED CLASSES
MED CURRICULUM - LECTURES
STUDENT COMPETITIVENESS
ELECTIVES
OUT REACH - PEDIATRICS - OB GYN
FACULTY GOALS

Bonte: Faculty Research

There are several dozen areas of research that are of considerable public value but there are, several of them ~~has~~ have been recognized with the award of international prizes and other distinctions, and that's a way to separate out the value placed on research by peers. And probably the most distinguished prize that has ever been won by a faculty member here is for the work on cholera and immunity to the disease by Dick Finklestein in microbiology. The Coke award. The major research prize in the world for research in bacteriology. And ~~since~~ since cholera is a disease that occasionally becomes pandemic and kills as large numbers of people as any disease still prevalent in the world, this may have the largest impact on world health.

We have an experimental program in which we hire residents to teach second year medical students how to do histories and physicals. I don't know whether this is done at any other medical school, but we've been doing it here for two years and it's a brilliant success. The students already are known to learn a large amount of what they learn in clinics and on wards from the house staff with whom they work the most closely, Why not learn the fundamentals of the the patient approach from them as well. ? Using one or more of his own patients with ~~their~~ their consent, the house officer runs thorough a history and physical and then he has students demonstrate to him . And this process goes on for almost the whole second year. By the time it's finished the student goes to the third year far advanced beyond what he had been before when he may have watched some faculty member run a history and physical two or three times.

Bonte 2

The whole campus was ~~rennove~~ rebuilt for the large classes. And as a matter of fact could not have been built without them. Some of the money that made construction possible, and the rennovation of Parkland, was made available because we promised to double the size of our student body. At the time, eight or ten years ago it was ~~elk~~ clear that there was an impending shortage of physicians and the easiest and lest expensive way of producing more of them was to enlarge existing medical schools, and it was a very bright idea because it "s absolutely correct.

~~But by and large every~~

But by and large every medical curriculum consists of two years, give or take some months, of instruction in the meidcal basic sciences. And they're always anatomy, physiology, biochemistry, and microbiology with immunology. Then there are other things that must be taught like the introduction to medicine. That course is the largest one in the first two years, and it includes lots of lectures.

And it consists of lots of lectures other than this clinical experience between the students and house staff.

~~xA~~ It always features ~~an irreducible~~, there is a certain irreducible amount of lecture.

It must. There's no other way to concretize the core of knowledge that ~~ta~~ a student must have before he begins to learn clinical medicine. You can go off and try to learn this by reading. ~~Butxx~~ But the amount of material involved is so vast and so complicated that the most brilliant mind requires skilled instructors to ~~pi~~ point out where the skeleton really is in this and what he must learn and what he needn't memorize. but be prepared to learn under appropriate ~~xix~~ circumstances later. So the lecture program is a must. You need some kind of guidance through an overwhelming mass of material.

It's a serious business. The people who have gotten into school here are
the survivors of a massive competition. in which competitive do better.

First of all it's a bright group, secondly it's a competitive group, third
it's a group that you can turn on by the use of skillful lecturing. Now you

would think that when a student gets to medical school he's sick of examination
and would want as few of them as possible. That's not so. It turns out that
if a student does not have a certain number of examinations to use as guide posts
to his progress, he becomes very apprehensive and he comes and tells you
that he actually wants more examinations. So you try to find a right number
so they're not an excessive burden, but that you can keep track of the student
and he can keep track of himself. But although our basic science years look
different & in many ways than those of other schools, ~~xxxxx~~ we're still ~~xxxx~~
teaching the same core of medical basic sciences. And apparently doing it
so effectively as to lead to this brilliant performance on the part of our students
about to graduate. Because without a formidable knowledge of the ~~xx~~ basic sciences
they could not have achieved those test scores.

Our clinical years are somewhat different from those of other schools but in the main we teach as we must the major disciplines of medicine, obstetrics, pediatrics and surgery. And we have compulsory rotations on psychiatry and neurology which ~~some~~ schools have. But importantly we have elective time available to the students to take courses ~~xxxxx~~ on the campus, off the campus at other medical institutions, out in remote sites, preceptorships in offices, experimental rural health care delivery with the family practice program in FtWorth, any reasonable thing that looks like an accreditable educational

experience that the elcetives committee will go for is in the book.

There are you know extraordinary faculty, a small cluster of them here that stand out year after year, graduating class after graduating class recognize the same handfull of ~~extra~~ordinary individuals as being great teachers. Therefore they ~~must~~ must be. No school is without them but the quality of the ones we have here I can't imagine being excelled anywhere else ~~where~~.

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When a school goes out into the community to provide ~~health~~ care it has to do so under carefully considered controllable circumstances ~~where~~ compatible with the ed cational process. Some of the biggest outreach efforts in the United States are operated by our Obstetrics and pediatrics department. But they're run under carefully controlled circumstances. They deliver unbelievable amounts of patinet care but they do it in an enviroment that is optimal for a certain kind of teaching. For example if you go to our junior students and you ask them Where do you get your best ambulatory care in pediatrics? They will tell you out at the children and youth clinics. It performs a community service but it does ~~also~~ also under terms still favorable to medical education. There's pressure of schools to send students and faculty out into the community to try to solve problems that are problems of society rather than problems of medica l=education. And in the end it ~~destroys~~ destroys the educational process and the school must have the strength strength to resist and this one does.

The faculty itself on a couple of recent occassions has attempted to crystalize some of its objectives. We carried out some of the same processes again to define objectives of the institution . Then in addition to that people who have grown up around here, and that ~~and~~ a large number of the senior faculty, have a feeling for the place and what

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it is and what it ought to be, what the faculty wants it to be and in the interest of producing best physicians how we ought to conduct our programs. People have their visions of Southwestern Medical School as a genuinely first rate institution doing things in innovative original and we hope creative ways. ~~A faculty that's~~ A faculty that's active in research can define limits and it can also define reasons why things happen. One of the attractive features of being on a faculty is having the opportunity to do original investigation, to add some new knowledge to the field, to develop some new way of identifying a disease or treating a disease since that's what it's all about. Well, where there are research programs going knowledge is being collected on a broad scale and in an environment like Southwestern where there are many interdisciplinary research groups which themselves overlap peripherally, the exchange of such knowledge is a very potent force. Well not only does education occur for research purposes but let's see what happens when Roger Unger is lecturing to the medical students about diabetes. He is not telling the students about what Roger Unger did, he is Roger Unger, he knows what he's done, he has a concept of the disease that is original with him and being an articulate man he can convey this to students Well that's a mighty advantage.

It's the first way that research get into the ^{educational} ~~instructional~~ program

Medical education changed a hell of a lot all of a sudden about 30 years ago.

before then it was descriptive and empiric . One described a disease process and anybody who had the process fit into this category and you treated him in a certain way. And superficial things were known, but the biochemical and physiologic reasons why the body functioned as it does and the mind functioned as it does when healthy

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as well as when diseased were not known. And suddenly it began to occur to educators

there is a reason why all these things happen. It is not just enough to know the

superficial manifestation of the thing, one must know the things themselves. And

from that foundation to be able to reason further. The whole character of education changed

and now Southwestern is a paradigm of that kind of education.

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