



February 25-March 4, 1977

We would like to list lectures, symposia and other activities at the medical center in the Intercom Calendar. If information about your event does not appear, the reason is either that we did not receive it or that we received it too late for printing deadlines. Notices can be accepted for the Calendar no later than one week prior to publication. Notices may be sent to Box 3354, Hospital. If last minute scheduling makes it impossible to send a written notice in time, please call 684-4148.

Friday, February 25

- 12:30 p.m. Biochemistry Seminar. Dr. Sue Wickner, National Institutes of Health, will speak on "DNA Synthesis by *E. coli* Replication Proteins *in vitro*," Rm 147, Nanaline H. Duke Bldg. Coffee at 12:15 p.m. in the lobby.
- 1 p.m. Network for Continuing Medical Education (NCME). Program on "The Treatment of Anaerobic and Mixed Aerobic/Anaerobic Infections, Parts I, II, III." View in Rms M-405, M-410, 2031 and Medical Student Lounge (Channel 7 or 9) at Duke and Rms A3002 (by appointment only), C9013, D3008, CCU and classrooms and media learning lab of Allied Health Bldg. at VA Hospital.
- 2 p.m. Anatomy Seminar. Alan Walker, Dept. of Anthropology, Harvard University, will speak on "Dietary Adaptations in Early Hominids," Rm 143, Jones Bldg. Coffee and cookies at 1:45 p.m.

Tuesday, March 1

- 12 noon Pathology Research Conference. Dr. Charles Daniels, pathology, will speak on "Interaction of Herpes Simplex Virus with Human Leukocytes," Rm M-204.
- 1 p.m. NCME. See Fri., Feb. 25 for program listing. View in School of Nursing Aud., Rm 1017.
- 3:30 p.m. Colloquium on Health Policy. Dr. Robert Sullivan, assistant professor of community health sciences and medicine, will speak on "Quality Assessment in Ambulatory Care," Rm 224, Social Sciences Bldg.

Wednesday, March 2

- 1 p.m. NCME. See Fri., Feb. 25 for program listing and viewing areas.
- 2 p.m. Film on "30 Minutes on Infectious Disease," including "ABC: Anaerobic Bedside Culture," "Chemotherapy: Killer or Cure?" "Transmission of Pseudomonas Infections," "Cutaneous Signs of Systemic Disease," and "Diagnostic Hotline." View in Rm M-406.

Thursday, March 3

- 1 p.m. NCME. See Fri., Feb. 25 for program listing and viewing areas.

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BUSY SPOT — Cynthia Harris, receptionist in the Emergency Room, keeps a log of all new patients seen there. A 1976 graduate of South Granville High School in Creedmoor, she says her job is "pretty exciting at times. I meet a lot of people." (Photo by Ina Fried)

Costs Up, Income Down, Tuition Climbs

(Continued from page 1)

But, McGinty added, by that year other sources of income to help finance medical education were at an all-time high, and they have dropped off dramatically since.

"In 1974-75, we received \$321,000 from two federal programs — the Basic Improvement Grant (BIG) and the Physicians Augmentation Program (PAP)," McGinty said. "But in 1975, both programs ended."

McGinty said that in 1974-75 Duke received federal capitation money (the amount the federal government provides to help defray the cost of educating a variety of health care professionals, including doctors) totaling \$922,000.

It has steadily dropped, and the 1977-78 capitation forecast for Duke is \$445,000 — less than half what it was three years ago, McGinty said.

Other Sources

The remaining source of government support of medical education is state capitation, and that has registered a small increase, from \$504,000 in 1974-75 to \$600,000 currently.

The School of Medicine receives a percentage of the university's endowment, and that income is off by about \$89,000 from what it was in 1974-75, McGinty said.

"In summary," the financial officer explained, "we receive \$702,000 less in government support money and \$89,000 less in endowment income that we did back in 1974-75 when our tuition was \$2,900."

Even the tuition at its projected level for next year — \$5,050 for

first-year students and \$4,400 for others — will not compensate for the loss in income from federal capitation and endowment, McGinty said.

Not Just Salaries

At the same time, he added, the cost of medical education continues to increase. "When we talk about educating a medical student," McGinty said, "people don't understand that that cost includes all expenses, not just the salaries of the faculty.

"Just as real an expense in the budget is the cost of operating the buildings and equipment to include housekeeping, repairs, insurance, safety and an increasing amount for electricity, gas, steam, and other utilities. Every effort is made to have agencies sponsoring research in this space to reimburse their appropriate share of this expense, and all patient care space is separated and charged to the appropriate hospital or clinic department.

"Another element in addition to faculty expenses," he said, "are administrative and clerical expenses in the departments and administrative levels, the library and central teaching facility. The medical school pays its appropriate share of centralized university general and administrative expenses such as accounting, personnel, bursar, purchasing, student loan office, and university administration.

Tight Budgets

"These 'indirect' expenses are continually examined very closely and budgets for these areas are very

tight. However, utility, coal, and other energy costs are affecting the medical school very severely, as well as the hospital and the entire university," McGinty added.

"Overall the medical school's annual operating budget is about \$50 million for all of its education, research, research training, and service programs including direct and indirect costs of these programs. Agencies sponsoring various research, training, and service programs provide about \$35 million of this and the remainder is derived from endowment, contributions from the physicians' private practice, private philanthropy, tuition, federal and state capitations, and university support," he explained.

"At the present time, tuition from medical students accounts for approximately four and a half per cent of the cost of supporting the faculty salaries and other expenses, direct and indirect, of the basic science departments, and approximately three and a half per cent of the clinical departments," McGinty said.

While tuition has increased, McGinty noted that the student body has grown and that student aid funds have increased significantly also. Grants and loans to medical students from the School of Medicine and other university sources increased from \$283,300 in 1970-71 to \$757,700 in 1975-76, a \$474,400 growth.

Scholarship Growth

As recently as 1963, Duke had only \$500 in scholarship funds available

for the entire medical school.

By contrast, in 1976-76 non-government scholarship funds received by the medical school totaled almost \$131,000. Major sources totaling \$7,000 or more per year included the Medical School Faculty Wives (\$31,771); the Mary Duke Biddle Foundation (\$25,439); Hillory Wilder (\$13,303); Thomas C. Bost Foundation (\$9,089); Lettie Pate Whitehead Foundation (\$8,238); Dr. John H. Lane Memorial (\$7,859); and the Duke Hospital Auxiliary (\$7,000).

Financial assistance to students from external sources (including the American Medical Association, bank-guaranteed loans, armed forces scholarships and the National Health Service Corps) increased from about \$164,000 in 1970-71 to \$543,000 in 1975-76, an increase of \$379,000.

In accordance with requirements to obtain federal funding, Duke increased its medical school entering class size from 84 to 104 in 1970-71 and up to 114 in 1972-73.

Where'd They Go?

Personnel functions formerly handled by the office at Room 1160, Hospital, have been moved to the Personnel Office in Room 160, Bell Building.

Employee Relations representatives Wanda P. Crenshaw and Gloria M. McAuley will move across the hall to Room 1150, Hospital, about March 1.