

is in the Graduate School and enjoys the freedom of organizing its curriculum to best meet the needs of the future hospital administrator rather than the requirements of a particular professional school.

The pattern of the program at Duke was adopted after careful study of the experiences of other universities and after review and study of its own experience over the years with the certificate program. In some ways it can be described as innovating.

The pattern calls for approximately 24 months of combined study and supervised experience. Students enter the Program at the beginning of the summer session and devote the summer period to class work and assignments to various work activities in Duke Hospital. They are paid by the hospital for their work. Beginning with the fall semester they become full-time students and continue as such through the spring semester. Upon completion of the spring semester they enter into a twelve months administrative residency which involves supervised observation and experience in an actual hospital situation. During this period they also continue their formal class work on a one-course per semester basis at the University. The residency period is divided into six months at one of the community hospitals in adjacent cities, four months in Duke Hospital, and two months with the Duke Endowment. The assignments while with the Endowment involve rotation through several hospitals in the two Carolinas. The formal class work (36 credit hours) during the two year period in the Program includes regular course offerings in the departments of economics, political science and sociology and courses in the field of hospital administration which are specially tailored to develop understanding of the hospital as a unique enterprise and of the special environment in which it operates. Attention is devoted to those factors that differentiate the hospital from other forms of enterprise and organized effort. The hospital is examined both as a highly complex operating organ-

ization and as a community and health agency. An effort is made to develop an understanding regarding the medical, political, cultural and economic influences which bear upon the hospital and which shape its internal operations. The material is presented through lectures, seminar discussions, studies and written reports. A master's dissertation is a prerequisite for the degree.

The administrative and departmental staff of Duke Hospital and members of the Medical School faculty participate actively in the teaching. In addition there are two full-time faculty members involved in teaching and research and in the administration of the Program.

The budget for the Program is subsidized in part by the W. K. Kellogg Foundation. This foundation has been active in the establishment and support of graduate education in hospital administration for a number of years.

Duke University has now admitted two classes to this degree program. The first class of nine students was graduated this month. The second class, which is now moving into its administrative residency year has ten students. The third class has been selected and is expected to number 12 students. This is the intended maximum enrollment. It is the belief of the Program faculty that active student participation is fundamental to education for professional administration and that enrollment must be restricted to permit such participation.

The Program has been fortunate in having the guidance and support of an advisory committee of the University faculty representing those disciplines most closely related to the work of the hospital administrator. The cooperation of various academic departments has been essential in assisting the Program to reach a high level of academic standing both within the University and nationally. The strong resources available within the University provide an unusual opportunity for a significant contribution by the Program to this increasingly important profession.

## Supt's Corner



by CHARLES H. FRENZEL

The construction of new additions to our Medical Center has always caused either inconvenience, noise, or disruption of operations. The first major addition in 1939 which provided the PDC's, Minot, Cushing and Holmes Wards was built upon a wooded area north of the hospital and did not materially affect internal or external traffic but did tie in to the existing hospital at five levels which resulted in troublesome noise to patients on Drake, Cabell and Sims-Williams.

The 1957 addition provided new clinics, operating rooms and three new patient units but once again did not upset internal or external traffic patterns and necessitated only minor disruption of services in the Medical Center. The noise of construction was disturbing to patients on many adjoining units.

The construction of the D & T—Gerontology—Clinical Research complex and the connecting passage did not cause noise or operational difficulties but did close the road in front of the Medical Center and resulted in a major change in the road system and external traffic patterns. The Medical Record Library was completely disrupted by the passage tie-in.

As the barker in the side show often barks "you ain't seen nothing yet," so will be the case as we start construction of the Main Entrance addition this month. This six-story addition will tie into five floors of the present Hospital. The noise created by this connecting building will be unpleasant for many patients on our eight patient units on the front of the building. The Medical Record Library, Business Office and Operating Rooms must be relocated during part of the construction period.

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