



Students receive awards

By ARTHUR W. PERRY

The Student Research Awards Day was held on November 7 in the Wiggers Auditorium. Annually, on this occasion, students are honored for their academic and research achievements.

The introductory speaker was Dr. Lyn Howard, Associate Professor of Medicine and Pediatrics and Director of Clinical Nutrition at AMC. Her speech, entitled, "Research: A Requirement or a Privilege for the Academic Clinician?" was well received by the one hundred students and faculty who filled the hall.

Jane Atkins, a second year student, led off the students who received Deans Certificates for Outstanding Research Endeavors. She presented her paper on bacteremia associated with toothbrushing, the culmination of a summer's work.

Patricia Elliot then spoke about the beneficial effect of the

presence of B cell antibodies prior to skin grafting in a murine study model. Stuart Fourman followed her with a talk about the decrease in blood flow through an atelectatic lung with nonpulsatile perfusion. Nannette Hoffman then spoke about the effects of mirex on neonatal mice and rats. These three students are also in the second year.

Jeff Wisnicki, receiving his second outstanding Research Award in as many years, presented a paper on the analysis of drug metabolism by high-pressure liquid chromatography.

These students were selected by a faculty committee chaired by Dr. Marilyn Cowger from a group of about 35 who submitted papers describing their research during the summer. Dr. Robert Megirian, Professor of Pharmacology and Director of student research fellowships, commented that all the papers were of high quality. He encourages all students, to

engage in summer research.

In addition to those receiving Outstanding Research Awards, David Kuehler, Ronald L. Moy, Arthur W. Perry, Jeffrey S. Rubinstein, Bruce Seideman, and Barry Zadeh received Honorable Mention for their research papers. All are second-year students except Mr. Zadeh, a junior.

Following the presentation of papers, Dean Stuart Bondurant presented various awards for academic excellence. These included:

Daggett Prizes in Anatomy, **Dave Nardacci, Tom Matte**

Knudson Prize in Biochemistry, **Tom Matte**

Merck Manual Prize in Biochemistry, **Dave Nardacci**

Townsend Prize in Physiology, **Tom Matte**

Merck Manual Prize in Physiology, **Bruce Seideman**

Lange Freshmen Prizes (overall academic excellence, **David Kuehler, Tom Matte**

Schaht Prize in Microbiology, **Ted Keltz**

Lange Prize in Infectious Disease, **Bill Kantor**

Schaffer Prize in Pathology, **Bruce Bonn**

Lange Prize in Clinical Pathology, **Robert Korenberg**

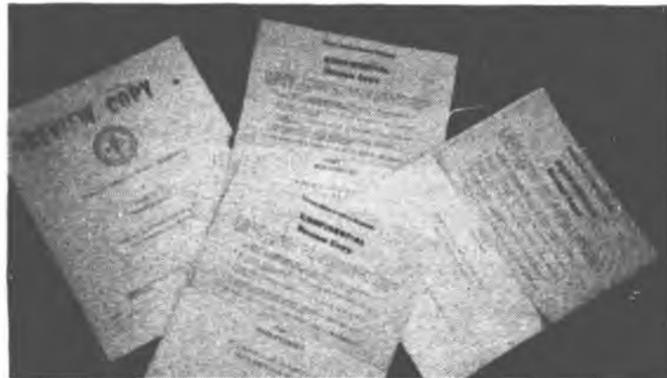
Trustee's Prize in Pharmacology, **Jeff Rubinstein**

Merck Manual Prize in Pharmacology, **Nanette Gordon**

Lange Junior Prizes (overall academic excellence) - **Daniel McKinsey, Virginia Wade**

Richard O. Shapiro Prize (contributed most to the welfare of the freshman class) - **Rick Seeger**

CIBA Award (to a junior who has made an outstanding contribution to the community). "No single member was selected," said Carl Devore, president of the junior class, "so we have decided to donate the set of books to the library in memory of the late David DeMott, Class of 1980.



Ferment over national boards: is it necessary?

By JAMES P. RALABATE

As a typical first year student last year, I looked forward to that last June final exam and the summer months. While preparing for my finals, I was exposed to the second year students in the dormitory who were completing those last few days of extensive study for the upcoming National Boards Exam, Part I. It appeared from the periphery of this setting that students were diligently reviewing those half dozen or so courses offered through the first two years. After June 13, the second year celebrated in a festive string of parties, and that was the last I heard of the National Boards. Mid-summer arrived, and I received a letter from one of my close friends (now in the second year) who had heard through the grapevines that an unusually high number of AMC students failed the Boards in June. As school began in September and old friends rejoiced in the corridors, a random comment or two pertaining to the Boards rumor were caught in the din. Later, as schedules settled down, a good number of other students in my class conversed about the same topic. I felt that as a representative of the class and a member of the Albany Medical Nexus, I would like to investigate matters without impinging on confidential grounds. I thought that the students had a right and responsibility to know about the performance of upper colleagues so that they may be reassured and relaxed when June arrives.

In a move of curiosity, I arranged separate appointments with Dr. Robert Friedlander, Associate Dean for Academic Affairs, and with department members that would be willing to offer statements. May I stress that the departmental comments to be presented are "off-the-hat" suppositions about what the 1977 Boards results actually mean. Some departments have yet to complete their item analysis, while others have the data but do not know if any valid, conclusive points can be derived.

The National Board of Medical Examiners offers medical schools a standardized set of exams which may evaluate students' learning levels and competency in medicine. Part I is meant to examine seven basic science areas in Anatomy, Biochemistry, Physiology, Pharmacology, Pathology, and Microbiology, along with a newly introduced section on Behavioral Science. Parts II and III are given during senior year and in one's residency program, respectively. This article shall focus attention to Part I.

Albany Medical College has traditionally been regarded as a good training ground for future physicians, and indeed its graduation record of placement into fine residencies is evidence of its adequate teaching and facilities. Yet, in the past two years the class taking the Boards Part I has shown an increased number of failures over the previous years, and AMC averages have also begun to decline so that now our students are receiving scores placing the school close to the national mean percentile score.

Dean Friedlander Speaks

Dr. Friedlander openly offered a variety of comments pertaining to the school's position on medical education. After presenting some general commentary, he showed me a newly published text titled *Measuring Medical Education: the Tests and the Experience of the National Board of Medical Examiners*. I have perused this book, and have used various points from it in this article.

Albany Medical College requires students to take and record a score on the National Boards Parts I and II. Neither exam is used for promotion or graduation purposes. As an extension of this policy, AMC does not include scores or a "Pass/Fail" designation on transcripts. Our Dean of Academic Affairs offered two reasons in support of this policy. First and foremost is the stance that AMC will not relinquish its teaching and evaluatory responsibilities to the National Board of Medical Examiners and allow them to decide who shall receive an M.D. degree. The most effective way to measure student achievement in our curriculum is through comprehensive examinations constructed by the departments offering courses. A second reason is that the exam offers regulatory agencies a standardized score which measures student performance on the same set of questions. Thus, such state certifying committees may use the Boards scores to compare their prospective physicians that seek state licensure. It should be stressed that AMC does not require a minimum score on this exam, and thus only notes on the transcript that the exam has been taken.

The failure rate on the National Boards examination is set at a constant every year. The test is graded on a relative scale. After absolute scores are determined, an adjustment is made to alter the scores to fit a bell-shaped distribution. The range is from 200 to 800, with the mean set at 500 plus or minus 100. Each school receives departmental item analyses, class averages in each subject, and overall

See National Awards, p. 4



Jeff Wisnicki delivering his paper at awards ceremony.

Course evaluations

Student triumph or just more red tape

By PAUL Z. SIEGEL

It's two days before finals! Why are they hassling me with these course evaluation forms? Who the hell cares if they get their 80 percent response?! The faculty does whatever they damn please in these courses no matter what we say. This whole thing is just a show to make us think we have some say in what goes on around here. What a waste of time; I'm better off spending the fifteen minutes studying.

Just about every preclinical student at AMC experiences a similar paroxysm of frustration-induced cynicism somewhere during the first two years but just how deserving of such a negative attitude is the course evaluation process? To be sure, there are students who enthusiastically respond to the questionnaires and even some who devote time to the course committees. But, as evidenced by the fact that 20 or 25 students in each course don't bother to fill out the form, it's clear that some students remain unconvinced that course evaluation is worthwhile.

There are a couple of points to be made in defense of course evaluation. The first is that in some cases student input has really had a significant impact on

course structure-curriculum, exams, teaching aids, and labs.

A Course Ahead of its Time

Probably the best example of a course which has largely been shaped by student input is Pathology. Dr. R. Foster Scott, course director for more than 15 years, began seeking out student opinions from the very start and designed course evaluation questionnaires years before AMC College policy called for them. Student suggestions have helped shape every aspect of the Pathology course from curriculum to audio-visual aids to the relative weighting of the different sections of the exams.

The idea of instituting weekly quizzes to be used as a study guide but counting for very little toward the final grade was suggested by students. Replacement of the rather dull essay questions with case analysis as well as the introduction of problem-solving sessions in the gross tutorial section of the course were spurred by student suggestion. And the active role of student opinions in shaping the Pathology course continues. This year a series of Medio-Legal lectures was introduced. Dr. Scott will rely heavily on the upcoming course evaluation to

determine how worthwhile the class considered these lectures. Quoting Dr. Scott, "To a large extent we'll do what they say."

The major reason for the singular responsiveness of the Pathology course to student wishes is undoubtedly Dr. Scott's attitude toward students. "The students know better than we (the faculty) do, he says. "These are professional students. They're trying to learn. You'd better pay attention to what they say."

The Pioneers

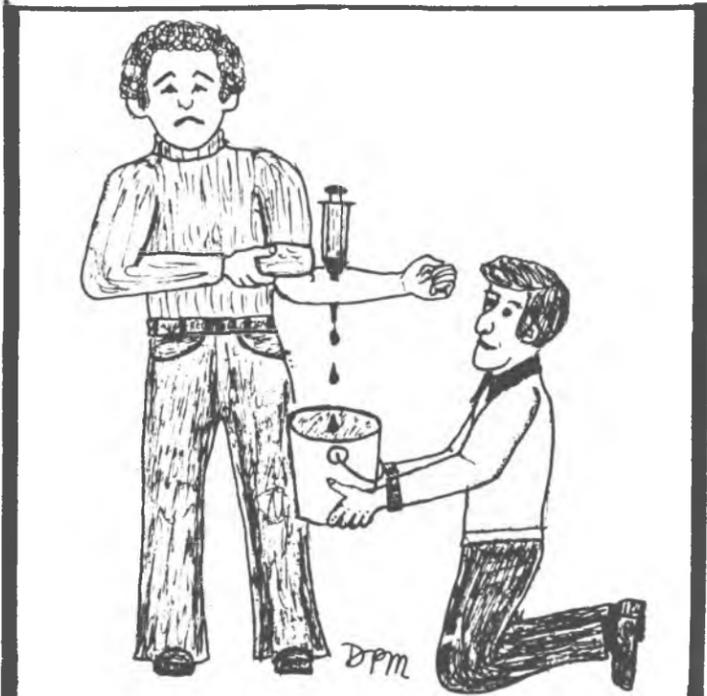
The Pathology Dept.'s responsiveness to student criticism serves to demonstrate that course evaluation does sometimes lead to progress. However, not all faculty are as open to student participation in the design of their courses. It was this lack of responsiveness on the part of some faculty which prompted a group of students, led by the officers of the class of '77, to work toward the institution of a formalized system of course evaluation. Herein lies the second reason why some of the cynicism with which students regard Course Evaluation is unwarranted.

See Evaluations, p. 3

Editorial

Paper waste!

Blindly we walk to our mailboxes, dial the combination, reach in, and grab our mail. Daily we find xeroxed information from one group or another at AMC. It's only ten steps from most boxes to the garbage can and as anyone will attest, that's where most of the 'announcements' end up within a few seconds. At 3¢ a shot, it is readily apparent that thousands of dollars worth of xeroxing and paper costs are literally being thrown out. The *Nexus* appeals to all departments and groups to conserve paper for economic and environmental reasons. Couldn't the announcement be posted in 25 conspicuous places within AMC? Must it go to 500 students individually? And when the message is important and involves more than one page, how about printing on both sides of the sheet? Makes sense and saves cents!



Perryscope

A piercing experience

By ARTHUR W. PERRY

"Following this lecture, you will draw each other's blood." Gasps flew across the class, the lights flickered, one student fainted. "Trained physicians and nurses with smelling salts will be on hand to help those who collapse; ECG's and respirators will also be available, there is nothing to fear." Ah yes, another med school experience. It was Halloween; could they have picked a more appropriate occasion to teach the second year student how to draw blood?

The class sat nervously through their first hematology lecture. In 50 minutes we were to pierce and be pierced. "Never, never...not a chance...not my arm — get lost...buzz off Jack...NO!" she said as I attempted to line up a partner with steady hands and bulging veins.

"Anisocytosis refers to the degree of inequality of RBC size," the lecturer noted. We couldn't concentrate on the words, though.

It was obvious that our class was under pressure. Several people in the third row were drawing arrows on their arms, pointing to veins please, not arteries. A senior member of the class became diaphoretic; with eyes protruding he quietly left the lecture hall.

Towards the end of the lecture, obvious frenetic activity was being widely exhibited. "Shtistocytes are fragmented cells with pointed projections due to localized membrane damage," the instructor droned on. **Pointed projections...Damage...** the words hung around haunting us.

"We'll reassemble in 10 minutes in the lab," we were told. Visions of leeches flitted with my consciousness. Once sealed into our laboratory, comments flowed like Heinz ketchup. "Stand behind him and catch him if he faints." "That's my median nerve, you jerk." "Whatever you do, please don't go into the joint." "My fingers are getting numb —

Behind The Drawn Curtain

World renowned physician settles in Albany

By DAVID ROMEO

Dr. Davies was born in Wiltshire, England, but grew up in Bristol. He attended medical school at the University of Bristol. During the course of his six-year program there, all medical students were conscripted into some form of war service, and he became involved in antigas warfare. He became proficient in this area, and indeed was teaching the subject to other medical students in the year prior to receiving his medical degree.

Dr. Davies spent his first postgraduate year (1939-40) as house physician, house surgeon, and senior casualty officer at the Bristol Royal Infirmary. In the following year, he served in an infectious diseases and tuberculosis hospital, also in Bristol. At this time, he passed up an invitation to work with Sir Howard Florey, who was soon to give the world its first look at a drug called penicillin. Dr. Davies again became involved in the British war effort, serving for the next few years as a clinical investigator in the Anti Gas Division of the Emergency Medical Services. His endeavors included "collecting and testing all sorts of things dumped out of aircraft on the suspicion that gas or biowarfare might be involved in the Battle of Britain." During this time, he also taught physiology and pharmacology at the University of Bristol.

Dr. Davies had wanted to join the Colonial Medical Service before war broke out. The war delayed him for a few years, but, when it was clear in 1944 that gas was not a threat, he was presented with the opportunity to take up

his Colonial Medical Service appointment. He did, and sailed with his wife to East Africa (he had just been married), prepared only with his experience in Britain and a short course in tropical medicine.

Dr. Davies' first position in East Africa was that of district medical officer in Masaka, Uganda. Shortly after his arrival

subsequently transferred to other cities in Uganda. He began to realize that "surgery was easy, it was also dangerous."

Dr. Davies' surgical training consisted only of what he had learned in his year as a house surgeon, but he "had been doing cat's carotids in pharmacology for years. In these rough parts of the world, if you do not operate, no



there, he was informed that the district medical officer performs all of the operations. So he and his wife (a nurse) routinely spent about 16 hours per day in the operating room. In addition, he was faced with the dilemma of how to fit 500 patients into a 350 bed hospital. He spent about 2 years up-country, and was

See Dr. Davies, p. 7

Letter

To the editor:

Ode to "The Student Newspaper of Albany Medical College"

A self-appointed editor Along with his small staff Call themselves "The Student Newspaper"

And make me want to laugh. But after reconsidering I think instead I'll cry, Because what they are printing Represents a nasty lie.

The Editor says the *Nexus* Has an image to portray; Instead of for the students, The *Nexus* is for the "THEY." "THEY" are the attendings, And the school's board of trustees. And don't omit the several deans Or nearby communities.

Yes, the *Nexus* is for everyone, Which may seem wisely prudent; Except that one small group's left out —

Like each and every student. Our interests are many, Not just research labs and books. We ski, we jog and watch TV; We're wild and crazy gourmet cooks.

But looking through the *Nexus*, You'd never see what's real. By portraying a one-sided image, There's too much that you conceal.

I'm nearing my conclusion And feel that I must say: You're showing all the med students

In a much too narrow way. To say the *Nexus* represents us Is really quite a crime. So, until you open up your eyes,

Don't claim that you are mine. CINDY S. TOBIN AMC II

Editors Note: The *NEXUS* welcomes contributions which are of general interest to both students, and other members of the AMC community. This includes material concerning academic matters and extracurricular groups as well as activities and interests pursued outside the college. The *NEXUS* is always happy to receive comments and criticism pertaining to the articles which appear in these pages.

this tourniquet's been on for 20 minutes..."

Assuming the positions of victim and victor, we proceeded to draw blood. Very slowly, millimeter by millimeter, the needles were inserted into the arms. "Stop...I said 'bevel up!'" a nurse screamed. Sorry. My classmate's hands shook as she reapproached me. The needle was 12 inches long, I estimated. All 16 muscles attached to my scapulae tensed. The Valsalva maneuver was enacted. Her eyes glared — was that conjunctivitis or was she incensed?...insertion — gasps from the crowd. Is that needle supposed to move around like that when you insert the vacuum tube? The flow of blood — success. Remove the needle already!...how about it? With orgasmic intensity the crowd cheered. "Your turn." and they looked at me.

Well, it was loads of fun. So far I have given two young ladies

splendid four inch hematomas! But it was a vein for a vein, I learned as another classmate attempted to suck out all the interstitial fluid in my arm. I demanded that it be returned at once.

But taking blood has a certain appeal, a draw you might say. For many it was the first "invasive procedure" done on a live person. Many were hooked (others were jabbed) and have been lining up future donors, as soon as their veins heal.

I, too, have continued the quest to draw the perfect blood, and may be seen daily propositioning young arms in the depths of the Schaller Library.

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All interested individuals are invited to submit letters and opinions for these pages. Criteria for publication include clarity, timeliness, and relevance. All material must be typed and signed, and must include the mailing address of the author. The views expressed in this material are not necessarily those of the *Nexus*, and the Editorial Board reserves the right to edit all material. All notices, manuscripts, and letters must be received by the 15th of each month.

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Course evaluations

Continued from Page 1

The procedure for student evaluation of courses used at AMC was largely devised by students with the intent of increasing student input into curriculum management and not by faculty or administration trying to give a false impression that students have a say in course content.

During their preclinical years (1973-1975) the class of '77 filed course evaluations much as we do now. However, the procedure was far less regulated than it is presently. No one was responsible for making sure that the committees were formed nor were the faculty required in any way to acknowledge or respond to student criticism.

In November 1975, Don Schoch and Bob Panzer, President and Vice President of the third year class, spearheaded the preparation of a **Curriculum Evaluation Notebook**. This 21-page report, based on the individual course evaluations compiled during the first two years, outlined the major problems in each of the preclinical courses. The emphasis was on constructive criticism. Fifty-nine problems encountered throughout the preclinical curriculum were thoughtfully discussed and a specific recommendation was made with regard to each.

There was no question that the **Curriculum Evaluation Notebook** was prepared in good faith; that the criticism it expressed represented an honest portrayal of the class of '77's preclinical experience. Some faculty welcomed this new form of student feedback and were willing to modify their courses so as to accommodate the students' wishes. Others, however, had no intention of letting students meddle with their courses.

Impasse

When the students tried to use the suggestions made in their report as leverage to initiate curriculum changes they ran into an impasse. Some faculty argued that the **Curriculum Evaluation Notebook** represented the feelings of only a single class and therefore that the course modifications it suggested did not merit immediate action.

This reaction probably reflected a genuine concern on the part of some faculty and was merely an excuse to ignore student criticism on the part of others. In any case Schoch and Panzer had observed that much of the criticism aired in the **Curriculum Evaluation Notebook** was consistent with complaints they had heard from students in both preceding and subsequent classes—criticism which had never been put in writing.



Don Schoch (left), and Bob Panzer, class of '77 — student founders of course evaluation system.

They came to the realization that in order to make student evaluations carry more weight it was necessary to somehow insure that reports would be submitted each year and for every course. If they could show that year after year students were criticizing specific elements of a course, faculty would have much more difficulty defending unpopular practices.

The Way Out

Schoch and Panzer were able to locate scattered examples of

thorough course evaluations prepared by students in previous years. Their goal was to devise a self-perpetuating system which would designate someone as being directly responsible for ensuring that course evaluations were done and thereby not rely on each class having a couple of students with a particular interest in course evaluation. That Fall (1975), they presented their ideas to the Student Council which was able to solicit the assistance of the Executive Faculty Council's Education Committee.

Fortunately for the student leaders, Dean Friedlander, who firmly believed that student input could help improve courses, was chairman of the Education Committee at that time. The Education Committee drew up guidelines for the "Standardized Student Evaluation of Course Effectiveness" and in January, 1976 recommended to the Executive Faculty (which must approve all educational policy) that it adopt the system on a trial basis for the academic year 1975-76, which it did.

The reaction among the faculty was mixed. Some welcomed the prospect of increased student input into course planning but, according to Panzer, "The faculty resisted the change to a large extent." The guidelines mandated that the department chairman (or course director in the case of the conjoint courses, e.g. Neurosciences) respond in writing to the Dean in regard to any course evaluation to which at least 80 percent of the students had responded. This stipulation served to place the department chairmen's responsiveness to student criticism under direct scrutiny of the Dean — a change not welcomed by all faculty.

Deans' Support

Deans Bondurant & Friedlander saw the potential of a formalized course evaluation system which would provide the data base needed to assess and attempt to solve the problems encountered in some of the courses. The support they demonstrated for Course Evaluation was critical in lending an air of respectability to the project. Dean Friedlander had chaired the Education Committee and, in that capacity, was instrumental in selling the idea to the Executive Faculty.

Shortly after the Executive Faculty's acceptance of the trial period, Dean Bondurant sent a memo to all department chairmen stating that he was "impressed that the evaluations are thoughtful, mature, and intended to be constructive ... I believe that it is in the interests of the College that we pay

recommendation if you agree with it.

It was thus clear that the Deans would support course evaluation and expected Faculty to give serious consideration to student suggestions.

Does It Work?

Over the last few years dozens of student course evaluations have been delivered to department chairmen. Just what are the chances that the students will get what they ask for?

Sometimes a suggestion will serve to alert faculty to a problem of which they were previously unaware. If they deem the idea worthy, it may very well be instituted immediately. Sometimes course evaluations point up student gripes of which the department is already aware. In this case the prospects for change depend largely on support for this idea within the department. If one or two faculty have been seeking a similar change they will try to use the students' support to push their idea through. If the department opposes the suggestion, the only hope for change lies in the reiteration of the problem by subsequent classes.

These student-faculty dynamics are well illustrated by the role course evaluation has played in shaping the Biochemistry course — a course which many students dislike but which is run by faculty who are generally sympathetic to the students' wishes:

— Several years ago students made a request for printed handouts — an idea the department hadn't thought of. Although there was some feeling among the faculty that handouts represented unnecessary "crutches" the students did get them.

— Biochemistry used to require 10 labs. At student request, the number has been whittled down to two. One of the remaining labs, **Glycolysis**, has been a perennial target of student criticism. The department feels it is an important exercise and therefore has not thrown it out. However, in response to the continued cry for discontinuation of this lab, they have reduced its complexity (students no longer have to kill the rats or prepare the brain extracts themselves) and instituted a lab report to make the lab more of a learning experience.

— In response to student criticism of individual lecturers the department has altered teaching assignments.

— Exams used to include a "because" type of question. These were eliminated since many students found them confusing.

This coming spring the Biochem Department will be particularly anxious to see the course evaluation. Last summer Dr. Treble devised a Biochemistry self-study computer program and he won't know whether the students found it worthwhile enough for him to work on expanding the program next summer until the course evaluation is submitted. If, as was the case this year, the report doesn't come in until the Fall he will be left in limbo — an example of how important timeliness is to the proper functioning of the course evaluation system.

The late arrival of last year's Biochem evaluation had an unfortunate consequence. This Fall, the department recommended **White, Handler, and Smith** as the primary text. When the student evaluation arrived — several weeks after the start of the course — this text was found to be described as cable, a waste of money, and thought to be useless as a

Dean's Corner



Robert L. Friedlander, M.D.
Executive Associate Dean

When invited to provide a message for the "Dean's Corner," I thought it appropriate to share with the growing number of Nexus readers the comments which I made during the recent Orientation Program for the Class of 1982. It is my hope that, though these remarks were directed to students just beginning medical school, the concepts expressed might have general applicability to all involved in the continuing process of medical education.

Orientation programs are difficult processes for both those orienting and those being oriented. There is some anxiety in both camps. For example, there develops almost inevitably, somewhere in the middle of the program, a sense of the orientation standing in the way of the real mission, the genuine starting-up procedures. However, I have been reassured through the years that this 2-day orgy of welcome serves a very useful purpose and, as year after year the process is refined, provides a most appropriate introduction to the institution and in many respects the tasks at hand. Thus, I would extend to the Student Council and especially to the Class of 1981, a note of sincere congratulations and appreciation for the Orientation Program in which many of us have been privileged to participate. A great deal of planning and work during the past months by a large number of people has focused upon these early days of student tenure in the Albany Medical College. If the members of the freshman class, during these introductory days and on through the early weeks, perceive a sense of interpersonal caring, sensitivity and warmth surrounding the serious business of medical education as it is conducted here at the Albany Medical College, then the sophomore class and their invited participants will have done their job well and our new colleagues will have begun membership in this very productive and comfortable community. Though one may detect occasional individual deviations from these implied standards of concern and caring, they are usually unintentional and more than counterbalanced by other more appropriate responses and a wealth of special resources which support well the educational adventure which occupies all of our time.

Based upon several years of personal observations, I would suggest a few guiding principles for serious consideration. In fact, I would urge that each new student examine critically the types of concern and effort which are directed toward the considerable work necessary if we are together to approach satisfying the educational goals which stretch out before us. Most entering students, I believe, can change usefully in at least two dimensions.

First, the pathway to medical school for most has been characterized by a sense of competitiveness, more highly developed in some individuals and in some institutions than others. This seems an almost inevitable consequence of the circumstances with which you are all too familiar; there has been an abundance of apparently qualified applicants for relatively few first year places in medical schools across the country. You have heard of, perhaps been too closely involved in, the inappropriate, sometimes destructive effects of the resulting hypertrophied, competitive urges. Such senseless expenditures of energy should not continue in this new environment. The concept of professional interpersonal dependence, the team approach to the delivery of health care, should be adopted momentarily as the guiding principle even during the years of study and training prior to assumption of whatever ultimate role you should choose. If there is to be competition, let us compete with the vastness of the knowledge to be gained, the numerous skills to be developed, and the new attitudes and relationships to be evolved; not with each other! That is not to imply that we should condone working at average or mediocre levels or that exceptional effort and performance should be inhibited or suppressed. Think rather of how much more we can all learn if we join together and share the learning tasks. Assuredly, excellence will continue to emerge and importantly, the mean achievement of the class will surpass your faculty's greatest expectations. In a practical sense, if I were paying thousands of dollars for a medical education, I would extract every ounce of educational opportunity possible. I believe this can be done through looking upon this random gathering of your classmates and a still larger faculty as the creation of a critical mass which permits individual maturation and education at a rate and in a quantity not before imaginable.

A second attitude which tends to extend forward from premedical experiences would have each course represented as a hurdle, a hurdle to be passed, a means. Again, I would have you think rather, that you have entered an environment where means and ends begin to merge for the reason that whatever seems irrelevant today often proves essential to tomorrow's problem-solving; in contradistinction, what seemed excitingly relevant today may be discarded tomorrow for though an enticing concept, it failed to withstand the test of time and good science. Fully aware of the incredible wealth of intelligence and potential in the student body, I would suggest that few yet can predict future choices of roles within the health care delivery system. If you accept this premise (and I sincerely hope you do for it will leave you with the broadest horizons for the longest period of time) you must agree that the assignment of relevance or irrelevance to facets of activity in the present is both impulsive and presumptuous. I submit that all the knowledge and challenges to be laid before you should provide for the biologist and humanitarian, that is, the fledgling physician, interest, excitement, and gratification in the extreme. In a sense, you've now passed the hurdles and are sprinting with us through a lifetime of learning and genuine direct involvement in health care.

Though my message has tended to be more sober than elevating, it is not meant to intimidate nor to discourage. However taxing the road ahead, you will someday have cause to reflect on these moments as your initiation into one of the most exciting of life's endeavors, hopefully with the same pride that four years hence I and others in the faculty will evidence as we reflect on these moments during which we were privileged to be among the first to welcome you to the Albany Medical College and to the profession of medicine.

forms & foliage



carl lindgren

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Course evaluations

Continued from Page 3

required text or a recommended text".

Delay (which has been encountered in each step in processing of the course evaluations) has been the primary deterrent to the realization of the evaluation process' potential as an effective means of modifying courses. The education Committee's guidelines were drawn up with timeliness as a major consideration. The guidelines call for delivery of the completed student evaluation to the department chairman within 30 days of the end of the course.

What all of this means is that if the system were functioning efficiently, all interested parties would have fingertip access to the students' suggested course modifications and the department's intent to act on them before everyone took off for summer vacation. Suggestions deemed worthy by the faculty could be instituted and differences of opinion between students and faculty could be thrashed out — all while there was still time for these proceedings to have an effect on the following year's course.

The sad fact is that the evaluation procedure is almost never brought to completion within the prescribed limit of 60 days after the end of the course. The delay is inherent in a system which relies on stepwise action by a series of parties, all of whom are very busy and all of whom assign the project a low priority. Students have exams to study for, faculty have courses and departments to run, and, during the last few months, the Academic Affairs Office has had letters of recommendation for Internship-Residency to get out.

The Educational Program Evaluation Subcommittee of the Education Committee, comprising the four class Vice-Presidents and a Faculty Advisor (presently Dr. Henrikson), was established last spring to administer the Course Evaluation system. One of their first actions has been to institute the use of computerized answer sheets and thereby reduce the need for time-consuming keypunching (which has, on occasion, been

responsible for delays of several months). This should help cut down the delays but the simple truth is that course evaluation will never achieve its potential unless everyone involved begins to fulfill their obligations more promptly.

Until now, few students have seen the completed student evaluations or read the department chairmen's responses. This is largely because they haven't been told where to find them. By the time Winter Vacation rolls around Dean Friedlander's office should have its reorganization of the Course Evaluation File well under way and notices as to which reports are available posted on the student bulletin boards. When students get a chance to see that course evaluation can and does bring about some improvements in our courses they may become more diligent in meeting the 30 day deadline for getting their evaluations in. Once the students begin to fulfill their role in the process faculty will no longer have an excuse for the foot-dragging of which some are guilty... and the whole system may begin to operate smoothly. In addition, when an 80 percent student response rate is achieved, the chairman's response must be forwarded to the Dean's office within 30 days of receipt of the student report.

Ideally, this is how the entire procedure would work, using Biochemistry, which ends in March as an example: The student evaluation is completed and copies sent to Dr. Glenn and Dean Bondurant some time next April. By the end of May, the Dean receives Dr. Glenn's response. A copy of both the student evaluation and Dr. Glenn's response are placed on file in Dean Friedlander's office which posts a notice on the freshman class bulletin board announcing that the completed report is available for scrutiny by the students.

Result... the department has a good idea of which book to recommend, Dr. Treble knows whether he should expand his computer study program, and maybe, just maybe, next year's freshman class will benefit from the whole experience.

National awards

Continued from Page 1

class averages. However, the ranking of medical colleges according to class average has been abolished. Such a practice is thought to be counter-productive. Schools do receive two separate histograms, one indicating that school's student scores, and the other identifying student scores nationally.

Dean Friedlander presented a few possibilities as to why AMC results have decreased in the past few years. Some schools mold their curriculum around the Boards-type questions, and therefore present their students with experience in handling these different types of question formats. The Dean did believe that those students at schools not using such a practice are at a serious disadvantage, and those weaker candidates may wish to enroll in an outside prep courses that research and formulate questions similar to those on the Boards. Dr. Friedlander noted that schools view their student results differently; some prestigious schools do not worry themselves with mediocre performances.

The Dean did not feel that the recent decline in the number of days in the study period (after the last course in May of Year II) contributed a significant handicap to the AMC student. Stressing that AMC course exams are much more valuable and instructive in measuring student progress, Dr. Friedlander did hint that the review courses here may be made more extensive in the future. The Education Committee has been investigating the problem, and the Administration leaves a parting word that AMC is not panicking, but is concerned about clearing up the problem. As a closing remark, the Dean mentioned that the recent AMC classes boasted superb passing rates on Part II (over 97 percent) and on Part III (100 percent), indicating that the students were clinically very strong and well prepared to practice medicine.

The second part of this article deals with specific departmental statements responding to my inquiry on this topic. I should mention how I approached the professors, and emphasize the purpose of each interview. My final goal in these discussions included: 1) to act as a spokesman for the professor and report general comments to the class; 2) to inquire about possible exam topics which AMC students had a difficult time handling (according to Boards results); 3) to record the interviewee's

opinion on the purpose and value of the National Boards; and 4) to collect possible theories as to why there were an unexpectedly large number of failures last year, and why the AMC average has decreased in the past few years.

Anatomy: Three AMC Weaknesses

In Anatomy, Dr. Gordon Kaye, Chairman, offered answers to most of my five categories. Overall, the students in the class of 1980 performed slightly lower than in the past few years. AMC students ranged at or slightly below the national average. Specific weak areas included the Weigert sections, embryology, and the development of the nervous system. The difficulty with Weigert sections (photographs taken of the brain at various sectioned slices with differential contrast staining) is quite perplexing, because most students excel on this part of the Neurosciences I final exam. Dr. Kaye hypothesizes that perhaps students just do not bother reviewing the slides in detail since they are indeed confident of doing well.

The embryology problem is a matter of continuing debate. Just how to integrate this essential material into the departmental curriculum has been discussed in the past few years. One approach has been to offer the class a dozen or so lectures which outline the major features of embryologic development. Students possess various backgrounds in this field, and some either have little time or little experience with which to comprehend this different type of material. It is stressed on the Boards in the same manner as the course material was presented, i.e., all questions appearing on last year's Board exam pertaining to embryology were covered in the lecture handouts.

Dr. Kaye claimed that in many instances, the National Boards examiners present questions which are too esoteric, too much like minutia. An example cited was that last year, the histology section on the Boards indicated writers' preferences to stress their own research and interests. Seven questions were asked pertaining to the structure of the mature sperm cell! Not to present an alibi, Dr. Kaye tried to point out that in some respects the students are at the mercy of these occasional instances of trivia. Failure to answer seven such questions correctly could make a difference in one's score (about 140 questions were given in Anatomy).

In agreement with other professors interviewed, the Anatomy Chairman declared that a number of newer medical schools are prepping their student body solely for this exam. Furthermore, Dr. Kaye wanted to stress that he does not agree with the methods employed by other schools' chairmen, where they substitute their "intramural" final exam (written by department members) with the "extramural"

Boards sub-section corresponding to that department. AMC and Dr. Kaye alike will not abrogate their teaching responsibility to an external examining body, and thus will not advocate the requirement of a passing score for promotional or graduation purposes.

In general, the professors interviewed inferred that there was a "mystical" tone to the Boards exam and subsequent results. Dr. Kaye feels that AMC may be suffering slightly in the strength of its applicant pool due to its high tuition fee (good students might very well choose a New York state-funded medical college such as Buffalo or Upstate over AMC because of the burdensome fee). However, Dr. Kaye quickly noted that a top New York City medical school had recently expanded its Anatomy facilities with an ultra-modern multi-million dollar complex to match its superb faculty. To that school's surprise, its students ranked in the bottom 15 percent or so on the Anatomy section of the Boards. In closing, Dr. Kaye indicated that each department was working with Dr. Friedlander and the Education Committee, and that his department had some innovative changes for this year's class during the embryology section of gross anatomy.

Microbiology: Consistent Improvement

Microbiology offered a few different points through my discussion with Dr. Lawrence Caliguiri, Department Chairman. The first point of concern is this area was that the department had boasted a consistent improvement in the last five years: students had climbed up the scale on the Microbiology section to rank well above the total mean score for AMC students. Then, last year on this same section the class was still well above the total mean score for AMC students but the score was slightly below the national. Dean Dr. Caliguiri said the problem was indeed somewhat intangible and unclear. Possible reasons cited for the difficulty with Boards in recent years at AMC included: 1) the absolute numbers of failures increase as the total number of students in each class taking the exam increases; 2) the number of schools specifically preparing their students for the exam is increasing, and thus raises the raw national score required to reach a mean scaled percentile; 3) the free study time offered to AMC students during late May and early June has decreased progressively; 4) questions seen on the Microbiology section are sometimes quite picky and ambiguous (similar to complaints heard by the professors in this department about their exam questions); and 5) specifically, in the Fall term of 1977, the teaching time was "packed", due to the extra Pharmacology hours.

Dr. Caliguiri maintained that there were no particular topics where a significant number of AMC students revealed a weakness during the Boards section. He, like almost all of the professors here at AMC, concurred with the policy of requiring students only to take the exam. The sole present function of the National Boards,

See National Awards, p. 8

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AMWA hosts resident

By HAYAT ABUZA

Dr. Sandra Schuman, second-year resident in Neurology at AMC, met recently with medical students and reminisced about her training. "Internship is terrible," she said frankly, "you have just finished 4 years of school and you suddenly find you really haven't learned anything! It's an initiation."

Dr. Schuman, who attended Bennington College and received her M.D. from the University of Pittsburgh, explained that the most distressing part of her internship was the lack of encouragement. "No attending ever said thank you. I only heard from them about what they didn't like," she continued. "I felt like I was being used." She indicated a need for better teaching rounds during internship and more sensitivity to the ordeals of the intern.

Students questioned Dr. Schuman about any special treatment she encountered as a woman. "From the outset," she said, "I received lots of encouragement from my mother and grandmother. The latter told me my horoscope showed I would be a world-famous surgeon, and the former was a housewife who didn't want me to ever be dependent on my husband for income." She described sexism in medical school and feels that even today you "can't expect departments to bend over backwards for you."

Women are now seeking options such as shared half-time residencies for physicians with small children. Dr. Patricia Ellison, Assistant Professor of Neurology and Pediatrics, pointed out that "this opportunity is available, but some women are hesitant to call attention to themselves by asking for it, especially if they are applying for competitive residencies."

Dr. Schuman spoke at an informal gathering sponsored by the AMC chapter of the American Medical Women's Association. membership is open to all women physicians and medical students, and events are open to the whole college community. The chapter, which is advised by Dr. Ellison, plans several speakers and events this year, including the annual Jacqueline Mauro Day in the spring, a breast cancer screening clinic for community day on Nov. 12, and a visit to Bellevue Maternity Hospital to meet informally with local obstetricians. Interested students should contact Kathie Hermayer, Box 163.



Who's that behind those Foster Grants?

Introspection

The midnight oil

By DAVID M. POPPEL

Some years ago I built for a friend a cradle from pine, a cradle whose every dimension I planned with care, whose bevel and curve ideal I sought to shape; a cradle whose every detail would serve to soothe, to welcome and to bless with sleep the newborn of my whiskey-warm and Irish friend. Uncertain yet the success of my work, I watched with eager hope, in the fire's light, on the braided rug, in the cabin by the lake. The child's tears ceased, and then she slept, and then I smiled and knew, that hours spent in working pine had been worthwhile for two.

Now comes the cradle to our home and once again awaits a child. And in this evening hour, somewhat strung out from words: lymphocytic infiltration, gammaglobulin release, interferon, chemotaxis and cells with memories; agglutinating microbes, IgA and IgM, neutralizing toxins and pokeweed mitogen; I plan again for cradles that I must shortly build — no longer pine, but feelings and character and joy. And hope and love and giving, integrity, goodwill. There's much to do for fathers. I'm sure I hardly know — the trails, the apprehensions, the need for tact and grace. And humility — the honest realization, I occupy a frame of time unique and yet entwined, with frames spun out from other stuff, from other fields, by other hands. A new uniqueness, a brand new hope. A gift divine.

But while I muse so awe-struck the task seems so immense, the child grows in the mother's womb and swims about rocks to sleep. Without intention, without fail, an ancient plan repeats — most steps the same, imperative, precise; but others more inventive — opportunities for change. Remarkable it seems, but while I read, and Deborah sleeps, her gifted tools at work, building immuno-logic cradles to keep the child from hurt. And all my plans are phantoms — fulfillment yet unearned — while gently and with certainty she feeds life in the womb. And I, reduced to questions: Did you drink some milk today? You are not overtired? May I help in any way? And minutes' intense listening with stethoscope to hear a far off beat, still indistinct to father's untrained ear. A bystander at creation. A worshipper of fate. A hopeful pilgrim watching the progress of his mate. And wondering what the father will be to the child? What the child will show to the man?

Dave Poppel (AMC II) is expecting his first child in January; he's got a lot to think about.

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AAMC holds annual meeting

By NANCY DOWNS

The Association of American Medical Colleges (AAMC) held its annual meeting at the New Orleans Hilton from October 21 through October 26. The theme of the 89th annual meeting was "National Health Planning and Regulation: Implications for Medical Education." The highlight of the meeting was the "Alan Gregg Memorial Lecture: On the Planning of Biomedical Science" given by Lewis Thomas, MD, President of the Memorial Sloan-Kettering Cancer Center.

Also addressing the more than 3000 persons attending was Joseph A. Califano, Jr., Secretary of Health, Education, and Welfare. Among other topics he spoke of the need to attack the problem of physician maldistribution and the reduction of medical school classes in the future to prevent an over supply of physicians and ultimately increase the cost of health care.

The Organization of Student Representatives (OSR) saw the gathering of some 139 students from more than 100 medical schools across the country.

Meetings covered the following topics:

- A career in Academic Medicine and Clinical Research
- Student Financial Aid
- National Resident and Matching Program
- Medical Students and Faculty: Research and Service vs. Teaching
- Women in Management
- Becoming a Physician: Influences on Career Choice
- Academic Physicians: Influences on Career Choice
- Mentors and Role Models in Medical Education
- Input of the Federal Government on Careers in Academic Medicine and Research
- Management Roles for Women in Academic Medicine
- Classic Managerial Theory: Its Modern Day Application
- How Women Respond in Managerial Positions
- Perspectives of Managing at the National Institutes of Health
- Managing the Academic Medical Center: The View of a former Public Health Official

Resolutions passed during the OSR business meeting included:

- Medical schools should give equal consideration to US

students in foreign schools when interviewing prospective transfer students

- Extension of the period of time allowed to repay FISL loans.
- Future meetings should not be held in states which have not passed the ERA amendment.
- Accurate information about military scholarships and Public Health Service Scholarships should be gathered and disseminated to students
- Funds should be available for women of low economic status for the purpose of abortion.

Research the impact of P/F grades as compared with graded programs in regards to residency training program selection

Stuart Bondurant, Dean of the Albany Medical College was elected to the position of Chairman-Elect of the Council of Deans. He will assume the position of Chairman at the 1979 meeting next year in Washington, D.C.

Nancy Downs, AMC's representative to the AAMC, is a fourth year student.

Student council spotlight

By LISA CYRAN

MEETING — OCT. 30, 1978

The Freshman class elections were held on October 23, and consequently the Student Council has five new members. They are:

- Marianne Hardy, President
- Mitch Basel, Vice President
- Jeff Brown, Representative
- Carol Burgess, Rep
- Armando Fuentes, Rep

Committee Reports

Executive Faculty — At the Executive Faculty committee meeting several new appointments were announced. Dr. Friedlander has been named Executive Associate Dean of the Medical College and will be responsible for directing its day-to-day operations. He will no longer head the Education Committee. Succeeding him as chairman will be Dr. R. Foster Scott. Dean Bondurant has been designated the Chairman-Elect of the Council of Deans of the AMC. The new Chairman-Elect of the Department of Pediatrics is Dr. Ben Pollara. Finally, it was announced that two new members have been added to the Board of Trustees. They are Seth Spellman and William Bitner.

Education Committee — At the Education committee meeting a report concerning the use of old test

questions on present exams was presented from the ad hoc committee formed to study that issue. The recommendations from the committee were felt to be too restrictive of departmental activity. However, it was realized by the committee that the incident which occurred last year (in which a large percentage of questions on an exam was taken from old exams included in the library test file), should not be repeated. In addition, it was felt that students should be informed of the department policy concerning use of old test questions at the outset of any course.

The final implementation of the new grading system was announced. This system will be in effect for AMC I students this year and will apply to all students starting next year.

The last issue to be reported was that guidelines for a new 3rd year required course — The Essence of Family Practice — were presented to the Education committee and were accepted. They have not yet been presented to the Executive Faculty. The rotation would consist of seven weekly afternoon sessions (utilizing one afternoon/week from the psychiatry rotation). These sessions, either lectures, discussions or visits to various area institutions, would expose the student to aspects of Family Practice. It would not replace the Family Practice elective, however.

Social Committee — The Social committee has planned Beer Blasts every other Friday for the rest of the semester. It is hoped that in the future some events can be planned jointly with other area schools such as Union or Albany Law.

New Business

Arthur W. Perry informed the Council that the newspaper — **The Nexus** — is offering the Student Council space in which to publish its minutes. This would be of great financial benefit to the council by replacing the current mailing of individual copies of minutes to everyone. There may be some time lag, however, between Student Council meetings and the paper distribution. Therefore, the Student Council will have the minutes printed in the **Nexus** on a trial basis until January. In addition, Council members and the Deans will receive a separate copy of the minutes and copies will be posted in a few strategic places so that students will be informed of anything of immediate interest. Comments about this procedure can be directed to any council member.

MSSNY — Steve Levy reported that there will be an article concerning the recent MSSNY meeting in the **Nexus**.

Financial Aid Requests from the Alumni Association — There was a discussion concerning the procedure various organizations should use in requesting funds from the Alumni Association. As a courtesy, organizations should let MOCC know the funds requested so that too many demands are not made of the helpful and generous Alumni Association.

Parking for 3rd and 4th year Students — After 6:00 p.m. 3rd or 4th year women medical students on rotations at AMC requiring late hours may park behind the school in the Hun parking lot. If they desire, security will escort them to their car. Information including student's name, make of car, and rotation conducted is needed. Barbara Reuter in Dr. Friedlander's office is processing this information.

Lisa is a second year student and is Secretary of the Student Council.

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Dr. Davies reflects

Continued from Page 2

one else will, so you do your best."

He had his share of surgical misadventures. In his first gastrectomy, he found, when sewing up the patient, that the patient had one layer of muscle too many on one side, so he had to start the process over. The patient survived. "Despite mistakes, you have to get on with the job."

Dr. Davies also had his surgical triumphs, of which he is quite proud. "Once, a gentleman gored by a buffalo 4 days earlier came to the hospital. He had a huge hole in his chest, through which protruded his stomach, omentum, colon, and heart. So I chopped off the omentum — he didn't need that, pushed back the colon, closed up the pericardium and the diaphragm, and he was in fine shape." But what about the huge hole in the gentleman's chest? "The various books propped up in the room didn't say what to do in that case. So my wife and I had a cup of coffee and looked through some other books, none of which was very helpful. We scrubbed up again. The patient was still doing well, and then I had a surgical inspiration, perhaps the only one I've ever had." He cut the patient's external oblique muscle from the xiphisternal notch to the anterior superior iliac spine, flipped up the muscle, and sutured it to the perimeter of the hole. "After skin grafting, the patient made a magnificent recovery, and even made some money demonstrating the unique movements in his chest upon coughing."

How did Dr. Davies enter the pathology field? "I had thought pharmacology and physiology; it all began with a 'p', and the Uganda government needed a pathologist, so they just pushed me into it. I also had to teach pathology to students at the medical school, so I had to learn it in advance of teaching them." The gain in his knowledge of pathology was facilitated by the enormous number of postmortems he was doing at the time.

Dr. Davies began writing up what he saw at postmortem, and he was awarded the North Persian Memorial Medal for Research in Tropical Medicine in 1947. The following year, he was awarded his M.D. (the equivalent of a Ph.D.); his thesis contained the first characterization of

endomyocardial fibrosis. (In the Robbins and Angell pathology text, this disease is considered to be the prototype of obliterative cardiomyopathies.)

In 1949, Dr. Davies was awarded a fellowship to Duke University to study pathology. During his two year stay, he managed to visit 46 of the 48 states, and spent five months just in the Rocky Mountains. He had saved enough money to purchase a car, and drove a total of 75,000 miles.

Dr. Davies was appointed the first Professor of Pathology and Forensic Medicine at Makerere University in Uganda in 1950, and held this position until 1961. In addition, he served as Honorary Consultant Pathologist to the Uganda government. During this period, he was in a unique position. He did about a thousand autopsies per year, and knowledge of tropical pathology was accumulating as never before. A whole stream of new diseases was turned out in Uganda. Dr. Davies and his collaborators worked out the pathology of kwashiorkor. He set up the first cancer registry in Africa, out of which many discoveries came, including Burkitt's lymphoma. Indeed, a large number of prominent people in the cancer field worked with Dr. Davies in Uganda.

Shortly after the tragic death of his first wife, Dr. Davies left Uganda. He spent the next two years in London, but was dissatisfied with the way the National Health Service was set up. He found it underfinanced, understaffed, and too dependent on the good will of doctors. He was overworked and lacked facilities.

Dr. Davies had met Dr. Wilbur Thomas (Chairman, Department of Pathology, AMC) while the latter was a professor in Baghdad, Iraq, and they had collaborated on a program which studied heart disease. Dr. Thomas first invited Dr. Davies to come to Albany in 1961, but, as previously indicated, he went to London instead. However, since he was disillusioned with the situation there, he came to Albany in 1963. "I have enjoyed myself immensely here. I enjoy the work that I do...I like the students...I love teaching, and I've always found it very rewarding to teach. I sympathize with the students."

How does our education compare with education in other countries? "The big difference between America and other

countries I know is that your schools are so deplorable. It is reckoned that the American B.A. or B.S. is about equivalent to what we were doing when we left high school. When I was over here at Duke in 1949, I examined the situation carefully. My impression is that the schools were just not bothering to do a decent job. It wasn't only myself, I was talking to Jean Mayer (President of Tufts University) who says the situation is ridiculous. He says you do no work in the schools; you don't have to work very hard as undergrads, but the graduate schools are killing. I thought the way the graduates at Duke worked was just downright damned silly if I may put it; the place never closed down. Perhaps if they had done a little more work as undergraduates, the amount of tension and strain in the graduate years would have been greatly reduced." The same is true, Dr. Davies believes, of medical school. Our standards of graduate education are as high as any in the world, but at the expense of tremendous struggle. "The big difference is that people start graduate training at an incomparably lower level than in Europe."

Dr. Davies took six years to complete medical school, and found he had "much more time and much more fun." He believes American schools turn out competent physicians, but at a later time in life. "I think in this country you try to cram far too much into four years of medical school. I'm not saying medical men in this country are any worse off than anywhere else by the time you've gone through your internships and residencies. I wouldn't dream of saying that because I don't think it's true, but I think you start out under considerable handicaps."

Dr. Davies feels that the present means of financing medical schools could perhaps be improved upon. At schools in other countries, there was an established number of teachers that were paid out of "hard" money. When he was a department chairman in East Africa, he had to justify each teacher in his department. Once justified, however, pay for that faculty member was guaranteed. Research staff was not necessarily permanent and was paid out of research grants. Here, however, "at certain universities when we need a professor in a certain subject, we don't necessarily want a man who can operate or run a clinic or handle patients or even teach. We want somebody who's got a gimmick so that he can get \$2 million out of the federal government. Then, out of the percentage of the grant that the school receives, people are hired to teach. That's fine as long as it works. What happens when there is no \$2 million to be handed out? When a recession comes, it's absolutely fatal. We ought to have a teaching establishment. We could easily work out how many staff are required, leave

periods, holidays, and so on. We should have a fixed establishment which is paid out of hard money, if necessary by government funds, the same as in many other countries. Then you would add research people onto that."

Dr. Davies believes the best way to teach large numbers of people is the lecture. One of the defects in universities in this country and elsewhere is that people on the whole are not being taught to lecture. "I was brought up in a tradition in which the most senior professors taught the most junior students. The reason for that is obvious; that is, the senior professor is expected not to have any particular areas to concentrate on minutiae." Teachers who have recently received their degrees, he believes, do not have as broad a scope of knowledge as would be desirable to lead students through a course, though they would perhaps be better equipped than their seniors to teach specifics with which they are familiar.

Concerning physician interaction with patients, Dr. Davies believes that "this is a very big problem in our medical setup in this country. Doctors as a whole don't seem to be able to talk to their patients. They don't seem to be able to sympathize or empathize with their patients. Perhaps we've placed too much emphasis on science and sold out somewhat to the patient. That's what is wrong with clinical teaching."

Dr. Davies is presently Coroner's Pathologist for Albany County. He also assists in the prosecution or defense of medico-legal cases in other counties, and, indeed, one such case recently took him to Arizona. He finds medico-legal work constantly interesting." He is also in charge of the autopsy service at AMC.

Dr. Davies' interests include traveling (he has been all over the world with the exception of Australia, Russia, and China) and history. He has just finished a book on the great sleeping sickness in Uganda of 1900-1910. He considers this to be one of the worst epidemics in human history, and one that has never been written up completely. About 70% of the Ugandan population died in the epidemic. Dr. Davies began researching the topic in 1954 by looking through the Uganda archives. He realized then that many people who survived the epidemic would still be alive, so he proceeded to procure firsthand accounts. Years later, a friend in Uganda photostated and sent to him piles of Uganda archives, enabling him to complete work on the book.

Dr. Davies has written about 140 papers and approximately 30 books or chapters in books. His professional appointments, professional awards and distinctions and various other positions and activities are far too numerous to list here.

Though he has had many offers from other institutions, Dr. Davies has, at present, no plans to leave AMC.

Dr. Denton is MSSNY president - elect

Dr. G. Rehmi Denton, Professor of Surgery at Albany Medical College, was elected President-elect of the Medical Society of the State of New York (MSSNY) last month.

Dr. Denton, prior to being elected president-elect had been vice president and served for six years as a councilor. He has chaired the Society's Commission on Medical Services and held many offices, including president, at the Albany County Medical Society. A clinical professor of surgery at his alma mater, Dr. Denton has been staff chairman of Albany Medical Center and is an attending or consulting surgeon at other area hospitals. He is a member of the American College of Surgeons. Like Dr. Way, he has served on the Hospital Review and Planning council. Dr. Denton is married to the former Ruth Benway and has three children.

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National awards

Continued from Page 4

as he sees it, is one of state licensure. Most states require passing scores on both Parts I and II for permission to practice medicine in that state. Now, a small percentage of medical colleges require passing scores for graduation. In conclusion, the Microbiology Chairman warned that the school and its faculty and student body may have over-analyzed this Boards dilemma, and his message to the class of 1981 is to relax, review wisely, take the exam, and let us all hope for the best.

Pathology: An Impressive Record

Dr. R. Foster Scott, the course director for Pathology 100 and 200, brought an optimistic light into this dark, mysterious tunnel. In the last fifteen years, save two cases, the AMC performance on the Pathology section of the National Boards has ranked us in the top one-third of the country. Last year was one of those exceptions, where the class of 1980 showed a score hovering around the national average. As to possible causative factors, Dr. Scott came up with a blank stare (quite unusual for this marvelous master!). An instant later, he did note that: 1) last year first semester was difficult, and 2) indeed, a better job need be done of both teaching and learning about renal disease and infectious entities. Some general comments made placed doubt on the true nature of those "etiological" factors explaining AMC results on the Boards. For instance, Dr. Scott chuckled at the fact that perhaps our quality of student at AMC was not what it used to be. At an incoming class GPA of 3.6 or so, how can we ask for anything more? As

part of this investigative process, Dr. Scott would like to see (and believes that Dr. Friedlander is presently establishing) a study of those schools using preparatory reviews for the Boards. He does not feel that one should worry about the exam, since it is hard to conclude that students encountering difficulty with this exam do not know basic science. The process of learning is long-term, and one cannot expect 150 questions in the Pathology section to adequately evaluate the voluminous essential aspects that a student should know in Pathology. In this last examination studied via an item analysis, most questions appeared fair, although Dr. Scott did admit to missing the one parasitology question which most other students missed also!

One question posed to me by Dr. Scott was one pertaining to the usage of those two or so weeks in May that we have to review for the exam. I tried to give a tentative answer, and claimed that I thought most students would take the opportunity to review extensively. My evidence came only from a few friends I knew last year, who studied for a good part of each day in a relaxed, unstressful manner. I quickly noted that these students were good students and did not surprise anyone at AMC with respectable results on the Boards. Dr. Scott does support the AMC policy currently in use of asking each student only to take Parts I and II, but did mention that a mandatory passing grade requirement might place extra impetus on the student to perform to his maximum ability. As a closing statement, Dr. Scott

reiterated that until the students do consistently poorly in Pathology on the Boards for two or three years in a row, he will not worry too much and will not foresee the need for an informal refresher course. Although the number of students receiving "P" in Pathology last year increased from previous classes, he did not sense an overall deficit in their ability to master the subject, and thus does not anticipate a difficulty this year for the class of 1981.

Biochemistry: Dr. Beeler sees curriculum "crunch"

Dr. Donald Beeler, Professor of Biochemistry, had the following comments to offer. He made it clear that biochemistry was a major part of the Boards, Part I, covering 15 to 30 percent of the questions. As a generalization drawn from recent data, the student's performance on the biochemistry sub-section and on the entire exam is directly related to course performance at AMC. Dr. Beeler predicted that those students in the bottom 25 percent of the class must review extensively in order to be successful on the Boards with a passing grade. As explained last year to the class of 1981, those students receiving a "P" in biochemistry (and thus had no remedial requirements) showed a considerably higher percentage of failing scores on this section than did those at AMC who received a "U" and therefore had to complete the remedial work.

As to other comments, Dr. Beeler stated that the curriculum "crunch" in the past few years at AMC may be contributing to the lower Boards scores. With the advent of clinically based courses scheduled during the second year (Ob-Gyn, CNS, Cardio-Vascular, etc.), and the exponential growth of knowledge loading the basic science courses in the same overall time frame of two years,

students have an increasingly heavy burden to carry. When asked if the quality of the AMC student had changed in the last few years, Dr. Beeler dismissed that possibility immediately. He also denied that the use of preparatory-type curriculum gearing towards the Boards offered a strong advantage to candidates.

Pharmacology; Need Inter-Departmental Reinforcement

In the Department of Pharmacology, Dr. Leonard Procita concurred with Dr. Beeler in one important respect. He too believed that a main problem with pharmacology scores rests in the fact that the course is now offered in the first year, and students do not get a strong reinforcement of certain material in their second year. Before 1973, the pharmacology course was offered in the Spring term of Year II. Students had Microbiology background and were able to deal with the anti-microbial agents in a fully competent manner. Then, in 1973, when the curriculum was revamped (the introduction of clinically-related courses, the redistribution of credit hours between departments, and the pharmacology - microbiology "switch"), students took pharmacology in the first year. They received a general background in a variety of topics, and the hope was that the students would reinforce the learning in the second year as each topic was covered in its respective course (CNS, Cardio-Vascular, Microbiology, Cancer, etc.). The major weakness in the pharmacology scores on the Boards appears to lie in the anti-microbial field. This topic covers a good 15 to 20 percent of the exam, and many students did not learn the material adequately. Despite this problem, the pharmacology scores have remained fairly close to the

national average in the past few years. Thus, a possible indicator may be calling for stronger inter-departmental teaching and integration of the essential basic sciences so that a student has the opportunity to reinforce and master this material by the end of the second year.

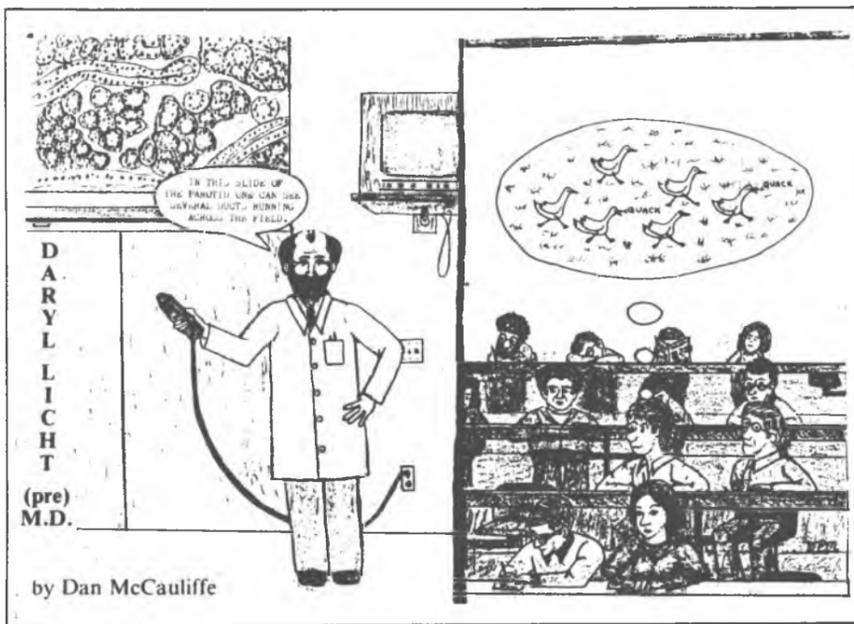
Unfortunately, the Department of Physiology was unable to prepare a statement in time for the deadline of this issue. Dr. Saba did state that each faculty member in the group will be asked to contribute to the final composite statement, and that the comments will be available for the December issue of the Nexus (bold type).

In parting, I hope that this survey has eased the minds of those who were inquisitive of those about National Boards. An overall feeling was imparted by those interviewed: students in the class of 1981 should prepare themselves soundly for the Boards as they would normally for final course examinations; extensive review starting months before the exam is recommended; and above all, go into the exam well rested, relaxed, and confident. I think that this article has offered some insight into the problem, and I personally wish the class of 1981 good fortune and plenty of success!

Quick quips

Student: Professor, since there is such a high incidence of prostatic carcinoma with advancing age why isn't prophylactic prostatectomy done as a routine procedure in older men? (The student's implication was clearly that "older men" were beyond the age where resultant sexual dysfunction would be a concern.)

Professor: My dear student, there's no such thing as an older man.



AMSA convention in New York City

Over 100 medical students gathered at Mt. Sinai Medical School on October 21 and 22 for the American Medical Student Association fall workshop. Some 20 northeastern medical schools, from AMC to Yale, were represented. On the agenda were numerous discussions, presentations, and seminars. The topics attracting the most attention included National Health Insurance and psychiatric perspectives of homosexuality. A panel discussion between a moderator, a medical student, a law student, and a nursing student on the subject of death and dying revealed a deep concern among those present at the convention (largely first and second year students).

Considerable interest and controversy was generated at a meeting of the Minority Affairs Committee. A discussion of the Bakke case and other recent decisions revealed a general agreement among the audience that criteria for medical school admission are not clearly attracted the attention of Mark Hadley (AMC I) who is presently collecting data

defined and are not infrequently influenced through monetary support of the medical school. The heated debate on admissions criteria in the northeastern medical schools and plans to present the compiled data at the next AMSA convention. Any questions or comments can be referred to Adam Nortick, Box 194.

AMC AT AMC

Soap opera lovers unite! If you are into watching the popular daytime drama **All My Children** (AMC), try joining the AMC at AMC Club for a relaxing lunch along with their friends the Tylers and the Martins. Meetings are held Monday through Friday at 1:00 p.m. in front of the Student Lounge TV. For further information, contact Barry Strauss, AMC III.

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