

Coming in May

The Duke University Medical Center Annual Report, usually included in the April issue of the *Intercom*, will be printed separately this year.

The 1964 Annual Report will be available for distribution May 15, 1965.

The New Curriculum

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Essentially, the new curriculum will allow medical students to cover in two years the same areas it now takes them four years to cover. In their third and fourth years, they will work as a team with faculty members for in-depth study of sciences and disciplines closely related but separate from their chosen branch of medicine.

They will not really begin training for general practice or specialties until their intern and residency training years.

Dr. Anlyan said the new program will be made possible through the development of a "core" concept for teaching basic sciences and clinical medicine.

Today, medical students spend their first two years—more than 1,800 classroom hours—in study of basic sciences. In their last two years, they spend three months in each of the major clinical disciplines—obstetrics, surgery, pediatrics, internal medicine and psychiatry.

In the new program, the basic sciences—biochemistry, anatomy, microbiology, etc.—will be boiled down to essentials and principles that have held true through the years so they can be taught in one year, Dr. Anlyan said.

The emphasis will be on conceptual learning rather than memorizing of facts—in keeping with the massive amount of medical knowledge now available.

In their second year under the new curriculum, students will spend seven weeks in each of the major clinical disciplines.

Thus, at the end of their second

year, they will be better prepared to make a career choice—specialist, general practitioner or academician—and they will be better prepared to evaluate the areas in which they need in-depth training.

Dr. Anlyan said that the new program also is expected to eliminate much of the repetition that now exists between medical school and internship training.

Dr. Barnes Woodhall, vice provost of medical affairs at Duke, explained that present medical teaching techniques are based on the famed Flexner Report of 1914, a report that revolutionized American medical education.

But the knowledge available to the doctor of 1914 was minute compared to that available today, he said, and many of the teaching techniques have become obsolete.

"We have been studying the new curriculum for several years, and we have had the benefit of advice from some of the top medical minds in America," Dr. Woodhall said.

He also noted the recent report of the President's Commission on Heart Disease, Strokes and Cancer which cited a massive gap between available medical knowledge and its application to the American people. He said the new program may prove invaluable in narrowing this gap.

The grant from the Commonwealth Fund will provide \$150,000 a year for the next five years. The fund devotes most of its income to the promotion of health in its broadest sense, chiefly through grants for medical education and fellowships.

It was established in 1918 by a gift from Mrs. Stephen V. Harkness with subsequent gifts from her heirs.

Administrative Director's Corner



by CHARLES H. FRENZEL

Again this past year Duke Hospital provided more patient days, more outpatient visits, and more services to more patients than during any year since it opened in 1930.

We are approaching full utilization of our facilities with current methods of operation. Our waiting list for admission is growing, and many diagnostic and treatment services have reached their capacity. New services were introduced last year, and many services were strengthened. The result is increased pressures on the resources available.

The next year will undoubtedly see another increase in demand for our services. No additional space to perform these services will be available during this year. Our efforts must be directed toward improved methods and, where feasible, longer hours of operation.

The best thinking of the faculty and staff of the Medical Center will be required to determine the most effective methods we can use to meet these increasing demands with the resources and facilities that will be available. The Main Entrance Building and Clinical Research II Building, scheduled for completion late in 1966, will provide only partial and temporary relief and, at our present rate of growth, will be long overdue, even with improved utilization of our facilities.