CURRICULUM

Prepared by Task Force Subcommittee
1974-75 Curriculum Committee

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POSITION PAPER -- THE CURRICULUM

The curriculum, or the whole body of courses offered in an educational institution, determines the pattern of instruction and reflects the pedagogic attitudes and goals of the faculty. It is, therefore, an important area for discussion by our group as we analyze our present situation. This is especially true because it is the faculty which is specifically charged with the responsibility for determining the curriculum.

Our first curriculum was developed by the Curriculum Committee, one of the standing committees of the faculty, and was submitted for approval to the General Faculty. All changes which have occurred subsequently have followed an identical course.

The first chairman of the Curriculum Committee was Dr. G. G. Rudolph, Professor and Head of the Department of Biochemistry and Molecular Biology. Dr. Rudolph exerted great influence over the committee, served as chairman for four years, and did yeoman work. We all owe him a debt of gratitude for his wise leadership and for remaining on his targets through the years. Dr. Frank Kurzweg followed Dr. Rudolph as chairman in July, 1972, and I assumed the chair on July 1, 1974. My report reflects much of what they have done, and I hope that any good things said about it can be heaped upon them. This report has been reviewed by the Curriculum Committee and they agree in principle with its contents.

The first Dean, Dr. Edgar Hull, selected the nucleus of faculty from which has sprung the current instructional staff. The type of curriculum, areas of emphasis, and goals of instruction reflect in large measure the concepts and beliefs of this man who led the school in its formative years.

By any standard, one would have to say that the curriculum is conservative and traditional. Those of us who knew Dr. Hull well and admired him greatly would say that it is exactly the type of curriculum we would have expected.

The fact that the curriculum is traditional is remarkable when one makes a closer analysis of the trends of medical education during the formative years of the school. In an era where the "in thing" was interdisciplinary teaching under committee direction rather than structured departments, when emphasis was on early tracking, and when entire years of formal instruction were omitted in favor of electives, it was almost an anachronism that a new school would choose a traditional pattern of instruction.

I also emphasize that many of the early faculty members had experience with a traditional curriculum and felt that they could be comfortable with it. They probably felt also that a much larger faculty was necessary to develop and implement a core curriculum with a large percentage of elective time or an innovative type of curriculum.

National trends have changed and our curriculum is more acceptable now than it seemed to be when the embryonic school was surveyed for accreditation initially. The tenacity of the faculty and of its leadership in persisting in their beliefs is commendable.

## The Quarter System

Some may wonder why our school uses the quarter system, each quarter being composed of 12 weeks, rather than the semester system which is used in the remainder of the University. The story is a simple one and illustrates an attempt by the founders to prevent interdepartmental rivalry for teaching time, especially in the first two years. The developers hoped that the major courses taught during the Freshman and Sophomore years would approximate a quarter and that this could provide a clear division in teaching time. In certain instances this has been accomplished, but in other instances there are overlaps and the

hoped for separation of instructional time into quarterly blocks has not occurred.

One particularly unfortunate result of our use of the quarter system is that it creates a different schedule for us and for LSU-S which is on the semester system. It would have seemed reasonable for two developing schools, a part of the same system but located a great distance from the parent university, to have adopted the same system; not mandatory but desirable.

## The Present Curriculum

Before proceeding further, it would be appropriate to review the present curriculum. You are familiar with the presentation of courses in panels, one year per page, in our Bulletin. The width of panels represents the number of weeks which a course lasts. It does not include certain courses which are taught throughout the year but which do not have clear block allocations of time. Therefore, I have supplemented these panels with a display of the courses taught each year according to the percentage of the total clock hours which they represent. To me this is a fair representation of teaching time allocated by department or by subject.

# FIRST YEAR SCHEDULE

## Fall Quarter

| Hour | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|---|
| 8-9 a.m. | BIOMETRY | ANATOMY | BIOMETRY | ANATOMY | ANATOMY |
| 9-10 a.m. | BIOMETRY | ANATOMY | MAN AND MEDICINE | ANATOMY | ANATOMY |
| 10-11 a.m. | ANATOMY | ANATOMY | COMPREHENSIVE CARE | ANATOMY | ANATOMY |
| 11-12 a.m. | ANATOMY | ANATOMY | CLINIC | ANATOMY | ANATOMY |
| 12-1 p.m. | | | | | |
| 1-2 p.m. | ANATOMY | ANATOMY | | ANATOMY | ANATOMY |
| 2-3 p.m. | ANATOMY | ANATOMY | | ANATOMY | ANATOMY |
| 3-4 p.m. | ANATOMY | ANATOMY | | ANATOMY | ANATOMY |
| 4-5 p.m. | ANATOMY | RADIOLOGY | | ANATOMY | ANATOMY |

## Winter Quarter

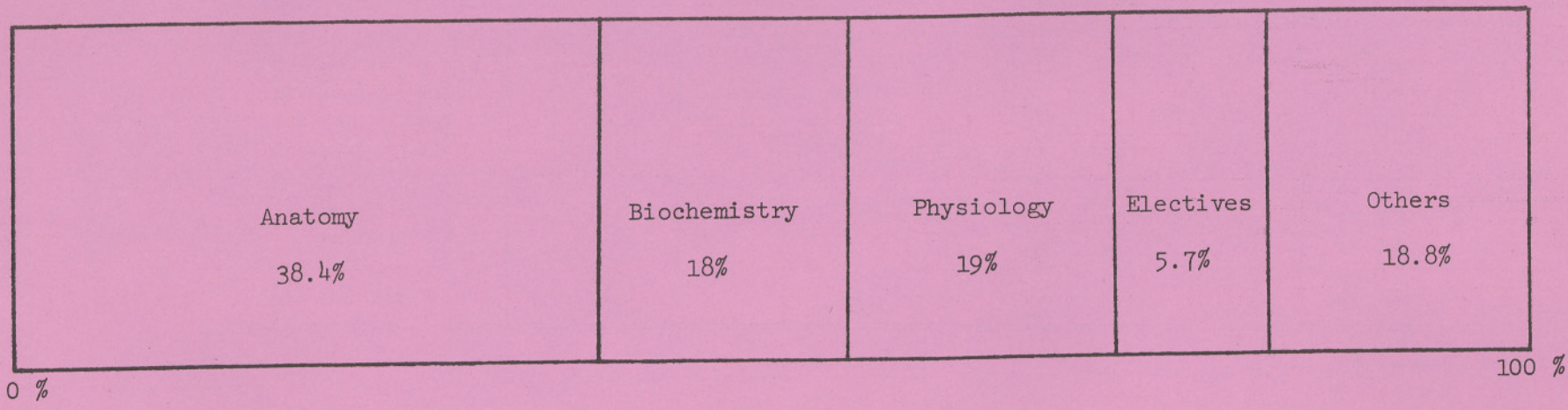
| Hour | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|---|
| 8-9 a.m. | | BIOCHEMISTRY | BIOCHEMISTRY | ANATOMY | BIOCHEMISTRY |
| 9-10 a.m. | ANATOMY | BIOCHEMISTRY | MAN AND MEDICINE | ANATOMY | BIOCHEMISTRY |
| 10-11 a.m. | ANATOMY | BIOCHEMISTRY | COMPREHENSIVE CARE | ANATOMY | BIOCHEMISTRY |
| 11-12 a.m. | ANATOMY | BIOCHEMISTRY | CLINIC | ANATOMY | BIOCHEMISTRY |
| 12-1 p.m. | | | | | |
| 1-2 p.m. | ANATOMY | BIOCHEMISTRY | | BIOCHEMISTRY | ANATOMY |
| 2-3 p.m. | BIOCHEMISTRY | BIOCHEMISTRY | | BIOCHEMISTRY | ANATOMY |
| 3-4 p.m. | BIOCHEMISTRY | BIOCHEMISTRY | | BIOCHEMISTRY | ANATOMY |
| 4-5 p.m. | BIOCHEMISTRY | RADIOLOGY | | BIOCHEMISTRY | ANATOMY |

## Spring Quarter

| Hour | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|---|
| 8-9 a.m. | | PHYSIOLOGY | HUMAN ECOLOGY | PHYSIOLOGY | PHYSIOLOGY |
| 9-10 a.m. | PHYSIOLOGY | PHYSICAL | MAN AND MEDICINE | PHYSIOLOGY | PHYSIOLOGY |
| 10-11 a.m. | PHYSIOLOGY | EXAMINATION | PHYSIOLOGY | PHYSIOLOGY | PSYCHIATRY |
| 11-12 a.m. | PHYSIOLOGY | HUMAN ECOLOGY | CLINIC | PHYSIOLOGY | PSYCHIATRY |
| 12-1 p.m. | | | | | |
| 1-2 p.m. | PHYSIOLOGY | PHYSIOLOGY | | PHYSIOLOGY | ELECTIVES |
| 2-3 p.m. | PHYSIOLOGY | ELECTIVES | | PHYSIOLOGY | ELECTIVES |
| 3-4 p.m. | PHYSIOLOGY | ELECTIVES | | PHYSIOLOGY | ELECTIVES |
| 4-5 p.m. | PHYSIOLOGY | RADIOLOGY | | PHYSIOLOGY | ELECTIVES |

## Freshman Year

| Course Title | Percentage | Clock Hours |
|---|---|---|
| Anatomy: | 38.4% | |
| Gross | 21 % | 265 |
| Micro | 9.5% | 120 |
| Neuro | 7.9% | 100 |
| Biochemistry | 18 % | 228 |
| Physiology | 19 % | 240 |
| Electives | 5.7% | 72 |
| Biometry | 2.8% | 36 |
| Clinic | 2.8% | 36 |
| Comprehensive Care | 1.9% | 24 |
| Ecology | 1.9% | 24 |
| Man and Medicine | 2.8% | 36 |
| Physical Examination (Med.) | 1.9% | 24 |
| Psychiatry | 1.9% | 24 |
| Radiology | 2.8% | 36 |
| Total | 99.9% | 1,265 |



# SECOND YEAR SCHEDULE

## Fall Quarter

| Hour | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|---|
| 8-9 a.m. | | PATHOLOGY | MAN AND MEDICINE | MICROBIOLOGY | MICROBIOLOGY |
| 9-10 a.m. | PATHOLOGY | PATHOLOGY | PSYCHIATRY | MICROBIOLOGY | MICROBIOLOGY |
| 10-11 a.m. | PATHOLOGY | PATHOLOGY | COMPREHENSIVE CARE | MICROBIOLOGY | MICROBIOLOGY |
| 11-12 a.m. | PATHOLOGY | PATHOLOGY | CLINIC | MICROBIOLOGY | MICROBIOLOGY |
| 12-1 p.m. | | | | | |
| 1-2 p.m. | MICROBIOLOGY | MICROBIOLOGY | | PATHOLOGY | PATHOLOGY |
| 2-3 p.m. | MICROBIOLOGY | MICROBIOLOGY | | PATHOLOGY | PATHOLOGY |
| 3-4 p.m. | MICROBIOLOGY | MICROBIOLOGY | | PATHOLOGY | PATHOLOGY |
| 4-5 p.m. | MICROBIOLOGY | MICROBIOLOGY | | PATHOLOGY | PATHOLOGY |

## Winter Quarter

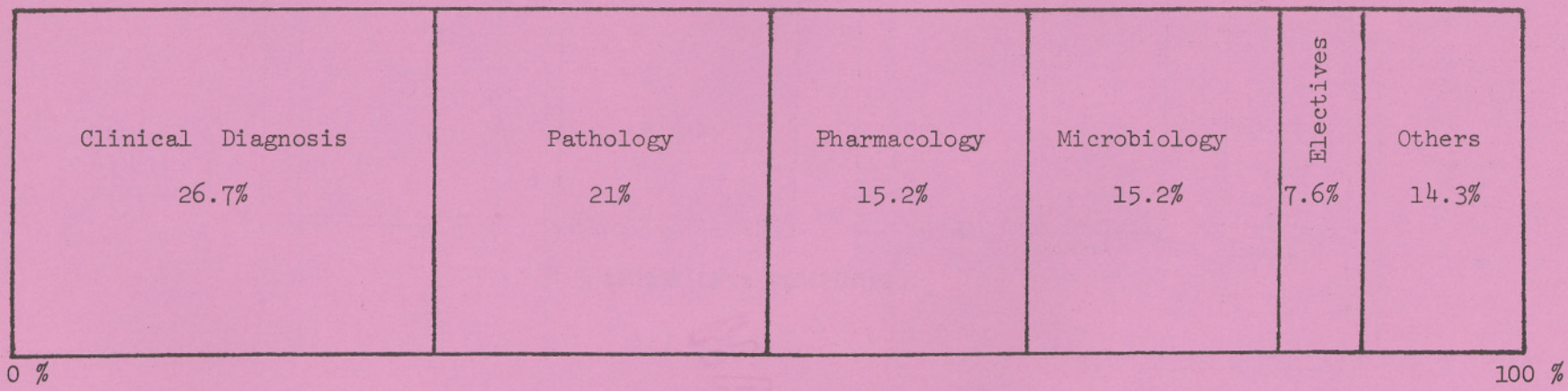
| Hour | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|---|
| 8-9 a.m. | | PHARMACOLOGY | MAN AND MEDICINE | MEDICAL GENETICS | PSYCHIATRY |
| 9-10 a.m. | PATHOLOGY | PATHOLOGY | COMMUNITY MEDICINE AND EPIDEMIOLOGY | | PHARMACOLOGY |
| 10-11 a.m. | PATHOLOGY | PATHOLOGY | COMPREHENSIVE CARE | PHARMACOLOGY | PHARMACOLOGY |
| 11-12 p.m. | PATHOLOGY | PATHOLOGY | CLINIC | COM. MED., EPIDEM | PHARMACOLOGY |
| 12-1 p.m. | | | | | |
| 1-2 p.m. | PHARMACOLOGY | PHARMACOLOGY | | PATHOLOGY | ELECTIVES |
| 2-3 p.m. | PHARMACOLOGY | PHARMACOLOGY | | PHARMACOLOGY | ELECTIVES |
| 3-4 p.m. | PHARMACOLOGY | PHARMACOLOGY | | PHARMACOLOGY | ELECTIVES |
| 4-5 p.m. | PHARMACOLOGY | PHARMACOLOGY | | PHARMACOLOGY | ELECTIVES |

## Spring Quarter

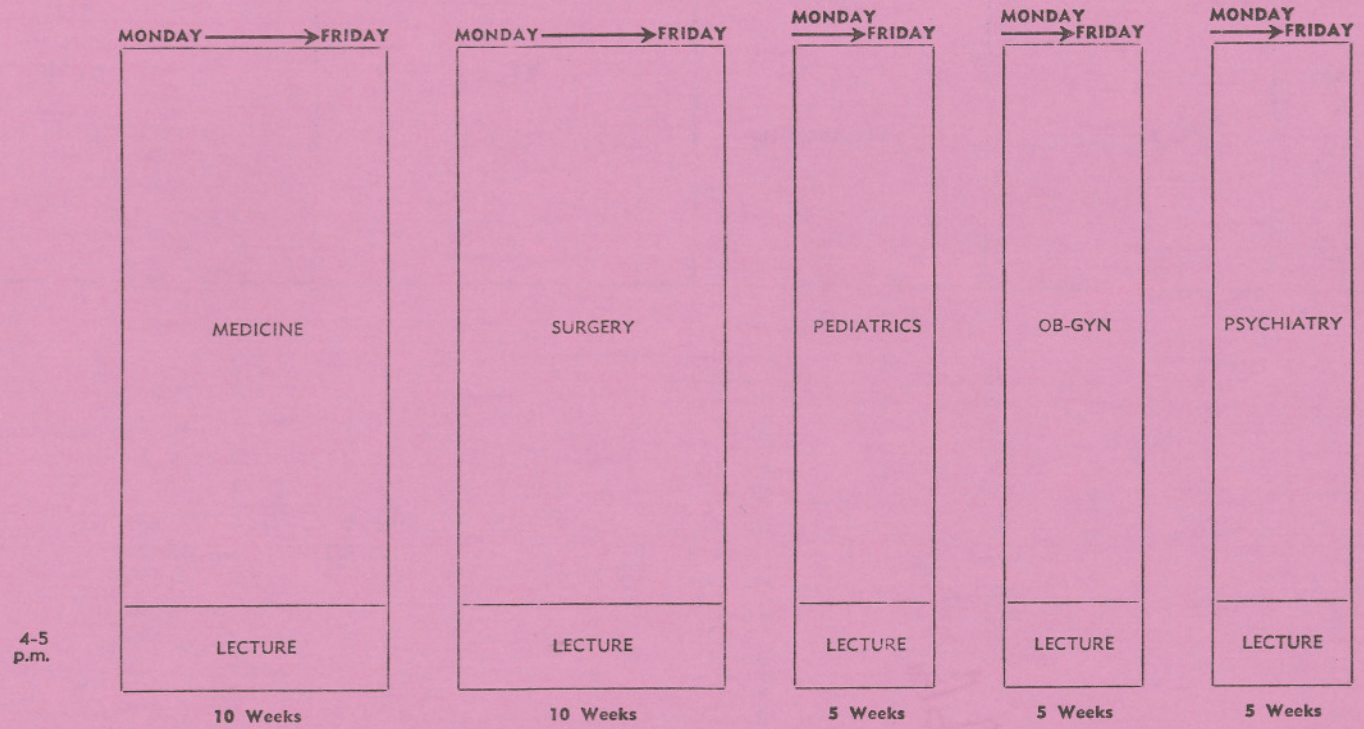
| Hour | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|---|
| 8-9 a.m. | | CLINICAL DIAGNOSIS | MAN AND MEDICINE | CLINICAL DIAGNOSIS | CLINICAL DIAGNOSIS |
| 9-10 a.m. | CLINICAL DIAGNOSIS | CLINICAL DIAGNOSIS | CLINICAL DIAGNOSIS | CLINICAL DIAGNOSIS | CLINICAL DIAGNOSIS |
| 10-11 a.m. | CLINICAL DIAGNOSIS | CLINICAL DIAGNOSIS | CLINICO-PATHOLOGY CONFERENCE | CLINICAL DIAGNOSIS | CLINICAL DIAGNOSIS |
| 11-12 a.m. | CLINICAL DIAGNOSIS | CLINICAL DIAGNOSIS | CLINIC | CLINICAL DIAGNOSIS | CLINICAL DIAGNOSIS |
| 12-1 p.m. | | | | | |
| 1-2 p.m. | CLINICAL DIAGNOSIS | CLINICAL DIAGNOSIS | | CLINICAL DIAGNOSIS | ELECTIVES |
| 2-3 p.m. | CLINICAL DIAGNOSIS | CLINICAL DIAGNOSIS | | CLINICAL DIAGNOSIS | ELECTIVES |
| 3-4 p.m. | CLINICAL DIAGNOSIS | CLINICAL DIAGNOSIS | | CLINICAL DIAGNOSIS | ELECTIVES |
| 4-5 p.m. | CLINICAL DIAGNOSIS | CLINICAL DIAGNOSIS | | CLINICAL DIAGNOSIS | ELECTIVES |

## Sophomore Year

| Course Title | Percentage | Clock Hours |
|---|---|---|
| Clinical Diagnosis | 26.7% | 336 |
| Pathology | 21 % | 264 |
| Pharmacology | 15.2% | 192 |
| Microbiology | 15.2% | 192 |
| Electives | 7.6% | 96 |
| Clinic | 2.9% | 36 |
| Comprehensive Care | 1.9% | 24 |
| Community Med. & Epidemiology | 1.9% | 24 |
| Clinico-Path. Conf. | .9% | 12 |
| Man and Medicine | 2.9% | 36 |
| Medical Genetics | 1.9% | 24 |
| Psychiatry | 1.9% | 24 |
| Total | 100 % | 1,260 |



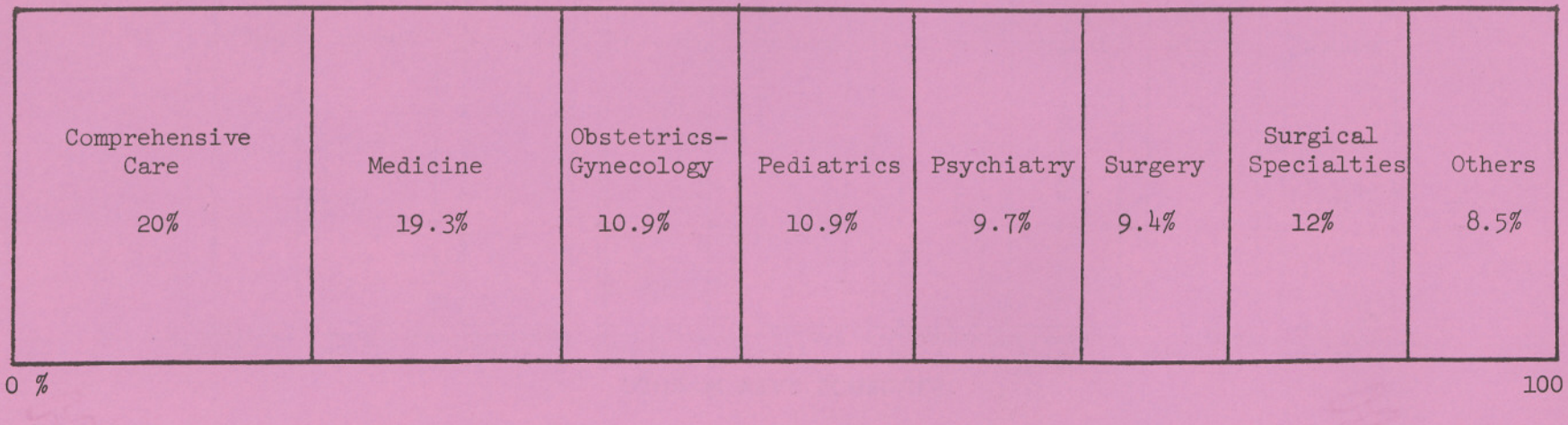
## THIRD YEAR SCHEDULE*



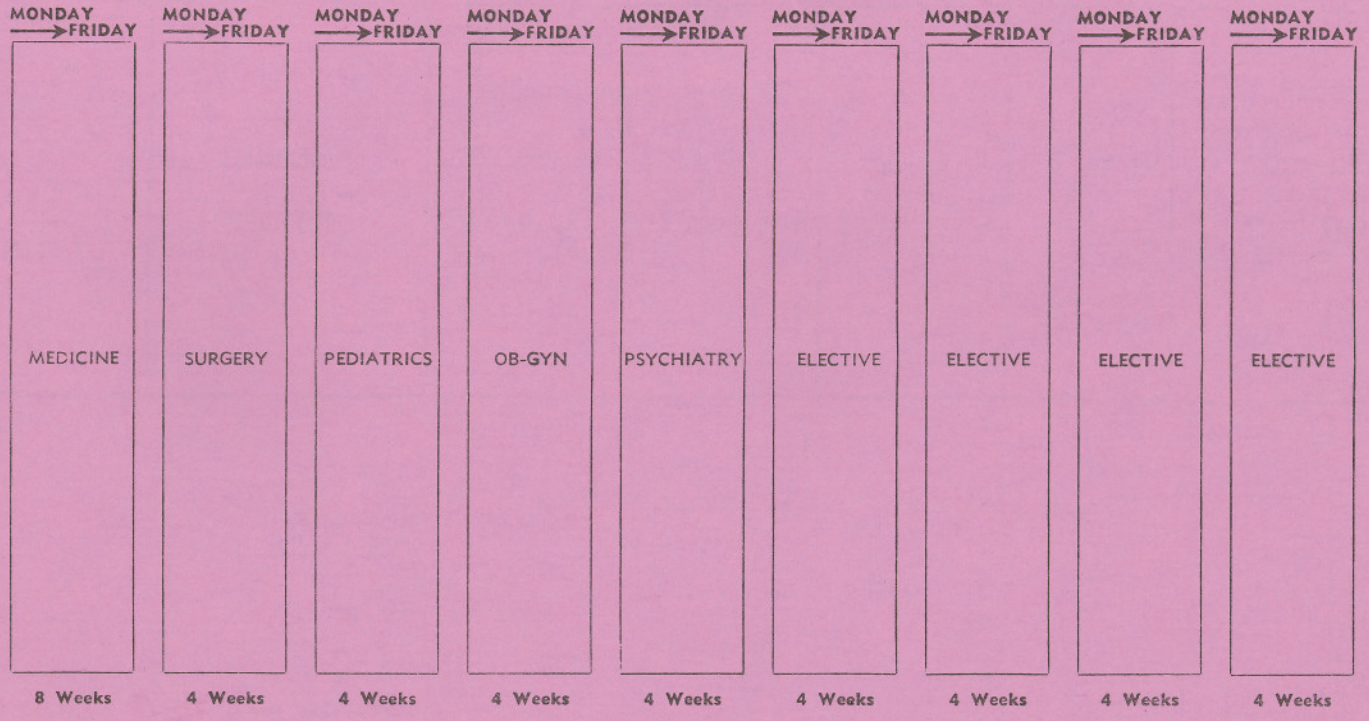

*The class is divided into nine (9) groups.
All students spend two half-days weekly in Comprehensive Care programs, assigned by the Dean, and attend afternoon Lectures.
Groups rotate every 5 weeks over a period of 35 weeks.

## Junior Year

| Course Title | Percentage | Clock Hours |
|---|---|---|
| Comprehensive Care | 20 % | 280 |
| Medicine | 19.3% | 270 |
| Obstetrics-Gynecology | 10.9% | 152 |
| Pediatrics | 10.9% | 152 |
| Psychiatry | 9.7% | 135 |
| Surgery | 9.4% | 132 |
| Surgical Specialties | 12 % | 168 |
| Lecture Series | 7.8% | 109 |
| Toxicology | .6% | 9 |
| Chemotherapy | .1% | 2 |
| Total | 100.7% | 1,409 |



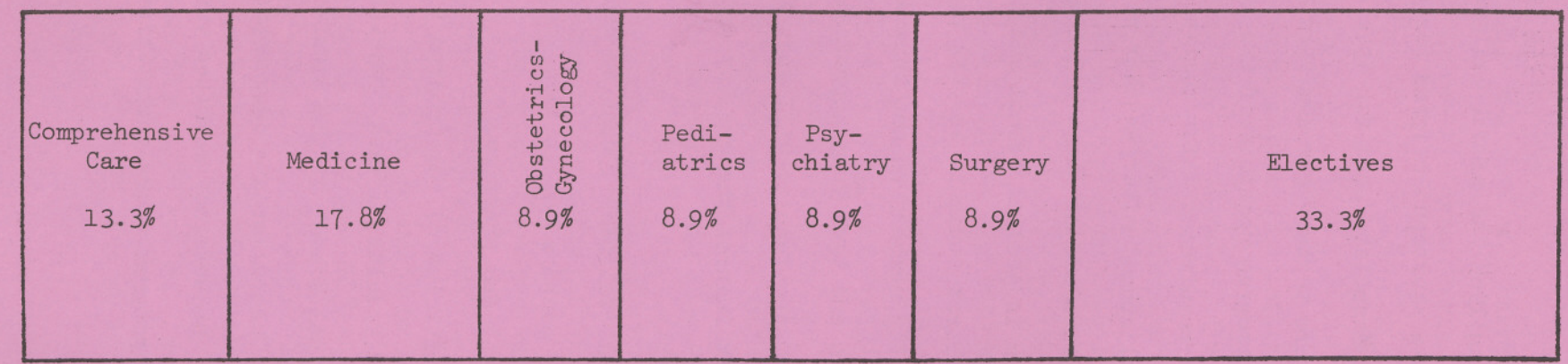
## FOURTH YEAR SCHEDULE*




*The class is divided into twelve (12) groups.
All students spend two half-days weekly in Comprehensive Care programs, assigned by the Dean. Assignments are not made during elective blocks, but may be elected. Groups rotate every 4 weeks over a period of 52 weeks. Each student is allowed an eight-week vacation.

## Senior Year

| Course Title | Percentage | Clock Hours |
|---|---|---|
| Comprehensive Care | 13.3% | 192 |
| Medicine | 17.8% | 256 |
| Obstetrics-Gynecology | 8.9% | 128 |
| Pediatrics | 8.9% | 128 |
| Psychiatry | 8.9% | 128 |
| Surgery | 8.9% | 128 |
| Electives | 33.3% | 480 |
| Total | 100 % | 1,440 |



At the present time, there is an evaluation of the curriculum under way. A basic scientist is interviewing the clinical departments, a clinician is interviewing the basic science departments, and a student is interviewing the students. The study is incomplete but does promise to initiate thinking and to give departments an opportunity to express their views on the effectiveness of their own instruction and on that of the other departments.

Regardless of the results of the present and future surveys of the curriculum, there are several areas where I detect general agreement on the faculty. First, we are primarily an educational institution and should limit our major activities mainly to that area. We probably should not compete directly with private enterprise nor have heavy involvement in areas where we lack interest or experience. Second, quality is important and should be a primary consideration in everything we do. Quantity helps but quality is foremost. Third, strong free-standing basic science departments are needed to prepare students for clinical responsibility by teaching them the language and many of the facts of medicine.

## Changes in the Past Six Years

Many minor changes have been made during the past six years but only one change has occurred which might be considered major. This involved a trade-off of time from the long 48 week Junior year to the shorter 36 week Senior year. The result is a 36 week Junior year and a 41 week Senior year. These changes are being implemented at present and the first class to experience the new program is now beginning their Senior year.

There were two principal reasons to recommend the changes. First, nomenclature was clumsy since we had two Junior classes during the summer months under the old system. That is, the old Juniors did not become Seniors until they registered in September but the new Juniors had been promoted from the

Sophomore level in June. Second, all electives were shifted to the Senior year. This prevented the unfortunate occurrence of a student being assigned his electives at the outset of the Junior year, a time when he was inexperienced and could not profit maximally from the elective program. There has also been some expansion of elective time and staggering of vacations during the Senior year.

Taken as a whole, these changes appear to be working and represent a positive step.

## Future Considerations

There have never been enough physicians in our country, at the right place and at the proper time, to satisfy all of the demands of the populace. Through a series of legislative acts over the past decade, the concept that adequate or even optimal medical care is a right of all of our citizens and not just a privilege of a few has become generally accepted. This concept has exaggerated the doctor shortage but it is also magnified by public awareness, interests of politicians, education of the consumer, and an elevation in our general standard of living. For whatever cause, there is much interest now in the availability of medical care for all citizens.

One of the real problems we face is the level of education and training of future physicians. I separate education and training because education is the primary mission of the University during the undergraduate years while training is an entirely different matter which is conducted principally during the graduate years of internship and residency.

An important and fundamental consideration is what role should the undergraduate curriculum play in responding to present needs and demands. Perhaps most of these involve innovative new approaches in the graduate training period. Certainly we need to concentrate on developing a general care physician who can practice with prestige whether he be an internist, pediatrician, or family practitioner.

There are many terms used in 1974 but I prefer "general care" for several reasons to describe the type of care which is in greatest demand but in shortest supply. First, it is general and not simply primary, the latter implying that there are clearly defined later stages of secondary and tertiary care. The average individual is interested in "general" care on a continuing basis and insists that it be available and that he have reasonable access to it when he thinks it is needed. The problem is compounded because the patient desires high technology and samaritanism simultaneously; it has been called "science-based samaritanism", and it has been pointed out that, although not mutually exclusive, "one may get in the way of the other" at times.

How then do we respond to the needs of society but, simultaneously, mature into a medical school that is recognized for the high quality of its faculty and of its instruction of medical students. Implicit in such a reputation is superb patient care, for the faculty must teach by precept and example.

One obvious way is to set high standards for ourselves as the students and the house staff observe us as we go about our daily tasks. The interest in general care will surely increase if we picture it for young minds as a career where there can be much satisfaction. I caution 'though, that in the process of educating and training the generalist, our standards should remain very high so that we will never be regarded simply as a vocational or technical school. This would be a disaster. Faculty recruitment, future expansion, research grants, and the total academic milieu depend upon academic excellence.

Perhaps the faculty will want to examine the entire system of medical care in Louisiana and respond with practical solutions to many real problems. How many levels of care should we have? How many highly specialized physicians should be trained? Are improved methods of medical transportation such as

helicopters needed for accident victims or critically ill patients? Do we endorse the concept of physician's assistants? Should we participate in their training? Should we look at the matter of consumer education and point out the need to improve the general educational standard of our population, which stands near the bottom of the literacy ladder? As physicians, we realize the problems we encounter in giving optimal medical care to some of our patients who, because they cannot read, have difficulty following the simplest instructions.

There is the possibility that a faculty could sit and dream within ivory towered walls and fail to heed the urging of our legislature and not respond to the need for leadership and for new ideas. We should be positive, sell our product, make suggestions and emphasize our strong points. In the end, however, we should not forget that we are an educational institution, searching for knowledge and striving for excellence, and not a business actively competing with the private sector.

All of these matters are not rightfully under the purview of the Curriculum Committee but they were included in the list of subjects which the Task Force asked me to discuss. I wanted you to know that the committee shares the concern of our legislators and citizens about the present system of medical care with all of its good and bad points. While I am at it, I will say that as a faculty we have a great opportunity to study the system and respond with proposals that are practical and which represent improvement. These we can do quite apart from changing the curriculum.

There are three subjects that I recommend we consider in our discussion groups which follow: First, we should express our views on ways to evaluate the present curriculum. An evaluation should include an appraisal of the effectiveness of instruction as well as a consideration of course content. In other words, who teaches what and how well do they do it? Second, how much

interaction should there be between basic and clinical science departments? If we need more interaction, then how do we do it? Third, should we plan an undergraduate curriculum that is designed to meet a specific need of society? If the answer is affirmative, then how do we do it?

Finally, I would like to say that whatever your recommendations are to the Curriculum Committee, they will be considered seriously. We invite your help and look forward to receiving your suggestions.