

Starting From Scratch

Medical School Aiming At Problems Of Future

Innovations In Curriculum To Seek Well-Rounded Graduates, Official Says

By HARVEY FORD
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A new kind of curriculum designed to meet the needs of the doctors of the future is being developed at the Medical College of Ohio.

Dr. Earl H. Freimer, chairman of the department of microbiology and professor of medicine, pointed out that the curriculum will take into account emerging problems, such as pollution and the diseases of the elderly, as well as those with which medical science long has been familiar.

The population is steadily increasing and people are living longer than in previous eras, Dr. Freimer noted. These factors will increase the present shortage of general practitioners, and the curriculum of the medical school also will be directed toward meeting this condition, he added.

Close Relationships Cited

The ideal physician is one who is both a specialist and researcher, and a general practitioner, Dr. Freimer said. In recent years the tendency in medical schools has been to emphasize research, and this has been responsible for much of the contemporary progress in medical science.

The old family doctor enjoyed an enviable relationship with his patients which modern specialists sometimes cannot achieve, Dr. Freimer commented. One of the goals of the Medical College of Ohio will be to try to train all students to have the same close relations with their patients that the old family doctor did, regardless of whether the student plans to specialize or not, Dr. Freimer said.

The modern tendency in medical education also has helped to cause the shortage of general practitioners, Dr. Freimer remarked. And this in turn has been disturbing to medical students.

Money Not Motivation

Young persons are not attracted to medicine by money, but by the desire to serve humanity by taking care of the sick, Dr. Freimer said. Yet, at many medical schools students have no contact with patients until their third year. This is a frequent subject of complaint by medical students, Dr. Freimer commented.

It will be different at the Medical College of Ohio, which will admit its first class next September. Students at the Toledo school will have their first contact with patients during their first week in school — not as practicing physicians, Dr. Freimer hastened to add, but as observers accompanied by their teachers.

Dr. Freimer has practiced what he preaches. For 12 years in New York he did research at Rockefeller University while at the same time conducting a private medical practice in White Plains. He is chairman of the committee which is developing the first phase of the curriculum at the college. Most of the faculty and many local doctors have helped in the curriculum study he noted.

Substandard Schools Closed

Reviewing the development of medical college curricula, Dr. Freimer explained that prior to 1910, American medical schools left a good deal to be desired. An investigation of and report on medical education in that

year year led to widespread reform and the closing of many substandard medical schools.

As a result of the reform movement, two important changes were made in American medical schools: they acquired full-time facilities, replacing staffs of local doctors who taught when they could find the time to spare; and they adopt uniform curricula.

The curriculum which came to be standard throughout the country was divided in two parts, each of two years' duration. The first two years were spent in the laboratory mastering such basic sciences as chemistry, anatomy, pharmacology, and microbiology. The student never saw a patient, Dr. Freimer remarked.

During the second two years the student concentrated on such clinical subjects as medicine, surgery, pediatrics, and obstetrics, and learned to treat patients.

Science Courses Integrated

Dr. Freimer explained that as biochemistry grew in importance it tended to affect all the basic sciences taught during the first two years. As a result, courses during the first two years tended to overlap and become repetitious. Some years ago the medical school at Western Reserve University pioneered curriculum reform by integrating the basic science courses.

The Western Reserve reform has not been widely copied, but the Medical College of Ohio intends to follow it, Dr. Freimer said.

But at Western Reserve students still had to wait two years to see their first patient, while this will not be true in Toledo, Dr. Freimer noted.

Dr. Freimer said Phase I of the curriculum will last about 20 weeks, from September to February. Phase I will have three parts:

- ▶ Cell biology — man and his parts, the basic sciences.
- ▶ Human biology — man as a person, his growth and development, medicine and psychiatry.
- ▶ Human ecology — man and his environment.

Dr. Freimer defined ecology as the study of how men are shaped by their surroundings and events, and indicated that this part of the curriculum would contain some features which probably would be considered to be novel for a medical school.

Debates May Be Used

Students will be invited to study the affect upon public health and the practice of medicine of such influential factors as politics, economics, race, nationality, and religion. Human ecology, for example, could include such things as a debate before the medical students of representatives of the different political parties or groups in the community, Dr. Freimer explained.

Dr. Freimer acknowledged that such studies could be included in the four years of liberal arts courses which pre-medical students take. But as a practical matter, premedical students must take so many science courses if they wish to be admitted to medical school that they have little time for the humanities and social studies, he explained.

In Phase I during the morning, students will take instruction in "hard science" — cell biology or human biology, Dr. Freimer said. In the afternoon will come human ecology, which could mean a wide variety of topics such as cultural anthropology, family interrelationships, religion in medi-

cine, or a study of nursing homes.

Phase II Lasts Year

Phase II of the curriculum will last about one year, and will include integrated courses in the basis and clinical sciences, from anatomy to surgery, patterned after those at Western Reserve, Dr. Freimer said.

Details on Phases III and IV are still being worked out, Dr. Freimer said. During Phase III the students will spend much time in hospitals, working with patients. Phase IV will include some time for students to specialize and take elective courses of their own choice. It may also include independent study and research.

The four phases do not correspond to four years, Dr. Freimer explained. Phase IV probably will begin while the student is involved in Phase II, and also will parallel Phase III. If the student has the ability to complete the work in three years, he will be permitted to do so, provided that he can satisfy the requirements of the several state medical boards, Dr. Freimer said.

Most medical schools now are considering curriculum revision, Dr. Freimer commented, adding that the Medical College of Ohio is lucky because it can start from scratch and devise the type of curriculum it desires without having to go through the painful process of discarding and old course of studies.

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