

Fusing the old and new: Integrating the Library's History of Medicine program into the revised curriculum.

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The goal of most library resources is to be integrated into the teaching and learning environment of health professional curricula. From its formal inception, the Duke History of Medicine Collections were intended to be readily accessible and used by medical and other professional students. This morning I want to share with you some of our experiences in accomplishing this integration. This did not come without its challenges and champions, so we want to share some of the lessons we learned along the way

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First let me tell you briefly about the collections themselves. The first dean of the medical school began avidly collecting materials in 1927, several years before the school opened. He was responsible for acquiring one of the foundation stones of the collections through personal relationships with members of the Georgia Medical Society. The collection of 8,000 books and journals was given to Duke in 1931 when the society had to give up its collection when it found it difficult to maintain the storage expenses of \$15 per year. The collection brought in a wealth of European journals as well as transactions from southern medical societies.

The second foundation stone came some years later. Dr. Josiah C. Trent -- in the picture on the lower right -- and his wife, a member of the Duke family, became avid collectors of rare and valuable books and artifacts. After Dr. Trent died at an early age, his wife Mary Duke Biddle Trent decided to give their collections to Duke. The medical materials were donated to the Medical Center Library so that medical and other health students would have access to these rare and important works. It was her gift that officially created the history of medicine collections.

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Since then many other treasures have been added to the collection, with 25,000 rare and valuable medical volumes, 2,500 manuscripts, and numerous artifacts, photographs, and ephemera. Another 10,000 volumes are contemporary works about the growth and development of medicine and health care. The collection strengths you can see listed on this slide.

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There were some obvious partners over the years. Endowment funds were established to support History of Medicine professors and fellows. Many of them used the Library's fellow's carrel as a second office.

The Trent Center for Bioethics, Humanities, and History of Medicine was founded in the late 1990's and was located in the same building as the library. In fact, it is just down the hall from the History of Medicine.

The History of Medicine faculty had also developed a research experiences for medical students. The Medical Humanities Study Program allows students to take course work and research topics in medical history, ethics, theology and other humanities related fields. In addition there is a dual degree program in medical humanities for a masters or doctoral degree.

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So you are probably wondering why with all these programs in place the Library did not have a strong presence from the beginning of the History collections.

Part of the problem is the intense curriculum within the school of medicine. While all curricula are intense, Duke adds a twist to the intensity by reserving the third year for research and other scholarly endeavors. That means all basic sciences are completed in the first year, in the second year students start required clinical rotations, and in the fourth year they pursue electives and sub internships.

The third year is spent in a research track, with a mentor in the lab or a clinical research setting or by pursuing a PhD or Masters Degree as part of a dual degree program.

That means that finding even a single hour for a lecture is nearly impossible

When the curriculum was extensively revised about 6 years ago history and humanities faculty argued for more time, but at the end of the revision process no space was found for these lectures.

So how did we break into this tight curriculum? For us it was finding that champion and leader who saw the potential and importance of history and who had the power as Vice Dean for Education to make it happen.

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Dr. Ed Halperin was in fact a history scholar as well as prior chair of radiation oncology, editor and author of several clinical textbooks, researcher and educator. He probably spent as much time in history of medicine collections as he did in the current journal stacks.

As the Vice Dean he wanted to change the educational process and looked for ways to integrate humanism and spirituality into the learning experience. One of his first initiatives was to improve gross anatomy.

And while many are surprised to learn that this was History of Medicine's big opportunity to be visible and part of educating medical students, it is a logical leap given the beautifully illustrated texts and atlases created by early anatomists and physicians, which can be found in all of our historical collections.

The History curator worked with Doctor Halperin to identify textbooks for a special class session within the collections reading room.

Of course initially the students moaned and groaned about having to take time from the work with cadavers to simply look at books.

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But as you can see from these pictures the students became fully engaged once they started viewing the texts. Our curator, Suzanne Porter, provided them with an introduction to the works as well as tips on how to handle rare and valuable materials. Some students have returned later to have a more detailed look or review other materials.

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This slide lists some of the titles that are displayed

Clinicians with an interest in history of medicine discuss the early thoughts and theories about the human body depicted in these works, and how these works informed modern medicine. The session provides students with a different perspective on gross anatomy and its importance to the development of medicine, as well as how those in the past captured human anatomy through dissection and medical illustration.

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After the success of the gross anatomy session, Dr. Halperin and Mrs. Semans worked together to provide funding for more integration of history and the humanities into the curriculum. Their goal was to have learning opportunities throughout the 4 years of medical school.

The Library and Archives heard about this new initiative and decided to support these new efforts. The concept was to identify both history of medicine and archival materials relevant to the topic being taught. Images, documents, and links to online resources would be placed in course management software. Either Blackboard or BlueDocs, a new open source software platform created by the School of Medicine, would be used. The history curator and archivists met with the faculty members, discussed what could be done, and staff began working on possible linkages in the course software.

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We quickly learned some key lessons.

History of Medicine faculty are also busy clinicians and do not plan ahead or even have time to spend thinking about materials that might complement their lectures. Librarians and archivists need to be proactive and select materials and not always wait for the faculty member to get back to them. The best approach was to create something for them to react to.

History faculty may not be as familiar with technology as other faculty. They do not understand the power of online resources for students. We needed to educate faculty in the advantages of working with us and working within the course management systems.

Faculty members have other priorities and do not always notify library of changes in the curriculum or about new lectures. Again, the library has to be proactive and stay in touch with the faculty and realize that with a new course, the focus may be more on the content and later on supplemental materials.

Due to these realities of working with the faculty, we had thought that our faculty members were no longer interested in working with us. As our staff changed, all communication had broken down. However, when we contacted the faculty members again we found them to be enthusiastic and ready to work with us.

Were the lectures successful?

Duke medical students dislike anything that is not focused on clinical care or what will be on the exam. So while they thought the speakers were interesting, they did always not rate the content as being important or relevant. Even though time has gotten even tighter within the curriculum, there are about 12 hours of lectures spread over the 4 years of curriculum, from 1st year orientation to the 4th year capstone course.

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The History of Medicine has worked with the school on other curriculum related initiatives. Some have been more successful than others.

One concept was to create a reading list of books focusing on the history of medicine and have students in the 3rd year read one book and prepare a report on it. The curator worked with Dr. Halperin and other History of medicine faculty to identify a lengthy list of 120 books for our 100 students. Unfortunately this program never got off the ground and was abandoned when Dr. Halperin left to become Dean at the University of Louisville.

Dr. Jeff Baker, who delivers most of the history lectures, did notice an increased enthusiasm among some students for history topics. He recently formed a student interest group that meets on a regular basis within the History of Medicine reading room to discuss topics of interest. By using the reading room, they have ready access to research materials as well as rare books and materials related to the topic. The curator helps identify materials and talks to students about them.

Another initiative came about due to a donation by the Haas family to the School of Medicine. Our curator worked with the school to create programs that would support and encourage scholarly activities into the future. The Dr. William Reid Haas and Mrs. Arielle B. Haas endowment is used to support scholarships for a rising 3rd year medical student who is entering the Medical Humanities study track. Additional endowment money is available to support tuition, travel, and research costs for students and other scholars involved in history of medicine.

The Haas endowment also supports an essay prize to a graduating 4th year student who writes about some aspect of the history of medicine.

The curator coordinates, manages, and promotes the programs under the Haas endowment and pulls faculty together to review and approve applications for the scholarships, and to choose the essay prize winner.

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While not directly connected to the curriculum, one of the most successful ventures has been a series of lectures sponsored by The Trent History of Medicine Society at Duke and the Bullitt History of Medicine club at UNC

Organized by the curators at both schools and alternating locations between the 2 schools, the lectures focus on different topics within the broad domain of the History of Medicine.

These lectures not only appeal to faculty, but also to residents and students. Sometimes the reputation of the speaker draws the crowd, but often they come because of the fascinating topics. As you can see from this list, there are a wide variety of topics covered. These lectures not only showcase the faculty members, and sometimes students', interest in history of medicine, but also demonstrate the relevance of the past to current medicine and the influence of great medical leaders and thinkers on how we practice medicine today.

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While the integration of integrating history into the curriculum has not been without its challenges, it has raised the visibility of the History of Medicine collections among students, residents and faculty.

It has encouraged scholars in the field to share their work or in the case of students, to consider history as a fascinating topic to research.

It has built even stronger relationships with faculty members who have a scholarly interest or passion for the historical basis of medicine.

However, the challenges continue. We have to maintain a steady and regular communication channel with the faculty involved in the curriculum. The Library must be proactive in contacting faculty and recommending how we can support them. And sometimes we have to step out of our comfort zone in applying new technologies or creating support materials with little or no faculty input because they need us to streamline the process of identifying relevant resources.

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Thanks for the opportunity to tell our story. Questions?