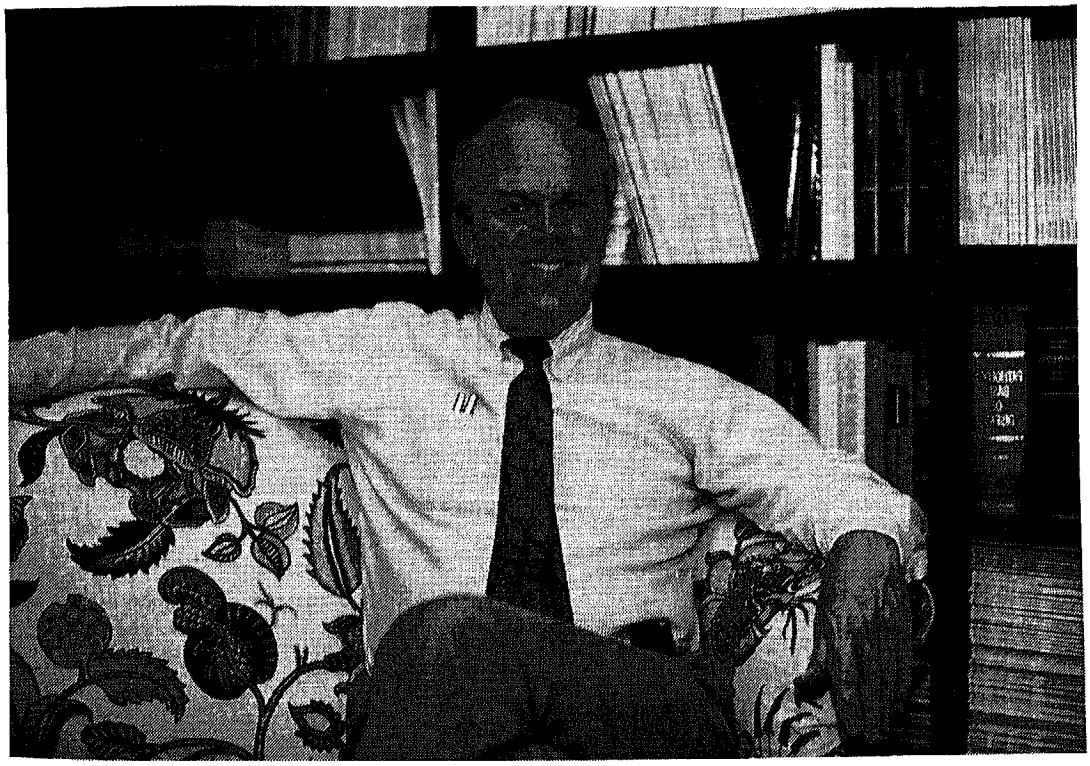
Shifting Dullness

June/July 1992



Dean Doyle Graham: heading back to the laboratory.

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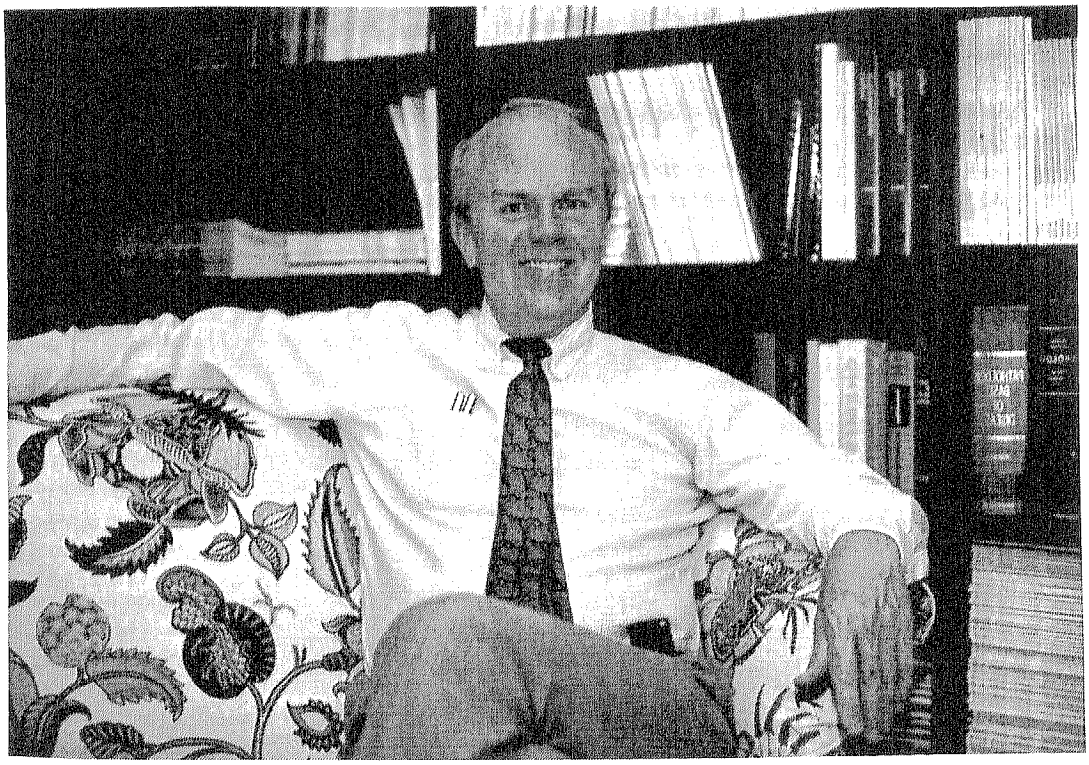

Dean Doyle Graham: heading back to the laboratory.

A Conversation with Dean Graham

Dean Doyle Graham will be leaving the Dean's Office this summer, handing over his administrative responsibilities in order to pursue lifelong interests in the lab. *Shifting Dullness* would like to pay tribute to Dean Graham in this issue, congratulating him on a successful five years as Dean, and for being a role model and friend for scores of medical students. *Shifting Dullness* would also like to thank him for supporting this publication through its rejuvenation during his tenure. Dean Graham created a Dean's suite that has been a true advocate of the students. We wish him the best in the future.

The following is a conversation/interview with Dean Graham which took place in his office this past month.

SD: For the benefit of those who were not here when you assumed the position of Dean of Medical Education, what was the chronology of your appointment?

Graham: I was here on the faculty and was in a group called the Dean's Advisory Council of about eight senior faculty that the previous dean had organized to advise him on scientific and educational issues. I had been very involved in the curriculum for a number of years and during that time attended the Dean's staff meetings. So it turned out that when he decided to resign and there was an opening I had a much better look at what the Dean's office was like than I ever would have otherwise. In the background was the knowledge that if I possibly could I would do this job sometime in my life.

SD: What year was that?

Graham: It was five years ago, 1987. But basically, I had known since the early- to mid- seventies that someday I would be a dean. I had some pretty well-formed ideas about what I would do if I had that chance. In fact I had told Dr. Puckett I guess about fifteen years ago as he was moving away from Durham that someday I was going to be a dean and I was going to get him a job working with me. In fact, what I threatened to do was to call him up in the middle of the night and offer him a job, which is exactly what I did.

SD: What were your plans and expectations when you began your tenure as Dean?

Graham: The chief thing that I wanted to do, and my chief purpose for wanting to be a dean, was that I was convinced that the process of medical education as I had experienced it, as I observed it and as I saw it going on around the country was much more traumatic, dignity-robbing, and non-nurturing than was necessary. In fact I was convinced that if you could find a way to conduct medical education in a more nurturing environment that this would benefit the "physician product" of that process and their patients for the rest of their lives. Also I had come to know the real value of building supportive communities in my own life. The practice of helping people and of experiencing loss, which I thought was absolutely necessary for being a good doctor, results in a vulnerability that requires a lot of nurturing. My sense was that many doctors historically had arranged to fill up their tank in terms of giving by ripping off power from patients. I think that that was behind the paternalism of medicine: to take power was a way to protect yourself.

SD: So these ideas of providing a nurturing environment for medical students crystallized in the form of advisory deans?

Graham: That's right.

SD: What was it like for medical students before you came?

Graham: There were good people in the Dean's Office, but there wasn't a structure that allowed for a very in-depth knowledge of individual students. It was all very random and all very dependent on who sought out a dean for help. In fact, to me one of the big problems was that a student could go all the way through Duke Medical School basically unknown by anybody, rather anonymously.

SD: That's hard to believe.

Graham: To me that was a really frightening spectre. It seemed to me that given the responsibility that we have to society, given that we have four years, we really ought to know our students very well and really ought to know whether we've admitted someone who

(see Graham, p. 3)

ought to be doing something else in his or her lifetime. We have to be able to identify people who have some fixable flaws that need to be dealt with before they are actually "turned lose" on society. The advisory dean system clearly had that as one of its goals. But for my money it was important to try to set into motion a system that knew the students well, and was able to help students identify places where they needed to grow and help them find opportunities for that growth. What we've done is not only have those advisory deans groups but also have the deans meet with the second year course directors on a very regular basis and monitor the medical students during that year in terms of their maturity as clinicians. We're not all the way where we want to go with that and I think the end of that process is going to be the objective exam with standardized patients. I think we're going to the point where we really can look at the first two years of medical school as necessary and sufficient for the education of the generalist physician. We really ought to know about all one hundred students per class at the end of that year whether there are some deficits that need remediation. We have the luxury of a large faculty here so that we can do practically anything for any individual student, and have done that.

Dancing in the student/faculty show, 1990.

SD: Your creation of a Dean's office that is an active advocate of students is an important achievement. What do you consider the other important achievements of your tenure?

Graham: I would certainly say that that is the most important thing that we have done. Of all the things we've done, I hope that accomplishment has a long standing. We've made some improvements in the medical school educational experience that I'm real pleased about, not the least of which is that meeting of the second year clerkship directors with the advisory deans. It has been a very important step. The institution of early patient contact has been very positive, culminating with what we've done this year with problem-solving using standardized patients. If you contrast a current MSIV's first year experience with the first year class this year, this year they're having a much better experience. Morale is much better than the current MSIV class' was at this point in time. I think we're on a very positive course. There are number of faculty members that have been very valuably involved in thinking about the first year. I think there is a lot left to do. We're just beginning to look at the second year experience.

SD: How are these ongoing projects going to be continued after you leave?

Graham: A very important process that has begun is being led by Dr. Frank Neelon. That is to look at whether we can do some problem-solving within the second year so that there would be some continuity experience throughout second year. It could provide a common curriculum for all second year students at least as a fraction of their year, and continue the small group problem-solving co-led by basic scientists and clinicians, keeping alive the interest and focus on science while learning the basics of clinical medicine. Within the second year there is so much course-to-course variation, as you know, in terms on the emphasis on didactics and whether there is a curriculum or not. One of the realities that the school is going to face is that licensure is going to be a more rigorous process. Perhaps the licensing exam is going to have greater significance than it has ever had before.

SD: How is the curriculum going to adapt to the new

(see Graham, p.16)

Communication Always a Focus for Dean Graham

Greg Lucas

The following article is based on an interview with Andrew Puckett, Associate Dean of Medical Education.

Over the course of his training, Doyle Graham became aware that there was a vital element absent from medical education. That element was communication.

According to long-time friend Andrew Puckett, Graham has been interested in building lines of communication for many years. Puckett and Graham first met through a local church about 18 years ago. At the time, Graham was a junior faculty member in the Duke pathology department and Puckett was working on a masters degree in divinity at Duke. The two discovered they shared similar ideas, and together they formed a gender liberation group, designed to facilitate discussion about transcending cultural gender roles.

While away from Durham for several years Puckett kept in contact with Graham and recalls that he was extremely interested in reforming medical education from the earliest stages of his tenure on Duke's faculty. According to Puckett, Graham came to see the educator-student relationship as overly adversarial and driven too often by intimidation. This process tends to emphasize competition and vigilance, rather than collaboration among peers - a vicious circle that continues along the whole spectrum of the medical hierarchy. Long before Doyle Graham ever thought of being dean of the medical school, he helped students with problems in a personal, one-on-one fashion that later would serve as a model for his group of associate deans. "He has been a friend to a lot of people - and in many ways you'd never know about," Puckett remarks.

Five years ago Graham was asked to serve as dean of the medical school, a request he greeted with enthusiasm and a bevy of novel ideas. "Doyle is the kind of person who can't accept a task without putting his whole soul into it," Puckett comments. Dr. Graham called Andrew Puckett almost immediately after being appointed Dean to ask him to come and serve as an associate dean. Together, they developed a system of four associate deans who serve primarily in the capacity of student advisors. The idea for this format was derived and modified from the discussion-oriented approach to education that was encountered by Puckett in his training as a clergy member. At Duke these discussion groups focus on ethics and human values as well as a range of personal concerns voiced by the students. As students get to know their deans, the dialogue becomes increasingly meaningful. Most importantly, according to Puckett, permanent lines of communication are opened that permit an easy flow of between students and administration. Additionally, the deans get to know each student personally. According to Puckett, residency programs frequently comment on how familiar the dean's office at Duke is with its students. This is not the case in many other medical schools, nor had it been at Duke prior to Graham's appointment. "I don't know of another school in the country that does what we do to the degree we're doing it," Puckett notes.

Graham's other major area of effort has been in an attempt to bridge the schism between basic and clinical sciences in medical education. Too often these disciplines teach according to their own agenda with little coordination or communication. According to Puckett, this causes students to view their medical education as isolated parts rather than as a contiguous whole.

The clinical arts program has undergone considerable revamping since Graham began his tour of duty. Dr. Saul Schanberg, associate dean, spent time reviewing programs at other medical schools in an attempt to find common ground for the clinical and basic sciences during the first year. Joan Tetel-Hanks has been instrumental in developing the standardized patient program. Emil Petrussa was hired as Dean of Medical Education, a position new to Duke, but common to most medical schools. While much progress has been made, many goals remain to be realized. In addition to adding clinical aspects to the basic science year, Puckett suggests that adding basic science to clinical rotations might further serve to unify the process. For example, a review on the physiology of the kidney from a member of the basic science faculty might be considerably helpful when discussing renal failure during clinical rotations..

The most important precedent that Graham established in the deans office, according to Puckett, is an atmosphere open to new ideas. "An administration must have courage and maturity not to feel threatened by feedback from its students," Puckett observes.

Graham will be returning to his research in pathology. Puckett feels that the recent decision of Dr. Douglas Anthony, who had been running Graham's lab, to move to Harvard was a major impetus in Graham's decision to return to his research. Dr. Puckett could not speculate as to whether Doyle Graham would return to be Dean of Duke Medical School, but felt that he certainly would continue to be involved in student affairs.

1992 Graduation Awards

Thomas Jefferson Award —for outstanding contributions in fields not traditionally confined to science and medicine	Herbert Chen
Deans Recognition Award	Thomas Noonan
American Medical Women's Award	Michelle Aust Sharon Castellino Stephanie Yen
E.E. Owen Awards —for superior clinical skills	Sharon Castellino John Meissner Karen Patton Michael Wallace
Hewlett Packard Awards —for academic excellence	James Davidson Mark Henry Charles Hoopes Theodore Steiner Stephanie Yen
Sandoz Award —for distinguished work in basic science or clinical research	Eugenio Hernandez
Upjohn Award —for excellence in community health projects and community service	Steven Stasheff
Merck Manual Awards —for scholastic achievement	Michelle Aust Michael Berend R. Eric Lilly
Appleton-Lange Award	Natalie Cvijanovich
Ishiyaku Euroamerica Award	William Ricci
Markee Anatomy Award	James Davidson Theodore Steiner
Ciba-Geigy Award	Vernice Royal
American Federation for Clinical Research Award	Carlos Ince, Jr. Shu Lin
Society for Academic Emergency Medicine Award	Bing Pao

Student Parking Area Proposed

Steven Lee

As was stated in the April issue of *Shifting Dullness*, when Parking Garage III opens in approximately February of 1993, existing H and RX lots will be truncated and the new garage permits will be $320/year. I have proposed making part of the Yearby/Anderson H lot a medical student lot, and the medical center parking committee may consider this, but we need a student representative from each class to attend the monthly meeting to express the students' concerns. A concerted student voice at the meetings would greatly increase our chances for attaining a student parking area. The meetings are monthly, and the next one is June 18 at 10 a.m. in Dr. Snyderman's conference room. Please call me at 383-2264 if you are interested in helping assure the future of your parking privileges.

MSIII News

Lyndon Jordan

Thanks to class members Matt Areford, Brian Bowman, Rita Clement, Andy Lodge, Andrew Muir, Mike Sicard, and Lyndon Jordan for helping with the MSIV *Adopt-A-Highway* cleanup day on June 6. A great job—and fun!

The MSIV Beach and Cruise Retreat at Atlantic Beach was a tremendous success. Backus and George gave windsurfing lessons; Eric, Jeanne, Sharon, Dave Lee and others gave stellar demonstrations of skill and talent on the jet ski; Steve Lee lifted weights on the beach; Howard won MVP in beach football; Len Steinberg reveled in his MSIV basketball title; and Jeff Hartman did what he does best. Just ask Matt and Amy about settling down in the *wrong house!!* The 2 1/2 hour cruise from Beaufort aboard the *Captain Stacey VI* was wonderful—perhaps we could do this again if you are interested.

Congratulations to the newlyweds or soon-to-be married: Tim and Miriam, Frank and Phyllis, Don and Denise, and Scott Palmer and Diane.

Best wishes to Mary and Todd—who are going to have a baby in a few months!

Dr. Carol Dukes Speaks on Health Care in Africa

Moshe Usadi

On May 12 Dr. Carol Dukes, a member of the Division of Infectious Diseases at Duke, spoke about her experiences in Africa for AMSA's international health series. Dr. Dukes' interest in international health first led her to consider a degree in public health. She decided to go to medical school instead, but her interest in international health persisted. As a resident at Duke she spent time at a hospital in Zimbabwe (formerly Rhodesia). Then, as a fellow in infectious diseases she returned to Africa as a part of Duke's Tanzania project. She says that in Africa infections are a leading cause of death.

In Zimbabwe Dr. Dukes' foreign colleagues were primarily family doctors and public health workers. Perhaps the most important members of the health care teams, though, were the Zimbabwan nurses. These nurses, known as "sisters," are individuals from rural areas without previous training who are instructed in health education and practical health matters in order to serve their local communities. Dr. Dukes accompanied these workers as they went from village to village gathering the women in each site together and instructing them about child care and disease prevention. Dr. Dukes also helped develop wells that are secure against waste and contaminants.

Dr. Dukes described the effect of folk beliefs on the delivery of health care. In Africa, many individuals believe that disease is the manifestation of an external evil to which the afflicted has somehow become vulnerable. When one becomes sick one must discover what one has done to allow this to occur. Such people usually also believe that doctors' medicines work, in which case local beliefs do not interfere with health care delivery.

In other cases, local beliefs cause more problems. Dr. Dukes recounted a case when a woman who was being treated for tuberculosis suddenly left the hospital, taking her newborn baby with her. She was later found in a local clinic very ill from her infection, and her child was found to be afflicted as well. Unfortunately she had stopped breast feeding during her sickness, and local custom dictates that if a woman stops breast feeding for a certain amount of time and then resumes, the child will die. While the mother in question agreed to consider resuming feeding her baby, she would not do so without the consent of other members of her family, and they adamantly refused. The baby died.

Sometimes difficulties arise from failures of communication. In one small village Dr. Dukes was asked to examine an old woman who was in great pain. It was clear that she was dying of metastatic liver cancer, and that all that could be provided was supportive care. When this was explained to the family they said that they had seen a doctor and knew all that, but all that the doctor had provided was a bottle of codeine, whose instructions read "Give in case of cough." Since the dying woman did not have a cough, her family had not given her any codeine.

In Tanzania Dr. Dukes performed clinical research in addition to studying the delivery of health care. In one study she analyzed the fluid isolated from pericardial effusions. This is a fairly common finding in Tanzania among people suffering from AIDS. She found that among HIV positive patients 95% of the effusions were secondary to pericardial tuberculosis. Now, due to these findings, HIV positive patients who present with a pericardial effusion in this area of Tanzania are started on antimycobacterial drugs even before cultures return.

Two of the most striking things that Dr. Dukes observed in her travels in Africa was the prevalence of AIDS, which the government and people have not yet managed to effectively face, and the lack of advanced medical facilities. Dr. Dukes showed us a picture of four adolescents with congenital heart defects that lived in the hospital in Tanzania where she worked, receiving supportive care until they could be sent to India, the closest place where they could receive heart surgery. Three were finally sent, but one died immediatly before surgery, one died after, and one was sent home without surgery because she suffered from irreversible pulmonary hypertension and would not have benefitted.

At present Dr. Dukes is dividing her time between Duke, where she does research on the effects of the HIV virus on macrophages, and Tanzania, where she continues her clinical research. She has concluded that the most effective way she can contribute to the alleviation of suffering due to infectious diseases in Africa and around the world is through research, but acknowledges that going to Africa or some other country in order to provide one's clinical services can be a very interesting and fulfilling experience. She also believes that if one wants to go to Africa "and just heal people," as she puts it, the best thing that this person can be is a general surgeon.

While Duke has no programs specifically designed to send medical students overseas, Dr. Dukes provided a list of programs within the university and elsewhere that can provide such an opportunity. Anyone interested in this information should contact Rebecca Usadi at 929-8272.

MSIV Active in Community Service—

Lee Gravatt, MSIV was presented with the Ciba- Geigy award for her outstanding record of community service. Gravatt has participated in the Guardian ad liteum program since the fall of 1991. The principle duty of this organization is to investigate alleged cases of child abuse or neglect. Volunteers identify the needs of the juvenile, the available resources within the family and community to meet those needs, and functions to facilitate the settlement of disputed issues within the family. Gravatt has been involved recently in cases involving placement of a premature daughter of a cocaine abusing and neglectful mother and investigation of a severe femur fracture in a one-year-old boy.

Additionally, Gravatt has served as director of both the Duke Children's Miracle Fair and the Charity Sports Auction, two charity events designed to raise funds for the Duke children's medical and surgical center. She has also participated in the seventh grade sex education program at Holt Middle School.

Gravatt received a complete set of Frank Netter Atlases from Ciba -Geigy.

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Shifting Dullness is a publication of Duke University medical students.

May Sports Madness Hits DUMC

Mark (Gluteus) Backus

As the flowers bloomed and many new fourth year medical students blundered back onto the wards, competitive athletics blossomed on the hot West Campus tennis courts. The ever popular Student/Faculty tennis tournament went off without a hitch on May 2, 1992. Rising fourth year students held the edge this year over many of the seeded players such as Bucky Waters (who was nonetheless a gracious dinner host). MSIV's Jordan Hsu and Howard Cooper went down in defeat to the staunch New Zealand seed—MSIV Dave Bright and partner Gordon Hammes (Vice Chancellor for Medical Center Academic Affairs). Also of interest was an exciting new shirt design for the tournament, which was fortunate because my discriminating wardrobe already has three Duke blue tennis shirts.

Also on that hot afternoon was the Big Four Sports Tournament at ECU. Despite the conflict with the tennis tournament, Duke still managed to field teams in basketball, softball, and volleyball. A strong first year contingent enabled Duke to win the softball tournament. Franco Recchia proved to be a big slugger for the Duke squad. A tournament victory was also garnered by the one of the Duke volleyball teams, once again led by feisty first years.

Softball proved to be a popular spring pastime, with an MSIV team entered in the Durham city league and a first year team entered in the IM tournament. Both teams basically flailed, but enjoyed defeat. Pick-up B-Ball continues on Saturdays for MSIV's, and MSII's appear to be having court difficulties over on American drive. This MSIV issues a challenge to those MSII's (or MSI's) to come to the Bubble on Saturdays for some real competition. Medical students that like to hoop should realize that the Bubble is scheduled to be leveled by the university relatively soon. Bitter. Other sports information includes MSIV's getting thrashed in IM ping-pong (despite Lenny Steinberg's innovative new paddle), and information on city dart leagues available from this writer. See Dave Lee, IM representative for information on upcoming sports events. Incidentally, mud-phud candidate Daver Lee lobbied hard for increasing athletic facility hours during the year and actually succeeded in extending hours to two a.m. during the school year at Card gym and other facilities. Three Cheers!

News From Abroad

Memoirs of a Third Year: San Francisco

Oded Herbsman

As some of you may know, Duke School of Medicine was compassionate enough to allow me to do my third year at the University of California in San Francisco. Although I am sure you're all dying to hear about my research project, I shall save it for the end.

San Francisco is the coolest city in the world. It is a beautiful, friendly place with an incredible diversity of cultures and ethnic groups. The city includes over ten thousand restaurants representing every known cuisine, as well as hundreds of parks, the ocean, street fairs, cultural festivals and more. San Francisco is an exciting place to live in terms of its politics and rich liberal history. I had the opportunity to march for pro-choice, against police brutality, for saving the environment and against the government. The night life in the city is as diverse and exciting as the population, from night clubs to outdoor concerts. I for one have become a member of the Funk-Thrash scene.

I lived in the Haight-Ashbury district, about 100 yards from Golden Gate Park. The entire neighborhood is left over from the sixties and the summer of love. Most of the residents are tie-dyed-clad Grateful Dead groupies, flower children and generic free spirits. The street is full of cafes, health food stores and psychedelic shops. Throughout the year I volunteered in the Haight-Ashbury free clinic, a family practice operating in the edge of the twilight zone. The clinic that treated the Grateful Dead, Janice Joplin and others in the sixties now cares for a large population of homeless, modern flower children, metal heads, artists and other locals looking for "cool doctors." Although I was slaving away at the lab I did manage to enjoy some of the recreational activities that the Bay Area has to offer. For example I started learning Kendo (Japanese sword fighting) this year. Although San Francisco is not Greater Durham I still managed to have a wonderful year.

UCSF is a unique campus. It is a condensed set of buildings (10-15 floors on the average) located in a busy part of town. The university is dedicated entirely to graduate studies in health-related sciences, including schools of medicine, dentistry, nursing and pharmacy. There are no undergrads around. The lab I worked in was composed of twelve investigators of several nationalities, with a few token Americans. Most of the members of the lab were post-docs, with the exception of two MD-PhD students and my lowly self.

For those of you that are research-oriented or have increased tone: my work was in the area of polypeptide growth factors, specifically Transforming Growth Factor Alpha (TGFa) and Epidermal Growth Factor (EGF). Both of these growth factors are involved in multiple events of development and differentiation as well as tumor growth and proliferation. EGF and TGFa work through a common receptor, yet show differences *in vivo* and *in vitro* in their induced effects. The project I was involved in dealt with finding the mechanism for this difference in activities.

Report from Medical Schools around the World

Kenny Boockvar

As featured last month, *Shifting Dullness* has been corresponding with other medical student journals around the country. Recently *SD* heard from *Pulse* magazine, a publication of medical students at University of Cape Town, South Africa. Produced periodically during the year, *Pulse* features serious reporting as well as humor and cartoons. One article from the May 1991 issue described economic difficulties during 1991 at one of the Cape Town teaching hospitals, Groote Schuur. The Administrator of the hospital had to prescribe severe cutbacks, such as letting only emergency cases be admitted, forcing elective operations to be postponed, and making outpatient departments be more selective about who to be treated. The reporter described a "constant awareness of the need to keep the cost account down," and that conditions for medical education were "not ideal," but added that "early predictions of doom" for some departments did not materialize. Another article reported on the 16th General Assembly of the Federation of African Medical Student Associations (FAMSA) that met in Zimbabwe in 1991, the

(see World Report, p.15)

Summer Calendar

MUSIC

June 12: Clompi Quartet at noon in Duke Gardens (rain: June 17).
June 13: Mallarme Chamber Players at 8 p.m. in Griffith Film Theater.
June 16: Harvi Griffin, harp and voice at 8 p.m. in Griffith Film Theater.
June 27: Jane Hawkins, piano and Fredric Moses, bass/baritone at 8 p.m. in Reynolds Industries Theater.
June 28: Jazz benefit with Paul Jeffrey at 7 p.m. in Duke Chapel.
July 9: Members of the Clompi Quartet and guest artists at 8 p.m. in Reynolds Industries Theater.
July 12: Triangle Brass Band at 6 p.m. in Duke Gardens (rain: Griffith Film Theater).
July 17: Tarwater Band at 5 p.m. in Duke Gardens (rain: Duke Museum of Art).
July 24: Robin and Linda Williams play traditional music at 5 p.m. in Duke Gardens (rain: Duke Museum of Art).

FILM

Freewater—All films are shown at 8 p.m. in the Griffith Film Theater (Bryan Center). Free to Duke Students with ID.
June 18: *The Gods Must Be Crazy.*
June 25: *Children of a Lesser God.*
July 9: *The Year of Living Dangerously.*
July 16: *An Officer and a Gentleman.*
July 23: *Seven Year Itch.*
July 30: *Witness.*

Silent Movie Festival

June 17: *Steamboat Bill, Jr.* (1928) with piano accompaniment by Paul Holmes at 8 p.m. in Griffith Film Theater.
June 23: *Way Down East* (1920) with piano accompaniment by Paul Holmes at 8 p.m. in Griffith Film Theater.

ART

Duke University Museum of Art— Main Gallery: Dalghilev's Ballets Russes until June 14; Max Waldman Dance Photography June 26-August 9. North Gallery: Peter Goin Nuclear Landscapes Photo Exhibition until June 14. Upstairs Lobby Gallery: African Art until June 14.
Duke North Mars Display Cases— Antique Radios June 1-28; Occupational Therapy Exhibit June 1-15; Nutrition Services Exhibit June 15-26; Paintings by Tish St. Claire June 29-August 3.

DANCE

American Dance Festival
June 16-20: Pilobolus at 8 p.m. in Page Auditorium.
June 23-24: Monica Valenciano (Spain) and Nucleodanza (Argentina) at 8 p.m. in Reynolds Theater.
June 25-27: Dayton Contemporary Dance Company at 8 p.m. in Page Auditorium.
June 30-July 1: Forces of Nature at 8 p.m. in Page Auditorium.
July 2-4: Flamenco/Tap at 8 p.m. in Reynolds Theater (at 7 p.m. on July 4).
July 7-8: Young Choreographers and Composers in Residence at 8 p.m. in Reynolds Theater.
July 9-11: Danat Danza (Spain) at 8 p.m. in Page Auditorium.
July 12-13: Dendy Dance at 8 p.m. in Reynolds Theater.
July 14-15: Liz Lerman and the Dance Exchange at 8 p.m. in Reynolds Theater.
July 16-18: Losdenmedium (Costa Rica), Susana Reyes (Ecuador) and Miguel Azcue (Ecuador) at 8 p.m. in Page Auditorium.
July 19: American Dance Festival Musicians Concert at 8 p.m. in Reynolds Theater.
July 20: American Dance Festival Faculty Concert at 8 p.m. in Page Auditorium.
July 21-22: International Choreographers Commissioning Program at 8 p.m. in Reynolds Theater.
July 23-25: Paul Taylor Dance Company at 8 p.m. in Page Auditorium.

LITERARY LUNCHTIMES

Fridays at noon in the Dean's Conference Room, Green Zone, Duke South.
June 5, 12, 19: *Notes from Underground* by Fyodor Dostoevsky, led by Dr. Frank Neelon.
June 26: Open reading and the poetry of Philip Larkin.

DUMC Poetry Competition

The Office of Cultural Services at Duke University Medical Center is offering prizes for previously unpublished poems dealing with experiences in health and illness. The contest is open to anyone with any ties to DUMC. Final judge will be Richard Kenney, a Yale Younger Poet Winner and MacArthur Fellow. Entry deadline is June 30, 1992. Call Cultural Services at 684-2027 for information on how to enter contest.

This Month in Medical History

Moshe Usadi

° Andreas Vesalius (1514-1564) published his anatomy textbook the Fabrica on June 1, 1543. Before this point the science of anatomy was not based on empirical evidence. Dissections were traditionally performed by surgeons, who during the early modern period had little formal training and received little respect. Under Vesalius, who was a doctor of medicine and professor of surgery at the University of Padua, anatomy came to be based on dissections of human cadavers.

° William Harvey died on June 3, 1657. For many years after his death Harvey's discoveries regarding the circulation of the blood were largely ignored by physicians, partly because they did not know how to apply them for practical purposes and partly because they contradicted the accepted tenets of Galenism. Ironically, Harvey's first supporter within the medical community was his friend Robert Fludd (1574-1637), a mystic philosopher and physician who concluded that the heart was the center of the body in the same way that the sun was the center of the universe.

° On June 6, 1822 William Beaumont, a U.S. Army post surgeon serving in northen Michigan, was called upon to tend the wound of Alexis St. Martin, a Canadian traveller who had been shot in abdomen. Beaumont diligently cleaned the wound, which contained blood, bone splinters, lead shot, wadding, bits of clothing and stomach contents, and revealed a badly lacerated lung, diaphragm and stomach. St. Martin recovered to his physician's surprise, but was left with a fistula. Despite St. Martin's protestations Beaumont investigated the workings of his stomach by inserting meat and other objects attached to strings through the fistula and removing them at varying stages of digestion. Beaumont published "Experiments and Observations on the Gastric Juice and the Physiology of Digestion" in 1833. Among other things this work established the link between emotional state and gastric secretion and digestion, thereby serving as a harbinger of endocrinology.

° The first succesful human blood transfusion was performed by Louis XIVth's physician Jean Baptiste Denis (1620-1704) on June 15, 1667 when he gave three pints of sheep blood with no ill effects to a patient. Denis later tried giving calf blood to a dissipated young man to mollify his fiery nature with less benign results - a severe reaction and death soon ensued. Denis was brought to trial and was exonerated, but the Paris faculty forbade further transfusions. Transfusions were declared illegal by parliament 10 yrs later. The first human-to-human transfusion was performed in 1818 by a London obstetrician named Blundell. Landsteiner described A, B and O blood types in 1901, and later the AB type.

° Ernst Chain, codiscoverer of penicillin, was born on June 19, 1906. A steady stream of publications appearing in the late nineteenth and early 20th centuries indicated that strains of bacteria, molds and fungi could destroy harmful bacteria, but it awaited the work of Chain and Howard Florey in 1941 to demonstrate the therapeutic effectiveness of penicillin. While it was impossible to produce sufficient quantities of penicillin for therapeutic use in the lab, cooperation between the U.S. government and pharmaceutical companies within 2 years of Chain's and Florey's work allowed penicillin to join arsenical and sulphur drugs in the antimicrobial armamentarium.

° On June 22, 794 the first leprosarium was established in England. During the middle ages the term leprosy was applied to a large range of dematalogic diseases, not all of which were contagious. Leprosoriums began to close in the 16th century as leprosy became rare.

° As part of the secularizing trend of the Reformation the control of hospitals went from Church to lay control, and the free services of nuns and charitable groups were replaced with the efforts of poorly paid and untrained workers. Hospitals become filthy, germ infested buildings. Florence Nightingale joined individuals like Dorothea Dix and Elizabeth Gurney Frye who wished to improve the lot of hospital inmates. In order to do so she attempted to upgrade and professionalize the nursing. While she at first generated little attention or support, her clinical skills and organizational acumen gained her recognition after being sent to Scutari to treat British soldiers wounded in the Crimean War. In 1861 Secretary of War Sidney Herbert lamented the difficulty of Nightingale's task when he exclaimed on his death bed, "Poor Florence, poor Florence, our joint work unfinished." Yet she proved him wrong when the first English training school for lay nurses began operating in a wing of St. Thomas' Hospital in London on June 24 that same year, with her as director.

° Other events that occurred in this month include the first gallstone operation, performed in Indianapolis on June 15,1867; the first medical degrees in America awarded to 8 graduates of the medical department of the college of Philadelphia on June 21, 1768; the first U.S. Federal drug law enacted on June 26, 1848; & the first U.S. Federal pure food and drug law enacted June 30, 1906.

News Capsules

Michael Weiner

° Aldesleukin (Proleukin), recombinant interleukin-2, is approved for treatment of adult metastatic renal cell carcinoma. Aldesleukin can reduce tumor size, but is associated with severe side effects in most patients who have participated in clinical trials. Toxicities include hypotension, capillary leak syndrome, cardiac arrhythmia, respiratory or renal failure, and GI bleeding. Though usually reversible, the side effects led to death in 4% of patients studied. It can be administered I.V. only in a supervised setting (FDA BBS, 5/5/92, ref. P92-12; W. H. West, Eur. J. Cancer Clin. Onc. 25 (1989, suppl. 3):S11-S15).

° Amyotrophic lateral sclerosis (ALS) is associated with defective glutamate transport in spinal cord, motor cortex, and somatosensory cortex. In astrocytes and neurons, high-affinity sodium-dependent carriers normally remove the excitatory neurotransmitter from the extracellular space. Studies of transport in postmortem synaptosomal preparations of 57 patients revealed a defect apparently specific to ALS, though the precise cause is unknown. The work suggests that pathogenesis of ALS may occur via toxic extracellular levels of glutamate (J. D. Rothstein et al., Decreased glutamate transport by the brain and spinal cord in amyotrophic lateral sclerosis, NEJM 326 (1992):1464-1468; D. W. Choi, ibid., pp. 1493-1494).

° Sertraline (Zoloft) is a 5-HT reuptake inhibitor for treatment of depression. It is metabolized in the liver, and like fluoxetine, seems to stimulate the CNS. Trials comparing it to amitriptyline reveal similar effectiveness. Adverse effects include headache, tremor, nausea, insomnia, agitation, and nervousness, but not weight gain, sedation, or anticholinergic effects. The usual starting dosage is 50 mg qd (Sertraline for treatment of depression, The Medical Letter 34 (1992):47-48).

° Maternal IgG alloantibodies may protect Rh(D)-positive newborns from severe hemolytic disease (HDN). Of 13 severely Rh(D)-alloimmunized mothers with children having only mild HDN, 7 had IgG that inhibited lysis of RBCs by paternal monocytes. The absence of severe hemolysis in the remaining cases must have other explanations. Nevertheless, the authors propose that immunization with paternal monocytes may be a way to prevent future cases of HDN (M. C. Dooren et al., Protection against immune haemolytic disease of newborn infants by maternal monocyte-reactive IgG alloantibodies (anti-HLA-DR), Lancet 339 (1992):1067-1070

° GM1 ganglioside improves MPTP-induced Parkinsonian symptoms in monkeys. Performance on tests based on behavior and neurologic function improved significantly within 8 weeks following the start of daily IM injections of GM1 ganglioside. Postmortem dopamine and metabolite levels in most striatal subregions were increased. Researchers think that the GM1 ganglioside may stabilize damaged dopaminergic neurons of the substantia nigra, or stimulate growth of new fibers and terminals. The study suggests that this may be useful in human Parkinson's disease (J. S. Schneider et al., Recovery from experimental Parkinsonism in primates with GM1 ganglioside treatment, Science 256 (1992):843-846; Newsweek, 5/18/92, p. 60).

Computer News

Michael Weiner

IBM is distributing some PS/2 computers via direct marketing. The models, available for a limited time, are the 35 SX-043 ($1,495), 40 SX-043 ($1,595), and L40 SX ($1,695). HelpWare support and a one-year on-site warranty are included. To order, call 800-IBM-2968 (PC News, 5/4/92, ref. ZNT:PCW-32; Newsbytes, 5/6/92, ref. ZNT:NWB-362).

Apple PowerBook machines built before April 1992 may have a hardware flaw resulting in the occasional inability to read a diskette. To have the problem corrected, take the machine to a dealer, or call the PowerBook repair hot line at (800) 767-2775 (MacWEEK, 5/4/92).

Macintosh PC Exchange lets SuperDrives read and write DOS diskettes without using Apple File Exchange. Icons are created for DOS files, which can be accessed automatically and directly, via Macintosh applications. Insignia Solutions Inc. licensed parts of the technology to Apple, which will market the $79 software (MacWEEK News, 5/92, ref. ZMC:MWB-70).

DUKE MEDICAL ALUMNI ASSOCIATION

We're on your side. Now, and after you graduate. The Duke Medical Alumni Association:

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The Medical Alumni Association
M144 Davison Building
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Dear E Bach

Dear E Bach,

I am disturbed by the recent media trend that depicts American culture in turmoil. Hollywood portrays stereotypes that span the gamut of neurotic personalities. Stress and unhappiness afflict people in many fields, including medicine.

Should I just pack it in right now, and save myself and my family the shame of burnout? Must I choose a specialty based on lifestyle so that mine will be tolerable? Can I really look like Elle McPherson in just 7 short days?

Please help one who is torn between following the pedigree of the Waardenburg syndrome or the pedigree of coach Hurley and sons.

Is it acceptable to be mediocre in a career that dictates lifelong sacrifice for any modicum of success?

Sincerely,
George

Hello, McFly.....anyone home?

Well, I always believed that there can be no Linus Pauling without a Dan Quayle. Harvard couldn't bask in the rays of worldwide admiration without the plodding trifle of Middle Tennessee Valley State to compare itself to (my apologies to you alums out there). In general, then, we can say that no greatness can be measured unless against lesserness. No matter what you decide, you have a role.

The message I get from the media is a very clear one. I can fully expect a lifetime that includes a prestigious career, a happy family, Coors light in a hot tub on a nightly basis and a few triathalons sprinkled in for diversion. NYET.

First of all, let's admit that this sleep thing is overrated. We try to quell the tide of exhaustion by racking during vacation or when we go home to see the rents. Do we realize that it only takes one night of call to put us back in the saddle eye? Besides, modern medicine still hasn't figured out why we sleep, so let's take our own negative data seriously and make the most out of the waking twenty hours.

Sound like a hard core work maniac? No, just a budding internist/immunologist/human being who is unsatisfied with our alotted time. What can we excise in our daily living in order to harness our lives into full gear?

1. Forget keeping up on politics. Bush, Clinton and Perot are not Mulroney or Gorby. Imagine one of leaders addressing our country in two or three languages? I'd like to see mastery of English first. Why don't we enoble multiculturalism or intellect in our chosen leaders? Hey, call me a cynic. I guess American politics breeds cynics. Fritz Mondale for prez.
2. Nuke the weather. They're *never* correct, but blameless nonetheless given the vagaries of the climate. Who cares what the temperature is in Raleigh compared to Durham? Can I distinguish 2 degrees? Allright, I'm really getting angry now. That 5-day forecast always looks the same. Sunny Monday with a chance of rain; rainy Tuesday with a chance of sun; sunny Wednesday with a chance of Thursday.
3. Stop thinking about sex. Double blinded, placebo controlled psychology research shows that the average person thinks about sex every 17 seconds. By simply reducing this frequency to every minute or so an ambitious young physician could add 5-6 days each year of additional journal review time.
4. Concerted bowel and bladder training directed at producing permanent storage capacity could add valuable hours to each week by decreasing wasted time spent using the washroom and performing various attendant, culturally-dictated amenities.

So do not smother your faith gentle reader. Always place your goals on a pedestal before you such that you will never loose sight of them.

Yours sincerely,
E. Bach

Letters to E Bach are actual submissions from members of the Duke Medical community. Send letters to Eric Bachman at PO Box 2704 DUMC or drop them in the Shifting Dullness box in the Alumni Affairs office (candy room) or in the student lounge, Duke North.

Children<God (Part II)

We are, after all, communicants of the blood—our being wrapped up in the pursuit of it, our self-worth defined by our ability to obtain it. There is nothing in medicine so ludicrous as grown men and women deigned to like six-year-olds, and nothing rousts the deigning instinct faster than a good old fashioned failed phlebotomy. When you recognize that "Did you get the blood?" sounds suspiciously like "Did you forget the bread?" and the shame of not getting it becomes less than the humiliation of reporting to a resident that you couldn't get it, your first baby steps towards prevarication and acceptance of sanctioned torture have been taken. The dedication to the house staff in the medical student textbook reads, "They taught us to violate"—and underneath, to the medical profession, "They made us to violate."

For those of you struggling, seemingly hopelessly, with the implied sadism of butterflies and bee stings, hark, for this I know: it will get better. In three years, you will go from apologizing to your lab partner for your failure to vacutain median cubitals as thick as cigars to *not* apologizing to a family for dropping a line on their father following their decision to withdraw support, the only indication the challenge of cannulating arteries with BP circa 60/20.

It *is* difficult—look at a radial arteriogram someday and wonder aloud why every successful stick is not as celebrated as a last second shot—but you will become so adept that the mythology you imbue vessels with will change from one of failure—rolling and blowing and spasming—to a real mythology, that of gods and goddesses. Here are mine:

Artemis, the virgin huntress, now the hunted, the sleek oryx bounding the style at the distal radius ("No I don't need the light on," you say with equal measures of pride and contempt to the nurse, who turns it on anyway. "Your presence, although necessary, profanes the hunt," you think) as you purify the ground with oil and begin the ageless catechism ("little numbing medicine, you'll feel a burn, this is the worst part") and wait, then greet Artemis again—there—throbbing, calling—and draw back...Now (seek, seek) and the needle identifies each tissue it cleaves—Adipose, sinew, fibrils or muscle, as finger pads await the transmitted tap from her outer wall. "Hello, Artemis," you whisper solemnly, "I must enter you." Who among you has not felt a kind of release, or taken a certain indecent pleasure, at the intemperate spurts from an A line finally placed after 15 minutes of struggle?

Venus, originally the goddess of productively, later love, now transmuted in your pantheon to the goddess of jaded beauty, fleshy, accommodating, best entered at the R groin prepped and draped in the usual sterile fashion—straight up and down (dive, dive) now aspirate and pull back until the tension gives way like a water balloon dropped on cement, and the blood wells up dark as a cabal.

Earlier I described the ritual performed at the jewelry store come quitting time, and now I'm going to criticize it—not the carping "I don't own a jewelry store so I can deride activities used to deter robbery" kind of criticism, but a micro-tease (of admittedly scant information) which may help you understand why I did what I did.

First, and this is a minor point, the whole idea of uprooting the goods every night seems misguided. Undoubtably it was at the suggestion of some security advisor or insurance company, which in itself makes it suspect, and undoubtably they can justify storing their entire inventory overnight in a single, well-protected location known to everyone. (Disregarding that they could conveyor belt everything to the other side of the store after the employees leave (although they don't)—that's not my point.) My point is: Giving the merchandise legs emboldens people to steal. I'm not talking about criminals, who don't care one lick about the natural history of what they are about to partake—I'm referring to those otherwise solid citizens for whom unsettling is, well, unsettling. For most, a jewelry store is like a museum, a catalog of society's excess, to be sure, but a place of permanence. When something is displayed there, it stays there, when it stays there long enough, people associate it with belonging there. (If a piece is sold, they just replace it.) Forget the cases, forget the charges, admit it—stealing jewelry is as foreign to you as stealing Yankee Stadium or leading the goats from Waimea Canyon—you would never think of it, and when you think of it, you actually think of how silly it sounds UNLESS

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(I'm not sure when, maybe if it happens during repol), you

(see Children, p.15)

Children (from p. 14)

see the jewelry store move.

Second, and this is the major point, the whole thing just isn't very convincing. If efficiency and crime prevention were top priority, the whole process would be mechanized, or at least centralized. The intended benefit of the main street parade is in discouraging back door theft, particularly by younger employees entering the "window of vulnerability," when the thrill of being hired (and the worry over messing up) starts to wane and the realization that advancement is a long way off begins demanding more air time. "Give everyone a responsibility, even empty ceremony fosters loyalty, shibboleths make you one of us." So says the management—does anyone buy it? I wonder. The stock boys who mouth the company handbook are idiots anyway, malleable to pick up others' confetti or swallow bombs. For those who fail indoctrination, dissembly lines, once mastered, are simply incorporated into plans of subversion.

So what. When the guy came in, late and without a DNR (the ER resident, yawning, billed him jovially as "Renal cell, metastatic everywhere, including the ground he walks on," which seemed scripted, like he had thought it up and rehearsed it while dialing the phone, or heard someone else use it on a different patient and finally got his chance to try it out), I was off the learning curve, and while my resident worked him over ("You don't mind if I go first?"), decided for only about the thirtieth call night it would make things a lot less complicated if I just killed him right now, my mind connecting his veins up to the liter bottles used for paracentesis (but always the problem of what to do with the blood). "So where is this half-cousin? Drunk?"

"Brother, half-brother," my resident corrected in his annoying way of always having to assert superiority (like I was initially on the receiveing end of this information), like the distinction really mattered—even if it were his goddammed half-nelson, we were stuck resuscitating the guy when that wad in his IVC shook loose, because his wife wouldn't budge.

—Mae

World Report (from p. 8)

first such assembly that South African representatives were allowed to attend. The focus of the meeting, which included scientific papers, was AIDS. Noted on the University of Cape Town stationery was the declaration: "The University of Cape Town rejects racism and racial segregation and strives to maintain a strong tradition of non-discrimination with regard to race, religion, and gender in the constitution of its student body, in the selection and promotion of its staff and in its administration.

From around the U. S.: Johns Hopkins University medical students just produced their first issue of *Transverse Sections*, a journal devoted to discussing social issues. Essays were written by medical students and covered public health work in impoverished East Baltimore, discrimination against homosexuals, the U. S. presidential campaign, and the teachings of J. Krishnamurti, as well as a history of how human subjects were obtained for clinical medical instruction, an account by a student who discovered someone she knew had AIDS, and a first hand account of the political situation in Guatemala and how it affects public health in that country.

Synapse, the UCSF weekly, featured photographs by a third year medical student of children from the town of Santiago, Guatemala, where political massacres have given way to public health problems such as cholera.

The student newsletter at the Medical College of Virginia (MCV), *The Pulse*, reports that a proposal to make health insurance mandatory for all students was dropped by the University Student Health Services Student Advisory Committee. Students at MCV recently started a Society of Uniformed Medical Students (SUMS) for all those in Armed Forces programs.

According to a student editorial in *The Scope*, the publication of Georgetown University medical students, the Georgetown curriculum is in need of a course on bioethics.

Like Kansas University, Columbia University College of Physicians and Surgeons produces a regular literary magazine, called *Reflexions*.

Anyone interested in seeing any of these publications can do so through Kenny Boockvar (286-3147).

Shifting Dullness accepts letters of opinion from all members of the medical school community. Opinions expressed do not necessarily reflect those of the editorial staff. *Shifting Dullness* reserves the right to edit letters for length and style. Mail to *Shifting Dullness*, PO Box 2865, DUMC or drop them in the *Shifting Dullness* box in the Dean's Office (candy alcove) or in the Duke North student lounge (6th floor).

United States Medical Licensing Exam?

Graham: I am proposing that we claim an afternoon a week during the third year for some type of in-depth pathophysiology review that would allow students to build on their first two years and begin to think about disease processes in a really mature way, incorporating what they know about clinical medicine and what is known about basic science. You would basically go back briefly and review a little anatomy and a little physiology, and talk about the pathophysiology of different major groups of diseases and where the frontier of science lies for all of these issues. I think that that would be a useful addition to this curriculum and would improve our students' education, number one. Number two, it would vastly advantage our students with regard to Step I of the licensing exam in comparison with doing nothing at all.

SD: They would take Step I at the end of their third year?

Graham: That is the time that we would recommend it. My basic feeling is that we should not try to structure our curriculum around any given exam. I think we can rely on the fact that the students that come to Duke are selected out of the 99th percentile. They obviously test well.

SD: What might you have done differently during your tenure as Dean?

Commencement, 1991.

Graham: I would like to have brought together better the concerns about student welfare and the curriculum — have them addressed more jointly. I have sort of addressed them as separate kinds of projects. I think that it has been a little inefficient. I don't think that I have worked with faculty/student committees, particularly with regard to the curriculum, as much as would have been desirable. I'd like to have done that a little bit better.

SD: Obviously you have a vested interest in who the new dean will be, given your projects that are ongoing. What would you consider to be the most important qualifications of the new dean?

Graham: I would certainly like it to be somebody who is sincerely interested in the medical student experience, both with regard to the quality of their training and their welfare. Given that value system and that motive, a lot of different kinds of good things could follow. I would like to see that as a primary criterion. I would like for it to be someone who, as I did, really has some ideas about what he or she would like to do if they have a job like this, in terms of some vision of how the medical school could be better. I had five years to do the kind of things that I had thought about for a long, long time. Some of those worked out okay. I would like for someone else to have that kind of experience. I would like for my successor to have a better job than I have and have tried to advocate for this.

SD: In what way would you like the job to be better?

Graham: In terms of having more clearly defined authority for curricular issues in particular. It would be better if this person were brought in and very broadly embraced as the ultimate authority for the medical school experience — that is to say no individual faculty member or chairman could overrule him or her, nor would the chancellor or the vice chancellor dictate. It is really important that this person have that kind of authority. I think it is very important for people in administrative jobs that their authority be very closely aligned with their responsibility. Fortunately, much of what I wanted to do did not invade anyone's turf. All the student affairs stuff was real easy to do because it did not threaten anyone. All of our curriculum work has been very slow, very painful and very tedious.

(continued on next page)

SD: Do you expect the political atmosphere to change?

Graham: I think it is within the scope of power of the leadership to make that different for my successor. The whole process of how this job is negotiated, announced and how my successor is supported as he or she tries to do the job, particularly in the critical months, will make or break the whole story of the job.

SD: What will you miss most in leaving the Dean's Office?

Graham: There are things I am not going to miss (chuckle). The chief thing I am going to miss is the contact with the students. I really enjoy dealing with everything from the trivial to the tragic in students' lives. I just love it. I love having the open door and being available and being seen that way. I am really going to miss working with the advisory deans and the faculty on the second year committees. I think that there have been some folks that we have had involved in the advisory deans program who are just superb. The school has been very well served by having Dr. Schanberg, Dr. Michener, Dr. Neelon, Dr. Petrusa all working hard to improve the educational process. I have enjoyed the whole community. It has been very fulfilling.

SD: What plans do you have for the short- and long- term future?

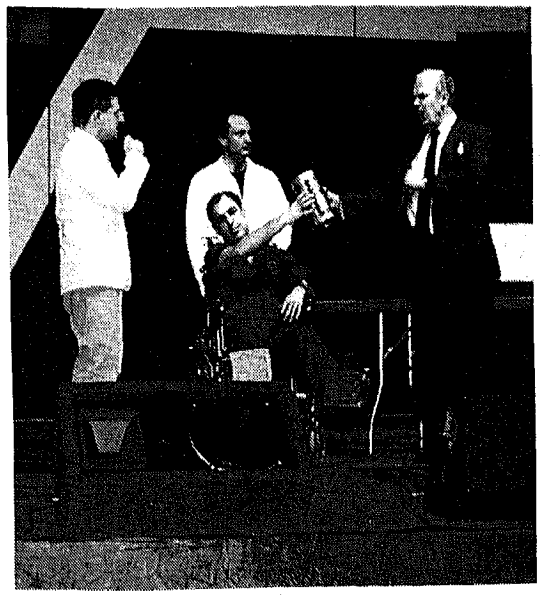
Graham: I think I am going to be constantly pulled to do two things, and I do not know how I am going to resolve that. I love to be involved in science and I have things that I want to do in the lab, but I also know that I am going to feel the pull to return to the administration, either here or somewhere else. I just would not be surprised if I did not find myself "deaning" again five years from now.

SD: You have mentioned a fear of losing the analytical mindset required for scientific research. Is that one of your motives for returning to the lab now?

Graham: There are pushes and there are pulls. The pull from the lab is the sure knowledge that if I don't go back now then I am perilously close to losing my grip on science, to losing being able to be involved in science in a major way. I think with five more years of "deaning" right now I would have made an irreversible decision to be an administrator. I think to participate in the creative process really doesn't know many parallels. It is a great deal of fun to have an idea, to do an experiment that no one has ever done before, to add to the general understanding of biological systems, and maybe to add something to the understanding of disease. That is intrinsically attractive to me. The closer you are to it, the more directly involved you are, the more satisfying it is.

SD: The medical profession today in America is encountering difficult economic and moral dilemmas, such as the extent to which everyone should have access to health care. What role will medical education play in the resolution of these problems?

Graham: More directly here at Duke one of the things that I think should happen is that we should become more friendly toward the education of primary care physicians. I don't think it would be an inappropriate goal for us to produce as many family practitioners as East Carolina. I don't think that should be our mission, but I think we ought to change the current system which discourages people with that goal from pursuing it at Duke. Faculty at Duke and at other good medical schools say "You are too bright to be a family practitioner. You must be a 'Super-Doppler Cardiologist.'" The faculty needs to stop doing that. The other thing I think we need to do is create opportunities for people to grow in skills that would be really useful to them as a primary care physician.

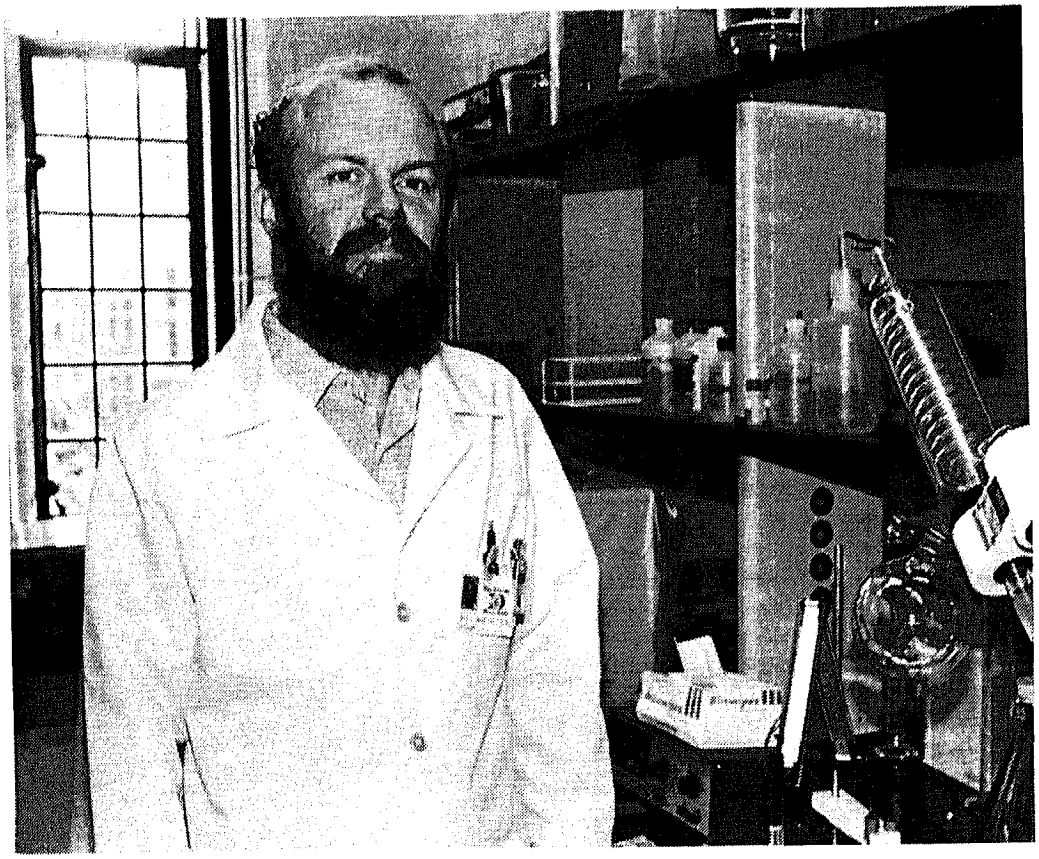


In "Willy Davison and the Doctor Factory," 1992

Dean-Search Update

According to MSIV Michael Felker, who served on the Dean of Medical Education Search Committee, the committee's work has been completed. It has recommended two candidates to Ralph Snyderman, Chancellor for Health Affairs, who has talked with both candidates and will choose between them. A congenial interviewee, Mike called his experience on the committee "very interesting."

This Just In... *Dr. Snyderman has made his decision. Although the name has not been released yet,* Shifting Dullness *was able to snap this shot of the new dean as he left Snyderman's office.*



Person reported to be the new dean. Name: to be released soon.