

*Bulletin* of the  
 University of Minnesota Hospitals  
 and  
 Minnesota Medical Foundation



**Social Workers  
 In Medical Education**

BULLETIN OF THE  
UNIVERSITY OF MINNESOTA HOSPITALS  
and  
MINNESOTA MEDICAL FOUNDATION

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In the past decade the faculties of medical schools have emphasized the importance of social factors in illness in teaching medical students. With a renewed interest in the social situation in relation to the medical conditions of patients, social service departments in teaching hospitals have been requested to participate in the teaching of medical students, nurses, and allied fields.

The Social Service Department of the University Hospitals conducts an extensive teaching program. Since the University Hospitals' first obligation is to the teaching of medical students and other hospital personnel, the Social Service Department shares that obligation.

Dr. Donald Hastings of the Department of Psychiatry initiated the present program of social work teaching of medical students five years ago, and the report given by Mr. Fred Gross, Chief Psychiatric Social Worker, will cover the results of the experience of the Social Service Department in this activity.

Miss Annie Laurie Baker, Director  
Social Service Department

I. THE USE OF SOCIAL WORKERS IN A  
MEDICAL EDUCATION PROGRAM

Fred Gross, M.A.

The professional literature of the past decade contains, increasingly, accounts of efforts underway in the various medical schools to encompass somehow within their already full and taxing curricula more adequate attention to the social aspects of medical practice. These efforts have been directed towards spelling out the concept of "The Patient as a Person," and toward making explicit and useful for the medical practitioner knowledge of the myriad ways in which emotional, social, and environmental factors are interwoven in the prevention, diagnosis and treatment of illness. A major impetus to these programs has been found in the hard realities of medical practice, wherein the doctor is faced again and again with the need to consider, and be concerned about, "that to which the disease is attached."

This paper is an attempt to describe some of the ways in which social workers are currently participating in the Department of Psychiatry's work with medical students. Time and space limitations, along with personal limitations of the writer, do not permit this to be a complete account of all of the teaching activities of either the Department of Psychiatry or the Social Service Department. The primary focus here is on the methods and content with which the social work staff, within the structure of the Department of Psychiatry, complements and supplements the instructional activities of the medical and other staff. Acknowledgment is gratefully made to the various members of the Social Service and Psychiatry Departments for the thoughtful and constructive sharing of ideas and effort on their part, which has been the essence of this experimental educational development. Responsibility rests with the writer, however, for such distortions of judgment or errors in fact as may be contained within the following selection and interpretation of data.

Some comment may be called for, at the outset, about the appropriateness of having social workers, i.e., non-medical persons, involved in the clinical training of medical practitioners. The rationale for this may become evident when we take note of the discrepancy between the traditional and necessary content of the medical student's course of study, on the one hand, and the interests and motivations which so frequently are involved in the selection of a professional medical career and which constitute the very life-blood of any service profession. In the area of interests and motivations we see concern about people, a wish to be helpful, a desire to know and to understand--in order to be able to be helpful--in short, we see a live concern with live people. In contrast, examination of the curriculum content of the pre-medical school program and of the pre-clinical years in the medical school, reveals a relative preoccupation with the biological and physical sciences, with relatively less attention given to the social sciences, i.e., to the study and understanding of people as living persons within evolving, demanding and frequently upsetting social and cultural life situations. It is made easy for the medical student to come to see people as being made up of systems, organs, and of parts; and the integration--or reintegration--of these atomized parts and systems into whole persons becomes then a necessary step in the student's development toward effective functioning in his role as the professional half of the doctor-patient relationship. It is in this area, of facilitating the reintegration of the doctor-to-be's conception of his patients, and of himself in his relationships and responsibilities to them--of bridging the gap back to the patient as a whole person--that we find one of the major potential contributions of the social worker's particular knowledge and skills.

Before proceeding further, we must digress to look, at least briefly, at the specifics of what I have referred to as the knowledges and skills of the social worker. The content of the two-year graduate school course of study lead-

ing to the professional master's degree in social work offers a marked contrast to the content of the medical student's course of study. The same contrast obtains with respect to the pre-professional prerequisites of the two programs. The social work student comes to his graduate training with a heavy concentration in the social sciences, with courses largely selected from the fields of sociology, economics, political science, psychology, history and anthropology. The two-year graduate program contains courses in casework and group-work methods, psychiatric and psychological information, medical information, public welfare, community organization, social research, and administration. In addition to this course work, the student spends from 16 to 20 hours per week in an internship or fieldwork experience in a social or medical agency, in which he functions as a staff member under highly individualized supervision by a member of the school's field instructional faculty. Out of this program the social worker acquires:

1. an understanding of the dynamics of human behavior, as it is found in interaction with the physical, economic, interpersonal and political structure of society;
2. an appreciation and understanding of variations in individual capacities, needs and aspirations;
3. knowledge about specific social welfare programs and services;
4. some degree of competence in the use of social casework or groupwork methods to help persons, individually or in groups, to utilize more fully their own capacities and opportunities to solve personal and social difficulties, to better realize their own potentials for effective community living, or to protect persons who lack the power to make constructive use of their social situations;
5. some competence in scientific method and skills in social work research, and

6. some competence in the community organization process by which welfare services are evolved to meet recognized community needs.

The foregoing makes clear, perhaps, some of the mutual concerns, interests, and methods of the two professions, medicine and social work. In both, we see people coming for help, for specific services as well as for more general counselling, coming at times of crisis when the problematical condition or situation confronting them appears to them to be beyond their own unaided abilities. They seek service, and the service is given within the context of the one-to-one professional relationship which affords the patient-client protection of his self-respect, his personal integrity, and his right to participate in the formulation and implementation of a solution for his present difficulty.

The primary teaching activity of the social workers within the Department of Psychiatry takes place during the ten-week junior clerkship in that department. The principal method, as will be evident, is through demonstration of practice in the setting of a clinical team consisting of the doctor, social worker, psychologist, and--on the in-patient service--nurse, occupational therapist, and others. As you may know, patients referred to the Psychiatric Out-patient Department for service are, in the usual sequence of events, seen in that clinic by a social worker for an "intake" interview. The principal functions of this interview are to assess the patient's understanding of the reasons for his referral to the service, to obtain further data as needed regarding the patient's present family, social and economic situation, and to bring the patient into a working relationship with the clinic where, he is informed, he is to be seen by student doctors working under staff supervision. The social worker here has an important screening function, also, since some patients present emergent problems so acute or so severe as to contraindicate junior student handling on an out-patient basis. Such patients are routed past the junior

student group and are then available either for the learning program of the psychiatric residents or are handled by the departmental staff on an out-patient, in-patient or referral-elsewhere service basis.

The charts of those patients selected for the junior student group are discussed with the students by the clinic teaching team in an intake conference, and the patient is assigned to a student who is briefed for his continuing evaluative (and/or treatment) work with the patient. The clerkship group, incidentally, is divided for its intake and clinical work into three such teaching teams, each containing a staff of psychiatrist, social worker, and part-time psychologist, and each having 10 to 12 junior medical students and 1 or 2 graduate social work students. This breakdown into smaller teaching units makes possible a considerable degree of individualized supervision of the student in his clinical work. Much of the actual instruction takes place by means of a free give-and-take discussion between instructors and students in which reactions, findings, observations, inferences, and suggestions are exchanged. The student is enabled, by the example of the social workers, for instance, to begin to examine his own reactions to particular patients, and to see himself as an integral component of the doctor-patient relationship. Specific interviewing techniques are described, and evaluated for the student's use. Specific community agencies, as they may be relevant to the case at hand, are discussed, and the student can thus learn in a meaningful way some of the functions, procedures and problems of county welfare boards, family or child welfare agencies, probation services, vocational rehabilitation agencies, and the rest of the gamut of interrelated health and welfare services of the state.

On the in-patient service an analogous situation obtains, and here the social worker assigned to the clerk's team is available to the clerk for consultation regarding his work with the families of patients. The social worker may see

relatives or other informants briefly, and responsibility for continuing work with the family is then assigned to the medical student. In this context, the student learns first hand the emotional and other reality meanings to a family of the hospitalization experience. Feelings of guilt and responsibility for the patient's condition and disinterest or resistance to involvement with the patient are seen in the family members, and the student must recognize and deal with these reactions as they are pertinent to the diagnosis, treatment, and post-hospital planning for the patient. On this service, also, the social worker is the initial person to deal with incoming requests for service, and decisions about admissions are made by the responsible medical member of the staff on the basis of data collected by the social worker. This intake process is presented in demonstration to the student group, who have an opportunity here to learn about some of the considerations pertinent to a decision about admission, and equally important, to see the way in which responsibility is assumed by the staff members for helping the referring doctors and agencies work out alternative plans for those patients who are not able to be admitted to our service.

In a recent report concerning the Pediatric Psychiatry service, we were told of the ways in which the social worker on that service, likewise, through discussion of specific patients with the students enhances their knowledge of community resources, of social welfare laws, of family and other environmental factors which are important to the patient, his family, and to the practitioner.

The content of the social worker's contribution, insofar as it can be factored out of the totality of the staff's integrated teaching activity, seems to divide itself into three principal groupings. These are:

1. attitudes on the part of the practitioner;
2. knowledge relevant for current imme-

mediate use; and

3. background knowledge of things which are important to know about for future use but which are not directly usable in the immediate student situation.

In each of these groupings, the social worker may be supplementing and enriching what the doctor is doing--giving more of the same thing the doctor is giving, as well as giving some of the specifics unique to the social worker. Under the first heading I should like to single out just one item for your consideration here. We are frequently reminded, in the literature and in our own experience with students, that medical students as a group display an extremely high anxiety level. This is related, among other things, to the expectations which the student has of himself and which he feels others have of him--both as a student and as a future doctor. These expectations, in general, tend to take on God-like proportions, with respect to performance and assumption of responsibility. While anxiety serves favorably, as a forceful motivation to diligent application, too much anxiety may have a crippling or inhibiting effect on ability to perform. In the teaching-team structure which I have outlined above, the medical student sees and experiences a reputable doctor, a member of the medical school faculty, sharing information about a patient with members of another profession, discussing alternative solutions to a patient's dilemma, and using another's specific knowledge of agency resources, practices and personnel in planning for the care of a patient. The student learns here that it is legitimate to share responsibility, that there are other professional persons available, interested, competent, to whom appropriate aspects of the total job may comfortably and ethically be delegated. Knowledge that responsibility can be shared is supportive and is certainly relevant to the situation the student will encounter as he enters into and remains in the field of general practice.

I should make explicit here that the objective of the social worker's teaching efforts is not to teach the junior medical student to be a social worker, any more than the psychiatrist is trying to teach him to be a psychiatrist per se. Rather, it is to impart some understandings of social work practice and principles which will be relevant and useful to the medical student's subsequent work as a general medical practitioner. Thus, the subject of referrals is frequently covered in the clerkship clinical discussions of specific patients and is also subject for intensive consideration in a formal class given by a social worker to each clerkship group. Social workers, like doctors, are often in the position of referring patient-clients to other facilities, and social workers are subject to the same pitfalls and the same frustrations as doctors in dealing with clients (and agencies) who do not "co-operate." Considerations of eligibility for service, the patient's feelings about the referral, who can do the indicated job most effectively, and impairment of the doctor-patient relationship when a referral backfires are some of the aspects of this subject which are brought up for the student's further understanding of the problem. Also, the professional ethics involved in the sharing of privileged information--when and what to share, and with whom and under what circumstances--these, too, are matters of concern to both the doctor and the social worker and are discussed as such.

The preceding comments have been directed at describing briefly some of the social worker's teaching activities with the undergraduate medical students. It is pertinent to note, also, the role the social worker fulfills in the training of the psychiatric resident and of other allied disciplines. Work with the resident is largely within the teaching-team structure on the in-patient service, in which situation the resident is afforded an experience in working collaboratively on a multidiscipline team in diagnosing and treating the patients assigned to him. The resident on both the in-patient and out-patient services also has the opportunity,

through joint work with a social worker on specific cases--in which he may be working with the patient while the social worker deals with significant family members--to learn the techniques as well as the pros and cons of joint treatment approaches in his field of specialization.

Since the beginning of the Social Service Department 41 years ago, medical social work students have been given fieldwork experience in that department. At present the graduate students in medical and psychiatric social work spend a school year in the department to satisfy a part of the requirements for their master's degree. All graduate students in dietetics spend a two-week period with the department. They are given an understanding of social situations, taught the functions and scope of the Social Service Department, and are instructed in some of the social work skills which will be beneficial to them in their work.

The Department participates in the teaching of nurses and aims to integrate its participation in the total program of instruction, so that the student nurse will have continuous contact with the Department throughout her full training period. The objectives are to acquaint the student nurse with social service functions, to help her become more aware of the social problems of patients and to give her a working knowledge of resources available to assist patients.

A course of one hour per week is given each winter quarter to occupational therapy students. The objectives are the same as for nurses. However, since this is a more specific field the information is directed more towards the particular interest of these students. The hospital administration students spend a block of time with the Department, as there are many areas of interest common to them and to the hospital and community social workers.

In the work with these allied disciplines the teaching content consists of orientation to the field of social

work practice, some understandings of the emotional implications of physical illness, and some specific social work knowledge for use as it is relevant to the particular field. This may range from knowledge of vocational rehabilitation programs for retraining of patients to information about participation in community welfare councils.

In our work in all of these areas, with medical students, with residents, and with the allied groups, there is an underlying conviction about the importance of the medical practitioner's role in the life of his community. The professional responsibilities imposed upon and assumed by the doctor far transcend his role as doctor per se. It is our hope that the social worker's role in the medical education program is in some measure also effective in enabling the student to prepare himself for these broader community responsibilities.

In closing, I would like to express appreciation on behalf of the staff of the Social Service Department, as well as my own personal gratitude, for the opportunity which has been afforded us here to participate in this challenging and dynamic assignment in the education of a related professional discipline. I trust that we shall continue to be able to make flexible adaptation of our offering, to the end that it will have relevance to the curriculum needs of the various departments and to the Medical School program as a whole.

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## II. MEDICAL SCHOOL NEWS

### Coming Event

June 3 Luncheon for Senior Medical Students sponsored by the Minnesota Medical Alumni Association; Junior Ballroom, Coffman Memorial Union; 12:30 p.m.

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### Dr. Foyden Honored

Approximately 150 friends participated in honoring Dr. E. A. Boyden at a dinner in the Campus Club on Tuesday evening, May 18. Professor Boyden, Head of the Department of Anatomy, will retire in June after 23 years as a professor at the University.

At the dinner it was announced that the Boyden Fund of the Minnesota Medical Foundation, contributed by friends, has been invested in the Anatomy Seminar Room for the purpose of reflecting Dr. Boyden's interest in this room as a center of the life of the Department.

The fund has provided for: purchase of a special bookplate designed by Edward V. Brewer; binding of three sets of journals (The Anatomical Record, The American Journal of Anatomy, and The Journal of Comparative Neurology) presented to the Department of Anatomy by Professor Boyden; subscription to next succeeding volumes of these journals; restoration (by Mr. Brewer) of two oil paintings (Prometheus and Ulysses) owned by the Department; and preparation of enlarged photographs of four of Dr. Boyden's colleagues, Professors Hal Downey, Olof Larsell, and Andrew T. Rasmussen, and the late Professor Richard E. Scammon.

Beginning in September, Dr. Boyden will carry on his teaching and research as a visiting professor of anatomy in the University of Washington Medical School, Seattle.

\* \* \*

### Exeunt

One standard by which the excellence of a medical school may be measured is the frequency with which members of its faculty are called upon to accept positions of greater responsibility at other institutions. In past years, many members of our faculty have left to assume such positions. This year is no exception, for once again a number of our faculty have gained recognition of this type.

Dr. Arnold J. Kremen will become Chief of the Surgical Service at the Frances Delafield Cancer Hospital in New York City on July 1. He will also serve as Professor of Surgery in the Columbia University College of Physicians and Surgeons and Attending Surgeon at the Presbyterian Hospital. At present an Associate Professor in our Department of Surgery, Dr. Kremen has been associated with that department in various capacities since 1938 except for three and one-half years spent in military service. Since 1951 he has been director of surgical research and teaching at Mount Sinai Hospital in Minneapolis.

Dr. Roy G. Holly leaves on September 1 to become Professor of Obstetrics and Gynecology at the University of Nebraska Medical School in Omaha. Dr. Holly has been associated with our Department of Obstetrics and Gynecology since his graduation from the University of Minnesota Medical School in 1943, as an intern, fellow,

and staff member. At the present time he is an Associate Professor.

Dr. Charles Van Buskirk will head the Division of Neurology at the University of Maryland Medical School beginning July 1. Dr. Van Buskirk served as a fellow in the Department of Anatomy from 1941 to 1943. He has been with the Division of Neurology since 1948, becoming an Assistant Professor in November, 1952.

Doctors Kremen, Holly, and Van Buskirk have each, in their respective fields, made important contributions to research and teaching of the University of Minnesota Medical School. They will be missed for both professional and personal reasons. We all join in offering them our best wishes for the future success we know will be theirs.

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#### Faculty News

The Department of Medicine was well represented at the meetings of the American Society for Clinical Investigation held on May 3 and the Association of American Physicians held on May 4 and 5 in Atlantic City. Among those attending were: Doctors C. J. Watson, Wesley W. Spink, Frederick W. Hoffbauer, Robert I. Wise, Paul Frick, Rudi Schmid, N. L. Gault, Max Weil, Lionel McLeod, Carl Alexander, B. J. Kennedy, Robert Abernathy, Leslie Zieve, Frank MacDonald, Paul Hagen, Morris Sherman, and Paul Lowry. Dr. Watson was elected Councillor for the Association of American Physicians.

Dr. Ruth E. Boynton, Director of the Students' Health Service, and Mr. Richard G. Bond, Public Health Engineer, represented the Health Service at the Fourth National Conference on Health in Colleges, which was held in conjunction with the annual meeting of the American College Health Association in New York, May 5-8, 1954. President James L. Morrill served as President of this Conference, the first to be held since 1947.

Mr. George S. Michaelsen, Assistant Professor and Industrial Health Engineer on the staff of the Students' Health Service, presented a paper entitled "The Health Service and the Safety Program" at a Conference on Campus Safety at the University of Illinois held from May 10 to 13. This Conference was sponsored by the Safety and Fire Prevention Board and the National Safety Council. Mr. Michaelsen will attend a symposium on Instrumentation for Industrial Hygiene from May 23 to 28 to be held at the University of Michigan. At this symposium instruments which have been developed on this campus will be displayed, and the radiation protection program of the University of Michigan will be studied.

Dr. Jack Friedman, Clinical Instructor, Department of Radiology, addressed the Chicago Orthopedic Society on May 14 on the subject "Technique of Discography."

A recent visitor to the Department of Bacteriology and Immunology was Mr. Robert Gerloff, Rocky Mountain Laboratory, Hamilton, Montana.

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III.

UNIVERSITY OF MINNESOTA MEDICAL SCHOOL

WEEKLY CALENDAR OF EVENTS

Physicians Welcome

May 24 - 29, 1954

Monday, May 24

Medical School and University Hospitals

- 9:00 - 9:50 Roentgenology-Medicine Conference, L. G. Rigler, C. J. Watson and Staff; Todd Amphitheater, U. H.
- 9:00 - 10:50 Obstetrics and Gynecology Conference; J. L. McKelvey and Staff; W-612 U. H.
- 10:00 - 12:00 Neurology Rounds; A. B. Baker and Staff; Station 50, U. H.
- 11:30 - Tumor Conference; Doctors Hitchcock, Zimmermann, and Stenstrom; Todd Amphitheater, U. H.
- 11:30 - 12:30 Physical Medicine Seminar; Physical Demands -- Winifred Johnson; Job Opportunities -- Borghild Hansen; Heart Hospital Auditorium.
- 12:15 - Obstetrics and Gynecology Journal Club; Staff Dining Room, U. H.
- 12:30 - 1:30 Physiology Seminar; Biochemical Stability of DNA; Christine Jardtzy; 214 Millard Hall.
- 1:30 - 2:30 Pediatric-Neurological Rounds; R. Jensen, A. B. Baker and Staff; U. H.
- 1:30 - 3:30 Dermatology Hospital Rounds; H. E. Michelson and Staff; Dermatology Histopathology Room, M-434, U. H.
- 4:30 - Infectious Disease Rounds; Station 43, U. H.
- 4:30 - Public Health Seminar; An Appraisal of Mental Health Practices in Public Health; Seymour D. Vestermark; 15 Owre Hall.
- 5:00 - 6:00 Physiology-Surgery Conference. Todd Amphitheater, U. H.
- 5:00 - 6:00 Urology-Roentgenology Conference; C. D. Creevy, O. J. Baggenstoss, and Staff; Eustis Amphitheater.

Ancker Hospital

- 8:30 - 10:00 Tuberculosis and Chest Conference; Auditorium.
- 2:00 - 3:00 Surgery Journal Club. Classroom.

Minneapolis General Hospital

- 9:30 - Pediatric Rounds; Richard Raile; Station K.
- 10:30 - 12:00 Medicine Rounds; Thomas Lowry; Station F.
- 11:00 - Orthopedic and Fracture Rounds; Drs. John Moe and Arthur Zierold; Station B.
- 11:00 - Pediatric Seminar; Erling Platou; Classroom, Station M.
- 12:30 - Surgery Grand Rounds; Dr. Zierold; Station E.

Monday, May 24 (Cont.)

Minneapolis General Hospital (Cont.)

- 1:30 - 2:30 Tuberculosis Conference; J. A. Myers; Station M.
- 2:00 - Pediatric Rounds; Stations I and J.

Veterans Administration Hospital

- 9:30 - Infectious Disease Rounds; Drs. Hall, Zinneman, Lubin and Sherman.
- 1:30 - Cardiac Conference; Drs. Berman, Smith, Hoseth, Simonson, and Wexler; Conference Room, Bldg. I; Rounds immediately following conference.

Tuesday, May 25

Medical School and University Hospitals

- 9:00 - 9:50 Roentgenology-Pediatric Conference; L. G. Rigler, Irvine McQuarrie and Staffs; Eustis Amphitheater, U. H.
- 12:30 - 1:20 Pathology Conference; Autopsies; J. R. Dawson and Staff; 102 Institute of Anatomy.
- 12:30 - 1:30 Bacteriology Seminar; 214 Millard Hall.
- 3:30 - Pediatric Seminar; Subject to be announced; Marjorie Keele, Sixth Floor, U. H.
- 3:30 - Biophysics-General Physiology Seminar; 323 Zoology Building.
- 4:00 - 5:00 Pediatric Rounds on Wards; Irvine McQuarrie and Staff; U. H.
- 4:30 - 5:30 Clinical-Medical Pathological Conference; Todd Amphitheater, U. H.
- 5:00 - 6:00 X-ray Conference; Presentation of Cases from Mt. Sinai Hospital; Drs. Friedman and Johnson; Eustis Amphitheater, U. H.

Ancker Hospital

- 8:00 - 9:00 Fracture Conference; Auditorium.
- 9:00 - 10:00 Medical X-ray Conference; Auditorium.

Minneapolis General Hospital

- 9:30 - Pediatric Rounds; Elizabeth Lowry; Station J.
- 9:30 - 10:30 Obstetrics and Gynecology Staff Rounds; William P. Sadler and Staff; 301 Harrington Hall.
- 10:00 - Psychiatry Grand Rounds; R. W. Anderson; Station H.
- 10:00 - Cardiac Rounds; Paul F. Dwan; Classroom, Station I.
- 11:00 - 12:00 Medicine-Surgery Conference; Classroom, Station M.
- 12:30 - 2:30 Dermatology Rounds on Clinic; Carl W. Laymon and Staff.
- 12:30 - ECG Conference; Boyd Thomes and Staff; 302 Harrington Hall.
- 1:00 - Tumor Clinic; Drs. Eder, Coe, and Lipschultz; Classroom.
- 3:30 - Pediatric-Psychiatry Rounds; Jack Wallinga; Station I.

Veterans Administration Hospital

- 7:30 - Anesthesiology Conference; Conference Room, Bldg. I.
- 8:30 - Surgery Staff Seminar; Conference Room, Bldg. I.

Tuesday, May 25 (Cont.)

Veterans Administration Hospital (Cont.)

- 9:30 - Surgery-Pathology Conference; Conference Room, Bldg. I.  
10:30 - Surgery-Tumor Conference; L. J. Hay, J. Jorgens and Donn Mosser;  
Conference Room, Bldg. I.  
1:00 - Review of Pathology, Pulmonary Tuberculosis; Conference Room, Bldg. I.  
1:30 - Combined Medical-Surgical Chest Conference; Conference Room, Bldg. I.  
2:00 - 2:50 Dermatology and Syphilology Conference; H. E. Michelson and Staff;  
Bldg. III.  
4:00 - Thoracic Surgery Problems; Conference Room, Bldg. I.

Wednesday, May 26

Medical School and University Hospitals

- 8:00 - 9:00 Roentgenology-Surgical-Pathological Conference; Paul Lober and L. G.  
Rigler; Todd Amphitheater, U. H.  
11:00 - 12:00 Pathology-Medicine-Surgery-Pediatrics Conference; Todd Amphitheater,  
U. H.  
12:30 - 1:20 Radioisotope Seminar; Underground Cobalt Unit, U. H.  
12:30 - 1:30 Physiology 114C--Respiration; E. B. Brown; 214 Millard Hall.  
1:00 - 2:00 Dermatology Clinical Seminar; F. W. Lynch; 300 North Clinic.  
1:30 - 2:30 Physiology 114B--Transport Seminar; Nathan Lifson and M. B. Visscher;  
271 Lyon Laboratories.  
1:30 - 3:00 Pediatric Allergy Clinic; Albert V. Stoesser and Lloyd Nelson;  
W-211, U. H.  
3:30 - 4:30 Dermatology-Pharmacology Seminar; 3rd Floor Conference Room, Heart  
Hospital.  
4:30 - 5:50 Dermatology-Infectious Disease Seminar; J. D. Krafchuk; 3rd Floor,  
Conference Room, Heart Hospital.  
5:00 - 5:50 Urology-Pathological Conference; C. D. Creevy and Staff; Eustis  
Amphitheater, U. H.  
5:00 - 6:00 Residents' Lecture; Economic Aspects of Radiologic Practice; John P.  
Medelman; Todd Amphitheater, U. H.  
5:30 - 7:30 Dermatology Journal Club and Discussion Group; Hospital Dining Room.  
7:30 - 9:30 Dermatology Seminar; Review of Interesting Slides of the Week; Robert  
W. Goltz; Todd Amphitheater, U. H.

Ancker Hospital

- 8:30 - 9:30 Clinico-Pathological Conference; Auditorium.  
12:30 - 1:30 Medical Journal Club; Library.

Minneapolis General Hospital

- 8:30 - 9:30 Obstetrical and Gynecological Grand Rounds; William P. Sadler and  
Staff; Station C.  
9:30 - Pediatric Rounds; Henry Staub; Station I.  
10:30 - 12:00 Medicine Rounds; Thomas Lowry and Staff; Station D.

Wednesday, May 26 (Cont.)

Minneapolis General Hospital (Cont.)

- 12:30 - Pediatric Staff Meeting; Classroom; Station I.
- 1:30 - Pediatric House Staff Seminar; Erling Platou; Station I.
- 1:30 - Pediatric Rounds; Erling Platou; Classroom, Station I.
- 2:00 - 5:00 Infectious Disease Rounds and Conference; Wesley W. Spink; Station 100.

Veterans Administration Hospital

- 8:30 - 10:00 Orthopedic X-ray Conference; E. T. Evans and Staff; Surgical Conference Room, Bldg. 43.
- 8:30 - 12:00 Neurology Rehabilitation and Case Conference; A. B. Baker.
- 9:00 - Gastro-Intestinal Rounds; Drs. Wilson, Zieve, Hay, Brakel, Nesbitt and O'Leary.
- 11:00 - Gastroenterology Conference; Conference Room, Bldg. I.
- 12:30 - Medical Journal Club; Doctors' Dining Room.
- 12:30 - X-ray Conference; J. Jorgens; Conference Room, Bldg. I.
- 1:30 - 3:00 Metabolic Disease Conference; Drs. Flink, Schultz and Brown.
- 3:30 - Urology Pathology Slide Conference; Dr. Gleason; Conference Room, Bldg. I.
- 7:00 - Lectures in Basic Science of Orthopedics; Conference Room, Bldg. I.

Thursday, May 27

Medical School and University Hospitals

- 9:00 - 11:50 Medicine Ward Rounds; C. J. Watson and Staff; E-221, U. H.
- 11:00 - 12:00 Cancer Clinic; K. Stenstrom, A. Kremen and B. Zimmermann; Todd Amphitheater, U. H.
- 12:00 - 1:00 Medical Journal Club; 116 Millard Hall.
- 12:30 - 1:30 Electrocardiography Conference; Ernst Simonson; Staff Room, Cardiac Clinic, Heart Hospital.
- 12:30 - Physiological Chemistry Seminar; Nutritional Effects of Yeast Protein; John Shefveld; 214 Millard Hall.
- 1:30 - 4:00 Cardiology X-ray Conference; Heart Hospital Theatre.
- 5:00 - 6:00 Radiology Seminar; Congenital Diverticula of the Small Bowel; Warren Kump; Eustis Amphitheater, U. H.

Ancker Hospital

- 8:00 - 10:00 Medical Grand Rounds; Auditorium.

Minneapolis General Hospital

- 9:30 - Neurology Rounds; Heinz Bruhl; Station I.
- 9:30 - Pediatric Contagion Rounds; R. B. Raile; Station K.
- 10:00 - Psychiatry Grand Rounds; R. W. Anderson and Staff; Station H.
- 11:30 - 12:30 Clinical Pathological Conference; John I. Coe; Classroom.
- 12:30 - 2:30 Dermatology Rounds and Clinic; Carl W. Laymon and Staff.
- 1:00 - Fracture - X-ray Conference; Drs. Zierold and Moe; Classroom.
- 1:00 - House Staff Conference; Station I.

Thursday, May 27 (Cont.)

Veterans Administration Hospital

- 8:00 - Surgery Grand Rounds; Conference Room, Bldg. I.
- 8:00 - Surgery Ward Rounds; Lyle Hay and Staff; Ward 11.
- 8:30 - Hematology Rounds; Drs. Hagen and Fifer.
- 11:00 - Surgery-Roentgen Conference; J. Jorgens; Conference Room, Bldg. I.
- 1:00 - 3:00 Bacteriology Conference; Tuberculosis; Wendell Hall; Conference Room, Bldg. I.
- 4:00 - Medical-Surgical Conference; Conference Room, Bldg. I.

Friday, May 28

Medical School and University Hospitals

- 8:00 - 10:00 Neurology Grand Rounds; A. B. Baker and Staff; Station 50, U. H.
- 9:00 - 9:50 Medicine Grand Rounds; C. J. Watson and Staff; Todd Amphitheater, U.H.
- 10:30 - 11:50 Medicine Rounds; C. J. Watson and Staff; Todd Amphitheater, U. H.
- 10:30 - 1:50 Otolaryngology Case Studies; L. R. Boies and Staff; Out-Patient Department, U. H.
- 11:00 - 12:00 Vascular Rounds; Davitt Felder and Staff Members from the Departments of Medicine, Surgery, Physical Medicine, and Dermatology; Eustis Amphitheater, U. H.
- 11:45 - 12:50 University of Minnesota Hospitals Staff Meeting; The Roentgen Diagnosis of Gastric Tumors; Leo G. Rigler, John Amberg, Donn G. Mosser; Powell Hall Amphitheater.
- 1:00 - 2:50 Neurosurgery-Roentgenology Conference; W. T. Peyton, Harold O. Peterson and Staff; Todd Amphitheater, U. H.
- 1:30 - 2:30 Dermatology Grand Rounds; Presentation of Cases from Grouped Hospitals (University, Ancker, General and Veterans) and Private Offices; H. E. Michelson and Staff; Eustis Amphitheater, U. H.
- 2:30 - 4:00 Dermatology Hospital Rounds; H. E. Michelson and Staff; Begin at Dermatological Histopathology Room, M-434, U. H.
- 3:00 - 4:00 Neuropathological Conference; F. Tichy; Todd Amphitheater, U. H.
- 3:30 - 4:30 Dermatology-Physiology Seminar; 3rd Floor Conference Room, Heart Hospital.
- 4:00 - 5:00 124 Advanced Neurophysiology Lecture; Werner Koella and Ernst Gellhorn; 111 Owre Hall.
- 4:30 - 5:20 Ophthalmology Ward Rounds; Erling W. Hanson and Staff; E-534, U. H.
- 5:00 - Urology Seminar and X-ray Conference; Eustis Amphitheater, U. H.

Ancker Hospital

- 1:00 - 3:00 Pathology-Surgery Conference; Auditorium.

Friday, May 28 (Cont.)

Minneapolis General Hospital

- 9:30 - Pediatric Rounds; Elizabeth Lowry; Station J.
- 10:30 - Pediatric Surgical Conference; Tague Chisholm and B. Spencer; Classroom, Station I.
- 12:00 - Surgery-Pathology Conference; Dr. Zierold, Dr. Coe; Classroom.
- 1:00 - 3:00 Clinical-Medical Conference; Thomas Lowry; Classroom, Station M.
- 1:30 - Pediatric Contagion Rounds; L. Wannamaker; Station K.

Veterans Administration Hospital

- 10:30 - 11:20 Medicine Grand Rounds; Conference Room, Bldg. I.
- 1:00 - Chest Follow-up Conference; E. T. Bell; Conference Room, Bldg. I.
- 2:00 - Autopsy Conference; E. T. Bell; Conference Room, Bldg. I.

Saturday, May 29

Medical School and University Hospitals

- 7:45 - 8:50 Orthopedic X-ray Conference; W. H. Cole and Staff; M-109, U. H.
- 9:00 - 10:30 Pediatric Grand Rounds; Eustis Amphitheater, U. H.
- 9:00 - 11:50 Medicine Ward Rounds; C. J. Watson and Staff; Heart Hospital Amphitheater.
- 9:15 - 10:00 Surgery-Roentgenology Conference; L. G. Rigler, J. Friedman, Owen H. Wangenstein and Staff; Todd Amphitheater, U. H.
- 10:00 - 11:30 Surgery Conference; Todd Amphitheater, U. H.
- 10:00 - 12:50 Obstetrics and Gynecology Grand Rounds; J. L. McKelvey and Staff; Station 44, U. H.
- 11:30 - Anatomy Seminar; The Effects of Adrenal and Hypophyseal Hormones Upon the Adrenal of the Fetal Rat; Albina Yakaitis; 226 Institute of Anatomy.

Ancker Hospital

- 8:30 - 9:30 Surgery Conference; Auditorium.

Minneapolis General Hospital

- 8:00 - Urology Staff Conference; T. H. Sweetser; Main Classroom.
- 9:00 - Psychiatry Grand Rounds; R. W. Anderson; Station H.
- 9:30 - Pediatric Rounds on all Stations; R. B. Raile.
- 11:00 - 12:00 Medical - X-ray Conference; O. Lipschultz, Thomas Lowry and Staff; Main Classroom.

Veterans Administration Hospital

- 8:00 - Proctology Rounds; W. C. Bernstein and Staff; Bldg. III.
- 8:30 - Medical X-ray Conference; Conference Room, Bldg. I.