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1967-12

The Arena: December 1967

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THE ARENA

Student American Medical Association
Boston University School of Medicine

DECEMBER 1967

TEACHERS, LEARNERS AND PREACHERS

Franklin G. Ebaugh, Jr., M.D. - Dean

Perhaps the real teachers in the Medical School are the students, for they bring to the faculty a freshness of point of view, an idealism, excitement and enthusiasm for learning that indeed serves as inspiration. If one accepts the premise that the best teachers are so because they are able to inspire others to learn, then each student and each faculty member is both a teacher and a learner.

According to Webster, the meaning of teacher is "one who causes to know a subject, or to know how, or to accustom to some action or attitude, or to guide the studies of, or to impart knowledge of." One cannot be described as a teacher unless there is evidence that someone is learning. Without this evidence, one would best be called a preacher, which is defined by Webster as "one who proclaims publicly, delivers a sermon, urges acceptance or abandonment of an idea or course of action, or to exhort in an officious or tiresome manner."

Learning is defined as to "gain knowledge or understanding of, or skill in, by study, instruction or experience; to memorize, as the lines of a play; to be able to come to realize."

If we agree that learning is the principal object of the Medical School for both Faculty and Student, then we must address ourselves to the method of assessing whether learning has indeed occurred. This has been a nettlesome stumbling block from time immemorial. It is logical to require demonstration of learning by examination, realizing that ultimate proof of learning, insofar as a medical student or a faculty member is concerned, is in

fact demonstration of skill and knowledge in terms of caring for the sick and maintaining health. This is the ultimate objective.

In our attempts to assess learning, the examination in itself should be part of the learning process. The student should learn new knowledge, new skills, and of equal import, he should learn what he knows and what he does not know. The faculty member should learn from the same examination given to students, how effective he has been as a teacher. The examination, then, tests both the student and the teacher. Too often the examination, rather than serving as a valuable learning instrument, interferes with the learning process by creating an environment of excessive stress, competition, and a fight for survival. This is not to say that the student should not learn to cope with these realities of life; he will be forced to come to grips with fundamental elements of survival as an individual and a physician in many sets of circumstances in society. Stress and anxiety are an integral part of the fabric of life.

Can we agree on what skills and knowledge should be demonstrated by medical students before they become physicians? Much more thought should be given by all of us to the subject of competencies which should be demonstrated before the M.D. degree is conferred. Do the examinations commonly given today test these desired skills? Should we actually tabulate and distribute to the student the skills and knowledge desired? If each course chairman compiled such a list, I am afraid the total would indeed be a horrendous one, which, if taken literally, would force some of us to turn in our M.D. degrees! It is a human frailty for the teacher to mould the student in his own image, either

(cont. on page 11)

"THE RULES OF THE GAME"

There are four words a tired lecturer at medical school can use to awaken his equally tired audience. They are sacred words and must be used judiciously. Their shock effect is sublime: sleepers wake and seventy-two silent "thank you's" are muttered as the red pens come out to underline the jewel. No lecturer is more in his glory, no speaker holds greater sway than the man who says, "It's on the Boards." Pity the professor who wastes precious utterance on a piece of mumbo-jumbo not dramatic enough in and of itself to hold the floor. Pity? Certainly not; he's made his point. Pity the student? Certainly not; he's got the scoop.

What's wrong with this system? Why are the four words so important and their impact so profound? Ideally the Boards should present no problem. Ideally the average medical student at the average medical school should be able to take Parts I and II in his stride, confident that his school has given him adequate preparation, and confident in his own abilities.

So much for ideals. The fact is that students do fail the Boards at B.U. Whether more students than the national average fail a particular subject or perform better or worse than their counterparts at other schools is not important here. (Maybe it's not important anywhere). What is important is that we worry about it--Faculty to the detriment of their teaching, students to the detriment of their learning.

Let's talk about the patient and not about the disease. B.U. is about to embark on a New Curriculum. What role will the Boards play? If the administration decides that the most important measure of medical knowledge is the performance of their students on the Boards, then they must act accordingly. Lectures and exams should be geared specifically for the National Board Exams. Cram sessions and Board review courses should be implemented at once.

If, however, the New Curriculum is really "New", other steps must be taken.

The first step would be to make the Boards optional. The "spirit" of this policy decision rather than the "letter" would be the significant change, for the great majority of students would elect to take these important exams. Intelligent counseling would make the others aware of their poor judgement.

There is an important corollary to the above change: students would not have to pass the Boards before entering the third year. The current policy shows a profound lack of confidence in both teachers and students at B.U.

Everyone has his own ideas as to why the Boards are important. But let's be wary lest statistical validity replace academic meaningfulness. We have a useful tool. Let it not be a Frankenstein.

Dick Bernstein
BUSM II

REVIEW OF 1967 MEDICAL HIGHLIGHTS

(case reprints stolen from a popular journal)

According to Psychiatrist James L. McCartney, writing in the Journal of Sex Research, doctor-patient sex is a useful tool. "If the patient is to achieve a fully mature heterosexual adjustment to life, she must be able to work through both libidinal and aggressive urges, which the analyst must help her to understand and normally express," says the doctor, who goes on to disclose that he has accommodated about 250 female patients by allowing them such forms of "overt transference" as sitting on his lap, holding his hand, hugging or kissing him, mutual undressing, genital manipulation or coitus. The indulgence of this therapeutic practice, Dr. McCartney explains, is only for the mature analyst who isn't afraid of his feelings and has a selfless concern for his patient.

(cont.) on page 4)

SAMA Notes

The average man on the street did not know that Friday, December 9, 1967 was, by official proclamation of the Mayor of Boston, BUSM-SAMA Toy Drive Day. Of course, we at the medical school were well aware of this fact as we had seen the proclamation proudly posted on the bulletin boards of Building A. The culmination of this fateful day in history took place at the Harvard Club where the Third Annual Christmas Toy Dance took place. Hundreds of people thrilled to the music of the Queander Orchestra and to the somewhat livelier music of the No-Mads (who, incidentally offered their services to us gratis). There were many happy winners of door prizes of fruit cakes (courtesy of S.T. White, the famous) and non-medicinal ethanol (courtesy of Brown and Connelly the bookstore et al). In fact, there are still several people computing the odds of not one but two lovely wives of members of our surgery department fortuitously picking their own numbers in door prize drawings. Dean Ebaugh beamed as the orchestra honored his arrival by playing the Dartmouth Fight Song (they really did want to play some kind of official B.U. song but nobody knew whether or not we have one and, if we do, how it goes - someone suggested "It had to B.U."). And Paul Bagnulo and his charming fiance celebrated his birthday along with the rest of the happy dancers.

But the most important event of the evening was the gratifying compilation of admission tickets as the night went on (admission was, of course, one wrapped and labeled toy). Four carloads of toys were brought to the dance. Several truckloads of toys, collected by Dave MacFarland of WCAS Radio in Cambridge, have already been delivered to the stage of the Auditorium. In the very near future we will be wrapping all of the unwrapped donations in time for the parties on December 21. All those interested in helping us wrap the toys should contact either Dave Gold or Jim Robotham. Judging by the fantastic response on the part of those fifty or so people who participated in the Halloween Parties we had on the Pediatrics Wards at BCH, we will probably have to make some restrictions on attendance at the Christmas parties. Those who are kind enough to help us with the busy work preparations for the parties will get first crack at the

actual delivery of the toys.

Our official Toy Drive this year began as a result of the fact that last year's dance produced more toys than there were people at the dance and also more toys than there were children in BCH. Hoping for a similar response this year we approached Dr. Malamud, who works closely with the Roxbury Multi-Service Center and helps with several SHO projects, with the intention of arranging to have a party for the children served by the Center in addition to our BCH parties. In order to insure ourselves of getting enough toys so that we wouldn't have to turn anyone away (the RMSC serves families with a total of about 12,000 kids) we asked for help from the community-at-large. WRKO disc jockey AL Gates has been pushing our toy drive and two fourth year students, Skip Cogan (last year's SAMA President) and Jim Rosenberg (one of the most articulate defenders of medical student opinion), were on a talk show on WRKO for two hours to push the Toy Drive. The Mayor's Proclamation also helped. As did the work of Dave MacFarland, who is responsible for the truckloads of toys on the stage last week; Dave also has arranged for his fellow sportscaster, Larry Garron, half-back of the Patriots to be with us at the parties to help give out the toys. Dave wants to play Santa at least one of the parties but we hear that he will be getting some stiff competition from Don Rink (I). To help thank Dave for his help in our drive, we have promised him some smiling and happy medical students to help with giving out toys at Cambridge City Hospital where his station is sponsoring a party. Last, but certainly not least, we must express our most sincere gratitude to Dean Ebaugh for the great help he has given us with setting up the toy drive, by giving us his personal indefatigable support and also the services of his office staff (whom we also owe our thanks) in receiving calls from people donating toys.

The dance was a huge success. We must thank all those who helped with the preparation of posters for the dance and those who helped with the final plans. But now that the dance is over we turn our attentions to the remainder of the toy drive and to the actual parties. Further arrangements concerning helping with the toys and parties will be made

soon and will be announced. Watch class bulletin boards, blackboards, and the SAMA Bulletin Board in the ARA for announcements soon. We realize that the pre-vacation time is a tough one with regard to exams but the few hours help we need for the purpose of giving toys to children who would not otherwise have a happy Christmas this year should far outweigh any more selfish plans. The more people helping, the merrier will be our jobs, and shorter, too. This drive has received a lot of publicity in the community. It reflects well on the quality of the BUSM student - let's live up to the image we have created. Thank you.

David Gold
President SAMA

SAMA Spring Calendar Still Open

In the wake of a successful dance and in the mist of an active toy drive, the Student American Medical Association of BU has not yet finalized its Spring Calendar. Freshmen and upper classmen who are not yet members of SAMA can still join before the Christmas vacation by contacting Ray Anthracite (I) for the details. The same active, interested, non-apatetic attitude which gave us success with the Halloween Party and the Christmas toy drive could enable us to do some very exciting things this Spring. Current suggestions include a Law-Medicine Day, medical and para-medical films to be shown on a regular basis, and the annual SAMA Spring Symposium (topic not yet decided upon). We could also arrange for more parties, perhaps even a dance, and also some community projects. The success or failure of any of these depends on you. We encourage new membership and activation of the old membership. An organizational meeting to discuss our Spring Activities will be held after vacation.

David Gold
President SAMA

consciously or subconsciously. Could 80% of the faculty agree to one such list? If so, could we limit our efforts to examine students for these skills? Such an approach should not, and would not, deter the good student from acquiring other skills and knowledge in depth above and beyond such a list.

Alas, the time has come to end, since the essayist already is more than likely to be labeled a preacher rather than a teacher, as far as this epistle is concerned.

MEDICAL HIGHLIGHTS (cont.)

Acting in accordance with Dr. James H. Bedford's wishes, Dr. B.R. Able spent the eight hours following Dr. Bedford's death getting enough ice to freeze Dr. Bedford solid, whereupon his body was shipped to Phoenix. There, in a \$4000 capsule designed by Edward Hope, a wigmaker, Dr. Bedford's remains will rest in liquid nitrogen against a possible revival when a cure for cancer is found.

Teeny-boppers in Greenwich Village are reported wearing IUD contraceptive loops as earrings.

International Surgery reports that cigarette smoking is bad for dogs. Late bulletin still due on rabbits.

POEMS

AND SO TO SLEEP

Michael Salcman
BUSM III

Night has fallen to morning,
And all around,
In every corner of my shallow room,
The black ink of gloom spreads,
Its stream of particles catching the eye,
And growing large as moons.
How great the need I feel,
Alone,
That this should not be,
That two hearts stay the darkness,
In place of one.
How sweet to meditate,
Upon arms of white and hair of gold,
And a hundred other cinema-inspired images.
How miserably free tonight!
And yet, I would sink into comfort,
Nostrils stuffed with security,
My loins harnessed to those of another,
And so perpetuating my kind,
And so blissfully unto final sleep.
How peaceful, how serene!
I dip my pen in the ink.
The black forms pools around the plume,
And disorients the barbs,
And swallows me up
To cast me in its eye,
To see the storm and hear the tempest.
And the room it moves
In great wide arcs upon the skies.
And I, sighing yet for love,
For that one great, all-consuming love,
Which should forever finish all things,
And end all dreams,
And thrust mind into passion's furnace;
While sighing yet,
I kiss the darkness
And clutch it dear,
For the storm, the storm
-How like the sun!

ON RIDING PAST THE CATHEDRAL CEMETERY

Joyce Adamson
BUSM III

In the South End only the dead have grass
And the very old ones in the park.
The rest scratch out the eyes of the side-
walk
With chalk that hardly writes
Or canes with the rubber tips worn off,
Shoes with run-down heels.

They lie in the South End, but do not own
it - those dead ones.
They lie in the ruins of a fashionable
district
Now superseded, like some ancient Troy, by
a new and more raucous town.
Trodden deeper into history by a new and
raucous breed,
Hating as much, paying as much.

Like them, I abide here, do not spring from
here.
Years of being dust have perfected
Their art of looking down from below.
I do it from the window of an el train -
A rushing, tearing grave, and just as low.

Any dead man can meet his fellow.
Trampling with ghostly heels the blades of
grass
Which emit, like wisps of fallow smoke,
From between the jowls of tight-lipped
sidewalk
The sum of this grass in the whole city,
Not the equal of one good grave.

CORRECTION:

"HOME" in the last issue was
written by Michael Salcman,
BUSM III

Dr. Peter Sapienza, President of the BUSM Alumni Association has recently advised me that the Association has voted to support the 1967-1968 Student Council budget for student activities with a donation of \$1500. It is the desire of the Alumni and the plan of the Student Council to allocate these funds in a way that benefits all students. We have budgeted this money to help underwrite the Senior Yearbook, the Spring Dance, Third year notes, the Student-Faculty kegs, the Fall Square Dance, the Freshman-Sophomore outing, the SAMA Christmas Toy Dance, the SAMA Scholarship and course critiques.

Although the Faculty has generously supported the Spring Dance each year, and Dean Ebaugh has helped defray the expenses of numerous activities in the past, the students themselves have paid the major costs. We shall still bear these expenses but I would like to have it appreciated that the Alumni, who annually extend direct support to the students in the form of scholarships and awards and dinners for entering freshmen and departing Seniors, have again generously shown their interest in us by sharing the expense of our activities.

Peter Henderson - BUSM III
President - Student Council

THE PIANO SYNDROME

Harvey Gross - II
Stan Wainapel - II
Bob Valerio - II

Have you ever wondered what that huge block of wood is standing in the corner of the auditorium? All right, let us suppose that it is a piano. Have you ever wondered what it is used for? Certainly not for playing! Once a year the entire school gathers to sing together at the Christmas assembly. It is difficult to sing while being accompanied by a run of notes interspersed with clicks where keys used to be. The condition of the piano is chronic. Just recently the esteemed Dr. Wainapel was reviewing his

cases when he came across one of his more difficult patients.....

PE: - Elderly patient in acute distress. Palpation revealed a firm nodular mass in the left supraclavichord region. Slight atrophy of the extremities, carious keys noted. A diffuse, sooty exudate was evident throughout the entire body.

NEUROLOGICAL EXAM: showed numerous areas of pianesthesia in bass and treble areas due to degeneration of cutaneous innervation. Rales heard on examination of lower Bach.

LAB: Ghopin flocculation test negative SGOT (Steinway Grand or.....Test) negative. Differential count - normal black and white keys. Guaiac of +2 for one stool. Bilirubinstein elevated (Richter index 60).

PRIMARY DIAGNOSIS: Acute emphysema and terminal carcinoma of the keyboard.

COURSE: Patient put on physical therapy by Dr. Wainapel without success. ECT did not improve tone or spirits of patient. As a last resort, massive doses of Beethoven were administered parenterally, but the course of the disease continued. Death occurred on the 23rd hospital day, due to generalized cachexia.

AUTOPSY DIAGNOSIS: Baldwin Syndrome (BS) with metastases to the periphery.

O.K., the piano is inadequate. Musically, little can be done with it. Beethoven's reaction most probably would have been "Thank God I'm deaf". It still has some practical use as the famous blackbelt, Hitoshi Hadnya, has said, "I'd like to practice on it too."

We do hope that provisions have been made to install a decent piano in the new building next year. It will enhance our yearly assemblies and other such activities. More equally important, there are several very fine musicians in the school who would avail themselves of such an instrument. No, we do not ask for a new Steinway, just a piano that plays. No it will not make better doctors of us but it will make happier doctors to be.