

November 10th, 1967

REPORT ON SITE VISIT COMMITTEE REPRESENTING THE LIAISON COMMITTEE
ON MEDICAL EDUCATION OF THE COUNCIL ON MEDICAL EDUCATION,
AMERICAN MEDICAL ASSOCIATION AND THE EXECUTIVE COUNCIL, ASSOCIATION
OF AMERICAN MEDICAL COLLEGES

Dr. Winston K. Shorey acted as Chairman, and carried on most of the conversation. However, Dr. Smythe asked an equal number of questions and made more comments.

After Dr. Black and I were introduced, we sat at a table and Dr. Shorey stated that they were anxious to talk to us so that they could get our views on the Medical School and how we felt about it, and wanted to know just how the school came into being. I reviewed quite briefly the history of the activities of the Shreveport Medical Society and the Medical School Development Committee of the Shreveport Medical Society in its three years of existence, and outlined the cooperation of all of the physicians in the area, discussed the early committee meetings, the survey committee and the Medical Schools that they visited, and the cooperation that existed between the Medical Society and the Shreveport Chamber of Commerce as well as the over-whelming vote of the Legislature in appropriating the \$10,000,000. The cooperation of the Medical Society in supplying some funds for the initial expenses of the school prior to the time that money was allotted from L. S. U., and the fact that all of the material accumulated by the various committees was made available to the Dean, and the fact that the Medical School Development Committee ceased to exist after the Dean was appointed and full time personnel were employed in Shreveport was discussed. I stressed the whole-hearted cooperation of the physicians in this area as well as the surrounding area, and the fact that Questionnaires regarding the school were sent to the doctors in the Tri-State Area and the over-whelming response we had from them, the enthusiasm that they had for the school and the help we obtained from them in the development of the school, and passage of the original bill.

Dr. Shorey then said that he realized that the Shreveport Medical Society had done a tremendous amount of work to develop the school and that if it had not been for the Shreveport Medical Society, the school would probably not be here at the present time.

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But, he wanted to know when we would "cut the umbilical cord". He stated that since we now "gave birth to the Medical School, when would we stop trying to control it". I stated that I did not feel that we were trying to control it at all, that the school now belonged to L. S. U. and that Dr. Hull was the Dean and Dr. Meneely was Associate Dean, an Advisory Committee had been appointed by Dr. Hull and it consisted of physicians in this area, as well as the President and President-elect of the Shreveport Medical Society, the member of the Board of the Confederate Memorial Medical Center, the Director of the Confederate Memorial Medical Center and the President of the Confederate Memorial Medical Center Staff. This committee was purely advisory in its functions to the Dean.

At this time, Dr. Smythe stated that he realized that this was a most unusual school and that it was most unusual for members of a County Medical Society to directly sponsor a Medical School, and that they were all cognizant of the fact, but now they were concerned about how we would react now that the school was here. He stated that he would like to get down to basic facts, and that he felt that our rules for consultation privileges for full time personnel were unrealistic. He felt that this can be enforced within the city, but as soon as you get 20 or 30 miles out of the city, it cannot be enforced. Dr. Smythe wanted to know how we would feel if these rules were broken.

Dr. Black talked at this time. He also mentioned the cooperation that had been present between the members of the Shreveport Medical Society, the Louisiana State Medical Society, the Shreveport Chamber of Commerce and all the other groups here in helping develop the school and how there still continues to be cooperation. He felt the cooperation between the members of the Medical Society and the school would be most fruitful for both groups, and would continue.

Dr. Shorey stated that he felt that the rules were entirely too strenuous and that if he was asked to come here as Chief of Medicine, he would not come because he felt that he should practice private medicine at the same time. He stated that he felt it was most important for a medical student to see his professor treat private patients so that he could see how this is done in private practice, that he did not feel it would be wise for the student to see the professor treating charity patients because this was entirely different from what the student would be doing when he would be in private practice of medicine. He emphasized entirely the "professor" and the "professor of medicine" almost exclusively as this would be the only one doing the teaching of students. He also mentioned that the Professor of GYN should also do private practice so that he could keep his fingers in surgery, that in a big institution, the residents did all of the surgery and the professor did not have the opportunity unless he did private practice.

Dr. Smythe stated again that he felt that our consultation restrictions are too strict. I mentioned that this has been the policy of L. S. U. in New Orleans for over 30 years, and it has worked there. He was quick to reply "But the situation is entirely different in New Orleans, you have physicians of stature in New Orleans and do not have them here. There is no comparison. Any Professor of Medicine that you hire here will far outshine anyone in the City."

Dr. Shorey stated, "Well, how would you feel if a Professor of Pediatrics was to be appointed, who do you think should appoint him?" I stated that I felt that the Dean, the Associate Dean, the Assistant Dean, and probably three members from the Medical School full time faculty and three members from the physicians in the city should be on a committee to select any full time professor. Dr. Smythe wanted to know if we would object to having a representative from a Medical School in New Orleans helping in this, and I said no, that I did not think we would object, that it probably would be good, in fact we could even have help from other schools. Dr. Shorey further stated that "obviously you are going to try and get the outstanding man in the country for the head of each department, and you will try to select a man that will obviously be an associate professor at some other medical school and will want to come here as professor and will want to practice private medicine."

Dr. Dennis mentioned that he felt the distinction between private and clinic patients should be made, not whether there is pay or not pay, but whether the physician has complete control of the patient or the resident has control of the patient.

Dr. Black mentioned that studies were being made on how to adapt MEDICARE and MEDIAID at the Confederate in the future and that this was being studied by the Staff and the Board.

Dr. Smythe wanted to know whether Confederate was available for private patients and whether they had any private rooms. We stated that the Confederate was primarily made in wards from two to six beds per ward.

Dr. Smythe wanted to know what the status of the private hospitals in Shreveport were. I stated that practically all of them had completely rebuilt, we had three completely new hospitals and that we had adequate beds at the present time. He wondered if it would be possible for some new group to build a new private hospital on the grounds, or across the street from the Confederate so that the full time faculty could practice medicine on private patients.

Dr. Shorey and Dr. Smythe repeatedly brought out the fact

that they felt that the Shreveport Medical Society was controlling the school. Dr. Smythe asked what our relationships would be with the school in New Orleans, if we would be considered a daughter or a sibling, and I said that I felt we probably would be considered as a younger sister, but we would be equal to the school in New Orleans. He wanted to know if there would be any cooperation. I stated I could see where we could have exchange professors or cooperate on research projects, but that each school would be independent and would be operated independently.

Dr. Shorey wanted to know how we as a Medical Society would treat the full time faculty of the Medical School, and I stated that we have already accepted them as they came. I felt that we as doctors would treat them as doctors, and that there would be no problem. Dr. Shorey asked what will happen when the Curriculum Committee, after having made all their recommendations, would find out that the Dean and the full time faculty would change most of their recommendations and adapt them to suit their purpose. I stated that this happened six months ago, and that there was no problem. All things were discussed and that the Curriculum that we felt was best for the student was adopted. Further, we knew that further changes would be made after the full time faculty comes in. This, we did not feel, would be a problem.

Dr. Black stated that the Advisory Board and the Dean discuss things frankly over the table, without any holes barred, and that this frank discussion has lead to agreements on some tense situations and that with mutual understanding the solution that is best for the Medical School is decided upon by all members.

In the analysis of the entire interview, I have the following comments:

1: Not once did they mention the private practitioner part-time man doing any teaching, even on his private patients. They emphasized completely that all the teaching would be done by full time personnel, and they completely disregarded the town doctor. Even though they constantly talked about "we are trying to avoid a town and gown conflict" they continually and repeatedly brought out points that would create one.

2: The committee either failed to understand, or deliberately failed to hear of the cooperation between the physicians in this area and the Medical School.

3: They continued to imply that medical school teaching is an extremely specialized field, and that only a select few can do it. I mentioned to Dr. Shorey that I felt the full time professor of any department will be so busy in teaching and developing his research and training programs that he would not have the opportunity of the time to devote to the private care of patients and the

nuisances involved in private practice that we have. He did not seem to understand this at all.

4: The group were consistent in their feeling that the regulations are too rigid, even though I quoted repeatedly that Chancellor Frye and Dr. Hull had stated that the community should not be denied the abilities of any specialist on the Medical School staff and that he should be available by consultation.

5: The group were all unanimous in feeling that the Confederate has to be changed into a private hospital entirely.

6: They wanted to know if we thought we would constantly in-breed our own faculty and I stated that I felt that the faculty would come from all over, just like doctors from all areas of the country and graduates from various medical schools come to this city to practice. I stated that many medical schools and medical attitudes are represented in this area at the present time and that obviously in a medical school, talent would be obtained from various areas.

7: As a recommendation, perhaps it might be wise for the part time faculty to receive some training in techniques in teaching the medical students sometime within the next two years, probably one evening a week or so could be devoted in instructing us on the techniques that are required for proper training of medical students. It may be that we are accustomed to training interns and residents only and that a newer type of approach might be best taught to us to teach medical students.

I also feel that we as private practitioners are better qualified to train medical students in the private practice of medicine than any individual who is full time in a medical school and does not see as many private patients or run into as many problems as we do.

Therefore, I feel that the student should not only be trained in the out patient teaching department by private doctors, but probably have the opportunity to visit, make rounds with them in the private hospital on certain days of the week, probably as part of his regular clerkship.

During the lunch, I had the opportunity to visit with Dr. Krutzsch from Tuscon. The Medical School there has a staff of 3 in Anatomy, 3 in Bio-Chemistry, 3 in Physiology and 3 in Pathology. I believe this group, plus the Dean, who is an Internist, makes up

the entire medical staff at the present time. They are operating the Freshman Class, they do not have a hospital, they have no clinical faculty whatsoever, and they plan to have their hospital completed in two years. Dr. Krutzsch was anxious to know how we recruited our part time clinical faculty, and how we will get new members. I stated that we used our post graduate faculty and that these were transferred to the active medical school faculty, and that others can apply for admission just like we did ten years ago and will be accepted according to their qualifications.

From what I can gather, there have been no contacts between the medical school at Tuscon and the practicing physicians. Apparently they plan to bring in an entirely new group of physicians and start their own hospital and school. Dr. Krutzsch was very insistent that the multi-discipline laboratories is the way to teach students. He stated that all the new medical schools are using them and about 60% of the old medical schools that are rebuilding are using multi-discipline laboratories. I mentioned the fact that many of the professors and instructors that have been in multi-discipline laboratories as teachers have not liked them and would be glad to go back to the former way.

Dr. Krutzsch stated that he as an anatomist, has designed a schedule that gives a student one-half the number of anatomy hours that we give him. He states that the student is given a very superficial approach to anatomy and that by the end of their junior year he should start specializing. After this time, Dr. Krutzsch will give a special course to the student that takes orthopedics, a special course to the one who goes into cardiology and a special course to the one who goes in surgery, etc. He feels that students should all plan to specialize by the time they are juniors in medical school.

I feel that this entire group came here with pre-conceived ideas with an attempt to completely tear down and ridicule the fact that the Medical Society has sponsored the development of a Medical School here. Apparently they were most vehement in trying to condemn this arrangement, and were trying to break up the close relationship between the Medical School and the Medical Society and the practicing physicians in this area. It seems to me they were trying definitely to create a town and gown conflict which we are trying to avoid, and they continued to make suggestions that would create it. I felt these men came here with a closed mind.

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In the final analysis, I feel that the inspecting group seemed to be deliberately insulting to us.

Sincerely,

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J. E. Holoubek, M. D., Chairman
Dean's Advisory Committee
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