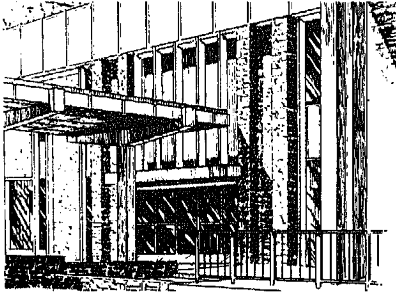

SHIFTING DULLNESS

DAVISON SOCIETY NEWSLETTER
DUKE UNIVERSITY SCHOOL OF MEDICINE

Send announcements to
Box 2889, DUMC

March 24, 1976

Did You Know...?

...that a new editorial board will produce Shifting Dullness beginning next week...

Special -For Y'all

ELECTION RESULTS

The new Davison society Officers for 1976-1977 are:
President: Jackie Rutledge
Service Vice-President: Ed Buckley
Social Vice-President: Ben Carey
Secretary: Madeline Duvic
Treasurer: Anthony Limberakis

The proposed Davison Society Consititution was approved.

Class Election results:

Class of 1977:	Class of 1978:	Class of 1979:
President: Mike Magill	President: Kurt Newman	President:Arn Eliasson
Reps: Linda Bishop	Reps: Jodelle Groenweld	Reps:Sid Gospe
Steve Cochi	Byron Hodge	Gary Humphrey
Millie Hooper	Jeff Johnston	Wayne Jonas
Paul Nichol	Matt Stern	Ken Slate

STUDENT FACULTY SHOW

Rehearsels for the Student-Faculty Show are being held every Sunday and Wednesday night in the new Music Building on East Campus, Rooms 102 and 069, beginning at 7 pm. Several new roles have been created, and many "chorus" parts are still available. Show will be Friday, April 30.

Externships, etc.

Information on Family Practice/Primary Care preceptorships and clerkships has been received from the Univeristy of Arizona College of Medicine, Tuscon, Arizona. It is available for review in the Med School Library, in the Davison Society guide to study away.

SPECIAL: REPORT OF THE ANNUAL AMSA CONVENTION

class notes

1st Year: MECO - Sid Gospe

At the annual convention, AMSA's Medical Education Community Orientation (MECO) project committee held a meeting for chapter representatives. The project coordinators described the various opportunities in many local community hospitals throughout the country that are available to pre-clinical students.

The project's purpose is to introduce the student to the various appects of medical practice in a non-university setting before he begins his ward rotations.

The student usually associates with one clinician of his choice, and together they formulate an individual program designed to introduce the student to certain areas of community medicine. A modest stipend is sometimes available from the hospital where the student does his work.

Most students who take advantage of this program do so during their first summer of medical school. Duke students will have a slight advantage as they will already have taken a course in physical diagnosis.

MECO is organized on a state-wide basis. Interested students should contact the North Carolina representative: Stuart Segarman
Box 3 Wing C
University of North Carolina School of Medicine
Chapel Hill, NC 27514

He may be reached during the day at the AHEC office, 966-2461, or at home,967-4645. Questions regarding the program may also be directed to Sid Gospe, Box 2755, DUMC.

THE POLICY MAKERS

I. AMSA Legislation: Report from the House of Delegates
Delegate: Jack Rutledge
Alternates: Sid Gospe, Jack Kennedy, Dwight Robertson

One of the major purposes of the American Medical Student Association convention is to establish AMSA's policy on national issues. The stand AMSA takes on these questions establishes the direction of AMSA's lobbying efforts. The final form of the resolutions will be published soon and will be on reserve at the Med School Library. Only the major issues are discussed below.

A. AMSA passed a resolution concerning National Health Insurance. It supported a policy of comprehensive coverage, participation as to finances being compulsory but participation as to services being optional. This would be similar to education in that tax money is used to pay for public education but an individual has the option of attending either public or private schools. Financing should be multi-sourced, progressive taxation being one of these sources. AMSA was further mandated to prepare specific suggestions pertaining to NHI for next year's convention.

B. As to Manpower legislation, AMSA defeated a resolution supporting mandatory service for all med school graduates. Instead AMSA supported loans with pay back by service in a specified location. AMSA defeated an optional buy-out clause from these loans, but supported a 'hardship' clause where if the service would create a hardship for the student then he could buy his way out of the required service.

C. AMSA also supported a resolution defining health care as a right for all individuals.

western-trained medical moiety exists concomitantly. The two are entirely compatible and an amusing anecdote was heard regarding what happens when the two dogmas disagree. Interestingly, both approaches are presented to the patient and the patient must decide whose advice to heed, that of the old or that of the new!

E. The McMaster Philosophy: A Problem Based Approach to Medical Education
-Sid Gospe

A radical approach to medical education was described to Chapter representatives at AMSA's annual convention. Dr. H. Barrows and Ms. R. Tamblyn, faculty members at McMasters University School of Medicine, Hamilton, Ontario, presented a program concerning their school's problem based learning medical curriculum.

At McMaster there are no exams,no grades, and no lectures. The class of 100 students is divided into tutorial sections of five students. These sections meet for four to six hours a week with a faculty member and together work through a variety of medical "problems". The group is constantly evaluating the contributions and progress of each member.

The three year curruculum is divided into four phases. Phase one is 10 weeks of orientation to the problem based learning program. The students are confronted with various medical problems, for example, the comatose patient, and learn how to ask the correct questions that will lead to an understanding to patient's condition. Phase two is eight weeks and involves the student in various aspects of self study. Certain problems are suggested for individual study and the student takes advantage of the school's resources for research, e.g. library, 700 slide tapes, and "resource" faculty. Phase three is 50 weeks and consists of an organized introduction to the pre-clinical sciences. The curriculum is arranged by systems and is organized for both group and individual learning.

Throughout these first 68 weeks the students have both group and individual contact with patients, are taught clinical skills, and also have time for electives.

Phase four consists of standardized and elective clerkships.

One interesting aspect of the curriculum is the use of the simulated patient. The The school has trained some 40 people ranging from 9 to 80 years to simulate various clinical problems. These clinical simulations allow the student to take his time in working up and understanding a problem before he is confronted with the real thing. Ms. Tamblyn, for example, has been trained to simulate 45 different neurological conditions. Individual tutorial sessions were held at the convention to allow certain students to experience a simulated neurological problems. Six Duke students participated in these small group sessions, and were favorably impressed by the experience. We hope to arrange for a demonstration of the program at Duke within the next few years.

More information concerning the McMaster program and the use of simulated patients may be found in Neufeld and Barrows, J. Med. Ed., November, 1974, and in Barrows and Tamblyn, J. Med. Ed., January, 1976.

Students who are interested in electives at McMaster should write to:

Dr. John Harries
Chairman, Electives Committee
McMaster University School of Medicine
Hamilton, Ontario
CANADA

and ask for a copy of the Electives Book.

F. The Myers-Briggs Type Indicator - Jack Kennedy

The Myers-Briggs Type Indicator (MBTI) is a forced choice questionaire developed by Isabel Briggs Myers, which attempts to define valuable differences in personal-

ities that result from the ways people perceive and judge. The Indicator incorporates C.G.Jung's theory that variations in behavior, which seem random, are actually orderly and consistent and grow out of intrinsic differences in people's preferred kinds of perceptions and judgements and ways of using them. MBTI scores combine to generate 16 personality types, each with its own special gifts, its own road to excellence, and its own pitfalls to be avoided.

The test requires approximately 45 minutes for administration and the results are presented in a confidential report with an explanation of your type, an introduction showing how to discover one's type if the report seems doubtful, a description of your particular type at its best, and a reminder of special problems related to that type.

To help students evaluate this information, a major program entitled Myers-Briggs Type Indicator and its Applications was presented. The first hour included a brief overview of the AMSA foundation's activities and the history of the MBTI, and its applications in the health professions, including its relevance to medical school admissions, grades, medical specialty choice, and the selection of work settings. The second hour of this program consisted of the simultanious workshops, one of which disucssed the proposed "AMSA Career Development Information System," The second, entitled "Developing Different Roads to Excellence," explored in greater depth the application of the MBTI for personal development.

AMSA has over the past five years developed a very close relationship with the MBTI as applied to medical education and the health sciences, the indicator is used in all AMSA nationalstudent health projects, as a means of assisting students to understand more about themselves as unique individuals and as providers of health care.

We will attempt to offer the Type Indicator to Duke students next fall, and perhaps on an annual basis for later classes if enough interest warrants the expense. Please sign up on the list on the 6th floor bulletin board if you would like to find out your type.

G. Role and Responsibility: Who's Dehumanizing Whom in Medical Education
-Linda Bishop

This seminar was conducted by Michael Victoroff, a 4th year student from Baylor. The basic discussion centered on a videotaped staged medical school admissions interviews in which the sources of stress were identified. The notion that stress leads to dehumanization was rejected in favor of stress leading to anxiety. The defense mechanisms against stress (coping behavior) generally involve assuming the "role of the doctor" which includes the " ideals"of :objectivity; sacrifice; bullshitism("I am gratified to have caught you in an inconsistency" attitude of students/faculty); altruism, compassion , tolerance of faults in patients (but not doctors;) "divine creation"; "omnipotence" (the doctor is the source of all good things") scholarship; competency; industry, authority.

The theme was not one of skepticism about what goes on in medical school, nor about the necessity of assuming aspects of the role in response to stressful situations; rather that dehumanization is what a student does to himself in collusion with the institution when he/she fails to remember that he/she is playing a role expected of him/her by patients and faculty, and allows that role to be totally substituted for individual personality. The personality response to the challenge of medicine is an exercise in freedom; The role response is a moral obligation and duty. The responsibility for the outcome of stress in our education for the role of a physician rests with each of us. Hopefully, we will respond with not only a role, but with humanity.

(more on the AMSA convention next week)