

4 Book describes new curriculum

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medical education responsive to these pressures for change," Gifford points out.

Clinical experience earlier

Under the revised Duke system, which has been studied by many other schools, medical students spend their first year taking basic science courses and then as sophomores begin training on the wards in medicine, surgery, obstetrics and gynecology, pediatrics and psychiatry.

The third and fourth years are given over to elective courses, equally divided between basic science and clinical subjects in accordance with each student's career goals.

The new curriculum not only allowed students to have contact with patients a year earlier, but also afforded them the



opportunity to delve more deeply into those disciplines that would likely become part of their lives' work.

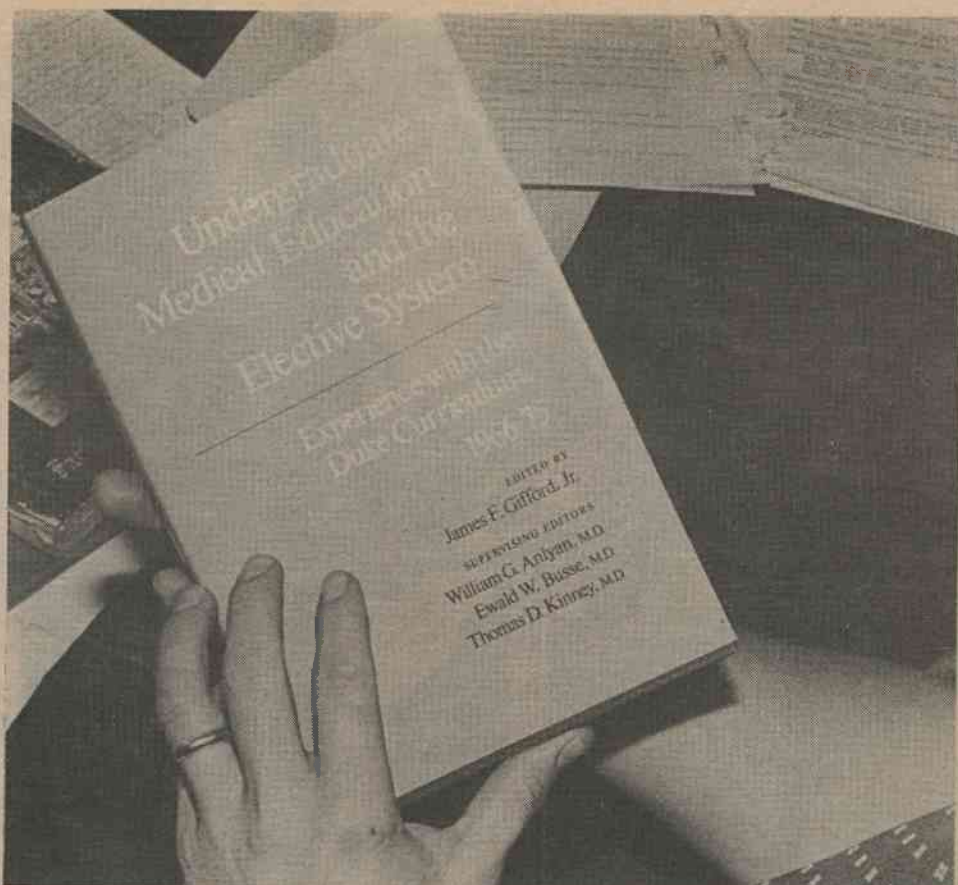
Preparation for self-education

The goal of supplying students in four years with knowledge sufficient to support 35 future years of medical practice was abandoned in favor of more limited objectives, according to Anlyan, who wrote the concluding chapter.

Instead, efforts were directed toward familiarizing each student with the language of biomedicine, providing a core base of biomedical knowledge, learning how to apply problem-solving techniques to health and medical problems and imbuing students with the need for a life-long process of self-education.

The book, which is intended primarily for medical educators, contains 30 chapters and is divided into five parts. The first section discusses the history of the new curriculum and medical school admission.

Subsequent sections describe how the basic and clinical science departments implemented and were affected by the new format, how special study and combined degree programs were established and how the innovation affected students.



DESCRIBES INNOVATIONS—"Undergraduate Medical Education and the Elective System" contains a collection of articles describing Duke's experience with a radically redesigned medical curriculum. The book was just published by Duke University Press. (Photo by John Becton)

These tips can help you take what winter dishes out

Winter driving is especially hard on you and your car. To make it a little easier for both of you, the National Safety Council's Committee on Winter Driving Hazards has come up with these tips, all tested under actual winter conditions.

Before the temperature drops, get your car ready. The first step is to check the battery. The colder the weather, the weaker a battery becomes and the more likely it won't respond when needed.

If you add water during freezing weather, drive your car several miles afterwards so the water and electrolyte will mix and prevent freeze damage.

Wash with baking soda

The most frequent cause of winter no-starts is loose or corroded battery cable clamps.

You can neutralize corrosion by washing the clamps and battery posts with a mixture of baking soda and water, but be sure the caps are on tight so the soda solution won't contaminate the electrolyte.

Have fluid levels checked throughout the car — transmission, differential, power steering, radiator, windshield washer. Have your antifreeze tested.

For easier starts, change to a winter-weight oil, unless you use a multi-viscosity type.

Check exhaust system

Have the entire exhaust system checked for leaks. Carbon monoxide from a faulty exhaust can be deadly.

Whenever you notice a change in sound of the exhaust or a smell of fumes inside

the car, or if the underside of the car has been damaged, have a mechanic inspect the entire system for leaks.

Tire condition critical

The type and condition of your tires are critical to safe winter driving.

Have you heard that reducing air pressure increases traction on slick or snowy surfaces? Not so—it doesn't improve traction significantly, it only increases tire wear.

Regular tires should have enough tread to get a good bite on snow or ice.

Snow tires are an advantage if you drive a lot on snowy roads. They should be of the same size and construction as the front tires.

Reinforced tire chains provide the most traction for severe snow and ice

conditions — more than three times better than regular tires without chains on loosely packed snow and six times better on glare ice.

Just because snow tires and chains are great for starting your car doesn't mean they're as helpful in *stopping* it.

Even tire chains, which do the best job of stopping a car in winter conditions, provide only a 37 percent reduction of stopping distance on snow and a 50 percent reduction on ice. So don't think that if you have snow tires or chains, you can drive as fast in winter as you do in summer.

Don't fill trunk

Filling your trunk with sandbags is not a good way to increase traction.

A small amount of extra traction can be gained by putting extra weight over the rear axle. However, most car trunks are well behind the rear axle, and adding extra weight behind the axle can reduce overall control by lessening the load on the front wheels. This cuts steering control substantially.

Radial tires do not eliminate the need for snow tires. Also, it's unsafe to mix regular snow tires with radials.

The driving characteristics of radial tires are different from those of bias-ply or bias-belted types, and mixing types increases the risk of slipping and skidding.



Oct. 20-27, 1978

The Medical Center Calendar lists lectures, symposia and other activities of interest to faculty, staff and students. Notices should be sent to Box 3354 no later than one week prior to publication. If last minute scheduling makes it impossible to send a written notice in time, please call 684-4148.

Friday, Oct. 20

12:30 p.m.

Biochemistry Seminar. Dr. John Richardson, Dept. of Chemistry, Indiana University, "The Involvement of Rho Factor in RNA Synthesis Termination." Rm 147, Nanline H. Duke Bldg. Coffee at 12:15 in the lobby.

1 p.m.

Network for Continuing Medical Education (NCME). Four-part program on automobile casualties: "Management Priorities," "The Patient with Respiratory Problems," "The Patient in Hemorrhagic Shock" and "The Patient with Head and/or Spinal Injuries." View In Rm M406 at Duke and Rms D3008, C6002 and C7002 and Bldg 16 at the VA Hospital. (Previous NCME programs have been catalogued in the Medical Center Library and are available for viewing there.)

5 p.m.

Symposium on Screening and Health Maintenance. Dr. Paul Frame, clinical instructor in family medicine, Univ. of Rochester School of Medicine, "Controversies in Adult Screening," Family Medicine Center, 407 Crutchfield St.

Monday, Oct. 23

12 noon

Pathology Research Conference. Drs. Tischer and LeFurgey, "Morphologic Evaluation of Vasopressin Induced Changes in the Epithelial Surface of Toad Urinary Bladder," Rm M204.

Tuesday, Oct. 24

4 p.m.

Cell Biology Seminar, sponsored by Program in Cellular and Molecular Biology. Dr. Anthony Bretscher, Max-Planck Institute for Biophysical Chemistry, Gottingen, West Germany, "Microfilament Organization and Membrane Attachment in the Brush Border: Villin, a New Microfilament Associated Protein from the Microvillus," Rm 143, Jones Bldg.

Wednesday, Oct. 25

1 p.m.

NCME. See Fri., Oct. 20, for programs and viewing areas.

4 p.m.

Special seminar sponsored jointly by Departments of Biochemistry, Microbiology and Immunology and Medicine. Dr. S. Victor Perry, professor and chairman, Dept. of Biochemistry, Univ. of Birmingham, England, "Gene Expression and Cell Types of Striated Muscle," Rm. 147, Nanaline H. Duke Bldg. Coffee at 3:45 in the lobby.

