

Final Report of Observations and Recommendations  
Concerning

THE COLLEGE OF MEDICINE  
SEOUL NATIONAL UNIVERSITY  
SEOUL, KOREA

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Under the University of Minnesota-International Cooperation  
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PREFACE

The Seoul National University Cooperative Project contract was established in September, 1954, to assist in the strengthening of education and research at Seoul National University through a program of faculty exchange, rehabilitation, and re-equipment in selected Colleges, including the College of Medicine. The University of Minnesota College of Medical Sciences faculty, under the leadership of Dean Harold S. Diehl, agreed to the feasibility of the activities proposed for the SNU College of Medicine after studying the observations made in Korea earlier in 1954 by Dr. Gaylord Anderson. Dr. Anderson, Director of the University of Minnesota's School of Public Health, has served continuously since 1954 as the Project's Adviser in Medicine on the Minneapolis campus.

Most of the plans agreed upon in the original negotiations were put into effect within the first year. Included among them was a decision not to send Minnesota staff to Korea until a majority of the Korean faculty scheduled for exchange had returned to Seoul, or until the major rehabilitation and re-equipment steps had been taken. Progress made during the period covered by these early policies has been described in the Semi-Annual Reports submitted between April 19, 1955 and April 19, 1956.

From April to July, 1956, Minnesota's Assistant Dean of Medical Sciences, Dr. William F. Maloney, visited Korea to evaluate nation-wide medical education methods, re-examine College conditions, and report in detail upon the accomplishments and needs under the Project and within the College. After studying his report and other data, it was agreed that the medical portion of the original three-year contract should be extended together with the other portions for another two years, until September, 1959. Dr. Maloney's observations and sound recommendations also established the foundation upon which most of the succeeding medical activities of the Project have been planned by Minnesotans serving in Korea.

Later in 1956 it was suggested that the advisers requested in specific specialties should go to Korea as a team, to demonstrate an integrated multidisciplinary approach to the administrative and technical problems reported. Thus far, the following staff members have been selected for this purpose:

- Miss Margery Low, Adviser in Nursing from 1 January 1957 to 10 February 1959.
- Mr. Glenn R. Mitchell, Adviser in Hospital Administration from 2 May 1957 to 10 December 1958.
- Dr. James H. Matthews, Over-all Adviser in Medicine and Adviser in Anesthesiology from 2 May 1957 to 6 December 1958.
- Dr. E. B. Flink, Adviser in Internal Medicine from 1 August 1957 to 18 February 1958.
- Dr. George Schimert, Adviser in Surgery from 6 July 1958 to 6 July 1959.
- Dr. E. B. Brown, Jr., Adviser in Physiology from 25 July 1958 to 12 February 1959.

Each adviser has submitted one or more individual reports upon activities in his concerned area of the medical sciences, or will do so at the appropriate time. Read together, these present a clear picture of the College. This report differs in one respect, however, because the writer was also acting in a role recognized as a contract need earlier, assigned by Dean Diehl, and described by Dr. Maloney as follows:

"Of additional assistance to all concerned would be the presence of one individual over a long period of time to provide liaison with the whole Seoul National University faculty. He could provide counsel to other Minnesota faculty here for shorter terms, facilitate their orientation and provide continuity and integration of their effort."

Preparation for the assignment was accomplished through study of the reports mentioned above and through conferences with Dean Diehl, Dr. Anderson, Dr. Maloney, others of the University of Minnesota staff and with the Korean faculty studying in Minnesota at the time. Special attention was paid to literature and equipment needs. The daily opportunity to review detailed plans and to prepare for the trip with SNU's Anesthesiologist, Dr. RHEE Dong Shik, was extremely valuable. Of later significance was the fact that the first three advisers to arrive met informally and often before leaving Minneapolis to study and discuss the accumulated data on the Project. It was during these sessions that the decision was made to adapt the recommendations of Dr. Maloney into the principal work objectives of the team. An abstract of his guides appears as Appendix II.

Upon arrival in Seoul further briefing was provided by the staff of the College of Medicine and by Dr. Arthur E. Schneider, Chief Adviser in Korea for the Project. It was immediately apparent that the constant improvement and change of local conditions necessitated continued modification of the original objectives, and the addition of new ones. (The success of some of the earlier recommendations has been described in the 1957 and 1958 Semi-Annual Reports written during the team's tenure in Korea.) Many acceptable ideas were awaiting the perfection of supplementary details only, having been approved in principle by the faculty before the team arrived. In particular, however, Dean MYUNG Choo Wan and Hospital Superintendent KIM Dong Ik stressed in the earliest conferences that the major attention of the team should be directed initially toward the activities in the University Hospital and in the School of Nursing.

Consequently, regular meetings, interviews, and other methods of work described in the report were instituted to provide adequate opportunities for study of these areas first, and the other features of the College at later dates. The status of the College also was compared with that of other medical installations throughout Korea and Asia during a number of inspection and study tours, each of which has been described in a separate report. Miscellaneous contacts with individuals and organizations interested in professional health education, and information furnished by the O.E.C., have assisted in giving a more accurate impression of the College, general educational processes and Korean culture.

The pursual of the work thus outlined by the faculty and Project advisers has been stimulating, consuming and pleasant. The cooperation and hospitality of the College staff have made it so. Much of what has been learned and done also can be traced to the skillful, effective guidance of Dr. Schneider. His

attentiveness to problems and support of suggestions has been most reassuring and fruitful. Now, with his approval, the responsible task of reporting upon activities has been approached with several purposes in mind.

In the past the report medium has served the College and Project primarily by crystalizing the major observations and recommendations of advisers into written form, so that they might be more clearly understood, translated, and discussed extensively around the conference table with the Korean staff concerned. Experience has indicated that acceptable and practicable recommendations are more quickly implemented within the College program when handled in this way. In the instance of the current team reports, it is particularly important that this process be capitalized upon, for the conference feature provides a significant opportunity for the whole team to demonstrate an integrated concept of education and administration in matters that have been of intimate concern for the eighteen months during which they have been studied together. The recommendations are presented with this purpose in mind.

Another use of the reports has been to inform responsible authorities in Korea and in the United States of significant changes which are occurring here, and of the areas where continued or additional assistance is needed. Such details have not been recorded by visiting medical specialists since 1956. They are most needed now, since another extension of the contract is being considered.

The reports commonly have served as guides from which succeeding advisers can learn the plans of the College and something more of the areas which will need their immediate or special attention. Circumstances have favored the collection of data for this report purpose. During the January to June, 1958 period, crucial decisions were required regarding program plans for fiscal years 1957, 1958 and part of 1959. Since May, 1958, very serious and extensive consideration has been given to the need and desirability of another contract extension, and therefore, the plans for FYs 1959, 1960 and 1961. The informations gained in the College-wide inventory, evaluation and planning processes thus required has given additional depth and projection to the reports.

In presenting such material to both Koreans and Americans it has been deemed advisable to present the recommendations in conjunction with the observations and interpretations which deal with each facet of the College.

It is sincerely hoped that the views expressed here will prove useful to the College, and that the continued interest and assistance of all concerned with the Project will result in the successful and early fulfillment of the basic contract objectives.

## ACKNOWLEDGEMENTS

I would like to express my deep appreciation to everyone responsible for the many very pleasant, rich and satisfying experiences which have characterized service with the Cooperative Project. Among those who motivated, sustained, approved and guided my activities, I am particularly anxious to acknowledge and thank:

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It has been a pleasure to work with such people as these. I highly recommend the experience to others at the University of Minnesota College of Medical Sciences.

J.H.M.

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## I. INTRODUCTION

The College of Medicine has a long and interesting history. The following notes emphasize two characteristics which are pertinent today:

- 1) The faculty always has occupied a unique position at the pinnacle of professional health education endeavors sponsored by the governments of Korea.
- 2) Until recently, the faculty has been oriented almost exclusively toward the systems and practices used in Japan, as modified from those used in Germany.

1899: The Kwang Jae Won (Broad Salvation Institute) was founded by the government under the reign of King Kojong, the last King of the Yi Dynasty. Duties were medical treatment, control of private drug manufacture, drug analysis, vaccination and veterinary treatment. This was the first and only government health institution for some time.

1907: Coincident to the creation of the Dai Han Empire (the puppet Japanese government), the institution became the Dai Han Hospital. The Japanese Advisory Group placed outstanding personnel in charge of the program, and built a new hospital and ward buildings. Other buildings were added during the year to provide for education and public hygiene programs. This is considered as the beginning of the government medical education program for Koreans.

1908: The section devoted to public hygiene was transferred to the Bureau of Public Hygiene, Ministry of Home Affairs. The Section on education was reformed and relabeled: "The Attached Medical School of the Dai Han Hospital."

1910: The Dai Han Empire gave way to full occupation by the Japanese, and the Hospital was renamed: "The Chosun Colonial Government Hospital," to which the educational "Institute of Medicine, Chosun Colonial Government Hospital" was attached. Additional Japanese educators were brought here.

1916: The two divisions separated and were renamed: "Seoul Junior Medical College" and "Chosun Colonial Government Hospital." The training of nurses and midwives began in the Hospital.

1926: Keijo (Seoul) Imperial University, one of six Imperial Universities in the entire Japanese Empire through 1945, was created with courses in medicine, law, and literature. The Hospital became "attached" to the six year College of Medicine. The Junior College was abolished.

1927: The "Seoul Junior Medical College" was reformed as a four year school, and was linked to the Keijo Imperial University College of Medicine and Attached Hospital to provide clinical teaching for its students. No further organizational changes occurred until the Liberation in 1945.

The next "Statement of the History of the College of Medicine"<sup>1</sup> identifies, in their own words, the major problems encountered by the faculty between 1945 and 1954.

"Seoul National University College of Medicine was organized in October 1945 under Act No. 102 of U. S. Military Government in Korea and utilized the buildings and equipment of the former Keijo Imperial University Faculty of Medicine left by the Japanese at the time of Liberation of Korea after War II. This college forms one of 12 colleges of Seoul National University. The University is under the administration of the Minister of Education of the Republic of Korea Government.

"This college has endeavored to be the medical center of Korea since its establishment in October 1945. However, the Communist invasion in June 1950 to Seoul and South Korea forced this college to evacuate to Pusan, temporary capital of the Republic of Korea. The equipment and books were left in Seoul. Students and teaching staff were scattered throughout the country. The school discontinued operation for nearly one year and reopened in June 1951 in Pusan City. During this period many staff members volunteered for military service as medical officers and their services were distinguished. As for the students, nearly 200 among 470 registered volunteered for military service.

"In the early phase of the Korean War until September 1950 the faculty was trapped in Seoul under the rule of Communist North Korea. Communist North Korea, retreating from Seoul in September 1950, arrested and took with them nearly 70 staff members of this college to compensate for their shortage of medical doctors. About 100 students were also abducted. Some of the staff members and students came back to this college when U. N. Forces pushed through to the north of the 38th parallel. Many of them, including five professors, are still missing.

"This college returned to the original site of the school in Seoul after taking refuge in Pusan City for 3 years, in September 1953. At that time all school buildings including the University Hospital were under use by the 5th U. S. Air Force. The school continued in one corner of the College of Liberal Arts and Sciences buildings of this University until March 1954 when the 5th U. S. Air Force evacuated the College of Medicine buildings. This college removed to its original buildings on 1 March 1954. All buildings were completely empty without remnant of the equipment or furniture. Here the rehabilitation of the college began and it continues to the present."

The activities occurring since 1954 have been noted in the periodic reports submitted from the Project.

Any discussion of the program undertaken by the College should reckon with the fact that plans have been made or influenced by at least three major groups working at distinct intervals, sometimes with different points of view:

<sup>1</sup>"Catalogue, Seoul National University, 1956-1957."

1) The faculty nucleus attempting to continue educational activities in temporary quarters at Pusan City drew up the initial plan of rehabilitation during the earliest months of the War. These were aimed at replacing the program interrupted by War. Discussions were held with various United Nations relief agencies as soon as possible, and the emergency assistance immediately provided helped to sustain teaching at a minimal level until 1954. It did not attack the long-range problems facing the faculty or revise many established concepts. Contact with much of the progress occurring elsewhere in the world also was lost during this period.

2) During the final months of the fighting the Korean Government invited a special "WHO/UNKRA HEALTH PLANNING MISSION" to conduct a complete survey of national health affairs, including health education, and to recommend such measures as seemed appropriate to the establishment of a modern system of public and personal health care. The extant and future status of the institution was carefully considered for the second time during this study.

When the Mission report<sup>2</sup> was submitted in 1952, one section on education stressed that highest national priority should be given to the immediate and full restoration of educational activities at this particular College, the traditional medical center of Korea. Another section proposed the transfer of all teaching hospitals from the control of the Ministry of Education to that of the Ministry of Health/Social Affairs, and the creation of an inter-Ministry coordinating agency to handle basic health education matters, as done in many European countries. The list of fundamental recommendations was supplemented by a detailed scheme of immediate and long-range steps which tended to provide for complete restoration of the College. It was an appealing plan, which the faculty has never forgotten. A few pertinent excerpts appear in Appendix I to this report.

The extent to which all the Mission's recommendations were acceptable to the Government is not clear. Certainly the transfer of hospital control was not effected. A variety of other circumstances also thwarted implementation of the specific measures favoring the College. One of the most insurmountable obstacles probably was imposed by the occupation of the University's buildings by U. S. Army and Air Forces between 1952 and 1954. During that time and afterward aid projects originally designed for this College by UNKRA were necessarily diverted to other institutions, in two Ministries.

3) The third phase of planning began after the faculty reclaimed its area in 1954 and after the authorities negotiated this Cooperative Project contract. The role of the Project, stated in the Preface, provides for the continuous assessment of needs and the implementation of plans on a year by year basis. Planning is a continuous process which follows guides established within the College with visiting advisors following one central theme: Adequate information and discussion will reveal the plans best suited to the College, regardless of their country of origin.

(Of all the plans to assist, the differences between those developed in the Cooperative Project year by year, and those proposed in mass by the WHO/UNKRA Mission have assumed significance worthy of comment here. Although the Project provisions for faculty exchange, rehabilitation, and re-equipment

<sup>2</sup> "Report of the WHO/UNKRA Health Planning Mission in Korea, November 1952."

resemble UNKRA's basic scheme, the detailed steps actually agreed upon and feasible to the Korean and American sides of the Project render the Project considerably smaller in size and scope. There is a noticeable absence of the embellishments which would be available to an integrated inter-Ministry medical center program. This has been particularly disappointing and sometimes irritating to the faculty members who believe erroneously that the Project was conceived out of UNKRA to build, equip, and operate an institution like the present Ministry of Health National Medical Center, without inter-Ministry cooperation and financing. Since the objectives of the College do require the ultimate re-establishment of a complete medical center, their feeling is understandable.)

Discussion of the program of the College also requires some insight into the nation-wide professional health education program, and a sense for the vital role of Seoul National University in over-all progress:

In retrospect it appears that knowledge of conditions outside the College is acquired adequately during the course of daily work within the premises. In many ways this is not surprising since the institution does occupy the position of prominence which involves it in all important activities. Of course the general nature of Korean culture, educational methods, and health problems are well represented here. In addition, however, it now appears that a number of factors tend to restrict the development of any individual institution's character and policy, and to impose the same rate of progress and general problems upon all nationalized medical schools. Because of this, frequent outside trips for purposes of comparison and study are less necessary than might be imagined.

The sum of outside and inside experiences confirms the impression generally held by foreign observers: that leveling, restricting, influences upon any ambitious program tend to come from the long Japanese occupation, the withdrawal of experienced Japanese administrators and technicians, the War and existing armed truce, economic instability or uncertainty, widespread poverty, and a closely centralized form of democratic government control over all affairs, including education. Examples of the ways in which these factors influence the College and are being overcome by the College are incorporated within the body of this report. A number of English language documents of the O.E.C. describe the impressive and successful steps being taken to overcome these limitations elsewhere in the nation.

Judging from all sources, including the surveys made in 1956 by Dean Maloney and in 1952 by WHO/UNKRA, it can be said that 1) commendable progress has been made toward recovery from the effects of the War, 2) certain features of Korean medical education practices raise the standard in those areas far above that prevalent in 1950, despite the limitations listed above, and 3) there still is much that is needed to provide the nation with the health care that it requires and that its leaders wish it to have.

For example, major benefits have followed upon the return of senior faculty members from the armed services and the numerous foreign training programs provided to refreshen and re-orient the staff. The fixed number of post-war

faculty positions has been filled; every medical school has developed temporary means of employing some of the additional faculty numbers required to teach new specialty and basic science interests. Inter-school discussions are under way to devise means of increasing the number of permanent faculty positions over a six year period in all medical schools. Other negotiations promise to secure the release of essential junior faculty members from the military service.

Throughout the nation the exchange of ideas between and within specialty groups is being led by medical school faculty members. Organizational and individual contacts are being re-established in the national and international scientific community through wider attendance at more frequent meetings, and, just as significantly, through replacement of Korean and foreign language scientific journals and library services.

The nearly complete rehabilitation and re-equipment of student laboratories and teaching hospital facilities have increased the quality, quantity, and variety of instruction that was available a few years ago. The number of didactic hours has been decreased and the amount of time nurse and medical students spend with patients has increased.

Stabilization of the armed forces now permits a reduction in the number of medical students to a level more compatible with the size of the schools, but the reduction has not occurred in every school. Nursing students have increased favorably in number, largely due to improvement in the status of the nursing profession in Korea; and collegiate programs in nursing are available to a much larger number of students than ever before. Graduate students of reasonable quality are now available to conduct research or provide fresh faculty members. Research opportunities are scanty, however, for everyone.

Apparently the standard of care given in teaching hospitals also has improved in conjunction with all these changes.

The chief complaints of the colleges are financial in nature. Direct observations support the contention that additional funds would solve most problems, and raise the question of whether the progress achieved in faculty and physical plant development already has outstripped the economic base of medical education in Korea. For example, some institutions are presently unable to maintain the patient load, the supply standard, state of repair, or faculty strengths made possible or necessary by special aid programs. This is true particularly where the most modern standards have been applied as the end point of aid. Despite these difficulties and the embarrassment they produce for all concerned, the higher university, ministerial and other governmental authorities responsible for the colleges either have found it impossible or believed it unnecessary or unwise to divert sufficient funds into health education purposes. The military preparedness program consumes 80-85% of the budget of the country, and the military establishment does not subsidize basic health education endeavors. Hopeful discussions are being conducted among medical schools with the aim of at least solving the financial crisis in the teaching hospitals.

Administratively, some authorities have begun to question the suitability of the "chair" system of college management used for so long in Asia and Europe. The economic stimulus to centralize the use of minimum facilities, coordinate programs, and cooperate between departments probably has been responsible for

bringing this about. More and more affairs are conducted in inter-departmental committees, and bedside consultations among specialists are more common also. It must be noted, however, that the faculties still have not given their elected deans sufficient authority over personnel, budget, or other executive affairs required for efficiency. Policies decided in the colleges by deans or faculty meetings usually are supported within central university channels, but medical schools still cannot benefit from cross-charging of budgets and other economizing measures which would be beneficial to the loose federation of colleges making up the universities.

Every example used above has been the topic of discussions within the past eighteen months. The College and Seoul National University have participated in all direct negotiations with other groups, and have led in most of the improvements. As the oldest, largest, and most favorably located national university, its leaders accept responsibility for drafting resolutions, laws, and taking initial exploratory measures which the other institutions may examine and follow. Individually or collectively its faculty members reflect the best and most progressive spirit possible.

At the level of the Ministry of Education, which is responsible for medical education through its Higher Education Bureau, advice is received from the council of medical deans described by Dr. Maloney. Direct supervision of national medical schools is exercised within channels by this Ministry also. While no direct contact has been made, it appears that these officials often approve and implement bold steps favoring all medical schools, or sometimes only a particular school. This has occurred more frequently in recent years where the measure is common to European and American systems, or where it does not require special budgetary allocations to anyone. There is no medical education specialist in the Ministry, and perhaps for this reason, many requests are acted upon only after they have cleared the council of deans.

Inter-ministry relationships have affected professional health education adversely. Most of the twelve Ministries operate one or more hospitals for their own employees, and for some non-employees who thereby help finance operations. Facilities are not shared for educational purposes as often as possible and desirable. Of special interest are the plans and activities in the Ministry of Health/Social Affairs, the major beneficiary under the original WHO/UNKRA rehabilitation scheme. Very much has been done to improve public health activities in recent years, but there is little to show that this Ministry correlates its policies with those of the Ministry of Education. The objectives of the two groups appear to be similar on most issues, and an economical program within reach and benefit to all can be developed. The cooperation that does exist, and it is considerable, is upon a personal or MH/SA--College basis which delays or avoids expressions of joint policy involving the Ministries of Education and Health.

The National Assembly appears to support the measures which have cleared Ministerial branches of Government, when financially possible. The general level of public education upon matters of health now brings minimal and very weak expressions to the Assemblymen for better quality and quantities of scientific medical practice. Although the number of admissions to hospitals increases yearly, hospitals are still feared as "places to die." It is understood that the status of the College of Oriental Medicine has dwindled to the point that it receives sanction by the Assemblymen chiefly upon the basis that its graduates must serve people still isolated from physicians.

Various legitimate national health groups are strengthening their lobbying powers, and apparently Seoul National University's position can be represented adequately through their numerous graduates who belong to the Korean Medical Association, Korean Nurses Association and other organizations.

Thus, progress is occurring in varying amounts throughout the program. The opinions to WHO/UNKRA and Dr. Maloney which touched upon national affairs seem to have been agreeable in principle. The non-conflicting directions outlined in their reports are being followed slowly but surely.

While it is not within the province of the duties assigned, the above observations do lead to a suggestion which should be placed before higher authorities: It would seem advisable for the Government to undertake another short term survey similar to the previous two, in the immediate future, with objectives of strengthening inter-Ministry relationships and re-examining the total national budget expenditures for health and health education purposes to effect a program consistent with the needs of the country and its national budget. It is believed sincerely that a cooperative approach to these ends will result in better care and better education without additional cost to the Government. The role of Seoul National University's College of Medicine in such a program should be evident from a study of this report.

## II. SUMMARY

Objectives: The faculty is dedicated primarily to preserving the historic eminence of its institution as the medical center of Korea and the principal source of competent general physicians, specialists and teachers of medicine. Outside advisers, Korean and foreign, usually have respected the right of the College to define its own terms and to maintain academic freedom. During the War the faculty was willing to sacrifice quality where this was necessary to produce the quantity of military physicians needed. Today many professors who have studied the problem in Korea and abroad want to return to standards of high quality and reduced quantity, since the fighting has stopped, and there are seven other schools to share the undergraduate load. The Ministries of Education, Defense, and Health disagree, and insist that SNU keep classes at wartime size. They argue that the nation must anticipate invasion from the North Koreans, that it must keep the medical staff of the ROK Army (the world's fourth largest standing army) at peak preparedness, and that five million of its people have never had modern medical care immediately available.

Thus, the faculty is increasingly concerned with examining objectives so as to emphasize high quality in two programs: (1) An undergraduate program would prepare a reasonable number of "undifferentiated" general physicians oriented to the public health and welfare. (2) Another program would provide graduate and postgraduate training for a smaller number of selected specialists and future faculty members. The Project should continue to support these views, and urge that the faculty emphasize public health needs in all College activities.

Organizational Structure: The accompanying Table of Organization shows the College structure as on October 15, 1958. The faculty members who have

studied the development of medical centers abroad under Project sponsorship believe that the 13-year-old legal Table of Organization for nationalized universities is inadequate for this College's current needs and long-range plans. Efforts to change the Table are succeeding slowly amidst difficulties which are exasperating, costly and emotionally or politically charged. Of major importance and worthy of continued assistance are well developed plans to establish collegiate level units for nursing and public health instruction. Less well developed but equally sound plans call for eventual creation of a school for laboratory technologists and for hither organizational status for the medical disciplines. Success in these efforts would establish a reasonably adequate medical center framework, under one College. Success depends upon winning the approval of higher governmental and University authorities and upon developing Project support for training through an extension of the existing contract.

At the level where College and University authorities can reorganize and expand the official University structure, the Dean has secured approval to drop the Physical Training department and to add new departments or divisions for legal medicine, clinical pathology, anesthesiology and physical therapy. New administrative units were designed for audiovisual services and an isotope laboratory. An inventory control section and official status for the Office of the Dean, Office of the Superintendent and Library also are recommended.

At the Hospital, each of the clinical science disciplines traditionally operated an autonomous medical service, but a series of commendable steps have recently coordinated these more closely under the Dean and Superintendent. Separate laboratories for cardiac catheterization and EKG-BMR-EEG testing have been opened unofficially, and incomplete plans call for the early creation of a new-patient clinic, leprosy clinic and a maternal-child welfare service. In Hospital administration and nursing sections, recent unofficial changes

have provided different status for several old services and started three important new functions: a housekeeping subsection, a medical record service, and an admissions office. The central supply room, emergency room, and post-anesthesia recovery room were officially opened this year. Plans for a social service subsection and volunteer services are incomplete.

Existing plans for these and other new facilities must be encouraged and implemented at the proper governmental levels and within the Project equipment and training sectors. It also is suggested that all re-organization efforts be recognized in the legal or official Tables, for budgetary purposes. However, there is a disadvantage in adding to the "legalized" non-College controlled superstructure of the College or Hospital, and caution in re-organization is urged for this reason.

Key Administrators and Their Functions: The Table of Organization names the key officials of the College, and the National Laws prescribe their duties and the method of their selection. They practice according to an old, well-established Oriental administrative code, which some seek to change for better economy, efficiency, and to provide more democratic freedoms and initiative. The existing system, although fluid, is capable of accomplishing anything agreeable to the diverse authorities involved. The College's officials have demonstrated many times that they can administer their offices in the best fashion, and delays apparently occur chiefly in finding concurrence between the College's views and those held in higher offices. Little of the desired authority is delegated to the key College officials.

Most contributory to the administrative difficulties noted, and most often criticized, is persistence of the tradition of electing or rotating educational and administrative leaders every two to four years. This practice permits or requires daily control within the College by the academic "chairs" and the professorially composed "Faculty Meeting" or by persons

outside the College. An "Administrative Committee" composed of departmental and unit chairmen, together with additional civil service posts peculiar to medical education and hospital administration, are again recommended as devices through which improvements can be made. The advisers have noted with particular pleasure the promising efforts of the Dean to test the faculty's acceptance of a prototype committee of the sort recommended. The Deanship should be made a full-time post, with adequate income and other prerogatives.

The departmental chairmen are not yet legally recognized officials of the College, but they should be. They are making steady progress toward coordinating, managing and representing their units, especially in cases where the departmental chairman is the only professor or unquestionably the senior professor in the department. With a few important exceptions, they have recently reorganized their subdivisions for teaching purposes essentially as they saw the counterpart areas being operated in Minnesota. The other faculty members cooperate in their committee assignments, some, indeed, give outstanding service and contribute persuasively to the ease and speed with which changes are accepted by their colleagues.

The Superintendent of the Hospital must be a physician, according to Law, elected from among the professors of clinical sciences for part-time service, for a two-year term. There is no source of trained lay hospital administrators in Korea, and the President of the University selects the senior lay assistant to the Superintendent (the Chief of General Affairs) from a pool of high-ranking civil service employees of the government or the nationalized universities. Previous experience in hospital administration is not a prerequisite, but it should be a minimum requirement. Five professors from the clinical departments compose an administration committee which advises the Superintendent and Chief and represents the stable level of management. The Chief Nurse reports to the Chief of General Affairs.

The unprecedented re-election of the Superintendent to a third two-year term exemplifies the progress being made toward establishing respect for continuity of leadership in the College. It also constitutes a vote of confidence in the policies that the Superintendent, his advisory committee, and his Chief have carried out in recent months. Among other things, the group has: reexamined most features of the Hospital, reorganized the administration and service facilities as described, planned the rehabilitation and reequipping of Hospital and Clinical Research buildings, and established policies and procedures directed at overall improvement in the standards of teaching, research, and health care. In the course of these changes, they have advanced the stature of nursing and administration very significantly by transferring a large number of nonmedical tasks away from the traditional control of the physicians. Most of the doctors have cooperated in these changes, and some are particularly understanding and helpful toward the nurses and administrators who have made a transition for which they were unprepared by previous training and experience. Requests to extend the current Cooperative Project contract include provisions for the College to develop at least a few trained specialists in hospital and nursing administration. A physician should remain in charge until these changes occur.

The Principal of the School of Nursing has worked with a much smaller faculty group to bring about considerable improvement in the stature of nursing education and in the size and scope of the current and anticipated educational program. Much of this achievement is based on the close administrative relationships maintained by the Principal, Superintendent, and Dean. Nursing personnel still need help to feel and be secure in administrative channels, however. The integrity and dedication of the College's leaders strongly impressed our advisory team, as can be seen from the progress noted in other sections of this report.

Faculty: The most distinguished aspect of the College is its faculty. They are responsible by tradition and by law for establishing objectives and re-organizing and administering the College, and, thus, the team considers the faculty's recently expressed willingness to delegate much of its traditional power to its elected leaders as a significant step forward. Improvements in the size, distribution, competence, and experience of the faculty have further increased the College's operational ability to achieve its objectives.

Since 1952, when the Minister of Education fixed the number of full-time regular appointments in the College at 89, the legal size of the faculty has not increased because sufficient funds have not been allocated for the purpose. More members are needed urgently unless the student body is reduced in size. By using nongovernmental funds subscribed from parents, the College is meeting the deficit partly by employing 14 "special" full-time staff members on a yearly basis, and partly by appointing 26 part-time pre-clinical and clinical faculty members to fill specific course needs. These individuals should be made regular full-time faculty members as soon as possible. The Ministry of Education did promise some time ago to increase the totals gradually over a six-year period; but--again owing to lack of funds--no action has occurred. A few departments have depended occasionally upon some of the unpaid Assistants (residents) to help in undergraduate teaching, especially in pre-clinical laboratory courses.

The faculty distribution is shown in Table 2. Uniformity in the size of the regular full-time staff in many departments continues the traditions established under the Japanese and maintained on the two occasions when the College re-organized--at Liberation and at the end of the Korean War. Progress toward readjusting the size of the departments on the basis of their current needs and future plans occurs imperceptibly, because few vacancies and no new posts are available. The use made of the "special" appointments provides some insight into the new personnel policies being developed. A number of these

positions went to disciplines never before represented in the curriculum, such as public health, anesthesiology, and thoracic surgery. Others were used to secure particularly qualified individuals or additional staff for departments whose regular members were away in military service or in Minneapolis on exchange. Table 3 shows, in another example, the plans of the Dean and "administrative committee" to strike a better balance between traditions and needs when the promised new positions are released by the Ministry. Some progress toward completing the six-year plan has occurred by virtue of one recent resignation and by the release of funds for promotions from the assistant to the instructor level. (Anesthesiology secured its first full-time regular position from this source last winter.)

The most notable characteristic of the faculty is its insistence upon high quality within its ranks. Of the full-time faculty members, 97 per cent can meet the minimum legal requirements of the nation for appointment and promotion to the next higher rank; but according to more strict College traditions, only 45 per cent can qualify for a promotion at this time. The faculty controls nominations for promotion; and in making six promotions recently, it indicated that it valued the same kind of achievement respected in academic circles throughout the world: undergraduate and graduate preparation, advanced degrees, demonstrated research ability, tenure, age, type of specialty represented, and desirable personality traits. The faculty members gave relatively greater emphasis to success in teaching by new methods, experience in teaching, foreign training, and research ability than they have in the past, largely because most of the faculty have had recent opportunities to improve their competence in these areas. Some trend away from "in-breeding" within SNU has begun, and should continue.

The faculty has sought to improve and maintain high quality in part through the exchange features of the Project, through other opportunities to

study abroad, through the appointment of individuals with exceptional experience or ability, and very recently, through increased contact with foreign physicians working or visiting in Korea. The Project has sponsored foreign visits for 40 per cent of the full-time faculty, and other sponsors have underwritten study abroad for an additional 20 per cent. Plans extending the contract would bring the percentage of the full-time faculty members with foreign study to about 90 per cent of the total. The extent of the effect of foreign visits in preparing faculty members for modern teaching responsibilities can be estimated from the fact that 73 per cent of the Professors, 75 per cent of the Associate Professors, 56 per cent of the Assistant Professors, 50 per cent of the Instructors, and 39 per cent of the Assistants have studied abroad since Liberation. While distribution of foreign visits among the departments is somewhat similar, many departments have had 100 per cent representation. Nurses, administrators, and technicians have not received nearly the same amount of attention yet, but plans for their inclusion in the future exchanges are approved.

Finance: The College and the Hospital are financed separately, and both are in critical financial condition. Funds subscribed from parents and released from the Project have provided most of the improvements in teaching and research activities evident today. The government has increased the salaries of the full-time personnel, but the College's operating budget for expendables, utilities, and minimum teaching equipment has expanded very little. The Hospital has secured substantial increases in its annual budget, but the total is not sufficient to enable the Hospital to open all rooms or to provide the quality of care its staff is prepared to give. Progress in familiarizing the National Assembly and appropriate ministries with the needs of medical education occurs steadily. Of considerable significance are the current efforts of a committee which is trying to work out a new system of financing that would make the

Hospital less dependent on the national budget and more dependent on earned income. More accurate data on costs and needs are required before this task can be completed, however. Some faculty members wish to see opportunities for private practice at the Hospital included in the new plans, and presumably the preclinical faculty would participate in any benefits derived from this type of financial arrangement. Despite the desirability of such plans, it is questionable whether private patients should be admitted before more experience is gained under full self-management. To a large extent, the future of the College and the value of the medical aspects of the Project to the nation depend upon resolving the financial crisis in the institution.

Physical Plant, Equipment, Library, Teaching Material and Other Facilities:

The physical plant built by the Japanese is large enough for current activities, and with the currently planned expansion, it probably will meet the needs of the immediate future. The Project rehabilitation program is repairing the damage done during the war, and the opportunities to remodel most areas during this repair work are enabling the College and Hospital authorities to incorporate a number of new service facilities into the old plant. When the program is completed, the institution will contain all the essentials of a modern medical center.

A new building has replaced the nurses' high school building burned during the war. Most of the laboratories, offices, and hospital areas have been restored to operating condition. Scheduled painting and other surface repairs will brighten the buildings considerably. One of the most vigorous programs involves reallocating patient rooms, offices, research areas, and service functions at the Hospital in order: (1) to make more efficient use of all personnel, (2) to decongest traffic patterns, and (3) to centralize the location of scarce equipment and vital services. Teaching and administrative

offices of each department will be regrouped near the patients and functions concerned. Current plans also call for constructing a nurses dormitory, remodeling the student health service, making several small additions to the Hospital, completely remodeling the Central Research Building, securing new space for the School of Public Health, and providing for a medical student dormitory or central University dormitories.

Another major activity of the College and the Project is the selection, procurement, and installation of the equipment essential to a modern medical center. This is quite difficult since requisitions must take into account the new skills and knowledge acquired by the faculty returning from study abroad, the availability of space and appropriateness of rehabilitation plans, and the suitability of the items to the objectives of the College and country. Project funds are providing nonexpendable and some expendable items, while the College is attempting to furnish that part of the expendable supplies available in Korea. As a result of outstanding progress, most undergraduate classes are now equipped to conduct all the essential demonstration experiments and some student experiments required in the curriculum. The quality of hospital care is demonstrably improved, and the opportunities for research are increasing steadily. Project plans call for continuing the supply of nonexpendable equipment, sharply reducing the expendables supplied, and generally emphasizing the need for Korean facilities and resources to support research and student participation in undergraduate experiments.

As for library facilities, the Library did not receive western medical journals or texts during World War II or the Korean War, and the College still has no regular budgetary support for library materials. As a result the Library must depend for its support on the students, faculty, and outside donors. Highlights of the library's growth in the past five years include: the provision of more than 180 long-term subscriptions to popular periodicals in several

foreign languages; the acquisition of six to seven hundred recently published textbooks of special usefulness to medical students; a regular stream of smaller gifts from individuals and organizations in the United States; the centralization of vital departmental holdings otherwise unavailable; the temporary employment of an exceptionally capable biomedical librarian; revision of the Library rules; plans to remodel the area and induce better use of the Library by students and faculty; and serious committee work to develop some means of continuing subscriptions and filling the gaps in holdings after the Project ends. The Library is not prepared to meet all the demands of the faculty or graduate students, but it does have the best collection of current medical literature in Korea and can satisfy most of the needs of the undergraduate program.

Korean medical texts are not readily available because the Japanese suppressed the use of the Korean language until 1945 and because the economy has not stimulated the rapid replacement of foreign language texts. Most of the faculty members and graduate students are fluent in Japanese; most of the undergraduate students cannot read scientific Japanese; and English, German, and French appear to be the only common acceptable foreign languages for texts and supplementary notes. One of the outstanding achievements of the medical faculties of the eight schools is their joint effort to write a single Korean text for each subject in the curriculum. Several of the preclinical disciplines have completed their work, and all departments are making ample use of mimeographed notes to supplement lectures and foreign texts.

The College has made continuous progress toward restocking the other teaching material required for its undergraduate program. Although the number of cadavers received each year is small, the anatomists are hopeful they can secure approval of the Ministries and National Assembly to use the unclaimed bodies available in Seoul. Autopsies are rarely permitted, but the collection

of pathologic and normal histologic specimens required for coursework is nearly complete. The Pathology Department plans to start a museum for gross specimens this year. Bacteriologic and parasitic material are in adequate supply, and virus culture techniques introduced this year should provide the last of the needed teaching specimens for the bacteriology courses. Experimental animals are either unavailable or too expensive for most undergraduate work, and the College has secured a rather complete set of manikins and stressed liberal use of audiovisual aids to improve didactic teaching until the situation improves.

In connection with teaching material, the Hospital provides an ample number of daily outpatient contacts for the junior and senior classes, and the average daily inpatient census totals about two-hundred-twenty patients. Additional casework in obstetrics is obtained at another hospital. The standard of hospital care observed by the students has improved significantly in every area along with the improvements in faculty competence, rehabilitation, and reequipment. The changes described have made most services in the Hospital adequate and occasionally ideal counterparts to undergraduate teaching. Graduate training appears too crowded on several services, but otherwise the quality is equally satisfactory.

#### TEACHING AND RESEARCH PROGRAMS

Preprofessional and Premedical Education: Foreign advisers who have studied the secondary education program and facilities report that the quality and quantity of science instruction in the Seoul City high schools are improving significantly. Most of SNU's medical students come from these high schools. Personal observations at the College of Medicine tend to confirm the report that mathematics and biology are taught better than physics, chemistry, and the foreign languages. Traditional competitive scholarship examinations control entrance into SNU, and the College of Liberal Arts and Sciences and the College of

Medicine devise the examination for premedical students. Under the current system, admission to the two-year premedical course in the SNU College of Liberal Arts and Sciences virtually assures the student admission to the College of Medicine. The College of Medicine faculty is eager to gain firmer control over medical school admission policies, and it also would like to review the possibility of reducing the total hours of the premedical curriculum spent in study of foreign languages and to increase the time spent in scientific disciplines like chemistry, physics, and biology. Although some dissension exists between the faculties of the two Colleges, the general desire to reexamine curricula and methods is an example of the progressive influence exerted by the College upon many activities at SNU.

Undergraduate Teaching Program and Methods: After the Korean War the faculty studied the curricula of six American medical schools, including the University of Minnesota. It selected schools which mirrored its interests in graduate-postgraduate specialization and research, and those which were large and enjoyed a good reputation. The basic curriculum and schedule finally adopted resemble those at Minnesota. The change required a reduction from about twelve hundred lecture hours to about a thousand, and an increase in the number of laboratory courses and hours. The scientific approach to functions and diseases has been stressed in teaching, but a growing number of faculty members, led by the Dean, wish to emphasize public and social health and the integrated or correlated approaches to the whole patient. The number and variety of joint or interdepartmental conferences within the clinical sciences have increased significantly within recent years, and several preclinical departments are now correlating their seminars with those of the clinical departments. The concept of interdepartmental cooperation on undergraduate, graduate, research, and service levels has become popular within a short period of time, and in the few classes where it has affected undergraduate teaching, the results appear

favorable. No elective courses or studies are offered, and the student's use of "free time" is not supervised or guided.

The faculty members recognize the need to minimize didactic lectures and to increase laboratory and clinical experience. Most of them are changing to these methods as rapidly as facilities and cultural relationships permit, and a few inpatient clerkships have already been started. It was noted previously that an increasing number of the experiments in the student manuals can be performed in their entirety by the students. The acquisition of sufficient microscopes alone has restored a large segment of preclinical laboratory exercises for the freshman and sophomores. Unfortunately, clinical experience is harder to obtain. For one thing, patients and their families generally resent being examined by the students, and often they do not cooperate even in history-taking and in faculty supervised examinations. The problem is particularly acute in the teaching of obstetrics; therefore, the Hospital recently increased the number of "free deliveries" it could offer, on the ground that indigent patients apparently are not in a position to object to students. The College also affiliated with the Seoul Electric Hospital to increase the number of obstetric inpatients available for both nursing and medical students, and a rotating clerkship has recently begun.

Probably the most outstanding contributions to undergraduate teaching have come from the improved competence and understanding of the scope of modern medical practices acquired by faculty members who have studied abroad. The students reflected this advance clearly in their classroom discussions of anesthesiology and its correlation with preclinical sciences--a topic completely foreign to the class graduating just ahead of them. They were also aware of the purposes, uses, and limitations of most new methods described in other clinical departments, and they had a reasonable grasp of the major research problems attracting medical scientists throughout the world today.

Graduate and Postgraduate Teaching Program: Until last year each professor appointed as many unpaid Assistants (residents) to his chair as he felt he needed or could teach in his specialty. These doctors had privileges of registration in the Graduate School of SNU, and they usually spent three to five years earning an M.S. or Ph.D. degree in specific course work and research projects. Under additional controls for this system devised by the faculty, a distinct one-year rotating internship now is offered to 18 graduates, and a combined five-year residency program and graduate degree program to 136 unpaid Assistants. The new program requires multi-disciplinary studies for at least one year, encourages study in the preclinical sciences, and establishes a rotation schedule between each of the subspecialties of the department concerned. The simultaneous eviction of unregistered students and limitations on official observers have helped make the graduate students more responsible for the scanty number of patients available on the inpatient services. The faculty hopes that the new program will lead eventually to establishment of nationwide specialty training standards like those used by the American Boards.

The graduate students probably have profited most from the new skills introduced by the faculty, and the majority of them show every promise of becoming the type of specialist or future faculty member the College hopes to produce. In conjunction with the changes already described, faculty members returning from abroad have initiated a surprising number of regularly scheduled new teaching opportunities for faculty and graduate level participation, including: a Hospital-wide clinical-pathological conference, grand rounds by single professors and occasionally by whole department staffs, journal clubs, x-ray conferences, complications conferences, and numerous special topic seminars. As an immediate result, the number of interdepartmental consultations has increased, patient care has improved, and the stimulus for both individual and cooperative research projects has mounted.

Until recently the College has sponsored continuation medical education programs only for general practitioners. But individual visits, registration in single semester lecture courses, and other special arrangements have been encouraged. As an experiment, the anesthesiology staff and others recently offered a three-day course for anesthesiologists throughout the nation. The response was good, and the discussion which followed suggested that other courses of this type might be useful in the College's efforts to raise standards.

Research Activities: The limiting factors of lack of finances, high teaching load, and incomplete facilities have delayed many ideal projects. Every department is engaged in some kind of research activity, however; and the experiments generally follow the traditional interests of the senior professor or represent a continuation of work begun during foreign study. Although they are not elaborate and cannot be costly, the projects observed are sound, fundamental, and characteristic of a good medical center. Many problems are directed toward establishing norms for Korean circumstances, in biometry, nutrition, hematology, infectious diseases, and similar fields. The difficulties encountered in performing continuing research of any depth among all the faculty and graduate students emphasizes the need for considerable additional support during the next few years.

#### CONCLUSION

The Seoul National University College of Medicine is a unique institution. Its traditions distinguish its faculty and students, and its objectives epitomize the ambitions of leading medical centers everywhere. The progress its faculty members and administrators have made in a relatively short time under difficult circumstances deserves admiration and continued encouragement. Few features of the College have escaped some change since 1954, yet much

remains to be done. The extensiveness of the reorganization, rehabilitation and reequipment already completed and envisioned for every department and administrative unit ultimately will modernize the College and insure its capability to achieve its goals. The competence of the faculty is outstanding in Korea and noteworthy anywhere. With ample time and adequate funds, the educational and research programs developing within the College will serve the country's needs well. The University of Minnesota can be proud of the role it plays in providing assistance to the College, to Seoul National University, and to Korea.

### III. OBJECTIVES OF THE COLLEGE

When Korea was liberated from the Japanese, the nation's educators were concerned with making immediate changes which would reflect the differences between democratic Korean and colonial Japanese emphasis upon education and country needs. This spirit was epitomized in the basic "Educational Laws,"<sup>3</sup> which begin:

"Article 1: The aims of education are, the improvement of character and preparation for the independent life and citizenship which are necessary for the development of a democratic nation and the advancement of prosperity.

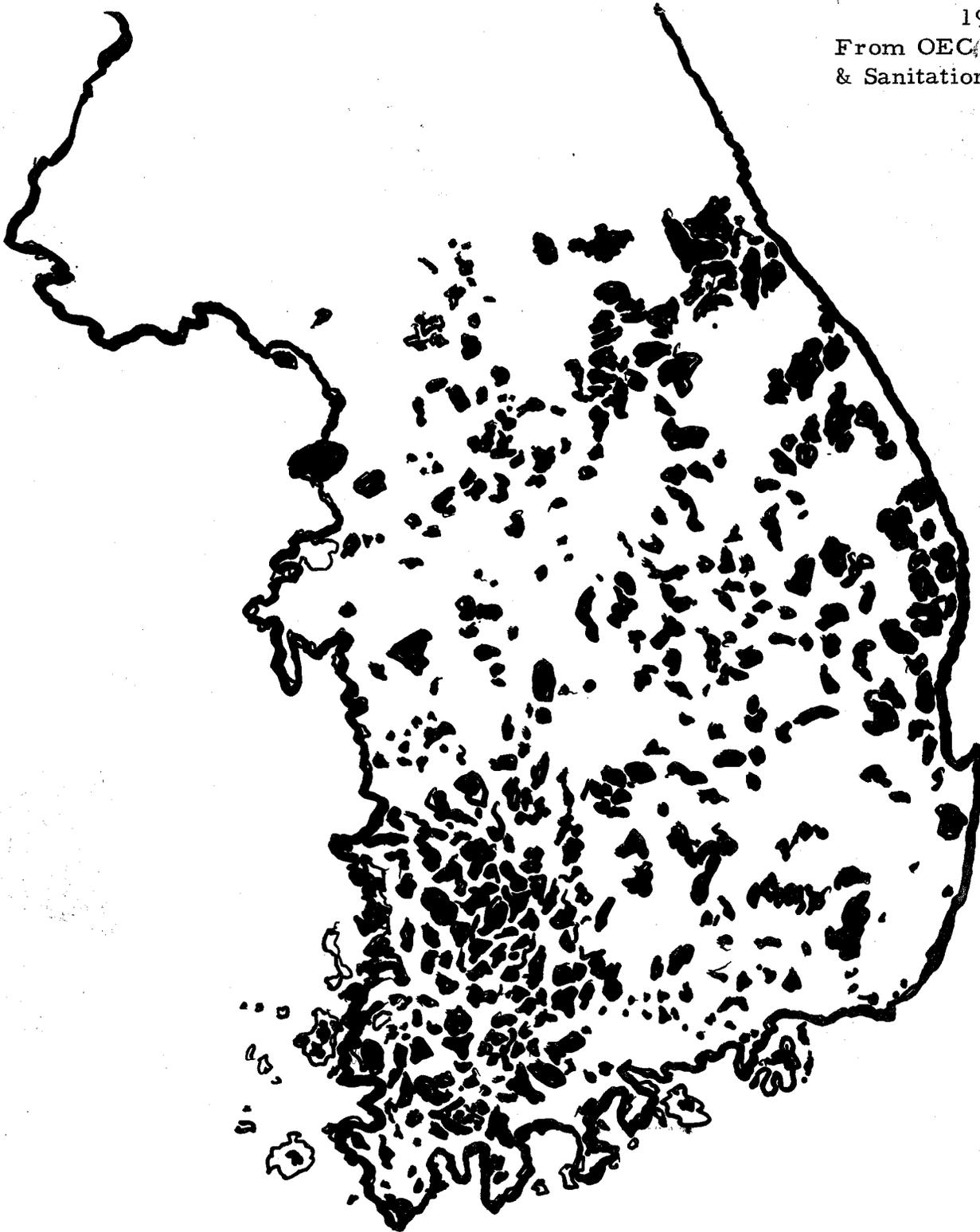
"Article 2: In order to achieve these aims, the following educational objectives are set up. (1) Development of the knowledge and habits needed to maintain good health and to develop an indomitable spirit. (2) Development of a patriotic interest in preserving the independence of the nation and advancing the cause of world peace. (3) Development of Korean culture as an aspect of the development of world culture. (4) Development of scientific understanding and of desire for pursuit of the truth. (5) Development of a high regard for freedom and responsibility together with the ability to participate faithfully, cooperatively and respectfully in the social life of the community. (6) Development of esthetic feeling and ability in the fine arts. (7) Improvement of economic ability as a good producer and a wise consumer."

The College faculty was relatively free at the time to analyze health needs, determine its share of responsibility and set its objectives accordingly. Primarily the members wanted to continue the scholarly traditions and reputation for excellence in teaching, research and therapy which they had helped establish in the previous decades. Replacement of Japanese students with Korean students was expected to supply SNU's share of the additional doctors long needed throughout the country; but the Korean War interrupted teaching before these objectives were tested, and military circumstances controlled activities during the War and for sometime afterward.

Since the War there have been continuous conflicts over the needs for both quantity and quality in College activities. There have not been enough facilities or money to meet all demands. For example, in 1957 there were about five million Koreans, located in the dark areas on the accompanying map, with-

<sup>3</sup> "National Assembly Laws Nos. 86, 178, and an amendment of 20 March 1951."

DOCTORLESS AREAS  
IN KOREA  
1957  
From OEC (TC-Health  
& Sanitation Division)



out modern care. The faculty also is obliged to meet the persisting demands for graduates to staff the medical corps of the ROK Army, the world's fourth largest standing force.

Conversely, as individual teachers, they have been most anxious to return to their original objectives. It is generally agreed that at least one national medical school must concentrate now upon quality to advance medical sciences in Korea, improve national health standards, and prepare additional faculty members for existing and proposed medical schools. Both economic authorities and educational officials selected this College for such purposes.

Compatible with all arguments have been the increasing importance of preventive medicine and public health orientation, and the need for paramedical specialists. This was reflected in the last public statement of objectives, made in 1956:

"As a profession of today, the field of medicine offers not only a variety of methods and techniques of curing patients, but also a firm foundation of knowledge of the physical, biological, and social sciences, on which one can protect the health of the people. The medicine of tomorrow will demand competent individuals in a thoughtful attitude by which one can acquire and use the most effective methods and techniques of repairing, protecting, and promoting the health of the people. The College is for the men and women who will solve the health problems of the people."<sup>4</sup>

The Dean and individual faculty members were asked to give their interpretation of the preceding views, as they relate to the current program. Similar questions were asked in nursing education. It was the consensus that an accurate analysis of needs, objectives, and the current success in fulfilling them was not possible during the "recovery period." Nevertheless, the poll indicated (1) many of the faculty are concerned chiefly with pursuing the original objectives: preparing undergraduate students for specialty, research, and teaching roles. (2) Others feel the College should compromise, maintaining a high (traditional) quality of students and staff, but orienting

<sup>4</sup> "Bulletin, College of Medicine, Seoul National University, 1956-1957."

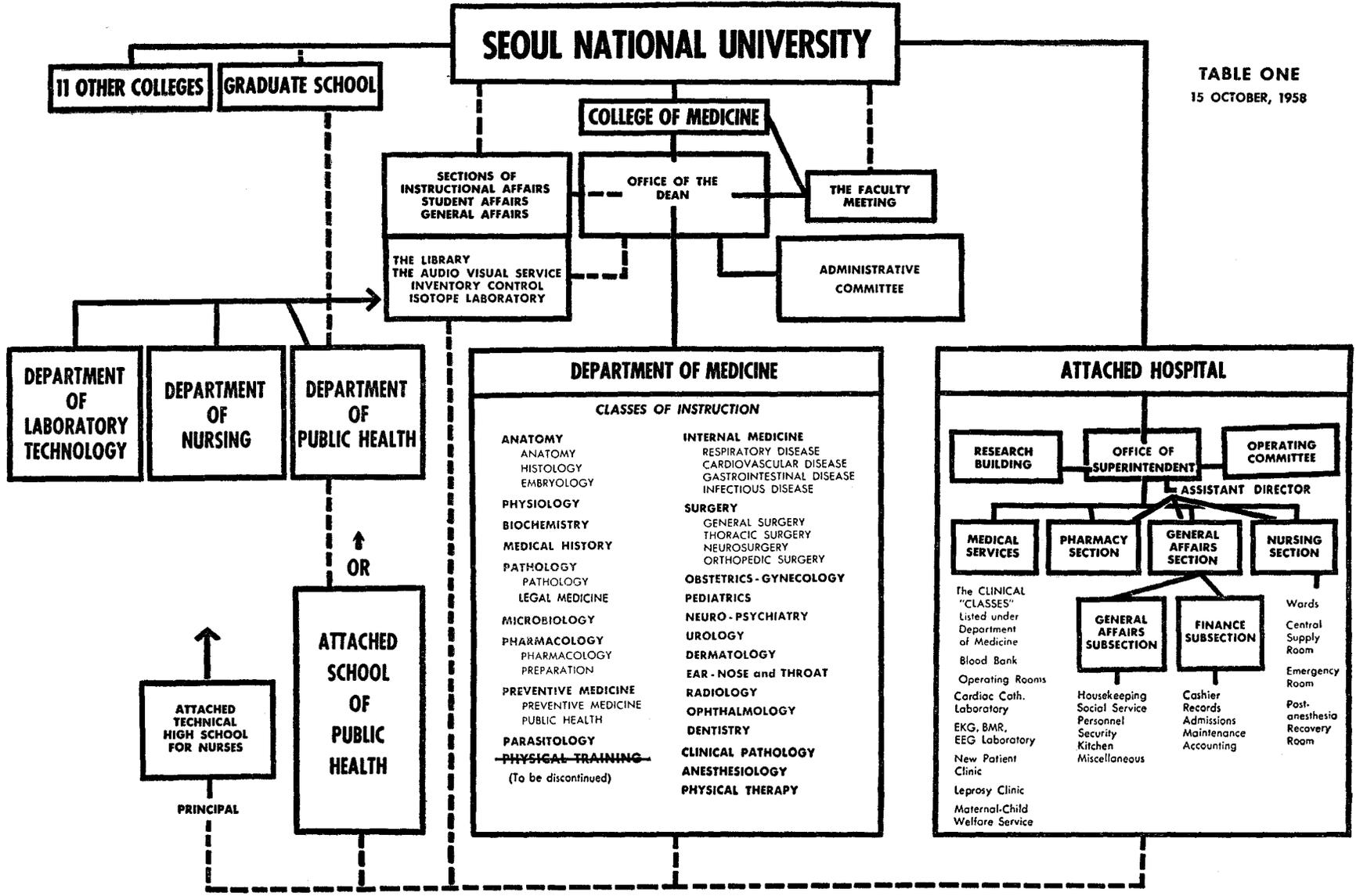
undergraduates to "The public welfare," encouraging greater enthusiasm and respect for general medical and nursing practice, and only identifying the exceptional student for later encouragement toward academic or specialty practice. The 1956 statement of objectives reflects the emphasis everyone wishes to place upon maintaining an outstanding program for the graduate-postgraduate preparation of specialists and academicians. However, some of the faculty have difficulty separating aims into groups dealing either with undergraduate or graduate-postgraduate activities.

Comments and Recommendations: It is acknowledged that the College has the sacrosanct right and obligation to set its objectives and course towards them without outside interference. The faculty is thoroughly familiar with the major needs of the country; and it needs help in trying to meet them in quantity and quality.

The two expressed uses of the undergraduate curriculum have been compatible in other countries at other times; they both are necessary and worthy of assistance in Korea today. In many ways they tend toward preparation of the "undifferentiated physician" so highly sought in America now. The unanimous opinion upon graduate-postgraduate objectives reflects the epitome in medical center development. The spirit and sincerity with which the advocates of different views discuss their attitudes promises the early expression of an agreeable well balanced Korean philosophy of professional health education in College.

It is recommended that the faculty continue to review its objectives, with purposes of identifying separate goals for undergraduate and graduate-postgraduate activities now, of adjusting the quantity and timing of its efforts to orient students toward general practice or specialty, research and teaching practices, and of developing "undifferentiated graduates" as soon as practicable. The Project should continue to be employed in strengthening activities which encourage education of a proper ratio of generalists, specialists, and academicians, oriented to public health needs, as is consonant with the Mutual Assistance Program interest in the whole nation.

TABLE ONE  
15 OCTOBER, 1958



LINES:  
SOLID LINES—FULL AUTHORITY AND RESPONSIBILITY  
DOTTED LINES—COORDINATION FOR TEACHING AND/OR SERVICE

COLORS:  
BLACK—LEGAL TABLE OF ORGANIZATION ESTABLISHED FOR NATIONALIZED SCHOOLS  
BLUE—OFFICIAL TABLE OF ORGANIZATION ESTABLISHED WITHIN S.N.U.  
RED—ADDITIONAL CHANGES PLANNED BY COLLEGE OR RECOMMENDED IN THIS REPORT

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#### IV. ORGANIZATIONAL STRUCTURE

The Presidential Ordinances on Establishment of National Schools<sup>5</sup> provide that the colleges of national universities may have divisions, departments, and their choice of classes of instruction. Administrative offices are assigned to the colleges. Specialized institutions and schools may be "attached" to the colleges for teaching purposes; but these are administratively and financially responsible to the President of the University; and administrative offices are designated for this purpose. The Seoul National University "College of Medicine" has no divisions, a single "Department of Medicine," and administrative offices for "Instructional Affairs," "Student Affairs" and General Affairs." An "Attached Technical High School for Nurses" and an "Attached Hospital" are provided, and the Hospital is assigned a "Section of General Affairs," "Section of Pharmacy" and "Section of Nursing." These legal organizations are shown in black on the accompanying chart.

The faculty members criticize the thirteen year old Table of Organization as being inefficient for expanding objectives. They have repeatedly submitted requests for reorganization to the University and concerned Ministries; and until recently, the plans have been rejected before reaching the President of Korea or the National Assembly, usually on the basis that funds are unavailable. Thereafter the desired new functions have been attempted to the greatest extent possible by existing units, demonstrating again the eagerness of the faculty to proceed without undue delay. A very important and pertinent example concerns the status of graduate-postgraduate public health teaching in the College.

"The School of Public Health" described by Dr. Maloney was NOT an official part of the College at the time of his visit, although it appeared certain that it soon would be. Activities of the temporary school had to be stopped because the University neither succeeded in securing new funds nor in winning the transfer of the excellent library, equipment, staff and sources of financial support originally developed for basic training in the Ministry of Health

<sup>5</sup> "Presidential Ordinances Nos. 780, 818, 1168 last dated 14 July 1957."

with foreign aid. In the interim following these developments physician education functions of the school were absorbed as much as permissible into graduate courses of the College's Class of Preventive Medicine. The public health nursing and non-physician functions were lost.

As the difficulties worsened, several new schemes to link the new school with the SNU Graduate School and College of Medicine were proposed, repeatedly revised, and finally dropped. Lately, a plan to "attach" the school to the College of Medicine appears to be succeeding. The graduate program features will be retained and the "Attached School of Public Health" will give a Master of Public Health Degree through the Graduate School.

The sub-organization and other plans for the school have been reviewed locally a number of times, and four times with the public health specialists in the O.E.C. Health/Sanitation Division. They are said to be sound and ready for implementation and financing. They have been approved by the University, Bureau of Higher Education, and they have been recommended to the Central Educational Research Board by the Ministry of Education. If approved by the Board, they will be submitted through the Legislative Section of the Government to either the National Assembly, or preferably, to the President of Korea. With official status, the school can receive assistance under an extended Project contract, to which it is suited with several provisions:

Fundamental to all arrangements is the Dean's agreement that instruction should not begin until there are reasonable assurances that graduates will be recognized and considered for employment by the most directly concerned agencies of Government: The Ministry of Health/Social Affairs, and The Ministry of Home Affairs. (See Appendix II, items 30 and 31.) Of added benefit to all would be the full active support and cooperation of the Ministries, and some demonstration of their subscription to the proposition that long-range basic preparation of health officers is a university-type function upon which the Ministries can build through short-term in-service training programs. The Ministry of Health continues to plan and seek support for both a long and short-term training institute. Inter-Ministry conferences upon the matter have been recommended by the College, Project and O.E.C., but no action has occurred save at the unofficial, personal level. Current ROK-OEC high level discussions about extending the Project contract may touch upon these points and serve to clarify issues.

Encouraging and more rapid progress has been made toward replacement of "The Attached Technical High School for Nurses" with a collegiate teaching unit. Miss Low will describe these efforts in detail:

After more than three years' planning and preparation, the College, University and Bureau of Higher Education have recently drafted a bill recommending re-organization of the College to include a "Department of Nursing" on the level with medical education. At the time of this writing it is being re-examined by the Central Educational Research Board; afterward it probably will pass to the President of Korea for final action. It is anticipated that all necessary legal procedures will be completed before the next school year begins, in April, 1959.

As in the previous example, the faculty moved ahead of official sanction and admitted only high school graduates to this year's freshmen class of the

"Technical High School for Nurses." (See Appendix II, Item 71.) The bill does not provide specifically for recognition of the current freshmen as the sophomores in the new Department, for graduate courses later, or for any sub-organization into teaching disciplines. The Dean feels these steps should be taken through other channels. The fact that the status of nursing in the Table influences the timing and nature of Project support has been reviewed also.

On the same legal plane, requiring Presidential or National Assembly approval, is the faculty's objective to establish a school for laboratory technicians. Official decrees will be sought after plans for faculty preparation, program, equipment, and space have been finalized in the schedules of the College and Project. In this instance the Ministry of Health has already agreed orally to license any graduates, and the University Headquarters is reviewing preliminary plans now. (See Appendix II, Item 5.)

It is noted that the College Library does not appear in any Table. Neither does an "Office of the Dean," or any inventory control function. The need for an inventory control section reporting directly to the highest College authorities has been discussed several times, but no action has been taken.

"The Department of Medicine" is equivalent to a "School of Medicine" directly under a "College" in the United States. Subdivisions of the Department, the "Classes of Instruction" are equivalent to a Minnesota "Department." Classes are determined in number and name by the Dean and the Faculty Meeting, and are approved by the President of the University. During the past eighteen months the Department has been rearranged to represent the newest specialties in Korea and to eliminate those classes which are currently unnecessary or less important:

The former "Class of Legal Medicine" has been absorbed temporarily into the "Class of Pathology;" in the future it will become a recognized subsection of the "Class of Pathology." The "Class of Physical Training" will be abolished in the next school year, eliminating calisthenic exercises from the student curriculum. New classes will be established for Anesthesiology, Clinical Pathology, and Physical Therapy as soon as the University President approves. In the meantime, Anesthesiology will continue to be represented by

the "Class of Surgery." Physical Therapy will not be activated until qualified teachers are available, probably in 1959. (See Appendix II, Item 39.)

In addition to these approved changes, extensive consideration is being given to Dr. Flink's recommendation that the "Class of Internal Medicine" abolish its subsections.<sup>6</sup> The fact that this recommendation does not apply to any other specialty, and particularly not to Surgery, has been discussed pointedly. The Dean agrees with the tenor recommended, and currently plans more class and Faculty Meeting reviews to clarify the issues involved. (See Appendix II, Item 26.) The classes may be revised once more after these discussions.

Still other actions have led to appointment of faculty committees to supervise isotope studies and to centralize audiovisual equipment. The desirability of including these services in a Table has not been determined conclusively.

Reorganization occurring in the "Attached Hospital" is described in detail by Mr. Mitchell. Administrators, nurses and physicians have collaborated closely during the past year and a half to produce notable changes:

Existing administrative subsections have been rearranged in the Hospital Table of Organization to provide more satisfactory management, these changes have required only the approval of the University President. New hospital administration units for central supply, medical records, admissions and housekeeping services have been started; but, they do not appear in any Table. Similarly, centralized treatment facilities for post-anesthesia recovery, EKG-BMR studies, emergency therapy, and cardiac catheterization have been opened, but not recognized in a Table.

Incomplete plans, approved in principle, call for the early establishment of a new-patient clinic, leprosy clinic, and maternal-child welfare service. (See Appendix II, Items 35, 36, 38 and 39.)

Reviews have not revealed any other needs for reorganization in the College at this time. All the accomplished and planned changes mentioned have been integrated with the current and proposed activities of the Co-operative Project to the greatest extent currently possible.

Comments and Recommendations: The faculty is to be complimented upon its repeated efforts to keep the official Tables of Organization abreast of its changing objectives. The progress toward establishment of a collegiate nursing unit is most commendable, particularly in contrast to the difficulties encountered in the public health school matter. The explosive nature and intricacies of the latter are recognized. It also is understood that legal,

<sup>6</sup> "Report and Recommendations on Teaching and Research in Internal Medicine College of Medicine, Seoul National University, Dr. E. B. Flink, Feb. 1958."

financial and personnel problems have made it unwise to give full recognition to some of the sections already functioning in the College. In these circumstances, the mixture of official and unofficial organizations appears somewhat justifiable, and even laudable for the services made possible.

Consolidation of all plans in the official Tables of the University or in the National Assembly Laws should provide a reasonably adequate institution. The importance of showing administrative units in the tables is emphasized. It would be intrusive to suggest target dates or methods of accomplishment in each of the succeeding recommendations; these are details judged better by the staff of the College than by visiting advisors.

It is recommended that the present emphasis be maintained toward successful establishment of the School of Public Health and Department of Nursing. When legal status is secured, these two units should receive Project support. Increased efforts should be made by all concerned to secure the full active support and cooperation of the Ministries of Health/Social Affairs, Home Affairs, and Education in these matters. At some future date the School of Public Health should be reorganized as a Department or Division within the College.

Plans for the legal creation of a school for laboratory technicians should be prepared for possible implementation in the ROK Fiscal Year 1960 and the Project Fiscal Year 1959. Other discussions should be directed toward University or legal recognition of an inventory control section reporting at the College level, and toward suitable status for the isotope laboratory and audiovisual services, commensurate with their inter-Department, Department-Hospital and inter-Class relationships. Tables also should show proper recognition of the Office of the Dean, Office of the Hospital Superintendent and Section of The Library to justify their personnel and budgetary needs of the present and future.

New and old functioning subsections of the Hospital should be given status as quickly as they demonstrate their stability and success. The Hospital could officially elevate its old functions in the University Table, and appoint the new Housekeeping Service to the General Affairs Subsection, new

Admissions Office to the Finance Subsection, and the Central Supply Room, Emergency Room, and Post-Anesthesia Recovery Room to the Nursing Section. Later the EKG-BMR and Cardiac Catheterization Laboratories and Medical Record Room should be sanctioned officially. These new organizations should continue to receive Project support regardless of this legal status.

Current plans should be advanced as rapidly as possible to create a new-patient clinic, leprosy clinic, maternal and child welfare service, physical therapy clinic, and social service in the Hospital and at least in the University Table of Organization.

Thought might be given to the strategy of grouping the recently completed and proposed plans for reorganization into a reorganization act, under which the College could be renamed to recognize its increasing scope of activities in the medical sciences, and by which a greater variety of units might gain approval and financial support from the University, Ministry, and Assembly. At the time of petition, "Divisions" might be created for medicine, nursing, public health, and laboratory technology, and "Departments" for the present medical Classes and planned nursing and public health Classes. However, the Dean, faculty and Hospital authorities should carefully weigh the advisability of having a high number of units controlled in law instead of controlled by the University, deciding which is more advantageous to maintaining College autonomy and the financial-legal needs of the program.

Foreseen for the distant future is the possibility that Seoul National University might consolidate its campuses and later its programs dealing with health affairs: Medicine, Pharmacy, Dentistry, etc. Other Universities have found it wise and economical to do so, and sometimes they have appointed a Vice-President to manage, integrate, and represent these centers. If such a plan eventually appears feasible and desirable here, the College definitely should consider additional re-organization upward to insure adequate support

for its major areas: undergraduate and graduate nursing and medical education, graduate public health, training, and laboratory technology instruction.

V. KEY ADMINISTRATORS AND THEIR FUNCTIONS

As in the case of organizational structure, Educational Officials and administrators at the college level are named and assigned definite roles through the national statutes or university regulations. In actual practice, their conduct is guided by an old, well established system of administration which has recently begun to undergo self-criticism, careful study and modernization. In such circumstances, the best information available is a mixture of facts and impressions. Following a general comment upon the system, the officers, regulations and observed practices will be discussed.

The basic system of administration is sound considering that its features can be changed through democratic processes, habits can be improved, and that there is a strong tendency to provide more permanent personnel with greater knowledge and diverse ability for the key positions. Within the College it is possible now to clarify the Tables of Organization and lines of authority, centralize executive authority and delegate authority, achieve cooperation and flexibility, make assignments and perform rechecks, and do self-evaluation studies. These routine administrative methods cannot be practiced consistently and thoroughly enough because few trained and experienced administrators are available to attack the problems from all posts. They are not plentiful because Koreans held no executive positions before the Liberation, thirteen years ago. At the conclusion of this report it should be obvious by their accomplishments that this College has capable men and that their administrative leadership has been wisely and skillfully used, often.

The Education Officials Law<sup>7</sup> states: "Deans shall be appointed by The President of Korea through the Minister of Education by the recommendation of the President of the University along with the concurrence of the faculty." They "shall be those who have the qualifications of a Professor or an Associate Professor;" their terms of office "shall be ... 4 years;" "they may be re-appointed;" and they "cannot hold an additional post."

It is significant that the Law is interpreted by the faculty as a right to "elect" the Dean. The University President nominates one or more individuals every four years; secret ballots are cast; and the winner, if acceptable to the President and Minister of Education, is announced to The President of Korea for his action. In this College no one has ever been re-nominated, re-elected, or re-appointed. (A few Colleges in Korea have had their Deans re-appointed.) Since the beginning of the Project, for various reasons, there

<sup>7</sup> "National Assembly Law No. 285, 21 March 1953."

have been four individuals as Acting or official Dean at the College of Medicine. One of them was exchanged for six months observation of Minnesota methods; and he submitted an excellent report on his tour, but was not re-elected. Plans for the current Dean to observe in the U.S. have not been completed.

The faculty recognizes now that a short tenure limits the ability of a Dean to plan and execute long-range programs or consistent policies, and that the election system tends to cast a shadow of politics, indecision, and instability over the office which is unfair to the caliber of the institution and the individuals concerned. While the existing system is believed to be an improvement over that used by the Japanese, it has been maintained (probably) to insure democratic checks and balances on untested individuals, keep a strong "chair system" in the hands of the Faculty Meeting, and as resistance against release of long sought independence to "administrators" as a class. It appears that practices will not begin to change until the faculty is satisfied that Korea has developed a corps of medical educators and administrators from which the colleges may choose their leaders and until the rewards of office satisfy the leaders. There is some evidence that this College is ready to change now.

The fundamental "Educational Laws"<sup>3</sup> provide that the Dean "shall manage school affairs, supervise school personnel, and instruct students."

The obligations "to manage school affairs (and) supervise school personnel" are interpreted to mean that the Dean is chiefly responsible for "academic administration" as contrasted to "executive administration," which is divided between the Dean, Faculty Meeting, University and Ministerial levels. The current Dean, a former Hospital Superintendent, is taking an increasingly active interest and responsibility in all administrative affairs. Examples appear throughout the report. They follow this pattern generally: During the early years of the Project regular Faculty Meetings and special faculty committees apportioned the staff exchange, equipment and rehabilitation requested from and distributed by the Project. The Deans followed the faculty consensus, according to the best information. With the approval of the Dean, the Project has attempted to strengthen the executive role during past months by insisting that all exchange and economic sanctions available in the Project be managed by him in accord with long range programs he and the faculty developed under his leadership, and by urging that the earlier appointed committees resume advisory roles. By astute management, he has succeeded in centralizing much of the available executive authority and extending it far beyond the Project program. Developed with the faculty's advice are long-range programs involving the re-organization plans described, and the staffing, rehabilitation and re-equipment measures needed to execute the program. He has begun to carry out the scheme with both Project and non-Project facilities. (See appendix II, items 18 and 19.)

The freedom "to manage (and) supervise" is limited in both the academic and executive senses by controls retained at the University and Ministerial levels. The Dean is NOT responsible for the selection of the staff; he nominates candidates to the Faculty Meeting, University President and/or Ministry. He cannot discipline faculty for misconduct, inattention, or laziness; he reports misdeeds to higher authorities. He does not control the faculty budget, and can only "influence" operational budgets. (The terms of reference outlining advisory activities did not provide opportunities to discuss these administra-

tive policies outside the College. Consequently, only observations of their effect upon the College can be noted. Care is taken in the report to mention the final authority for most policy decisions.)

The obligation "to instruct students" is understood to mean that the Dean will not spend full time in academic administration, but will carry a reduced teaching load, and if a clinical specialist, can continue to see hospital patients, hold clinics, etc. The current Dean, also a psychiatrist, has significantly increased the amount of time spent in administration during the past year; and as of this date, he lectures one hour/week/semester and spends three hours/week/year in his medical practice. The Dean is paid on the basis of his professorial rank; several professors receive more Government income than he does. It was necessary for him to maintain a private practice to earn adequate income for some time. It has been difficult to determine whether or not there are any faculty members who would approve of a full-time Dean earning decent support from salary items alone. The general impression gained is that they do not think it necessary. On the other hand, a large number of higher administrative and educational posts are occupied on a full time basis by physicians. The University's President and the Minister of Education are physicians, for example. Thus, it seems likely that the present statutes might be changed someday to authorize a full-time Dean, after the economic situation permits a suitable income.

The second executive- administrative body of the College is the "Faculty Meeting." In addition to approving the Dean's appointment, national statutes require that the "concurrence of the faculty" be secured in all faculty appointments and promotions above the rank of instructor.<sup>7</sup> University regulations provide for this by creating the Faculty Meeting. "It is composed of faculty members above the rank of assistant professor. The Dean shall be the chairman and call the meeting;...50% or more of the members...shall constitute a quorum; ....decisions shall be made upon the agreement of the majority of the members; ...(they) shall examine the following: (1) enactment of regulations and their change, (2) admission, promotion, and graduation, (3) tests and examinations, (4) praise and punishment of students, (5) allowance of scholarship, (6) other important matters concerning education."<sup>8</sup>

The Meetings were not watched because it did not seem proper to do so as "observers" with a language problem, or in view of the objective to strengthen the Dean's role in executive affairs. It is understood that they are very well attended, spirited and productive. Although there appear to be as many different factions or opinions among this faculty as any other normal faculty, these have been avoided whenever possible and little is known of their leader-

<sup>8</sup> "Seoul National University Regulations, Chapter 15, Faculty Meeting."

ship or strength in the debates. The results indicate that the meetings are often helpful to the Dean and generally follow his opinion, especially in recent months. During the tenure here the Faculty Meeting has considered the matters clearly specified in the laws, and under items 1 and 6 above, has discussed curriculum, the reorganization plans, establishment or abolishment of advisory committees to the Dean, and concurrence in the nomination of Instructors and lower ranks, for example. The Meeting never hears scientific papers.

One of the legal injustices possible under the Faculty Meeting system is that the new Department of Nursing would not have representation until its faculty could earn qualifications for professorial rank. In the meanwhile their program, staff and facilities would be at the mercy of the Meeting, which at best, is not sufficiently oriented to the needs and methods of modern nursing education. Only the Dean could intervene in any problem, and then only by refusing technically to forward the action of the Faculty Meeting to the University President. At this time the Faculty and Dean have demonstrated their full concurrence and cooperation in raising the standard of nursing and in organizing a collegiate level school. The future course, and the opinions of the medical staff upon detailed nursing affairs, are unknown which worry the Nursing School Principal and Project advisers.

The need for an Administration Committee to replace the executive-administrative functions of the Faculty Meeting has been discussed on numerous occasions. The proposals call for all Classes, the Hospital and the nursing program to be represented. Respecting fully the legal and practical necessity of retaining the existing system awhile longer, the Dean has explored the topic thoroughly and concluded that transition to such a committee could begin now, and be made formal later. In the last four months a prototype, called the "Personnel Committee," has been appointed. Composed of nine members and the Dean, its talents include a former Dean, the present and a former Hospital Superintendent, two Class Chairmen, a class Section Chief, the Dean of Instructional Affairs, and Dean of Student Affairs. The former Dean and former Hospital Superintendent are now Class Chairmen. All of the group have studied abroad in the last six years. They have advised the Dean on general affairs, such as the proposed draft for a school of laboratory technicians, as well as upon faculty promotions. (See Appendix II, item 18.)

The Dean and Faculty Meeting are served by the College "Section of Instructional Affairs," "Section of Student Affairs" and "Section of General Affairs" mentioned in the Presidential Ordinances<sup>5</sup> and University Regulations. The Chiefs or "Deans" of these sections report to the College Dean, Faculty Meeting and University Headquarters' Bureaus of Instruction or Administration. They are concerned with Department of Medicine affairs only; and it is planned tentatively that they will serve the new "Department of Nursing," but not necessarily so. They are not concerned with the administrative affairs of the "attached" institutions; these are reached officially up through the University

Headquarters and down again to the corresponding section in the Hospital or High School for Nurses. The same relationship will pertain to the "Attached School of Public Health," if established.

In practice, they keep the records of the College, and do not make many administrative decisions. It appears that the functions are discharged to the satisfaction of all concerned, and relatively little comment has been made about them. The two physician "Deans" have studied in their specialty fields abroad.

The Dean of Student Affairs has been responsible, among other things, for organizing the summer field trips of the faculty and students to doctorless areas, managing the College Symphony Orchestra, and supervising the various student organizations.

The Section of General Affairs is responsible for keeping the official seals, supervising non-academic personnel, purchasing and distributing teaching equipment, etc. It has been discussed indirectly in connection with problems concerning the Library and Project equipment distribution. The officers of this section come under the general civil service laws of Government at a level which does not provide for library science, inventory, or medical equipment-maintenance specialists. These needs have been discussed. The Dean has employed through non-civil service means an American-trained Korean bio-medical librarian and placed her in charge of recent acquisitions and lending service management. The Dean also has employed through some means a well qualified bi-lingual officer to receive, record, and adjust claims and distribution of Project financed equipment and supplies. Discussions concerning equipment maintenance and repair have centered in the Hospital with the assumption that such a section could serve the entire College legally. (See Appendix II; items 16 and 48.)

Serving the Dean in an advisory capacity are the Library Committee and Rehabilitation Committee. Members are appointed by the Dean and serve for an indeterminate period, as long as needed. About sixty percent of the group has been abroad during the past five years, fifty percent to Minnesota.

The newly appointed Library Committee is composed of six senior faculty members, including two Class Chairmen. The meetings that were observed established new rules for library use, centralized the Class library collections into the main college library, and reviewed plans for library space, remodeling, etc.

The Rehabilitation Committee is composed of six members, four of whom are Class Chairmen. Nursing is not represented. The members concerned themselves for some time with distribution of ICA FY 1955 and FY 1956 equipment. The meetings that were observed were called at the time ICA equipment was being unpacked, with one exception. They were freely attended by other faculty members who took the floor to voice opinions about the group's allocations. During the past year, by clarification of the purchase and distribution records, the Dean has had no need for the Committee to meet.

In addition to these, temporary study groups have been appointed to settle problems concerned with centralization of isotope equipment, audiovisual apparatus, etc. More junior faculty members and more who have studied abroad have been appointed to make these special studies.

Within the Department of Medicine, traditionally and unofficially, the Classes have been represented on ceremonial occasions by the "Senior Professor," i.e., the faculty member of longest tenure. In recent years these men have been described as "Chairmen" in various literature and discussions. On the other hand, each Professor in a Class often is involved directly in administrative matters concerning his chair's sub-specialty and needs.

The burden of proof favors describing the Classes as administered by Chairmen. The Senior Professors function as such in single professor units, as they do in both the American and European systems. In multiple professor units, such as Anatomy, Internal Medicine, and Surgery, on non-ceremonial occasions, there have been good and poor examples of chairmanship, as also is true in any medical school. Sixteen of them have studied abroad, in Europe, Asia and the United States; but few had special orientation to centralized departmental administration.

The Dean has attempted to strengthen the concept of Class Chairmanship by turning to the Senior Professors more and more often to discover their specialty's needs and interests. It has not been possible to ask them to cast a vote for their classes in too many instances, and in no official matters, because they realize their colleagues still wish to express themselves mostly through the Faculty Meetings. Consistent with earlier comments and plans, the Dean has made them responsible for Project affairs in the Class and has sought their recommendations on other matters. It is the intention of the Dean to continue to test the system. (See Appendix II, item 20.) It should be noted that since Senior Professors in the clinical specialties are the Chiefs of Services in the Hospital, they consider a broader number of administrative matters than do their pre-clinical colleagues. In contrast, the chair system is too firmly embedded in the culture to permit rapid changes in Class administration. Each Professor still finds an occasional opportunity to add to his collection without consultation with the Dean or Senior Professor. He controls his own assistants closely, seeks and conducts private research with funds and equipment secured independently, and teaches within his sphere of the specialty concerned often without much integration of content with those in his generic specialty or others, for example. As a result, it is understood that the chair holder still is tempted in Faculty Meetings to control his unit of the staff, and his subordinates do not disagree with his opinion because of their dependence upon him for an academic future.

The key administrator of the "Attached Technical High School for Nurses" is the Principal. Miss Low describes her duties in detail. As observed, she functions much as the Dean does, with the same type powers and limitations, coordinating her teaching activities with the Dean and submitting administra-

tive decisions to the University President. She spent six months observing the Minnesota School of Nursing program, and plans to manage one much like it.

Mr. Mitchell describes hospital administration thoroughly, but since the statutes and customs give physicians the most prominent role in hospital management, comments from a medical observer are in order. The Superintendent, who must be a physician and member of the faculty, is appointed following nomination of the Dean, recommendation of the University President, and certification by the Minister of Education. The term of office is two years; reappointment is permitted and practiced.

As interpreted, the Superintendent is responsible for administration of all affairs in the Hospital except those dealing directly with physician staff appointment, promotion, discipline and income, and those pertaining to teaching affairs vested with the Dean and Faculty Meeting. A research building is included in the Hospital property list, and the Superintendent is responsible for this activity also. While charged with management, like the Dean, he is not permitted to nominate, discipline, or discharge non-academic personnel above the 4th civil service grade, which excludes Section and Sub-Section Chiefs from his authority. The Minister of Health also prescribes certain health standards and laws which the Superintendent obeys in his role as chief of health care in the Hospital.

The system exemplifies the Oriental concept that doctors are omnipotent judges of hospital management as well as health care and teaching. The present Superintendent well might be, but he has long seen the wisdom of strengthening the role of his skilled lay assistants. This has been demonstrated in the course of daily observation of his meetings and activities. Having served as Superintendent once before, and after visiting U.S. Army Hospitals in the United States for six months, he has used this term of office more often to represent the Hospital publically on occasions when a physician is required or expected, to represent or collect medical opinion from his clinical staff and interpret it to his lay colleagues, and to demonstrate the compatibility of the American system of lay administration to the Korean professional and non-professional authorities concerned. (See Appendix II, items 32 and 33.)

In the latter role, it will be seen in subsequent sections that he has been instrumental in collecting a number of administrative functions from the clinical chairs and centralizing them under the Nursing or General Affairs Section of the Hospital. He also has delegated to the Medical Service Chiefs the responsibility for supervision of health care and research in their areas. Approval of his administration has been shown in his re-appointment to a third term of office, beginning 4 October 1958. No one else has been honored with appointment to more than one term.

Advisory to the Hospital Superintendent, on the same level as the other faculty advisory committees, is the Hospital Administration Committee.

Composed of five clinical specialists of professorial ranks appointed by the Dean, the Chief of the Hospital General Affairs Section, and the Superintendent, the Committee has considered with the Superintendent most of the administrative changes and new policies made in the last eighteen months.

Every meeting has been observed by the advisory group, usually by the whole team. One of their most significant tasks has been development of a plan calling for re-arrangement of all existing clinical facilities and coordination of the plan with the rehabilitation program of the Project. This was accomplished in about three month's time at weekly luncheon-afternoon meetings, which were pleasant, constructive, and most informative.

In the course of discussions the Committee touched upon the major policies and practices of the Hospital, and demonstrated their desire to cooperate with the Superintendent in his plan to centralize administrative functions with the General Affairs and Nursing Sections. Lately the Committee has met only once a month to consider basic policy issues. Six of the seven members have been abroad since 1952, five to Minnesota. (See Appendix II, item 34.)

Subordinate to this group, and often nominated by them, have been a number of temporary study committees composed of physicians, nurses, and administrators, most of whom have been abroad recently. Most of their meetings have been observed by one or more of the Minnesota advisers. Their work usually has led to establishment of detailed plans for new units or outlines of policies coordinating new and old functions. They are: The Intern-Resident Committee, Dietary Committee, Admissions and Medical Records Committee, Pharmacy Committee, and Infectious Disease-Isolation Committee.

Established custom encourages the Superintendent to call a monthly meeting of the Chief's (Senior Professors) of the Medical Services and their personnel. The Chief Nurse and Chief of General Affairs also attend.

Almost all these meetings were attended in the first year of observation. The Superintendent informed the staff of administrative changes being made or sought, of advice rendered by the Hospital Administration Committee, and of general progress and problems remaining in the Hospital. He has attempted to gain their support and to disseminate information back to the other personnel on their services. The impression gained was that the presence of service section professors tended to weaken the administrative role of the Chief of Service for that service, and that the entire group sensed some authority to

accept or reject decisions made by the Superintendent and Hospital Administration Committee. Their subsequent non-cooperation in certain affairs, such as discipline of nurses and control of equipment, bears this out. The general failure to carry important information back to other personnel of their services made another type meeting necessary:

Each month, just following the above meeting, the Superintendent customarily informed the assembled chief Assistants and Head Nurses of activities occurring in the Hospital. He also used the meeting to settle arguments or hear cross complaints of the two sexes. In the last few months the Chiefs of Services and Chief Nurse have taken greater responsibility for administering their groups, and the Superintendent has attempted to do without the meeting. In none of these meetings are scientific affairs discussed, and they are regarded by the faculty and staff as administrative opportunities.

The "Chief of the General Affairs Section" is the lay administrator of the Hospital. The statutes<sup>7</sup> require that he be a grade 3 A or B government official, and thus appointed by The President of Korea on recommendation of the Minister of Education. His duties include "matters of confidential papers, personnel, custody of official seals, general affairs, finance, and miscellaneous tasks not belonging to other sections."

In practice, Korean administrators have no special training for hospital work, but by their grade, are well qualified to handle general administrative matters. The current Chief was appointed during the period of observation, and he had demonstrated the ability of a select talented individual to step freshly into a specialized job, learn many of its fundamental principles, and improve the status and caliber of routine work performed in his Section. According to custom, he may be rotated in three to five years to another comparable or higher grade post, and likely will never work again in a Hospital.

Beneath him in the Sub-Sections, the Chief has helped create and supervise the new Housekeeping Service and Admissions Office. Through his business management, he has made most of arrangements permitting the new Central Supply Room, Emergency Room, and Recovery Room to open. With his staff, he is helping to plan for the Medical Record Room and financing of other new clinical services. Two of his problems are getting enough qualified personnel and training them to do the specialized work of a hospital. There are no civil service specialty titles in the other fields of administration to aid in the choice and management of new units. Plans for providing in-service, in-Korea, or foreign exchange training of hospital administrative personnel were included in the initial request for a contract extension but the in-Korea and Asiatic parts were omitted on later drafts because they required counterpart (Hwan) financing.

Miss Low also describes the administrative functions and activities of the Chief Nurse and her subordinates. Their improvement in the period of observation generally has paralleled and complemented the work of the other

Hospital and College personnel. However, administrative problems still arise over the inability of nurses to discharge unfamiliar executive assignments and the persistence of doctors in their line of authority. The needs for additional training in the techniques of nursing administration have been included in the contract extension plans.

There was no official executive body responsible for coordination of the Project in all units of the College eighteen months ago. The proposed "Administrative Committee" would do this, but in the meanwhile, the Dean has held weekly meetings with the Hospital Superintendent, Nurses Principal, Hospital Chief Nurse, and all Project advisers. The meetings have demonstrated the real advantages of frequent review of common problems and progress among these senior executives and the need for such a continuing body.

Comments and Recommendations: Conscientious efforts have been made to understand the lines of authority and responsibilities established in statutes or by custom, and to associate them with the work of the College authorities. Apology is made for any false impressions presented. Practices will continue to change, and successive advisers will want to improve upon the accuracy and import of this section.

The highest personal respect has developed for the Dean, Superintendent, Principal, Hospital Chief of General Affairs, Library Committee, Hospital Administration Committee and the study committees observed. The need for and importance of the current Faculty Meeting during the reorganization period are also acknowledged. It is believed the Senior Professors are cooperating and striving to improve College administration as much as possible within their present understanding of the European and American methods. The fact that many of them did not become familiar with American methods must be recognized. The absence of a hospital administration profession, civil service classifications in the health field, and nurses with administrative experience is rooted in the cultural belief that physicians are omnipotent in health affairs. Each of these needs is being met slowly; each has been approached by the Dean and Project; but additional time and effort are needed. The recommendations express faith in the desire and demonstrated ability of the staff to change, and in the prospect that budget will soon be available to implement the recommendations.

It is recommended that the College capitalize upon the current national interest in better public administration, using the opportunities to secure delegation of existing authority to the University President, College Dean, and Hospital Superintendent, for the appointment and full control of the

academic and non-academic staff, budget, and facilities. The peculiarities of administering a professional health education program in the University and Ministry of Education should be publicized and vigilance kept against changes in public administration which unintentionally work upon the College adversely.

Of utmost importance would be modification of the interpretation of the national statute requiring, literally, "concurrence of the faculty" in the appointment of the Dean. True concurrence could be expressed by the Senior Professors (Class Chairmen) representing their entire segment of the staff, by a special advisory committee appointed by the University President, or by some other representative means except by the direct or indirect casting of ballots among the Faculty Meeting and staff. The faculty should voice its general desire for longer terms of leadership to the University President and Council now, between election years. They also should work to increase the rewards and freedoms of a Dean until they can attract, test fairly, and sustain the leadership they want. The Dean's governmental salary should be at least as much as that of the highest paid professor. The Project should continue to depend upon the Dean for all decisions representing the Korean side, and to strengthen his executive role. When satisfactory arrangements can be made, Dean Myung Choo Wan should observe U.S. practices in a number of outstanding medical schools, with appropriate guidance.

The Faculty Meeting should delegate most of its legal authorities to the Dean and the Senior Professors (Class Chairmen), or abolish itself, as soon as it can test and approve the people and a sound system of centralized control. Under all circumstances, the nursing program, public health program, laboratory technicians, and hospital administration field should be represented fairly in the legal and important advisory bodies at all levels of the College. It is recommended that the Dean and University President appoint

Class Chairmen as officials of the University, respecting academic and administrative proficiency of the individuals appointed, as well as tenure. The use of temporary advisory committees for this purpose might be desirable. If this is done, and the Faculty Meeting approves or absolves itself, the Class Chairmen and representatives of other units should constitute an Administration Committee. The Committee might wish to retain all the powers of the Faculty Meeting at first, but ultimately it should become more advisory to the Dean and the Dean should exercise his executive role fully respecting the opinion of his advisers. Minutes of the prototype, temporary, and experimental committees should be published officially if they come to represent the official decisions of the College.

The Faculty Meeting should become a scientific meeting which also could discuss medical educationl.

The Librarian, Inventory Control Officer, and other administrative specialists should be recognized in the Civil service classifications assigned to the College at the time their functions are established in the official Tables of Organization. If T/O changes do not occur speedily, the services of these specialists should be secured through other official channels.

The Library Committee should continue its advisory role to the Dean, and temporary study committees composed of junior and senior staff with experience abroad should continue to examine programs and policies for the Dean, especially during the transition period and while centralizing authority.

Senior Professors (or appointed Class Chairmen) should continue to strengthen their administrative roles in their Class activities, and all personnel should be encouraged to channel their communications and decisions through Chairmen. The section "chairs" should be watched carefully to insure their fair representation and full integration in Class administration.

The Principal of the Attached Technical High School for Nurses should

become the "Director" of the Department of Nursing and be responsible for execution of the nursing program to the Dean and not to the medical Faculty Meeting. She should represent nursing on the proposed Administration Committee, in addition, and she must do so if it is a legal body of the College. The same recommendation applies to the Director of the School of Public Health.

The Hospital Superintendent should be a physician for many years, but his role should continue to be to collect administrative authority from the medical staff and delegate it to professional lay administrators and nurses as rapidly as trained competent individuals can be secured and tested. His Hospital Administration Committee should continue its advisory role and assist in this task. There should be no other executive-administrative bodies or meetings among the professional hospital staff; the existing "Chiefs of Services Meetings" should join the Faculty Meeting (for all staff) and discuss medical treatment, research, etc. Chief Assistants and Head Nurses should receive appropriate information through their Class Chairmen and Supervisors. The Hospital Superintendent also will want to continue using temporary study committees as recommended above.

Civil service classifications must be established for new hospital administration specialists, nurses, and all categories of technicians needed to improve administration and reorganization occurring in the College. The Hospital Superintendent, selected lay personnel, and nurses should be exchanged to the United States in an extended contract if suitable arrangements can be made for them to stay at the Hospital in satisfactory specialty grades of the civil service system. Further arrangements should be made with O.E.C., the U.S. Armed Forces, and Korean Government for in-service training of these specialists within Korea and Asia where possible.

All units of the College should establish administrative standards and policies, publish them to avoid misunderstandings, and provide records for

their successors. More useful and efficient means of written communication, perhaps in the form of Hanguk typewriters, should be secured, financed and cooperatively used to strengthen administration and education.

## VI. FACULTY AND STAFF STRENGTHS

The most distinguished feature of the College of Medicine is the faculty. Its part in establishing objectives, reorganizing and administering the College has been noted. As with the earlier examples, its strengths to teach, do research, serve and grow also are affected by the statutes and other limiting factors found in Korea today. For each aspect considered in this section, the discussion is arranged arbitrarily to present any regulations, College statistics and practices, and the surrounding problems. Emphasis is on the medical school staff; nursing and hospital administration are mentioned in the last of the section.

### FACULTY CLASSIFICATIONS:

The Dean, administrators and regular full-time Professors, Associate Professors, Assistant Professors, Instructors and Assistants are designated as "Educational Officials" of the Republic, with titles and status established in the national laws. The number in these ranks determines the basis for Ministerial support of all College activities. The individuals are fully protected in a type of national civil service system. In assigning titles, the basic Educational Laws specifically note that the professorial ranks and Instructors "shall teach students and carry on their researches" and that "Assistants shall assist the Professors and Associate Professors, working under their direction." Originally the faculty members were to devote themselves entirely to academic work and were not to earn additional income from private practice in the University Hospital or outside. However, due to persisting economic difficulties, special provisions were made to permit them private practices in offices outside the premises after duty hours, i.e., after 5 p.m.

Recognizing the need for additional teachers from the beginning, the Enforcement Laws<sup>9</sup> implementing the basic laws added that part-time "Lecturers" could be employed to assist the regular staff. Within the College of Medicine only, these are distributed by rank and are called Clinical Professor, Clinical Associate Professor, etc. The clinical staff conduct full private practices and come to the College only for lectures, laboratory and ward-round activities for which they are scheduled. In affiliated hospitals, they accept medical and nursing students as observers of their private practice. Three of the current clinical staff have no teaching duties and function as honorary members.

In addition to these Educational Officials, the University has been forced to create status for the full-time men they need and can support from NON-governmental funds and, also, for those they want and cannot support from any source. In more normal times these two groups would be appointed to vacancies and new positions obtained during growth. The appointees are selected for quality and ability with constant hopes that their peculiar status will soon become unneces-

<sup>9</sup> "Ordinance for the Enforcement of the Education Law Presidential Ordinances Nos. 633, 787, and 1141, last dated 27 March 1956."

sary. The paid members are called "special" faculty, as contrasted to the "regular" Educational Officials; and they rank above the clinical members. For most purposes they are treated as regular faculty, and are permitted to practice privately after dark. They are appointed on a year by year basis, however, and are not allowed to vote on matters going to the Ministry lest their extra-legal status become bothersome. At the bottom of the promotion lists are the Unpaid Assistants, who receive no official funds, but also are allowed night practices. Still a third group, the Eighteen Internes, are unpaid; they are considered to be Hospital Officials.

As in any medical school and teaching hospital, Assistants, Unpaid Assistants and Internes participate in teaching rounds, presentations and laboratory work offered to undergraduates, both with and without supervision. Exceptional circumstances (like the foreign exchange program and draft) made it necessary for certain Classes to assign Assistants to give lectures from time to time. It is understood that very recent promotions have eased the situation, but permanent relief is not assured. Selection for teaching assignments was made upon ability and not upon salary status, and therefore Assistants and Unpaid Assistants sometimes are included in the discussion and statistics dealing with teaching activities in the report.

This staff has observed that other colleges, particularly abroad, have intermediate and lower classifications such as "research scientist, research fellow, research assistant," etc. When budget is available, the College will create similar categories to expedite research programs.

#### SIZE, DISTRIBUTION AND METHOD OF APPOINTMENT:

The minimum number of Educational Officials in each rank in a department of a college is determined in Presidential Ordinances<sup>9</sup> in an effort to maintain high standards throughout the country. The actual number at SNU has always greatly exceeded the minimum, as is consistent with its national importance. At Liberation the faculty employed in this College was reduced below the number used by the Japanese; enlargement to the present strength occurred in 1952. Since 1952 the activities of the College have increased greatly, but NO new positions have been awarded. The requests must be placed through the President of SNU and the Minister of Education to the State Council of Ministers. The Council acts upon the recommendations of the Ministers of Education and Finance, but it is understood that the topic is open to discussion by all ten other Ministers of the Republic. Refusal by this group usually has been based upon the stated lack of budget. The total number of Educational Officials still is 89.

The problem is a general one facing educational activities throughout the country. The Ministry of Education is not oblivious or unsympathetic to the situation and three years ago developed with the national schools a master plan calling for significant increases in strength over the succeeding six years. The plan was approved in principle by a subcommittee of the National Assembly, but has never come to a vote. Thus it is three years behind schedule in the nation and one year behind its promises for this College, as shown in Table Three, and discussed later.

When the entire University faced the same problem and devised the Special and Unpaid Assistant staff system, the regulations provided that the number of posts per College would be distributed through University Headquarters, following approval of the College Dean's Committee and University Council. There are presently 14 special staff, and the College has chronically asked for more; but

refusal has been based upon the lack of sufficient non-governmental funds. There are 136 Unpaid Assistantships for the College now, and 101 are taken.

Distribution of the Educational Officials and University appointees within the College is the responsibility of the Faculty Meeting. It controls Class\* size and indirectly controls Class activities through its power to request new positions, distribute new positions, re-distribute vacancies, determine the kinds of rank assigned to each Class, and pass upon the Dean's nominations for appointment, promotion or discipline of all faculty members. Specifically, nominees for regular full-time posts above the rank of Instructor must clear the Faculty Meeting, be approved by the University President and Minister of Education, and be appointed by The President of Korea. Upon recommendation of the Faculty Meeting, the President of SNU can appoint all clinical and special ranks, the regular full-time Instructors and Assistants, and the Unpaid Assistants.

It is understood that in the past the Faculty Meeting used its collective powers to reshuffle Class strengths in numbers and in ranks represented whenever openings appeared. The fluid nature of the early program, program opportunities per Class, and fluctuation in the number of staff-in-residence per Class made frequent changes necessary, and perhaps justifiable. As the situation has become more stable and the number of vacancies created by resignation has been reduced to only one or two a year, the pressures for new positions have increased and the rivalries between Classes over promotion opportunities have apparently sharpened. Some relief has been provided by securing more special and unpaid posts and an occasional opportunity to raise salaries or award promotions to regular full-time staff. Primarily, however, the added special posts have been absorbed directly into new activities of the College, in creation of the Anesthesiology section, securing more highly trained specialists as in thoracic surgery, or in temporary absorption of the School of Public Health faculty, for example. Relief also has been obtained indirectly by beginning the appointment of clinical staff earlier than Dr. Maloney had advised. (See Appendix II, item 23.) The unexpected delay in securing new posts made this justifiable.

At this time the staff is distributed by rank and number per rank per Class as shown in Table Two. Table Two does not show the additional measures being taken by the current Dean and Personnel Committee to relieve pressures, end jealousies, and offer stability through development of a long-range staffing program based upon the Ministry's Six Year Plan. As noted, there is no indication that the Ministry can carry out its plan soon, but preparation of plans and early discussion are expected to reassure the faculty somewhat. (See Appendix II, items 24 and 25.) In working out the rough distribution of regular full-time posts shown in Tables Three A and B, the Dean and Committee have been careful not to reduce any Class from its present size without proper justification. Their thought has been to view the over-all objectives of the College against the needs of individual Class programs with emphasis upon strengthening undergraduate faculty/student ratios before increasing the size of Classes providing service to Hospital patients. This is shown throughout the Tables and emphasized in their careful calculation of the "preclinical-clinical staff ratio." Some persistence of the tendency to make many Classes of equal size despite their varying activities also is detected in the Table, and is explained as follows. Although the special staff classifications may be abolished

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\* See Section III for explanation of Korean use of word "Class."

TABLE 2  
T/O DISTRIBUTION OF STAFF AMONG CLASSES (OCTOBER 15, 1958)

Classes	Full-Time											Part-Time					TOTAL FULL-TIME	INTERNES	TOTAL FULL-TIME	TOTAL PART-TIME	CLASS T/O TOTAL	
	Regular					Special				Unpaid Assist.		Clinical										
	Professor	Assoc. Prof.	Asst. Prof.	Instructor	Assistant	TOTAL	Assoc. Prof.	Asst. Prof.	Instructor	TOTAL	Present	Vacancies	TOTAL		Professor	Assoc. Prof.	Asst. Prof.	Instructor	TOTAL	(Honorary)	TOTAL PART-TIME	
Anatomy	2		1		2	5					2	6	8	13								13
Physiology	1	2		1	1	5					3	2	5	10								10
Biochemistry	1	1			1	3		1	1	4	1	1	5	9		1		1				10
Pharmacology	1	1		1	1	4					4	1	5	9								9
Pathology	1		1	1	2	5					2	4	6	11		1	1	2				15
Microbiology	1	1	1		1	4					3	2	5	9		1		1				10
Preventive Medicine	1	1			1	3	1	1	2			5	5	10	1			1	2			12
Parasitology			1			1						2	2	3								3
Medical History	1			1		2								2								2
Physical Training				1		1								1								1
Internal Medicine	5	3	2	4	2	16	1		1	18	4	22	39		1	4		5	1	6		45
Surgery (Total)	2	1	3	1	2	9	1	1	1	3	20	5	25	37	1	5	2	8				45
Obstetrics-Gynecology	1	1		1	2	5				14	-3	11	16			1	1	2				18
Pediatrics	3			1	1	5	1		1	7		7	13		1			1				14
Neuropsychiatry	3	1			1	3				4	1	5	8									8
Urology	1				1	2	1		1	2	5		5	9								9
Dermatology	1			1	1	3	1		1	3	2	5	9				1	1				10
Oto-Rhino-Laryngology	1		1		1	3	1		1	6	-1	5	9			1		1				10
Radiology	1				1	2	1		1	2	3	5	8									8
Ophthalmology		1	1	1	1	4	1		1	4	1	5	10							1	1	11
Dentistry	1		1	1	1	4							4									4
College T/O Total	26	13	12	15	23	89	7	4	3	14	101	35	136	18	239	1	3	14	6	24	2	26

DISTRIBUTION OF REGULAR FACULTY (October 15, 1958)

A. THE SIX YEAR PLAN FOR AN INCREASE IN "EDUCATIONAL OFFICIALS"

Class	Size before Liberation	Present Strength	Future Strength	Change Planned
Anatomy	12	5	12	+7
Physiology	8	5	7	+2
Biochemistry	4	3	7	+4
Pharmacology	8	4	7	+3
Pathology	12	5	9	+4
Microbiology	4	4	7	+3
Preventive Medicine	4	3	7	+4
Parasitology	4	1	3	+2
Medical History	0	2	1	-1
Physical Training	0	1	0	-1
Internal Medicine	16	16	17	+1
Surgery	12	9	14	+5
Obstetrics	4	5	7	+2
Pediatrics	4	5	6	+1
Neuropsychiatry	4	3	4	+1
Urology	4	2	4	+2
Dermatology	4	3	4	+1
Oto-Rhino-Laryngology	4	3	4	+1
Radiology	2	2	4	+2
Ophthalmology	4	4	4	
Dentistry	2	4	1	-3
Clinical Pathology	0	0	2	+2
Anesthesiology	0	0	3	+3
Physical Therapy	0	0	1	+1
FACULTY TOTALS	<u>108</u>	<u>89</u>	<u>135</u>	<u>+46</u>
CLERKS (Civil Service)	?	2	7	+5

B. SCHEDULE FOR RELEASE OF FACULTY PROPOSED IN 1956

	1956	1957	1958	1959	1960	1961	TOTAL
Ranks Beyond Assistants	0	0	2	9	10	9	30
Assistants	0	0	3	5	4	4	16
Clerks	0	1	2	1	0	1	5

next year or whenever the Ministry's plan begins, it is hoped that some alternative method of keeping additional faculty will develop and that redistribution of the special AND Unpaid staff will eliminate any inequities between each Class' size and needs. The details of this redistribution have not been worked out and cannot be finished until more concrete evidence of the Ministry's and University's plans for the College are known. It also is recognized that the Six Year Plan will not solve the need for staff if the College continues to grow as it plans over the coming three to five years. No new avenues of staff growth appear to be available without improvement in the country's economy. (See Appendix II, items 21 and 22.)

Not shown in any of the Tables are evidences that the Dean and Personnel Committee have already begun to carry out parts of the long-range program. These efforts cannot be shown statistically because the appointments involved have not yet been approved by the President of SNU; approval is expected shortly. One recent resignation and additional funds for promotion of regular full-time faculty, all at the instructorship level, will when approved establish the first legal position for Anesthesiology (legally creating that activity), and provide five well earned promotions in Radiology, OB-GYN, Surgery, Preventive Medicine, and Anatomy. Evidence of the Faculty Meeting's approval of the Dean's plan is seen in the fact that between thirty-six and twenty-six votes were cast for each of the nominees from a possible thirty-six votes at the last Faculty Meeting. At the same meeting the Dean secured approval in principle for the freedom to accept resignations from senior faculty members and redistribute the released funds as promotions within the Classes and according to the College's long-range plans. Acceptance of the earlier recommendations to strengthen the Dean's executive role in managing faculty size, distribution and appointment probably will insure successful completion of the plan. Failing this, it remains to be seen whether the Faculty Meeting will continue to follow the leadership of this and succeeding Deans.

#### MINIMUM LEGAL QUALIFICATIONS FOR APPOINTMENT AND PROMOTION:

The minimum legal qualifications for appointment or promotion of Educational Officials were established in 1953, through the "Educational Officials Law." The pertinent provisions require that university teachers be graduates of an approved university; and, in addition, Professors must have four years study and six years teaching experience in their special field. Associate Professors must have three years study and four years teaching experience; Assistant Professors -- two years study and two years experience; Instructors -- two years study and one year experience. Those not having these qualifications must be recognized by the "Professors Qualification Inspection Committee."

Rules pertaining to the Committee are in a separate Presidential Decree.<sup>10</sup> They require, essentially, that the applicant submit his curriculum vitae and supporting evidence, an essay, and written consent of the faculty through his prospective Dean and University President to the Chairman of the Committee, who is the Minister of Education. The Minister and Vice Minister with nine Committeemen chosen from the same field throughout the country by the Minister review the data, interview, approve, disapprove or downgrade the rank requested. The Committeemen cannot be those who recommended the applicant, i.e., from his College or University. If passed the applicant is ready to go through the regular appointment procedures described. The same statute provides that the Minister of Education, acting alone, can make exceptions in fields which are

<sup>10</sup> "Presidential Decree No. 883: Recognition of Qualification of Professors, 13 November 1953."

"impossible or difficult to study in Korea."

All the faculty have an M.D., D.D.S., (or in Physical Training, a B.S. in Education). The regular and special faculty members are qualified by study and teaching experience for their present position, and 97% of those below the rank of Professor have met the minimum legal requirements for a promotion. When these data are examined for Class comparisons with the Law, several other interpretations result. The minimum statutory requirements are not likely to affect the strength of the established specialties, but their existence in a national law is likely to limit the speed with which this College can develop senior faculty in new specialties, like Anesthesiology. Despite the escape clause, it also tends to decrease the freedom of the College to compete equitably with the private schools for exceptional young men of any specialty who are offered higher ranks elsewhere. It can be argued furthermore that the faculty only recommend such individuals, that people outside the College can decide against the College in the choice of membership, and influence growth. (The situation is similar in at least one large American University.) The responsibilities of the Ministry to supervise standards are respected, and are not in question. Instead, it is believed that exceptions to the standard should be controlled directly within the channels concerned with appointment, program, and overall objectives, with the greatest possible authority delegated to the Dean and University President, especially in national universities.

#### FACULTY REQUIRED QUALIFICATIONS FOR APPOINTMENT AND PROMOTION:

The most notable feature about the faculty is its desire for high quality. Its standards far exceed the minimum set for the country. As an aspect of high quality, the staff show the greatest respect for those who have the most knowledge of their subject. This is expressed in setting teaching objectives, selecting administrative representatives, managing the Korean share of the Project contract, and through concurrence in most affairs. Specifically, in determining for appointment or promotion, the Personnel Committee recently considered candidates upon the basis of "their school career, research ability, position in Class, specialty interest, cooperation, and the ratio between Classes," as discussed below.

Competence was considered under "school career and research." In discussing school career the faculty in general places great emphasis upon whether the candidate has graduated from a reputable school, but especially whether he has graduated from Seoul National University. They justify their preference for SNU on the statistics showing that, while most of the high school graduates admitted to any college in Korea come from relatively few high schools and pass a very exacting intelligence test, SNU consistently admits only those with the highest scores, insists upon high performance throughout the college career, and proves its excellence in medical education by the fact that its graduates usually rank highest as a group and as individuals on the national medical licensure test. It also has been observed that once in College, the students do not transfer to other Colleges, and almost never to another University. Intense competition has developed between the schools in the course of these practices, leading sometimes to undesirable expression in the attitude that "a proper school career must include graduation from SNU." Whatever the reasons, 87% of the full time staff (regular, special and unpaid groups) are undergraduates of SNU or its predecessors. Of the remainder, half received their training in Japanese schools located in Japan or Korea, and half were trained in Korea by Christian missionary schools.

The Dean and some others have recognized the advantages and disadvantages in these factors, and have shown increasing willingness to consider hiring individuals from other schools recently. Most of the non-SNU graduates were admitted within the last six years; and while statistics are unavailable, it is understood that a number of candidates for vacancies, who are not now on the staff, are graduates from other schools. There is some doubt as to whether the Faculty Meeting agrees to the Dean's analysis and plans to avert in-breeding. The Hospital Superintendent does, and with his Internship-Residency Committee, selected several non-SNU graduates for internship this year. In a few more years the College should have added strength in this respect if the Dean manages the program or the Faculty Meeting agrees to follow his leadership.

Competence in graduate school training is valued in "school career" because until Liberation graduate work was one of the few means of increasing critical knowledge and the only way to gain an early and satisfactory appreciation and some experience in scientific methodology. In the colonial period, Keijo Imperial University (SNU) was the only school allowed to grant a Ph.D. degree in Korea; the teaching methods of the time did not expose any undergraduates to scientific method sufficiently; and there were few research opportunities outside the school in Korea. As a result, graduate training at this school or abroad was a prerequisite for an academic career under the Japanese. At Liberation graduates from this school were obvious candidates for appointment to SNU's initial faculty, and few non-SNU graduates were appointed. Thus, the graduate school policies as well as the undergraduate policies of the Japanese fostered in-breeding and made it inescapable in the new school.

The results of these policies were generally believed to be satisfactory, and the traditions requiring or preferring graduate experience here were continued for many years. At times in the past thirteen years it apparently was difficult to insist that all candidates for appointment or promotion hold an advanced degree. They could not complete the requirements or do acceptable original work during war-time, for example. As often as possible, however, candidates were advanced who had been or could be registered in the Graduate School. M.S. degrees began to be acceptable in lieu of Ph.D. degrees; M.S.'s were not (and still are not) important recommendations, however. Increasing emphasis was placed upon the nature of the individual's experiences and less upon whether degrees were earned. The war-time difficulties also made opportunities for many Korean physicians to study and observe abroad, and as they returned, the value of their new knowledge was recognized, often by faculty appointment or promotion. In this way competence has gradually come to be measured on the basis of formal graduate training here and abroad, and on the basis of total experience here and abroad. The accumulation and distribution of strengths in graduate experience, graduate degrees, and foreign experience among the regular and special faculty are shown in Tables Four and Five.

The Table Four emphasizes that the faculty can be expected to supplement the legal requirement of four year's study for a full Professorship with the requirement of a Ph.D. degree. While 60% of the 20 Associate Professors have advanced degrees, another 15% of them have valid reasons for not completing their work; and the same relationship holds for Assistant Professors, 37% of whom have advanced degrees now. Strength for the future is well represented in the number of degrees already earned by 51% of the regular and special Instructors and Assistants. 75% of all advanced degrees were earned at SNU, 7% at the University of Minnesota.

GRADUATE SCHOOL EXPERIENCE AND GRADUATE DEGREES HELD BY REGULAR AND  
SPECIAL FACULTY

A. By Class	Ph. D. @ SNU	Ph. D. Else- where	M.S. @ SNU	M.S. Else- where	Only Registered in Grad. School @ SNU	Else- where	No Ad- vanced Prepara- tion
<b>Anatomy</b>							
2 Professors	1					1 (Minn.)	
1 Asst. Prof.	1	-----	1				
2 Asst's			1			1 (Minn.)	
<b>Physiology</b>							
1 Prof.	1						
2 Assoc. Prof.	1					1 (Munich)	
1 Instructor			1				
1 Asst.			1	-----	1 (Minn.)*		
<b>Biochemistry</b>							
1 Prof.		1 (DNA- Paris)*					
1 Assoc. Prof.	1						
1 Instructor					1		
1 Asst.						1 (Minn.)	
<b>Pharmacology</b>							
1 Prof.	1						
1 Assoc. Prof.							1
1 Instructor						1 (Minn.)	
1 Asst.				1 (Minn.)*			
<b>Pathology</b>							
1 Prof.	1						
1 Asst. Prof.							1
1 Instructor	1						
2 Asst's			1			1 (Minn.)	
<b>Microbiology</b>							
1 Prof.		1 (Man- churia)					
1 Assoc. Prof.	1						
1 Asst. Prof.						1 (Minn.)	
1 Asst.				1 (Minn.)*			
<b>Preventive Medicine</b>							
1 Prof.	1						
2 Assoc. Prof.	2	-----		1 (M.P.H. @ Mich.)			
1 Asst. Prof.			1	-----	1 (M.P.H. @ Minn.)		
1 Asst.						1 (Minn.)	

A. By Class	Ph. D. @ SNU	Ph. D. Else- where	M.S. @ SNU	M.S. Else- where	Only Registered in Grad. School @ SNU	Else- where	No Ad- vanced Prepar- ation
Parasitology							
1 Asst. Prof.						1 (Minn.)	
Medical History							
1 Prof.		1 (Man- churia)					
1 Instructor			1				
Physical Training							
1 Instructor							1
Internal Medicine							
5 Prof.	3	2 (Japan)					
4 Assoc. Prof.	2					1 (Minn.)	1
2 Asst. Prof.			1				1
4 Instructors		1 (Japan)	<del>4</del>	1 M.D. (Munich)			
2 Asst's			2				
Surgery							
2 Prof.	2						
2 Assoc. Prof.	1					1 (Minn.)	
4 Asst. Prof.					2		2
2 Instructors			1	1 (Minn.*)			
2 Asst's					2		
OB-Gyn							
1 Prof.	1						
1 Assoc. Prof.							1
1 Instructor			1				
2 Asst's					2		
Pediatrics							
3 Prof.	2	1 (Japan)					
1 Assoc. Prof.							1
1 Instructor					1		
1 Asst.					1		
Neuropsychiatry							
1 Prof.		1 (Japan)					
1 Assoc. Prof.		1 (Japan)					
1 Asst.					1		
Urology							
1 Prof.		1 (Japan)					
1 Assoc. Prof.			1				
1 Instructor			1				
1 Asst.			1				

A. By Class	Ph. D. @ SNU	Ph. D. Else- where	M.S. @ SNU	M.S. Else- where	Only Registered in Grad. School @ SNU	Else- where	No Ad- vanced Prepar- ation
Dermatology							
1 Prof.	1						
1 Asst. Prof.							1
1 Instructor							1
1 Asst.					1		
E.N.T.							
1 Prof.	1						
1 Assoc. Prof.			1				
1 Asst. Prof.			1				
1 Asst.							1
Radiology							
1 Prof.	1						
1 Asst. Prof.			1				
1 Asst.						1 (Minn.)	
Ophthalmology							
2 Assoc. Prof.	1						1
1 Asst. Prof.			1				
1 Instructor							1
1 Asst.					1		
Dentistry							
1 Prof.							1
1 Asst. Prof.							1
1 Instructor			1				
1 Asst.			1				
TOTALS	27	10	25	7	12	12	16

B. By Rank and Highest Degree earned

26 Professors	24	(92.5%)			1	(3.8%)	1	(3.8%)
20 Associate Prof.	10	(50%)	2	(10%)	3	(15%)	5	(25%)
16 Asst. Prof.	1	(6.3%)	5	(31.2%)	4	(25%)	6	(37.5%)
18 Instructors	2	(11.3%)	10	(55.5%)	3	(16.6%)	3	(16.6%)
23 Asst's			9	(39.1%)	13	(56.5%)	1	(4.4%)
Ratio of 103 Faculty	37	(35%)	26	(25.5%)	24	(23.5%)	16	(15.5%)
			63	(61%)	24	(23.5%)	16	(15.5%)

\*Degrees earned with  
Project Support in  
whole or part.

TABLE NO. 5  
FOREIGN STUDY BY REGULAR AND SPECIAL FACULTY -- 1946 to 1959

By Class:	Total	Study Abroad		Prof.		Assoc. Prof.		Asst. Prof.		Instr.		Asst.	
		No.	%	No.	Yrs.	No.	Yrs.	No.	Yrs.	No.	Yrs.	No.	Yrs.
Anatomy	5	4	80	2/2	2			1/1	1			1/2	4
Physiology	5	4	80	1/1	1	2/2	4			0/1	0	1/1	2
Biochemistry	4	3	75	1/1	3 $\frac{1}{2}$	1/1	1			0/1	0	1/1	3
Pharmacology	4	3	75	1/1	1	0/1	0			1/1	1	1/1	2 $\frac{1}{4}$
Pathology	5	5	100	1/1	1 $\frac{1}{2}$			1/1	1 $\frac{1}{2}$	1/1	1	2/2	4 $+$
Microbiology	4	4	100	1/1	2	1/1	1	1/1	2			1/1	4
Preventive Med.	5	5	100	1/1	1 $\frac{1}{2}$	2/2	4 $+$	1/1	1			1/1	1
Parasitology	1	1	100					1/1	1				
Medical History	2	1	50	1/1	1					0/1	0		
Physical Training	1	0	0							0/1	0		
Internal Medicine	17	9	53	4/5	3 $\frac{1}{2}$	2/4	3	0/2	0	3/4	7	0/2	0
Surgery	12	7	58	1/2	1	2/2	13 $\frac{1}{4}$	2/4	6	2/2	4 $\frac{1}{4}$	0/2	0
Ob-Gyn	5	2	40	1/1	1	1/1	5			0/1	0	0/2	0
Pediatrics	6	2	33	1/3	1	0/1	0			1/1	2	0/1	0
Neuropsychiatry	3	2	66	1/1	1 $\frac{1}{2}$	1/1	1					0/1	0
Urology	4	2	50	1/1	1 $\frac{1}{2}$	1/1	1			0/1	0	0/1	0
Dermatology	4	2	50	1/1	1			0/1	0	1/1	1	0/1	0
E-N-T	4	2	50	0/1	0	1/1	1	1/1	1			0/1	0
Radiology	3	2	66	0/1	0			1/1	1			1/1	2 $\frac{1}{2}$
Ophthalmology	5	1	20			1/2	1	0/1	0	0/1	0	0/1	0
Dentistry	4	0	0	0/1	0			0/1	0	0/1	0	0/1	0
	<u>103</u>	<u>61</u>	<u>59%</u>	<u>19/26</u>	<u>21</u>	<u>15/20</u>	<u>24</u>	<u>9/16</u>	<u>14.5</u>	<u>9/18</u>	<u>16<math>\frac{1}{4}</math></u>	<u>9/23</u>	<u>23</u>
				(73%)		(75%)		(56%)		(50%)		(39%)	

As a feature of graduate training, advanced degrees and competence, it is interesting to note that 64% of the regular and special preclinical faculty have a Ph.D., M.S. MPH, or degrees at both levels in addition to their basic M.D. This strength has already proved useful in bringing about an interest and understanding of the need for integration of preclinical and clinical teaching activities. In some instances the integration has already occurred because the preclinical staff undertook clinical research problems and then brought in clinicians. On the other hand, despite their basic training, some of the pre-clinical staff have not demonstrated an interest in integrated activities.

Competence in research has been measured by the quality of the candidate's graduate thesis if done, the number of papers published, and the amount of participation in Class research activities and public appearances. College-wide data are not available on any of these features; cases are judged on their individual merits according to evaluations submitted by the Professor or Associate Professor in charge of the candidate. In one way it was refreshing to find that few faculty members could recite or produce their consolidated list of publications upon demand, that the Dean kept no list of exact number or title of publications anywhere in his office, and that the faculty generally feels no pressure to "publish or perish." On the other hand, as opportunities for research increase in the College, it is apparent that research ability will increase in importance as a mandatory qualification for senior positions, and comparative data will become essential. Since Professors and Associate Professors control research in their areas, there is wide variability between the opportunities each staff member has to learn how to conduct research and to become proficient in research. As in most medical schools, this factor has never been measured or estimated. Dr. Flink's report contained a sample list of the M.S. Thesis subjects for Internal Medicine, and a few similar lists are available for other Classes. Judging from these, the available list of published papers, and the requests being made for research equipment, it appears that most of the senior faculty are active in research and that they include some of the junior staff in each project. At the four meetings of national medical societies attended the number of SNU faculty upon the program was impressive and considerably larger than the representation from any other medical school. SNU faculty also were asked to present papers at the international meetings attended during the eighteen months, and were well received.

When discussing "position in Class" as a qualification for promotion, the faculty apparently considers the candidate's "seniority" as an indication of tenure in teaching, teaching ability, acceptability to his Classmates, and economic status. Observation shows that respect for age places this quality in the same parameter with "seniority," especially in this culture. In one respect the faculty appreciates from personal experience that many years were spent adjusting to the Liberation, War and reconstruction periods. In another respect they have sympathy and understanding for long tenure in rank made necessary by the scarcity of vacancies in senior positions. The relative importance of these matters may be shown by the fact that two of the recent nominations of the Dean were questioned because the proposed man had comparatively little seniority. After discussion concurrence was given and the nominations forwarded to the President on the strength that the kinds of experience and potential contributions were more important to maintaining a good program.

It appears from inspecting the personnel roster that the College has fewer younger and older Professors, Associate Professors, and Class Chairmen than does the average United States medical school. Also, the average age and range of ages in some of the Classes is con-

siderably older than that in others; and in some of the same Classes, the staff have often held their ranks longer than usual. These observations are not all explained on the basis that the system is only thirteen years old, limited to eight medical schools, draws from 6,000 physicians, has no new positions and a limited number of promotions to distribute. The facts surrounding the initial appointment of the faculty, its re-appointment at the end of Korean War, and the changing personnel management policies have a more direct bearing upon the above impressions.

The use of "position in Class" as an estimate of teaching ability may follow upon the fact that teaching is learned here, as in most medical schools, by apprenticeship methods and not by pedagogy. There is no interest in pedagogy. Those who are experimenting with clerkship methods and those who use audio-visual aids liberally have a good reputation as teachers among the faculty and students although no surveys have been conducted to show this. Teaching methods have not been discussed among the faculty sufficiently to produce any mensuration data useful to the faculty or observers. Acceptability by the students and acceptability in the Class are in the same category; no student polls have been taken. There is noticeable strength in the close rapport observed between the faculty and students. Morale is high. No criticisms of personality traits were ever voiced by the students who frankly criticized other features of the faculty and College. Among the faculty themselves there is a finely developed sense of seniority, status, ability, and personality traits which finds relatively free, humorous, and respectful expression in the activities observed.

"Specialty interest" is considered in making promotions today because the College wishes to have competent individuals in every area of the medical sciences and because there is a natural pressure from all Classes to gain as many of the scarce vacancies as possible. The data on future plans suggest that the Faculty Meeting would have most specialties of comparable size, which suggests that "specialty interest" is considered as an avenue of adjusting the sizes until they are as planned. "Ratio between Classes" may be considered as a part of the same approach.

"Cooperation" as a qualification for promotion also is a sign of the current stresses upon the College. Kindness, unselfishness, cooperation, punctuality, initiative, devotion to hours and duties, acceptance of new responsibilities, relinquishment of old habits, endurance of hardships, community sharing, and many other desirable characteristics have been discussed by the leaders with the faculty in the past eighteen months. It has already been stated that the staff demonstrates the best attributes in general, but apparently there are variations in practices of the above qualities which are important to the Dean and Superintendent, variations that require constant admonitions and a place in the self-evaluation process.

There probably are many other topics discussed at the time promotions are considered, but as a group of headings to guide discussions, the six items mentioned seem to cover most of qualifications used in U.S. medical schools. As practiced today, it appears that the College ranks competence first, and all other qualifications in variable order, depending upon the circumstances at the time. Ability to teach by new methods, maximum use of available research opportunities, incentive to teach and assist in rebuilding vie with seniority, inter-Class relationships, and other administrative and financial difficulties remaining in the College. Delegation of authority to the Dean and his advisers and an adequate personnel budget are being sought to relieve these unnatural

pressures upon the factors which truly determine the qualifications of a good teacher.

**OPPORTUNITIES TO USE FOREIGN EXPERIENCE TO STRENGTHEN STAFF QUALITY:**

The faculty appreciates the need to refreshen after the isolation imposed by the Japanese and during the Korean War. It also wishes as much as any other group to be a part of the main stream of scientific progress at home and abroad, and to apply this knowledge to their fundamental objectives. It would like this College to be the best in Korea and to enjoy a good reputation in Asia and throughout the world. In the post-war period the members have had at least five kinds of opportunities to accomplish these purposes through personal contact with foreign progress; by acquiring new faculty members who have gained needed skills abroad, by close association with selected foreign physicians visiting or stationed in good circumstances in Korea, by observing the effects of these visits, by sending their members to study at leading foreign institutions, or by foreign exchange programs. The first three methods are relatively cheap but limited and uncertain when contrasted to the need to rebuild quickly and according to a plan. The last two are expensive, impossible to attain without substantial assistance and guidance, but more certain of speed and aims. All methods are pertinent and worthy of consideration today, four years after our Cooperative Project began, because the College has not yet attained its full strength or begun to accomplish all its objectives in the contract period.

The limitations upon acquiring qualified new faculty members of any sort were described when reporting upon the size, distribution and method of appointment of the faculty. Table Four shows that the College took advantage of the opportunity to appoint foreign trained staff from outside its ranks on several occasions in the past. In the last eighteen months the Dean has received inquiries directly and indirectly from several well qualified Korean physicians in critical preclinical and clinical specialties who would like to come here, some from the United States and some from within Korea. The replies from the Dean have had to be most guarded, without encouragement, or refusing in tone, according to the prospects for using the auxilliary staff positions open at the moment. Every effort has been made to keep the applicants interested in coming here but fully aware of the peculiar circumstances, lack of new posts for six years, and lack of evidence that the Ministry can implement its Six Year Plan. Rather than wait, some of the good candidates have gone to private colleges or into private practices from which they seldom return to academic work. Probably some men of this type can be secured sometime in the future, but it is impractical to lay plans around specific individuals or specialty interests without more knowledge of the general availability of all types of specialists in Korea. This kind of survey has never been done. A former Dean suggested very frankly in a newspaper article that resignation of some of the senior faculty concentrated heavily in a few of the Classes would provide an ideal method of bringing in desirable members.

There have been relatively few visits or lectures by distinguished foreign physicians because Korea is not on the main routes of world travel or financially capable of importing such scholars in significant quantity. Those visiting recently stayed the briefest possible periods but contributed noticeably to morale or knowledge. There is reason to believe that some of the major philanthropic organizations and Embassies would favorably consider more activities of this type if they received well designed plans involving a suitable audience.

The U.S. Armed Forces in Korea are a more plentiful source of contact with some western methods, mostly administrative or technological, but useful to improvement of staff or program quality. The isolation of the Americans' camps behind fences and at considerable distances from the College, and their infrequent contact with the civilian population made them difficult to know and evaluate by the Koreans, however. For some time the basis of contact has been an individual one, in which the faculty will meet a military physician, invite him to its activities, meetings and homes, and gain rapport. The invitations are returned, friendship develops, and then the military man is transferred. Lately efforts have been directed more toward establishing contacts on a unit basis, and it is believed some lasting benefits can result.

For example, the Eighth U.S. Army 121st Evacuation Hospital welcomed visits by the Hospital Superintendent and administrators, conducted a tour for a group of senior medical students, invited the faculty to the 38th Parallel Medical Society meetings (of military personnel), arranged for in-service training of a nurse to operate the new Central Supply Room, and offered assistance in arranging the training of a maintenance engineer and the repair of specialized electronic research and therapy equipment. Their biochemist has assisted in the design and conduct of a research project and provision of blood samples for comparative studies of cholesterol levels in Koreans and Americans. In return, their staff has been invited to attend the regular grand rounds and seminars in the Hospital and to present papers at the national meetings arranged by the College faculty.

Prospects for the future have been offered or tentatively discussed along several lines. The 121st Hospital now trains a few R.O.K. medical officers and is expected to increase this activity, which conceivably could include SNU's graduate students and Assistants with accompanying faculty sponsors in some of the seminars. Transportation arrangements would have to be financed separately from the current College budgets, however. The same Hospital has a physical plant enlargement program and plans to increase the number of American Board qualified or certified specialists stationed there. Both technical and medical specialists could be invited to be consultants to the Hospital, the latter participating in the seminars on a regular planned basis. The Army Surgeon and Preventive Medicine Officer have already forwarded an application from the College for an Army research grant to study Japanese-B encephalitis. Acceptance of the application will open a number of worthwhile avenues of research program improvement and encouragement. Continued exercise of these contacts on a unit and individual basis could provide stimulation and a satisfactory exchange of information favoring both groups. They could lead eventually to elimination of the apparent ineligibility of the College for "Armed Forces Assistance to Korea" project funds. The Air Force might then have an opportunity and some interest in assisting with additional improvement of the College's laboratories, helping to settle the ill feeling resulting from the damage done during their long occupancy of these buildings.

During the various tours of Seoul, southern Korea and Asia, the College staff had opportunities to observe a number of important western methods being used. Usually these were seen in institutions which had or have had American advisers, and they were mostly observations of administrative techniques rather than estimations of the personnel's academic or research competency. The most significant generality to be drawn from the observations is that they demonstrated the practicality and improvements offered by western methods in the hands of the Korean administrators. There were specific instances in which the

SNU College had questioned whether certain changes were possible or advisable now; but when these same changes were observed to work successfully elsewhere, the College also began to change.

For example, within Seoul the foreign experience gained by the faculty and staff at Ehwa, Soon Hwa and Young Sei Colleges of Medicine showed that central supply systems, visiting hour controls, diet kitchens, central food service, or re-location of nursing stations along American methods improved the patient's care. In Taegu, Kwangju and Seoul it was noted that the faculty and students could safely share all the library resources of the Colleges, and that everyone was interested in undertaking more clerkship type training methods. The WHO Manila meeting and visits to Japanese medical schools emphasized that the chair system is weakening, that integration of preventive medicine throughout the curriculum is vital and possible, and that there is a strong common bond between the educators in this area because of the similarity of their recent or current problems. The College has gained from the observations, and probably will continue to do so. Plans are being made to use Korean army and civilian hospitals as a source of in-service training for nurses and hospital administration personnel, for example. It is not evident, however, that all the staff or even all its leaders share the interest of the Dean and Superintendent in learning through the foreign experiences successfully used in competitive institutions by fellow Koreans. Pride, isolation and other factors contributing to in-breeding among the Colleges are probably responsible for this limitation.

Another source of contact with foreign experience available in Korea will be the National Medical Center operated by the Ministry of Health and the visiting Scandanavian Mission composed of Danish, Norwegian and Swedish physicians, nurses and technicians. Within the month their newly built multi-million dollar plant has been completed and dedicated, and the selection of staff has begun. Already the Dean has recommended approximately 35 acceptable SNU graduates for subordinate posts in the Center, and more are expected to be acceptable. At first it was suspected that the attractiveness of the proposed program at the Center would drain some of the valuable staff away from this College and others, but skillful management of the recruitment policies by the Center's Korean Director and internal planning within the College have averted any immediate loss of essential faculty. The College hopes that the Center eventually will assist in providing graduate and postgraduate training for potential faculty, that their foreign staff will accept senior medical students and observing faculty to their activities, and that they will accept the extended invitations to the College's graduate and postgraduate activities. Additional planning and early action on possibilities is needed.

The fourth method of using foreign experience to improve staff quality, (the opportunity to send faculty to selected foreign institutions for refreshment, re-orientation and preparation in modern teaching methods), has been used indirectly in several important ways. The College has never had funds of its own to send its members wherever or whenever it wished, not even to Korean or Asiatic scientific meetings. The private sponsors of individual visits have seldom asked the College to recommend a specific faculty member or to choose the type experience needed in the College. Nevertheless, the Deans and Faculty Meeting have controlled all visits indirectly through their encouragement of individuals to seek certain kinds of foreign experience, by providing security of their appointment, salary or fringe benefits while they were gone for both short and long visits, and by assisting in securing the essential recommendations and clearances for passports through the Ministries of Education, Defense and

Foreign Affairs. Foreign travel would be impossible without this assistance, regardless of the financial source or agencies concerned, and the College's use of these tools stands in general to their credit. At times individual uncoordinated foreign visits have conflicted with the needs of a Class or the quality of a teaching program and schedule. The absence of a strong Dean, a master plan, and presence of vague interdependent Faculty Meeting control has led to justification solely on the questionable premises that future quality faculty was more essential than the experience lost to the particular students and that it is cruel of the faculty not to support one of their members's good fortune. It is believed, however, that more careful and thoroughly planned use of available methods could result in essential accomplishments and future strengths of important value.

For example, the private and governmental assistance currently available or promised Korea is not truly sufficient to keep them consistently abreast of world progress over a long period of time; continued contact with foreign scientists, hospitals and laboratories is essential for a good College. No one anticipates that the wealth of young graduates or a plethora of graduates will provide an adequate reservoir of foreign trained individuals from which this kind of faculty candidates can be selected until many many years later. In the meanwhile, encouragement of carefully selected Internes, Assistants, and Instructors, improvement of their foreign language ability, and careful use of the methods mentioned can lead to adequate strengths in certain critical areas. It is known that several very highly recommended young Assistants have been started on this course in Orthopedics, Internal Medicine, and Anesthesiology without the need to involve any of the scarce governmental aid given to the College or Korea. It also is recognized that this plan will fail unless the Deans stay in office long enough to fulfill their promises to the selected individuals and the general plans for faculty improvement. An alternative of considerable magnitude requires that the Faculty Meeting, University and Ministry of Education participate in the management of these informal private opportunities and/or guarantee transportation funds and future positions for the participants. The University of Minnesota College of Medical Science has been asked to consider these relationships and indicate the nature and extent of its willingness to assist (outside the contract) in providing fellowships for those selected by the College with the guidance of medical advisers in residence with the Project. Whether Minnesota or any other Universities join in such an agreement, wise use of the powers available and the training openings offered by medical centers throughout the world could accomplish a long-range plan of faculty improvement or provide continued planned contact with foreign progress.

Bearing upon the examples cited above will be the effect of the examination to be required of all foreign graduates who wish to train in United States hospitals in clinical science areas after 1960. The Educational Council for Foreign Medical Graduates has sent its representative to Seoul to inform the Korean medical profession of the intent and mechanisms of the program, and the favorable reception given to the plan indicates that this College and several others respect the need for American hospitals and schools to test personally the quality of foreign students. They plan to assist their graduates in every way to qualify and pass the tests.

Early experience with the examinations in the United States indicates that objective type questions, the language proficiency requirement, and knowledge of the integrated preclinical and clinical approach to general medicine and particularly to preventive medicine will give foreign graduates difficulty.

The effect of failures upon the curriculum and teaching methods in this College may be important both as a stimulant to some Classes or as an unwanted control over curriculum content. The ECFMG recognizes these factors and assures the College that it will keep its tests as basic, sound and flexible as is consistent with its objective to require foreign trainees in the United States to understand American principles and American patients' needs. The College is aware that curriculum must be oriented to the needs of Korean physicians practicing in Korea and they plan to recommend for testing only those graduates who have demonstrated superior knowledge of Korean and American curricular materials. Thus, the test is seen as an excellent opportunity to screen candidates for future exchange to clinical science areas under the contract, and as a means of providing the Dean an interesting and perhaps useful guide to the quality of the entire undergraduate program. The ECFMG representative assured the College that data on the results of the test could be made available to the Dean's office for this purpose under appropriate circumstances. Final arrangements for contract use of the ECFMG test have not been discussed with the Dean or some others concerned.

In addition to the individual opportunities to study abroad, world interest in health and health education within Korea has provided the College two outstanding opportunities to use foreign exchange programs to accomplish specific planned objectives. The first, and the one that was lost, was the WHO/UNKRA scheme outlined in Appendix I. The second has been this Cooperative Project, differing with the first in the respective sizes of exchange in both directions. UNKRA proposed to send a complete staff of clinical scientists and para-medical personnel to demonstrate and help manage a teaching hospital here; the Project has undertaken commitments only for the American advisory specialists most needed in specific areas of the whole College. UNKRA proposed to send approximately half the entire faculty abroad; the Project has sponsored visits for 40% of the current faculty, and is considering an extension which would provide training for another 32%.

A summary of the distribution among the ranks and Classes is shown in Table Six:

While the general nature and impact of the exchange program is described and its serial progress recorded continuously in the Semi-Annual Reports, the detailed purposes and experiences of the College in managing this exchange through three changes of Deans have not been mentioned previously, except in inter-office correspondence. These matters are important to the planning of a contract extension, to relieving pressures upon the Dean, and in light of the fact that there is no real assurance that future changes in the leadership will not revive some of the problems believed to be solved.

Table Six emphasizes first that nursing, public health, hospital administration, and laboratory technology were inadequately covered by the size of the original exchange program or its method of use. It emphasizes secondly that in the early years the College wished those of demonstrated competence, i.e., those in higher ranks, to be exchanged for refreshment and reorientation together with a proportionately smaller number of the total junior faculty for basic graduate training and orientation to teaching methodology. In the second year the emphasis again was upon the professorial ranks with two nursing exchanges of relatively short duration. In the third year half the program (four man-years) was divided among the professorial ranks and the other half was used for one Instructor's exchange and extensions for other Instructors and Assistants. The fourth year program was divided as equitably by rank and field.

TABLE NO. SIX

FACULTY STUDY ABROAD THROUGH COOPERATIVE PROJECT SPONSORSHIP

Rank at Departure	1955		1956		1957		1958		TOTAL	
	#	Period	#	Period	#	Period	#	Period	#	Period
Dean	1	4 mo.							1	4 mo.
<u>Medicine</u>										
Professors	1	9½ mo.	2	12 mo.	1	12 mo.	2	12 mo.	10	10yrs. 1mo.
	1	11½ mo.	1	12 + 1 mo.						
	2	13½ mo.								
Assoc. Prof.	1	7 mo.	4	12 mo.	2	12 mo.			10	11 yrs.
	1	12½ mo.								
	1	13½ mo.								
	1	24 + 3 mo.								
Asst. Prof.	1	11½ mo.	1	12 mo.	1	12 + 12 mo.			3	3 yr. 11½ mo.
Instructors	1	11½ mo.			1	12 mo.			4	6 yr. 2½ mo.
	1	24 mo.								
	1	24 + 3 mo.								
Assistants	2	24 mo.					1	12 mo.	9	23 yr. 8 mo.
	1	24 + 3 mo.								
	1	24 + 5 mo.								
	2	24 + 12 mo.								
	2	24 + 24 mo.								
YEARLY TOTALS	21		8		5		3		37	46 yrs. 3 mo.
<u>Nursing</u>										
Principal			1	6 mo.					1	6 mo.
Instructor			1	12 mo.					1	1 yr.
Lecturer							1	12 mo.	1	1 yr.
YEARLY TOTALS	0		2		0		1		3	2 yr. 6 mo.
COLLEGE TOTALS	21		10		5		4		40	48 yr. 9 mo.
Americans	0		1	3 mo.	1	12 + 12	1	12 mo.	7	5 yr. 9 mo.
					2	12 + 6	1	6 mo.		
					1	6 mo.				

A number of factors were responsible for these changes and variations. At Minnesota the counselors mentioned most often their difficulties in communication with the faculty, despite the very real efforts made by everyone concerned to select individuals of adequate English ability and to improve ability through special training programs in Korea and Minnesota. The faculty and Deans were inclined to agree and became more agreeable as experience grew. Both sides recognized that the basic preparation of the younger staff in primary and secondary school English courses made them more ideal candidates regardless of the objectives. The language problem is and probably will continue to be the most serious handicap visiting American advisers have in Korea, although the number of people speaking better English is increasing and the student's understanding of English improves each year.

It is not possible to separate language difficulties from success or failure of the individuals; and therefore it has been impossible to evaluate honestly and accurately all the results of the program, and design a foolproof new one. One of the original objectives of the faculty, and probably their most important one, was to achieve improvement in the quality of the undergraduate teaching program. Despite their apparent handicap in English, upon their return the professorial faculty have been directly responsible for making many improvements. As these changes became obvious it was believed necessary to manage future extensions of junior and senior faculty on the basis of whether their return would further improve the quality of the undergraduate program in other classes. If adequate improvements had already begun, an extension was possible to consider from its other aspects. This principle will continue to be important in some of the planned contract extension exchange.

Another objective and a method of measuring quality has been related to opportunities for graduate work. Korea and Minnesota agreed that all faculty exchanged should be encouraged to register for courses in the Graduate School, and the grades subsequently reported in the Semi-Annual Reports indicated a high degree of success among the English speaking Medical faculty. As stated by Dr. Maloney (Appendix II, item 54) research programs (essential to earning degrees) were agreeable secondary objectives. Nevertheless, a number of the junior staff and some of the senior staff demonstrated outstanding ability under capable and interested advisers and were believed worthy of extensions solely for degree-earning and related research purposes. Table Four shows four advanced degrees earned under the Project thus far. That all of the faculty exchanged were not suitable for research or free from teaching responsibilities in Korea has been regretted, and sometimes criticized. In any instances research work started at Minnesota has been transferred or redesigned and continued here. These objectives will assume greater importance in an extended contract.

From the basis of such general observations, discussions with the Dean have led to establishment of basic principles which are expected to guide the selection of areas and individuals suitable for exchange in a contract extension program. It was agreed that from the Department (School) of Medicine only junior faculty, of English speaking ability, without suitable and apparent means of gaining foreign experience, would be selected from preclinical and clinical areas in which the senior faculty or Class facilities were inadequate, over-loaded, or otherwise unsuitable to provide their own faculty preparation and specialty or sub-specialty research opportunities. For the field of Hospital Administration it was hoped that suitable civil service status could be assured to warrant investment of man-years in the graduate level training of

one qualified young Business, Law, or similar college graduate and one hospital administration internship for another similarly qualified individual. For nursing, public health, and laboratory technology training of almost an entire faculty is necessary. The precise choice of individual qualifications is not yet complete for these areas. Foreign experience available in Korea will be used to supplement the program.

RECRUITMENT, EFFECT OF THE DRAFT, FOREIGN EXCHANGE, AND FINANCES ON DUTY SIZE: Whereas there is a serious recruitment problem in most departments of American medical schools, the honored status of student-scholars and almost exalted status of professors in this culture attract the ambitious and ease recruitment in Korea. SNU also has less vacancies than other medical schools because of its reputation. The vacant Unpaid Assistantships shown in Table Two indicate that there is some similarity between the United States and Korean preclinical science area recruitment difficulties, however. Dr. Brown will investigate these circumstances and report more fully upon them later. At this time it is said that the major difficulties relate to the military draft rules, that without the draft all vacancies would be filled. On the other hand, the clinical specialties have little or less difficulty keeping Assistants and Unpaid Assistants, and almost no problem with the draft. Both the clinical and preclinical staff are greatly concerned with the threat the present rules pose for all staff between ages 27 and 35 who have not served the military.

In 1952 a "Committee of Wartime Medical Education" was organized but it functioned only through 1953. It temporarily established a principle that ten per cent of the new graduates each year could be reserved for graduate education and related faculty preparation activities. In 1956, the Ministers of Education and Defense agreed that 89 faculty members aged 27 to 35 from all medical schools could be deferred from the draft for one year (until 1957) to continue essential teaching. There were 23 SNU medical faculty members in this group, and they were deferred. As the new draft laws began to operate, it became apparent that most of the young candidates wanting to study or become faculty members in the preclinical sciences were being drafted, that some of those highly qualified in the clinical areas were to be lost, and that the situation would become more and more critical until the three year service period was completed by the 1956 and earlier graduates. The schools appeared forced toward taking whomever they could get from among those unqualified for draft or from the discharged veterans who had been out of contact with most of the improvements in undergraduate curriculum and were otherwise unsuitable to be faculty candidates.

In 1957, upon the advice of the Council of Medical Deans, the Minister of Education sought (1) to renew the deferrment agreement of 1956, this time asking for deferrment of 72 faculty members, and (2) to secure the release to reserve status of 50 preclinical scientists or students each year for five years, beginning in 1957. In this way it was hoped that the present faculty strength and quality could be maintained and that the 250 preclinical science faculty and students needed could be obtained over five years, somewhat in accord with the Ministry's Six Year Plan.

In reply to the first proposal, the Minister of Defense said that the 35 pre-clinical faculty and one clinical area Associate Professor could be deferred (including nine from SNU), but that they would no longer defer the 36 clinical science faculty who were below the rank of Associate Professor, (which included four from SNU, all with foreign training and two with contract training). The Minister of Education rejected this reply to the first proposal and no solution

has been found since October 1957, leaving all 72 eligible faculty members in the nation subject to draft.

In reply to the second proposal, the Minister of Defense agreed to place in reserve status 30 instead of 50 preclinical scientists or students each year, after their two months' summer basic training was completed. This was done for the 1957 graduates, releasing ten people for SNU. In addition, the Ministry of Defense promised to release 17 preclinical scientists who had been drafted from the 1956 or earlier graduating classes, (those already started toward faculty posts). This promise was not kept, and the 17 are still in the Army; they include ten SNU faculty. It is reportedly questionable if the regular release of subsequent graduates will be carried out unless better rapport is established.

The preclinical science faculty in SNU is seriously affected by the situation. Among the ten SNU pre-1957 graduates involved are two in Anatomy and Preventive Medicine, one each in Physiology, Pathology, and Biochemistry, and three in Microbiology. In an effort to solve the problem, discussions were held with the American military medical advisers to the Korean Army. No immediate solution or direct assistance was offered, but it was understood that plans currently under consideration by the adviser and the Korean Army would eventually lead to deferment practices and affiliated military-civilian training programs similar to those operating in the United States today. In the meanwhile, the situation is damaging to the undergraduates in the Classes most short of faculty, and the military apparently is unaware or unconcerned that this poorer quality student will eventually arrive in the Army unprepared to serve their needs, particularly in the preventive medicine aspects represented by Microbiology and Preventive Medicine.

In the earlier years of the contract exchange program the number of people away from duty for all reasons produced a noticeable effect upon the practical experience gained by the graduating classes of 1958 and 1959. As the numbers of special and clinical faculty increased, military veterans resumed their duties, and exchange numbers reduced, the size of the faculty on duty in each Class returned more toward normal. Today there are only a few special problems, each of them compounded by the draft and exchange program, each of them considered by the Dean to be solved. For example, the Anatomy Class had one Assistant abroad at the beginning of the freshman year schedule in April 1958; two Professors went abroad in August 1958; and one Unpaid Assistant in the Army. While 80% of the Class are absent now, 40% were absent when the major portion of the teaching schedule was due; and rearrangement of the lecture schedule this year and next year will insure that 40% or less are absent at the time the next course begins. Return of the drafted Assistant would reduce the figure to 20%, which is recognized to be more compatible with the responsibility. The simultaneous scarcity of cadavers helps to excuse some of the need.

The Hospital Superintendent and College Dean of Academic Affairs cooperate closely in an effort to keep the regular and special staff on duty during the day. The temptation to leave the College early and see a larger number of private patients in their outside practices confronts many of the faculty, and interferes with the clerkship and ward-round activities as well as patient care. Lectures appear to be conducted on schedule, however.

#### HOSPITAL ADMINISTRATIVE, NURSING, AND TECHNICAL STAFF:

At this time there are approximately 82 regular nurses, 13 unpaid nurses, 39 administrative staff, 15 medical technicians, 8 maintenance, technicians,

and 75 guards, janitors, telephone operators, drivers, cooks, office boys, boiler men, etc. Mr Mitchell and Miss Low describe their quality, functions and needs. From a medical observer's point of view, there are serious handicaps among these employees of lesser rank which affect the quality of the College's program now and will have an increasingly negative effect upon the future course. In general these are reflections upon the lack of training and competency to do the jobs recently given or planned for them. Their lack of opportunity to gain such training in the past is respected and there is no intention to deprive them of their jobs in the government. The Superintendent, Chief of General Affairs, and Dean are deeply aware of these problems and have hopes that some of the needed improvement can be obtained through use of the extension plans already outlined. It has not been mentioned that there are two other opportunities which have not been given full consideration. In-service education programs are not well in hand and full use is not made of the available trained or experienced para-medical specialists unemployed in Seoul.

Physicians returning from foreign experiences immediately complain that the nurses cannot care for the patients as they should, cannot understand their role in new treatment procedures, etc. The High School faculty does not know the specific new needs or how to meet them in specialized fields; neither do most of the nursing supervisors. In Anesthesiology it was necessary for the anesthesiologist to nurse patients through the recovery stage personally for several months while he trained the available nurses in the techniques needed in a post-anesthesia unit. This very commendable procedure has not been followed by all the foreign trained physicians and many of them disdain to enter personally in the improvement of the nurses they criticize. The deficit they help to compound is being approached slowly through regular in-service nursing training meetings, but these usually follow book outlines and lack the personal touch and emphasis which would be given by experienced nurses and interested physicians. Language difficulties impair the ability of foreign advisers to accomplish much in a short period of time. Additional attention will be required in establishing firm schedules and contents for these programs.

Efforts are being made to improve the quality of housekeeping skills by the use of audiovisual aids. A motion picture on the subject is being prepared through O.E.C. Health Division sponsorship with direction from representatives of many Hospitals, including this one. Basic simple aids to dirt, fly and rodent control were approached by consultants from the Class of Preventive Medicine a year ago, but these efforts were not followed through at all levels.

In-service training of laboratory and x-ray technicians is well established but along highly restricted lines. A technician is trained to do a limited number of routine procedures, seldom understands the fundamentals of technology, and is restricted in ability to pass information to newer employees. Training of new employees is a constant task of the laboratory and radiology physicians.

In-service training of maintenance personnel has been sought through the U.S. Army channels noted previously; but implementation has not been effected because the U.S. authorities are skeptical that the current employee has adequate basic education to understand the techniques involved. Specialized maintenance tasks often are done by private firms at high cost, or by physicians.

Through 1957 the Korean Army Medical School had given basic military medical orientation to approximately 250 Medical Administrative Officers along lines copied from U. S. Army training manuals, and about 80% of these officers above the rank of Captain had been sent to observe hospital administration practices in U.S. civilian and Army hospitals. The same school had provided training for 6830 corpsmen, 421 pharmacy technicians, 409 x-ray technicians, and 404 laboratory technicians through 1957. They estimate they will continue to train at the yearly rate of 1221 corpsmen, 60 pharmacy technicians, 36 x-ray technicians, and 90 laboratory technicians. The discharge rate of these specialists is unknown, but it is understood that after three to six years military service many of them cannot find employment among the civilian hospitals. The College does not feel that the quality of their training in laboratory or x-ray technology is adequate for all its needs, but they have not yet demonstrated that they have respect for the value of the basic training and experience upon which they could build with less effort.

The Ministry of Education offers vocational education training at the secondary level in techniques of Machine Shop, Electrical Shop, Civil Engineering, General and Applied Chemistry, Communications, Home Economics and other fields. The graduates of these vocational high school courses are better prepared for employment than the average employee currently accepted by the College and Hospital. The attitude of University Headquarters upon these matters has not been explored, and it is not known whether there will be increased opportunities to employ experienced veterans and high school graduates in the future. Civil service classifications do not exist for most of the specialized posts needed, such as "Hospital Electrician, Hospital Maintenance Engineer," etc.

Most of the paper work of the Hospital and College is done in long-hand by the professional staff or a sub-standard number of administrative employees. The various colleges of Korea are graduating many skilled secretaries, stenographers and typists who are needed in the whole institution. They have not been employed because budgetary restrictions classify them as luxuries now.

#### RECOMMENDATIONS:

It is recommended that the faculty classifications be broadened as quickly as permissible to accommodate in suitable intermediate civil service status those para-medical specialists needed to augment the research program now and in greater numbers in the future. The special classification should be abolished and a permanent full-time, legal classification substituted to serve the needs for temporary (year-to-year) appointments, probationary testing of qualified candidates, and other special purposes. The "Unpaid Assistant" classification should be renamed and divided into ranges and titles comparable to the duties involved, separating true teaching assistants from various kinds of fellows in training for specialty and non-academic practices.

The size of the regular full-time faculty must be redetermined in law to accommodate the Six-Year-Plan and additional essential programs being planned. Perhaps the request for an extended contract and College re-organization plans can be used as a basis for new arguments to the State Council. In redetermination the "special" faculty might be appointed as regular members in their present ranks, new faculty placed on probation, and implementation of the Six-Year-Plan advanced ahead of the Schedule published.

In the future the size of the faculty should be decided within the University and the distribution to Classes decided in the Office of the Dean with initial advice from the Class Chairmen concerned and the Administrative Committee recommended earlier.

Appointment to rank should be determined by Class Chairmen and the Dean for ranks below Assistant Professor, and, together with these authorities and the Administrative Committee, by the University President for higher ranks. At this time the Faculty Meeting could delegate all its authority for appointment of Assistants and Unpaid Assistants to the Class Chairmen and Dean. Appointment of regular part-time faculty should be carefully controlled and limited strictly to those absolutely essential for augmentation of special programs, such as now needed for student obstetrics experience. As an alternative, part-time faculty should not be reported to the Ministry as a basis for evaluation of program size and budgetary needs. Honorary status should be used to recognize the friends of the College and distinguished physicians of the nation.

In managing distribution and appointment of the regular faculty the Dean and his advisers should be encouraged to hold to principles respecting their objectives of teaching and research more than those related to increased quantity of service at this time: Total Class sizes should be compatible with teaching, research, and essential service activities, with

Assistants and lesser classifications of non-teaching staff accounting for most of the service and research workers needed in the immediate future.

Every effort must be made to keep the Minister of Education informed of the advances in medicine which should be represented in the teaching program by faculty trained outside Korea at this time, and subject to his special approval as exceptions to the minimum legal qualifications. The need for qualified senior faculty in new specialties should be kept before the Minister.

The tendency toward in-breeding from the undergraduate to the graduate level and from the graduate level to the faculty level should be watched closely, but not at a sacrifice of high quality. The use of probationary periods for this purpose should be carefully controlled, preferably by the Dean and Administrative Committee.

Recommendations and evaluations can be secured from foreign schools at which some of the faculty and prospective faculty have trained. These should be sought and given some consideration in discussing promotions and appointments, particularly when the foreign experience is a valued part of the candidate's application.

As the relative importance of competence in research to promotion practices increases, the faculty should make some effort to record the simple facts on theses, publications, participation, and opportunity. Of these, the latter will require the most careful evaluation at any time, and particularly while research opportunities are scanty for everyone.

Some thought should be given to the problem which might arise when the majority of the present Professors and Associate Professors near retirement age almost together. Similarly, reasons should be sought and justified for the lack of sufficient young faculty in every Class.

Serious consideration should be given to organized discussions of the current teaching practices of the faculty, of the results the different

methods produce, and of the acceptability these receive from the students. Thereafter "teaching experience" should include methodology as well as tenure when considering for promotions or appointment.

The faculty should work as a group as well as individuals to derive the maximum from the foreign experience available from newly acquired members, from contacts with foreign physicians stationed or serving in Korea from all nations, from study of Korean institutions using foreign methods, and from coordination of the individual opportunities to study abroad with program objectives. The Ministry of Education should be asked to sponsor visits by outstanding medical scientists for the benefit of the profession in general. The early relationships with the National Medical Center should be advanced according to the present plans and enlarged at every opportunity.

Careful attention should be given to preparation of selected faculty for recommendation to the Educational Council for Foreign Medical Graduates and to the effect this program will have upon course content in the College. The cooperation of the Council should be sought and maintained from the time the first applicant is sponsored. The ECFMG test should be used as a guide to the suitability of junior faculty in the clinical science area for future contract exchange program, the principles agreed upon should be retained, with emphasis upon preparation of qualified junior faculty from areas not presently staffed or equipped to do an acceptable task here. Accomplishment of research and graduate degree programs should assume increased importance in an extended contract period.

If the draft problem cannot be solved quickly, exchange in an extended contract must be considered against the eligibility of the trainee for future draft and the effect of the draft upon the size of the faculty in the Class concerned during the trainee's absence during exchange.

More consideration should be given to in-service education programs for administrative, nursing and technical staff personnel and to employment of better qualified personnel discharged from military service and graduating from vocational high schools. Basic training in the military services and in vocational high schools should be given consideration as a preferential qualification for registration in the proposed School of Laboratory Technology.

## VII. FINANCES

It is not the purpose of this section to prove the College is poor; it is hoped this is already clear. The chief reasons for the relative poverty appear to be the status of national economy, the current importance of other programs to governmental officials, fragmentation of health services and health education programs among many Ministries, and the close control of daily financial obligations by national statutes designed for other kinds of institutions.

Economists say the situation is improving yearly, but improvements occurring in this College still are far ahead of economic supports and they probably will continue to lead economic improvement many more years. A large part of the national budget and most foreign assistance are spent for defense preparedness and industrialization of a traditionally agricultural economy and people cruelly separated from their factories and resources to the north. Improvement of the standard of living is a noncontroversial plank in platforms of the major political parties, and the party in power has passed successive national budgets containing respectable sums allocated to health purposes. The standard of living has begun to rise, as have the birth rate, survival rate and population size.

The Ministry of Education finances professional health education; the Ministry of Health/Social Affairs finances health services to the general population and performs in-service professional re-education; and half of the other Ministries have sizable sums invested in health services and facilities for their employees. The situation is analagous to that criticized in the United States by the Hoover Commission: cross charging between Ministries and joint use of facilities are not practiced sufficiently in the health field, making costly duplication necessary.

Within the Ministry of Education the four nationalized universities and their four medical colleges need more funds to accomplish basic objectives; they are not as well financed as some of the private colleges seem to be. At the present SNU and the College of Medicine each receive more national budget than the other nationalized schools, but there is rising pressure to make all equal in apportionment.

Within the University the College of Medicine and Hospital probably struggle for financial attention no more than similarly situated medical schools elsewhere, but the relative size of the governmental and non-governmental budgets creates more dissension and requires greater understanding and closer co-operation than average. The tendency of Colleges to function independently deprives them of justifiable pride in total accomplishments of the University and makes indoctrination of team spirit difficult. SNU officials acknowledge the importance of keeping healthy but they cannot justifiably minimize the importance of their own needy programs. Foreign aid is given according to

the relative importance improvement in a field would have in the home nation, which deprives some Colleges from foreign aid completely and creates understandable jealousies and difficulties for the aided Colleges. That most of these problems appear to be solved at this time in SNU is a credit to the University and College officials, but no real assurance that long-range programs will continue to follow the current pattern. The regular change of leadership in Colleges and the Headquarters offices makes this reservation necessary.

The budget for the program comes directly to the Dean for medical education facilities, to the Superintendent for Hospital services, and to the Principal for the Technical High School for Nurses. It comes from the University President, Ministries of Education and Finance or from the parents of students. In requesting budget the Dean is as concerned with politics as with justifying needs and proving values to a changing audience. He must consider the other Colleges in all fairness, and must help to lead the Ministry's budgetary policies for other medical schools. He also must defend medical education in the national education program; must assist the Minister in explaining programs to the Minister of Finance, State Council, National Assembly and its Committees, and if necessary, The President of Korea. He has this responsibility as the representative of the most centrally located and progressive of the nationalized schools.

It is recognized that straightforward mathematical comparison of year-by-year figures gives a false impression because of wide fluctuations in purchasing power of the Hwan, but students of Korean economy detect some improvement in circumstances from the following data:

NATIONAL BUDGET

	4/54-7/55 (15mo.)	7/55-12/56 (18mo.)	1/57-12/57	1/58-12/58
College	31,597,543 Hw.	81,258,800 Hw.	58,197,400	51,146,000
Hospital	148,985,913	271,650,500	193,646,800	240,215,000
Nursing	<u>12,844,443</u>	<u>20,137,900</u>	<u>19,051,400</u>	<u>15,968,300</u>
Total	193,427,899	373,047,200	270,895,600	307,329,300

(During the past eighteen months 1000 Hwan had approximately the value of \$1 )

Dean Maloney described the financial Support organization mechanism by which parents supplement the governmental budget. These funds are obtained and distributed on the basis of semester activities, with a fiscal year beginning each April. In addition, each student pays a laboratory fee. The relative changes in the size and use of regular governmental and non-governmental funds are shown below:

COLLEGE OF MEDICINE

<u>National Budget</u>	<u>4/54-7/55</u>	<u>7/55-12/56</u>	<u>1/57-12/57</u>	<u>1/58-12/58</u>
Regular salaries	9,202,650	21,037,200	30,848,400	39,147,000
Special salaries	7,339,400	13,835,100	6,256,300	3,646,400
Tour Expense	270,147	162,600	122,500	73,500
Transportation	349,086	833,400	505,600	505,600
Communication	197,396	288,600	106,600	106,600
Utilities	390,821	2,831,900	504,900	504,900
Printing	668,904	1,471,300	826,600	364,700
Repair	1,842,260	17,303,100	7,520,600	2,632,000
Expendable Materials	8,281,114	18,513,400	8,639,600	4,021,500
Instruments	3,055,765	5,042,200	2,866,300	143,800
<b>Total</b>	<b>31,597,543</b>	<b>81,258,800</b>	<b>58,197,400</b>	<b>51,146,000</b>

<u>FSO &amp; Lab Fees</u>	<u>1954</u>	<u>1955</u>	<u>1956</u>	<u>1957</u>	<u>1958</u>
Salaries	1,074,800	2,115,000	3,802,496	4,125,700	7,524,000
Temporal	558,800	1,881,223	3,846,900	3,537,640	3,470,800
Maintenance	1,807,239	3,113,500	3,051,686	7,933,243	4,658,000
Installation				4,956,000	1,900,000
Miscellaneous	441,947	1,145,498	2,879,260	2,547,291	1,902,100
Lab fees-research		4,736,000	9,951,000	17,946,774	20,196,754
<b>Total</b>	<b>3,882,786</b>	<b>12,991,221</b>	<b>23,531,342</b>	<b>41,046,648</b>	<b>39,651,654</b>

In preparing the 1958 budget the government asked all institutions to reduce their requests by 30%; this College was successful in avoiding so severe a reduction. The increase in salaries for the same year was accomplished by reducing the operating budgets, producing the expected negative effect upon the total activities of the faculty. It also should be emphasized that parents provide the only regular support for research through the lab fee mechanism.

Faculty salary items account for the majority of the budget. Within each rank of the regular faculty there are grades ranging today from 1-1 for the highest paid Professor to 13-1 for the least paid Assistant. The special faculty receive no grade distinctions within their rank. The ranges of pay for regular and special faculty over the past few years are shown in Table Seven.

The faculty has said that the minimum salary should be about 100,000 Hw. per month, that this would remove the greatest temptations facing the group. It will be noted that only the Professors of longest tenure receive this amount. The temptation to conduct private practices during duty hours therefore is strongest among the younger staff. They all receive better than average incomes, however. Early in 1957 it was estimated that the average per capita income for the nation was 75,000 Hw. per year. Today it is estimated at about 125,000 Hw. per year. The Ministry of Education has expressed concern for the status of teachers' salaries and this year has devised methods by which the government support will be increased, the FSO funds decreased, and the operating budgets again decreased. (See Appendix II, item 17.) By shifting the point of payment from the FSO account to the tuition account the cost to the parents will not change. The greatest loss will occur with reduction of support to research from FSO funds.

TABLE NO. SEVEN

SOURCES AND RANGES OF MONTHLY SALARY

	1954				1956				1958*			
	Grade	Gov't.	+ FSO	= Total	Grade	Gov't.	+ FSO	= Total	Grade	Gov't.	+ FSO	= Total
Professor (High)	2-1	10,530	27,000	37,530	1-2	10,845	27,000	37,845	1-1	70,920	36,400	107,320
(Low)	6-1	8,010	27,000	35,010	5-2	8,325	27,000	35,325	5-1	59,480	36,400	95,880
Assoc. Prof. (High)	5-2	8,325	24,500	32,825	5-1	8,640	24,500	33,140	4-2	60,910	32,800	93,710
(Low)	8-1	7,002	24,500	31,502	7-2	7,254	24,500	31,754	7-1	54,572	32,800	87,372
Special Assoc. Prof.		10,500	24,500	35,000		18,000	43,000	61,500		32,000	29,500	61,500
Ass't Prof. (High)	7-2	7,254	21,500	28,754	7-1	7,506	21,500	29,006	6-2	55,596	29,000	84,596
(Low)	9-1	6,498	21,500	27,998	9-1	6,498	21,500	27,998	8-2	51,500	29,000	80,500
Special Ass't Prof.		9,000	21,500	30,500		15,000	38,000	53,000		27,200	25,800	53,000
Instructor (High)	8-2	6,750	19,000	25,750	8-1	7,002	19,000	26,002	7-1	54,572	25,300	79,872
(Low)	10-2	5,742	19,000	24,742	10-1	5,994	19,000	24,994	9-1	50,476	25,300	75,776
Special Instructor						12,000	32,000	44,500		22,100	22,400	44,500
Assistant (High)	11-2	5,301	16,000	21,301	11-1	5,490	16,000	21,490	10-1	48,428	18,400	66,828
(Low)	13-2	4,545	16,000	20,545	13-1	4,734	16,000	20,734	13-1	43,108	18,400	61,508

\*1000 HW = About \$1 purchasing power during 1958.

The faculty respects the advantages of full time academic status and income, and has suffered for many years in efforts to hold to this principle. In recent months the faculty has begun to consider more strongly the alternative methods used to augment salaries in some medical schools throughout the world, and is chiefly interested in either the institution practicing medicine in its name or in geographic full time status through which it could conduct private practices within the University Hospital and College. The implementation of either system depends upon the decisions which will be made about improving the Hospital's source of financial support.

Mr. Mitchell discusses the details of the Hospital's financial crisis. The Japanese built the Hospital to teach graduate students and 160 junior and senior medical students with 450-500 beds. Converting to current exchange and cost indices, the Japanese used approximately one billion Hwan (one million dollars) to teach 130 students. Today the Hospital is given 240 million Hwan (240 thousand dollars) to teach twice the number of students. Because they prize their ethical principles above their responsibilities to teach, the Superintendent and Hospital Administration Committee recently closed half the Hospital in an effort to preserve the quality of care. They hoped to make up for the lost teaching services through increased efforts in the out-patient departments.

The 240 million Hwan budget cannot be supplemented by income earned from patient care. All earned income must be returned to the national treasury as general government revenue, like taxes.<sup>11</sup> An increase in patient load decreases the Hwan available to care for every other patient. An increase in the cost of a single budgeted item similarly reduces the quantity of service for all. Introduction of a new procedure, like cardiac surgery, forces some other essential service to be reduced.

The 240 million Hwan budget is insufficient to maintain the quality of care desirable for the beds now operated. To give one example, it does not buy enough coal to heat the operated half of the Hospital 24 hours/day during the bitter Korean winters. Last winter the Chief of General Affairs spent days figuring exactly what could be done: The Hospital had to limit itself to 2,000 tons of coal for the winter, regardless of its duration or severity. With this amount of coal, the out-patient facility serving 450-500 patients/day could be heated three hours/day; the wards, operating rooms, lecture room, and x-ray could be heated  $7\frac{1}{2}$  hours/day; the nurses' dormitory 14 hours/day, etc.

For many years the Hospital budget has not even attempted to provide many essential services for all patients. For example, only a limited number and quantity of drugs can be purchased by the budget; these are used chiefly on indigent patients. Patients' relatives stay with the patient in order to run errands to purchase other drugs not provided by the hospital budget. (In anesthesiology the quality and kinds they bring back often are questionable and sometimes ludicrous.) For the same reasons they supplement diet, bring stoves, electrical appliances, bedding and anything else needed and available. Somehow the combined efforts of the Hospital budget and the extra running about produce a respected quality of care; the Hospital's reputation among the public is not damaged by these particular budgetary technicalities. Other institutions have somewhat similar problems and all institutions have a relatively small clientele which doesn't compare notes and publicize these difficulties too often. The physicians in the city are well aware of the problems, however,

<sup>11</sup> "Laws No. 271, 305, 387: Finance Law, last dated 27 June, 1956."

and they often tend to keep patients in their small private clinics or send them to private hospitals to spare the families the difficulties experienced in this Hospital. The faculty is also depressed by these limitations and forced to spend much time helping to secure the items and services which it knows are needed to improve the standards and teach good medicine. In fact, many of the Unpaid Assistants eke out some income by supplying the more scarce drugs at a small commission.

All the nationalized university hospitals share the same problem; they all agree that they could eliminate much of their difficulty with a more substantial budget; but they cannot eliminate all of it. Following a petition to the Minister of Education they jointly asked for the privilege of retaining the income earned from patients and for continuation of the basic subsidy needed for teaching, maintenance and fundamental utilities. A National Assembly Committee reviewed their problem and asked them to submit draft laws which would revise their status under the current Financial Laws. This Hospital has taken the lead in these activities, and has collected data from United States and European institutions for review by legal consultants. At this time it is being proposed that the Hospitals be governed financially by a separate board of competent officials who would receive a subsidy for basic purposes and manage earned income. The proposal will be submitted to the Ministers of Education and Finance as soon as it can be decided how the governing board relates to the College, University and Ministry of Education. It is not thought desirable to establish the university hospitals outside the line of educational authority. With solution of this and a few other related points, it will be possible to determine whether the Hospital should practice medicine in the name of its faculty or whether geographic practices are desirable. Consideration of the needs of the preclinical faculty and their relationship to the potential income of the Hospital have also been the subject of discussions leading to no final conclusion.

The financial problems of the entire institution are complex and in need of skilled experienced counsel. Foreigners who have been consulted, including Project advisers, have the greatest difficulty understanding the basic Korean financial laws and the actual practices of the institutions. The faculty and administrators have demonstrated they can devise plans with apparently good promise when fully informed of various systems, advantages and disadvantages. It remains to be seen if the plans can be passed through all the stages and administered successfully. A great deal of patience, understanding, and cooperation will be required if a radical departure from custom is approved. Related laws, like those establishing the civil service system, necessarily will be involved in making a new system economical, efficient, and self supporting. Those concerned at the College realize this, and if given sufficient support and time in office, they are determined to solve the problem. The role of the Project now and in an extended period will be to encourage these efforts, provide information and material support where possible, and guard against enlarging the demands upon the financial system before it demonstrates its suitability and successfulness. The recently approved requests for Project financed equipment and rehabilitation have been made with these principles in mind.

#### RECOMMENDATIONS:

It is recommended that the College take added steps to insure that the Ministry of Education and others are well informed and prepared to discuss the

relationships of the total national health budget to the medical education budget and facilities, pointing out with available examples areas where joint use of facilities, programs, patients, cross-charging and other approved administrative measures will provide better services and teaching at less cost than duplication of effort. The Hoover Commission Report on Health activities should be studied by Americans and Koreans to determine the applicability of its principles to Korea.

In preparing requests for budgets the comparative positions of nationalized and private schools or hospitals should be analyzed, particularly in discussing salary ranges, staff sizes, and the cost of operating a modern hospital. In presenting the College's needs, the size and importance of every kind of activity should be documented: The amount and kind of instruction given all students of all levels should be presented. As long as Seoul National University depends upon College faculty to teach in the dental, pharmacy and medical schools of Seoul National University and other Universities, this activity should be shown in calculating total faculty size/budget ratios. Post-graduate, nursing, and special students should be included. The nature and volume of services provided by the University and Ministry to patients and those seeking consultation from the preclinical areas should be documented. The contributions of College research should be publicized and the source of support shown. Emphasis should be placed upon the peculiar dual role of the Hospital as a public service institution and a clinical practice laboratory for many kinds of students, particularly when discussing budget in this University and the Ministry of Education.

Acknowledging that the present quality of activities is possible only through combined regular and irregular financial practices of the staff and patients' relatives, both the Hospital and Classes should begin to collect sample data on the total cost of selected but typical common and rare forms

of therapy, student and faculty laboratory experiments, etc. Additional estimates on gross utility needs, the cost of installing and maintaining new practices, etc. should be gathered from other medical and non-medical institutions in Korea, and the sum of these data prepared to document requests for future budgets and plans for revision of the financial system.

After estimating the total budget needed, firm decisions should be made upon the types of activities which should be subsidized wholly or partially from the Ministry resources and upon those which properly should be financed through income earned from care of patients. It is recommended that medical, nursing, and public health permanent and expendable preclinical and clinical teaching materials, library materials, some research, preclinical maintenance and installation, and the existing college teaching budget items be subsidized regularly through the College and Dean. At the Hospital, direct subsidies should cover essential nursing and administrative staff, services to indigent patients, some research, and all basic utility, maintenance and construction costs. Income earned by the Hospital should be retained and diverted into eliminating all irregular methods of procurement, increasing the supply level of permanent and expendable therapy equipment, and later toward increasing the kind and quantity of services given to patients, increasing research and paying Unpaid Assistants, (Residents), internes, etc. The earlier recommended civil service changes should be used to implement these recommendations.

It is recommended that contemplated changes in the method of paying faculty NOT be associated closely with the preceding recommendations. If possible, changes in the method of supplementing salary should be postponed until the Hospital has adequate experience in self-management of its earned income, until essential improvements occur in the quality and quantity of service regularly provided, and particularly until undergraduate nursing and medical students see, examine, interview, and otherwise become a regular part of the

service and experience associated with every patient in the Hospital, regardless of the patient's pay status.

If pressures to change the faculty payment system become irresistible it is strongly recommended that any modification hold as closely as possible to the full-time academic basis presently employed. Careful consideration might be given to the desirability of adapting a system of geographic full-time private practice (private practice in a teaching hospital by individuals) which controls maximum income and hours, fully respects the equal needs of the pre-clinical faculty, and isolates or discriminates against none of the regular teaching staff. The controls should be applied indirectly, to the number of beds/staff, etc. It is recommended that the Hospital not practice medicine and collect private fees in the name of the Educational Officials and other staff, although this may appear at first to be the easiest, most readily understood, and most rapidly initiated system. If possible all private patients should be referred by physicians outside the college. In any modification, the right of the students to see all patients must be maintained.

Regular and dependable sources of research budget should be developed for the College and reliance upon parent-student support avoided thereafter. Formal governmental mechanisms should be developed or strengthened to encourage Defense and Health to subsidize vital fundamental research in the College.

All regular and temporarily irregular financial transactions should be cleared through the Dean and Superintendent or those designated by them; requests for governmental and non-governmental research grants and other types of assistance should be coordinated in these offices.

As life insurance becomes more popular and economical, the faculty should take the initiative in discussions and planning for voluntary pre-payment health insurance programs which recognize governmental hospitals and staff as

eligible participants.

In an extended contract period, operating budget needs for the Hospital and College (including the Department of Nursing and Public Health) should be coordinated with the anticipated date of delivery of new equipment and initiation of new services. The Hospital should be urged to enter into preventive maintenance contracts with private firms to preserve expensive radiology, electronic, anesthesia, and power plant machinery. The Project program, equipment and rehabilitation requests should be continually inspected to insure that there are reasonable evidences that the government will provide permanent support for the activity concerned, whether in teaching, research, or service fields. The delays and decisions related to this rule must be explained to the faculty and their cooperation enlisted. The College should not depend upon the Project for supplies for any service, teaching, or research activity which ICA stimulates or begins to support.

VIII. PHYSICAL PLANT, EQUIPMENT AND LIBRARY FACILITIES

"This College removed to its original buildings on 1 March 1954. All buildings were completely empty without remnant of the equipment or furniture. Here the rehabilitation of the College began and it continues to the present."<sup>1</sup>

PHYSICAL PLANT:

Dean Maloney, Miss Low and Mr. Mitchell have described the central campus in some detail. All consultants and advisers have agreed that the existing preclinical and clinical plant are adequate in size for the current objectives and anticipated operating funds. (See Appendix II, item 8.) The WHO/UNKRA Mission had planned increased emphasis upon health service objectives, and they proposed adding at least a 200 bed general hospital facility to the 450-500 bed central plant shown. Another aid group later proposed to add a chest surgery hospital to the same site, but the College was ruled ineligible for this assistance. The faculty has sincerely regretted losing these opportunities, and today it is not inclined to agree completely that the "old" buildings will be suitable, particularly while private colleges are erecting new, modern, attractive facilities gaining prestige and attention before the public. The one new building the College can show thus far is the "School of Nursing" which replaces the only structure completely destroyed in the War.

Since the faculty removed to the original site, its major source of improvement funds has been the Project contract; maintenance funds shown in the previous section are insufficient to keep ahead of normal repairs and cannot modernize or restore the war damaged areas. Contract funds are made available through O.E.C., which follows policies agreed upon between OEC/ICA and the ROK in the Combined Economic Board. Support has been managed with thoughts that the quality of the program is more important than the outward

impression of the surroundings, and that the government's investment in the existing plant did not justify its abandonment or steady deterioration. Apparently this is a point of cultural difference.

Many observers have noted the tendencies to erect new buildings with expensive modern exteriors and to give considerably less attention to inside architecture, equipment and staff. Some of the best public and private buildings are seldom repaired except in emergencies, never remodeled, and are apparently allowed to collapse and be replaced in another cycle. The lack of public ownership spirit under the Japanese accounts for much of this, and the relatively inexpensive cost of new construction accounts for some more. It is creditable that this tendency has not been expressed by the key administrators of the College despite the public's view. Wise use of the Project funds has begun to show the dissident faculty how the plant might be maintained in an adequate and improved state of service. It is not unattractive and will be more attractive when the current work is finished, the buildings repainted and roads resurfaced.

Appended to Mr. Mitchell's report is a list of Hospital projects finished or already programmed for the current contract period. Dr. Brown lists the preclinical program. Improvements are listed by fiscal years and areas. It will be noted that in general there is a delay of between one and two calendar years before a job is completed. Although this has been regrettable and discouraging to some activities, the delays also have been turned to some advantage:

The initial programs were devoted to immediate needs in fundamental service systems like plumbing, heating, electrical circuits, roofs and floors. They called mostly for replacement of facilities left by the Japanese and for little remodeling. As the clinical area faculty returned from study abroad and learned of new opportunities to incorporate observations into the rehabilitation program, the authorities decided to plan as efficient a hospital as possible. Their tours had demonstrated that the basic lay-out of the Hospital was good, and new construction not mandatory. Mr. Mitchell tells how the Administration Committee and staff spent months reviewing the FY '55 and '56 programs, revising drawings, adding services and relocating

everything to conform to their new concepts of management, service, teaching and research. The delays in starting FY '55 and '56 construction enabled the group to redetermine the final location of plumbing, heating and electrical services and to submit these plans before the contractors began work. Where originally ordered material was insufficient to complete the new plan, supplementary materials were ordered on the next fiscal year's program or provided with "additional" funds approved by CEB. Master plans were coordinated in the Hospital engineer's office and the Section of General Affairs. Early action on Appendix II, items 9 through 13, were covered in this way.

It may not be recognized that the planning and re-planning of the rehabilitation program offered excellent opportunities to observe the detailed administration of the Hospital, to detect the attitudes toward patient care, teaching, and research of many of the faculty, and to gain confidence and respect for the way in which the Superintendent and Administration Committee changed, coordinated and modernized the attitudes of the Hospital in the course of planning. For example they believed the Class Chairmen should be re-located closer to their staff for better administration and teaching, and consequently re-arranged the traditional allocation of buildings and isolation of departments to facilitate having faculty and patients together, and both conveniently and efficiently fitted into the traffic and spacing patterns of service and teaching. They encouraged administration by making space for central supply, housekeeping, an admissions office, maintenance, and others. The number of teaching beds needed per service also was discussed, with the view of providing essential building facilities for Surgery, Physical Therapy, Urology, Communicable Diseases, Anesthesiology, etc.

As agreed eighteen months ago between the Dean, Superintendent, and advisers, most of the FY '57, '58 and '59 funds were directed toward rehabilitation of the Hospital and Nursing School while clinical specialists were on the advisory team. All requests coming from the preclinical Classes were added to FY '57 and '58 lists, and plans were advanced to provide more thorough study of preclinical needs in FY '59 following the arrival of specialists in that area. Attention is called to provisions for very essential system remodeling, new laboratory services, photographic facilities and major remodeling of the Library.

In carrying out the rehabilitation listed, a number of problems have arisen; some are solved at least temporarily; and others are not:

In conjunction with the preceding statement about use of funds, it should be noted there are advantages and disadvantages to listing and thinking of the Project and national budget programs as being divided for College, Hospital and Nursing. Routine division in discussion and reporting may be essential to show emphasis, do evaluation, and solve special problems; it is a method of insuring everyone is remembered, which is currently important to the nurses. As an habitual practice it also makes it easy for the staff to claim favoritism, foster prejudices and perpetuate isolationism, particularly while some faculty members do not agree that the Dean and Superintendent should be stronger and have more executive powers. The national budget is divided upon delivery, as required by the Laws, but the Superintendent and Dean have worked more and more closely in determining the division of emphasis for Project funds. It is hoped there is a greater feeling of unity within the College because of their example. Absolute exercise of channels from the Hospital

Chief of General Affairs and clinical faculty to the Superintendent and from the Superintendent, Nursing Principal and preclinical faculty to the Dean in Project matters has helped somewhat to depict the College as a unit and end some misunderstandings.

It is said the Japanese destroyed the master blueprints and other building plans the day they left Korea, and apparently the U.S. occupying forces left no information upon the modifications they made in the area. To accomplish any sensible improvements it has been necessary to employ architects and other staff to spend long hours in tracing, boring and testing to locate existing lines, document them, and coordinate them with remodeling. In making new plans, there are no hospital architects in Korea to assist; and the specialized construction required occasionally baffles everyone and creates delays until texts can be studied and conferences called.

The Ministry or University must approve the removal of any wall, alteration of any wiring, plumbing, etc., regardless of how minor the change may be. There generally are no qualified health specialists in these higher offices to judge the wisdom of the change, and only delays and interference result. In cutting out a wall to make an excellent long post-anesthesia recovery room the Hospital was fortunate to find a physician as President of SNU, and his interest and understanding of the need implemented that particular piece of work.

Coordination and supplementation of the remodeling programs have required understanding, patience, and extra work from everyone. An extremely complicated and slow series of steps must be taken to finalize plans, secure approval, order materials, insure that dollar funded materials arrive, get delivered, are matched with local currency, contracts let, and construction begun before cement spoils, before floors, access paths, etc. are sealed up the first time, and while patients or students continue to be served. The assistance and experience of Dr. Schneider in these matters have been most essential. Once construction begins, the assistance of supervising and inspecting authorities from the A/E Division of O.E.C. and the Ministry have contributed to higher quality construction, adherence to building codes, and avoidance of much waste. The occasional difference of opinion on these matters is understandable, instructive, and sometimes stimulating.

Rough plans for the use of contract extension rehabilitation funds do not constitute problems yet, but they call attention to the early need for long-range planning decisions by the University. Groups are at work on the over-all building program, and ultimately the following matters can be considered in FY '59 and subsequent years:

There is need for either a smooth-functioning student housing bureau or dormitory space for medical students. Both possibilities have been discussed briefly, with the tentative conclusion that such facilities had best be operated by a strengthened central University service agency. On the other hand, a dormitory started soon always could be transferred to such authority later, and this revised approach seems to be a practical suggestion if there is only a two year contract extension. (See Appendix II, item 64.)

Nothing has been done to rehabilitate the "Second Hospital" owned by the College and University. The Ministry of Defense recently argued for transfer of the property to their accounts so that some minor rehabilitation and remodeling could be done. They stated Mutual Defense funds would be made available for the purpose if the property was theirs, and otherwise it would not. Coincidentally, the Presidential Decree covering the loan of the property to Defense was about to expire. Upon the very strong and persistent objection of the Dean and Superintendent, the Ministry of Education and University were persuaded to retain ownership, renew the "loans", and suggest that Defense remodel the building and provide essential maintenance while they stayed there. The continued use by Defense was agreed upon, but no funds for remodeling or maintenance were scheduled for use in the building by Defense. The Project was asked to assist, and upon inquiry with the Korean military advisers, it was learned that no Mutual Defense funds were ever suggested for improvement of the Second Hospital. Instead, it was planned to build a new hospital for the Capitol Army at a distant site, and it was believed that the Capitol Army would abandon the buildings or try to keep them for use as a downtown dispensary. Therefore Project funds were not available on the grounds that College and Hospital operating budgets would not be available for operation of the second hospital for many years, and that Defense and their advisers should take ordinary responsibility for protecting government property through their own branch of the Mutual Defense program. The Hospital still is faced with the prospects of finding a deteriorated and practically useless plant when it is possible to operate it again. There is no question that the plant will be needed when budgets are adequate; retention of ownership offers possibilities of supplying all the patients needed for the student enrollment and for abandonment of the affiliation arrangements now existing with a private hospital. Public Health, tuberculosis, contagious diseases or other specialty services could be located there wholly or in part. Inter-Ministry decisions and coordination with the University's long-range plans may enable the College to make essential repairs in a contract extension program.

It also should be noted that the University's Student Health Service and Press are located at this time in one of the College's buildings situated between the preclinical and Hospital areas. The University recently asked the Project to assist with enlargement and remodeling of the Health Service part of the building. After reviewing the operation of the Health Service, the Hospital Administration Committee, Superintendent, and Dean believed it would be more economical for everyone now, and particularly in the future, if the service would move into the out-patient clinic building and avoid the duplication of x-ray, E-E-N-T, dentistry and other specialized equipment and facilities. Infirmary services and consulting staff also would be more convenient to the students. Apparently the Deans of the other Colleges, who jointly manage or supervise the Health Service, looked upon the proposal as a means of advancing Medicine and of the Hospital profiteering from the students; they disapproved the proposal. In the current program it was decided only to protect the property from continuing deterioration, do minor remodeling, and no equipment activities. No dollar funds were involved. Further discussion and more complete understanding of modern Health Service management, financing, and opportunities may result in justifiable requests to improve or move the Health Service in an extended contract period.

Within the College current extension plans call, in addition, for building a short two or three-story connecting wing between the recovery room suite and kitchen to house, perhaps, offices, laundry, maintenance, receiving, obstetrical delivery rooms, student lecture rooms and other specialized con-

struction needs, for additional improvement of laboratories, research areas, and for completion of the preclinical and Hospital programs, and the library.

EQUIPMENT:

An insight into needs, strengths and weaknesses of most facets of the College can be gained through study of its equipment. Everyone is interested in discussing opportunities to obtain more at any time. Justifications usually identify the common or exceptional nature of progress and problems.

When the College re-opened in 1954 it placed in the empty buildings the scanty equipment donated while in Pusan and that given by military or civilian assistance agencies in Seoul. The government stocked some of the school with expendable and permanent equipment and approved one of the largest equipment budget items ever released. The Project contract began to assist after this 1955 budget was established, and there has been a steady decline in the government's regular support for both permanent and expendable material since then. On the other hand, Project financed foreign exchange and permanent equipment generate needs for more and more expendables and a rising demand for advanced permanent research equipment each year. The decisions to continue giving Project support in these circumstances are described below; but in planning a contract extension, it must be noted here that the Dean and Superintendent understand additional support will be based upon the DEMONSTRATED willingness of the government to absorb the operating, installation and maintenance costs of using the apparatus funded now and in the future by the Project.

With initiation of the contract, Professors in every Class submitted lists of equipment they might use in their traditional fashion. Each specialty took responsibility for ordering teaching, treatment and research apparatus needed to operate autonomously. As stated, the objectives of the time were to establish the best possible program leading to a Ph.D. degree in each discipline. No one ordered adequate nursing equipment, and no kitchen, house-keeping, pharmacy, maintenance and similar supplies were ordered.

Unfortunately, the orders were compiled from old catalogues and price lists originating in many countries, and the total College request received at Minnesota far exceeded the budget available when converted to existing U.S.

prices. To solve the problem, Departments and the Hospital at the University of Minnesota were asked to guide the selection of the quantity and kinds of equipment most consonant with the budget. Minnesota's first objectives had to be restricted to provision of essential undergraduate teaching materials. The examination took some time and the technicalities of having the goods delivered took longer. (There are peculiar instances in which some has not yet arrived.)

When these FY '55 and '56 shipments began to come they bore no indication of the departmental level consignee, and the "Rehabilitation Committee" was appointed to distribute the items as they thought best. Lacking centralized supply facilities at the time, some basic apparatus had to be split in peculiar ways. (Many Classes got centrifuges, for example, but not all received the heads needed to hold the material to be centrifuged.) When Minnesota's specific intentions and progress in ordering became known, the Committee and troubles it fomented were avoided. The Dean agreed in June 1957 to distribute teaching and research equipment to the areas Minnesota designated; and the Hospital Superintendent undertook distribution of therapy equipment, opening the central supply room system shortly thereafter.

As advised in Appendix II, items 14, 15, and 77, the call for requisitions from Class, Nursing and Hospital areas for FY 1957 equipment were postponed until most early orders were seen to be satisfactory. In preparing detailed lists and dividing the available \$70,000, it again was necessary to establish priorities ranking undergraduate, graduate-treatment and research needs roughly in that sequence. It was planned to support new services initiated within the immediate period and to give encouragement in research of those making the most of current opportunities. Before lists were accepted, inventory control cards were developed partly to identify duplicates or items which were on order but not yet received from Minnesota. At the time review of specific requests began, the Dean asked the staff to eliminate many duplicates and to share a significant amount of material either through the Hospital Central Supply Room or the central stock room in the preclinical building. These agreements were noted on the cards, and are expected to continue to guide distribution upon receipt of the equipment. They made it possible to continually increase the variety of items which could be included in the FY '57 funds. During the course of processing it also became clear that many of the Chairmen did not control administrative matters in their areas, that all were not in agreement with the centralization measures already started, and that some were not satisfied with the attention being given to completing undergraduate teaching equipment needs before approving major research budget needs. There was general resentment that everyone did not receive equal funds. The requests constructed with this knowledge and background (from the latest catalogues available in Korea) were favorably received at Minnesota and promptly ordered; much of it has begun to arrive and go into use.

Preliminary estimates of the FY '58 needs had been submitted prior to completion of the above processing and prior to release of the College's national budget for the Korean 1958 fiscal year. Successful operation of the Hospital and preclinical central supply systems, development and acceptance of reorganization plans, a rise in the cost of medical equipment in the United States and a reduction in national budget for expendables made it obvious that the preliminary FY '58 estimates had to be increased approximately 100% to accomplish the Project's objectives. This was done, and it demonstrated very clearly that the Ministry and O.E.C. can respond favorably to documented requests based on soundly projected needs and accomplished improvements in the

College. Incorporated in the same revision was another significant change in policy: The higher authorities approved the use of counterpart funds for the purchase of semi-expendable sheets, blankets and other linen in Korea, suggesting a new mechanism by which the Ministry can be shown the true cost of operating and maintaining a teaching hospital and medical college.

With \$171,300 and 33,141,500 Hwan available, it was possible for the Dean to review the cancellations from FY 1957 and the new programs of the College in a much more typical fashion. The same basic techniques were used in making the FY 1958 lists; duplicates were avoided, major items justified, new services supplied, and the known essential needs in therapeutic and undergraduate teaching satisfied. Much greater attention was given to research; all the needs of nursing education were met with the exception of the textbooks which cannot be ordered until the curriculum is finalized. The requests for expendables was considered most carefully to avoid removing any stimulus to development of local resources. Items were limited to those unobtainable in Korea, or to those whose quality in Korea was inferior to meet the needs of research and treatment. In this case the Classes were held essentially to equal shares, quantities sufficient only for one year, and applicability to preclinical studies; the clinical areas received very little attention because they were known to be capable of stimulating resources through commercial channels. Demonstration programs, like those presently being conducted in Physiology, Cardiac Surgery and Anesthesiology were given as much assistance as possible and equitable to others, to insure foreign advisers would work and not abnormally increase the demands on the national budget already released. Some of the FY 1958 equipment requested on these bases have been received; most has been approved at Minnesota and delivery is expected this winter or next spring.

In FY 1959, with between 83 and 100% of the original exchanged faculty again at home, it has been planned tentatively to turn much more attention to research, to advancement of the kinds and quality of demonstration experiments performed by the faculty and visiting advisers to the students, and to upgrading the quantity and quality of administrative services, including hospital nursing. The proposed "School of Public Health" has had no equipment assistance, pending its legal establishment, and it will be necessary to reach decisions to include it as a special or regular part of FY '59 programs. Nursing texts and medical texts are also programmed for FY '59.

Project support of equipment and supplies has been emphasized in this section because it has been the principal source of equipment. Whether the apparatus carries the signs of ICA or not, there are encouraging evidences that the College, Hospital and Nursing soon will be equipped to carry out their fundamental objectives. Equipment for extensive research in every Class will have to be based upon the availability of research operating funds, however.

Most of the apparatus is in use, lying idle occasionally because expendables needed in conjunction with an experiment or treatment are unavailable,

or as in every scientific discipline, because no projects needing it are in progress. In some instances the advances in medical sciences have made the equipment obsolete, and these are unavoidable for the most part. Broken apparatus is being repaired by the faculty, the available maintenance personnel, the 8th U.S. Army 6th Medical Depot or private firms. There still are problems, however.

Despite the obvious success of the centralizing systems, there still are tendencies to regard items distributed in Class areas as personal property, and ideas that quality is measured by the number of impressive apparatus available for display. These are not peculiar to this College, but combined with poverty, they are selfishly extravagant. Locks on apparatus are justifiable when it is recognized there is no assured way in which expensive, delicate machinery can be replaced in the national budget. Parts of these attitudes relate to the traditional isolation of each specialty in its own suite, being solely responsible for any kind of equipment, personnel or activities in the region. Good examples surround these exceptions today, and enforcement and practice of current policies should abolish them soon. A negative influence may come for a long time from the statutes requiring Educational Officials to replace any apparatus stolen, lost or negligently broken in their specialty activities. (The Superintendent theoretically could be made to pay or go to jail if the Hospital burns!)

In using the available national budget, the College is at the mercy of the local economy and traders. With recovery of most equipment essential to basic objectives being funded through the Project, the problem relates today chiefly to expendable equipment and supplies. Upon completion of the Project it again will encompass all purchasing activities of the College. One of the factors is the lack of foreign exchange funds for the College and Hospital. Some economies could be effected by ordering apparatus and drugs outside Korea, as the private medical schools do; this avoids the fantastic prices charged for some black marketed and scarce imported items. It also would enable the College to have the latest techniques represented in its program, tested, and applied here at an early date after discovery elsewhere. This is consonant with the objective to make it the leading institution in Korea. Today the College would have to wait for a local trader to implement the technique and traders respond only to demands for large quantities. Equally practical is the example showing the College cannot order and stock simple replacement parts for Project funded apparatus. At this time dollars for purchase of light bulbs, fuses, screws, etc. are obtained by individuals through missionary channels and not through the Ministry. All transactions must calculate for loss in the mails or other delivery routes, and set aside reserves to pay heavy customs duties, even upon educational items.

The other extant factors can be identified in the problem of securing continuing supplies of modern drugs of good quality at reasonable prices. To begin teaching anesthesiology in the College considerable attention had to be given to securing agents. Commercial (non-medical) oxygen, anesthetic ether, and some stimulants were available through normal channels; black marketed oxygen, ether, pentothal and soda lime were obtainable at various times, always at fluctuating prices. Most modern injectable anesthetic adjuvants and anesthetic

gases were not known to be sold anywhere in Korea. Members of the Korean Society of Anesthesiologists had been getting some of these personally from friends in the military or from abroad. They agreed as a Society to present their common problems to the Ministry of Health, which controls drug importation directly or indirectly, and also to some of the more sympathetic traders. In the course of these visits it was learned there was little likelihood of having the essential modern anesthetic drugs or any of the advanced drugs added to the salables import sector of foreign assistance programs without the involvement of traders willing to risk investment in a new specialty. The Ministry gave reasonable assurances that requests for import of the items listed with him would be approved if submitted. The Society as individuals thereafter could secure no trader a guarantee that the respective private and governmental hospitals would purchase needed drugs from him in adequate quantity to guarantee his investment. Without a guarantee the traders eventually became convinced the agents would sell, and importation of some items began. The quantities are small, reordering cautious, and the prices high. To begin a revolving type operation, the Project supplied initial quantities of the items most needed for this College, and other arrangements have been made to keep the quantity revolving. Further improvements in this particular case will depend upon development of private practitioners of anesthesiology who can jointly order in bulk and command lower prices, as the dentists do, or upon collective action by the Hospitals.

In the established clinical fields, the lack of drug control laws or enforcement of existing laws permits the general public to purchase any drug. The public currently has a fancy for antibiotics. The traders respond to laws of supply and demand, profiting from quick turn-overs of popular items they keep on the approved import lists, and declining or only cautiously investing in drugs known exclusively to the medical profession. It is not unreasonable to think that group action by a hospital administration profession and the medical profession can correct this problem immediately. (See Appendix II, item 7.) In the meanwhile, patients with rare diseases quite often go without remedies, and newly discovered compounds reach the public served in hospitals after they are old.

Some temporary relief is provided specialized institutions from time to time in grants and donations through the Ministry of Health or directly through one or more of the voluntary agencies now in Korea. Tuberculosis and other communicable diseases receive most attention through such mechanisms, since they are the more common diseases in Korea. The Ministry of Health significantly asked for a list of all drugs and chemicals needed in the Hospital about six months ago, but no action has followed.

Inventory control must be mentioned again in connection with the accountability of items. The College faculty is responsible for the teaching and therapy equipment purchased by it; the attached Hospital staff is responsible for administrative equipment purchased with its funds, and the Attached High School for Nurses is accountable for all in its area. There is no established mechanism by which the distribution of any item not recalled by memory can be located from files in any unit, and none by which the units can formally transfer unused items to another unit or individual. Procedures for abandonment, sale or outside loan are extremely complicated and they discourage keeping a practical inventory of useful materials available for loan. The College control cards established for Project funded equipment, and the data on the system obtained from Minnesota and delivered to the President of SNU, were prepared to demonstrate a minimum system and encourage its adoption as soon

as possible. One of the hinderances has been the lack of English knowledge by some of the clerks handling equipment now, and similarly, the lack of Han-gul equivalents for many of the scientific words and concepts incorporated in the names of equipment. Once bilingual clerks are permanently employed or nomenclature established, the system might be practical and acceptable.

At this time Nursing has been particularly generous in permitting the inter-College loan of equipment they will not need before their new school building is open, but the general tendency of the staff is to regard College, Hospital and Nursing as separate owners and governors of their equipment and rehabilitation. There is no inter-College loan system or University inventory control system similar to that at Minnesota, and one is needed to improve economy, wider usage, and restrict duplication known to exist.

#### LIBRARY

The College Library was studied early in the contract period by Professor Ostvold, a Minnesota adviser in library science. He called attention to the limited seating capacity (for 50 of 600 students) but also noted all seats were not used, observed the ages of the central and Class collections, noted the concentration in Oriental languages and gaps in holdings produced by two wars and lack of funds, and criticized the lack of training among the personnel. Dean Maloney had similar views (see Appendix II, items 47 through 50), and the current advisory team believed upon arrival that an early approach to these problems might provide an entree into other matters common to the entire College. Steady contact with subsequent developments in the Library shows the Dean and faculty are anxious to correct any deficits.

Traditionally the Library was managed by one of the professorial faculty as an unofficial section similar to those for Student Affairs and Academic Affairs. The Professor in charge eighteen months ago was one of the busiest, the Chairman of a Class, and very active in research. To assist him there was the custodian mentioned earlier, a man of apparently good intentions without training, English language ability or medical experience. In order to speed improvements and spread responsibility, the Professor and Dean, with approval of the Faculty Meeting, changed the regulations on appointment and substituted the Library Committee described in Section IV. This took considerable time, but the Dean and later the Committee tackled an agenda of improvements covering the problems cited and many others.

In addition to the 30,000 volumes in the central College Library described by Professor Ostvold, approximately another 30,000 volumes technically belong-

ing to the College or Hospital (budgets) were located in the Class offices or Hospital Library. Many of the better books had been taken by the invading Communists, but many also had been carried south by the faculty, sometimes instead of personal belongings. About 600 texts with recent publication dates and six-year subscriptions to 154 periodicals in many languages have been programmed through the Project. Another 30 selected periodicals and regular donations of between \$200 and \$400 for texts are being supplied by the China Medical Board. Gifts from individuals and organizations also continue to increase the holdings of used journals and texts. In the past eighteen months contributions of this type have come from the American-Korean Foundations, Asia Foundation, China Medical Board, Commonwealth Foundation, National Foundation, Rockefeller Foundation, UNESCO and UNKRA. Through the Project, the Hennepin County (Minnesota) Medical Society, University Faculty Wives Club and a number of medical faculty members also have assisted.

The faculty is most appreciative of this assistance and is very proud of the restoration and new additions represented in the gifts. When asked to review the subscription titles before placing the last three year subscription with FY 1958 funds, there were only a few changes to indicate the total had not represented the most essential world titles in the medical field. The American reference texts available in most fields, including anesthesiology, also have been adequate until new editions and publications began to outdate them. To correct this in part the faculty have approved use of recently donated funds for the purchase of texts needed by the students and faculty. (They ask Project assistance in ordering and transporting these to save the 20-30% otherwise diverted into overhead and customs duties.) It is understood one of the weak areas in textbook holdings is in the preventive medicine-public health field. The basic library for this area was lost to the Ministry of Health and never has been returned.

To restart the flow of Japanese periodical titles now, the faculty also have approved collective arrangements by which non-governmental funds can be used to secure at least two kinds of Japanese journals for each Class. (Governmental funds cannot be used for purchases in Japan, even of literature which theoretically is censorable and scientific in nature.)

In further discussing ways for continuing the current western language subscriptions after termination of the contract, other aid sources, and dwindling donations, it was suggested that library users be taxed. Efforts have been made to discourage this plan because it would eliminate the freedom and incentive to use the Library. Probably it was an honest reflection of the lack of confidence in receiving adequate regular budgetary support for the foreign exchange involved. The University has steadily reduced the library funds for the College until now support comes mostly from the students. About \$80 was available to do binding of 500 volumes this year. The staff is supported mostly through FSO funds; no foreign funds are available.

Under the circumstances it is understandable that the faculty may be slow to open the stacks, release materials, and stimulate greater use by the students. There is a strong feeling that "a book is like a wife, one of the precious things." Both faculty and students depend, therefore, upon maximum utilization of older literature, back issues, and similar materials rather than new issues. Except for the Project and public donations, most of these have been collecting in the Classes during the recent years.

At the time the Dean secured Faculty Meeting backing for the Library Committee he also won approval to centralize the departmental and Hospital collections. Both decisions were significant evidences of the faculty's willingness to change cultural habits. The Committee's first task was to collect the issues, and this created a problem of space. Rehabilitation programs being developed at the same time promised to increase and remodel seating capacity and administrative facilities, but did not provide significant enlargement of the stack and permanent storage areas. Therefore it was decided to collect only the western language titles and certain Japanese titles published after 1930, if the volumes were not already in the main Library. Since many of the faculty read Japanese better than Korean or any other language, those who believed Japanese important to their specialty were asked to centralize these books. Other Japanese, the Chinese, duplicate and older western volumes could be kept in the Class areas. The Hospital had about 7,000 eligible titles, was to keep its other 13,000 volumes, and accept ineligible books from the main Library for storage. The University Library was offered as many of the older texts and periodicals as they wished, but they would accept only 400. Temporarily many of the books have been arranged in the adjacent Anatomy and Pathology class areas. Other arrangements might be necessary in a future rehabilitation program, but the College wishes the excess to go either to the University Library as Professor Ostvold recommended and the Dean offered to implement, or into an exchange program in certain instances.

The possibility of joining a foreign book exchange program was discussed on several occasions, but it has not yet been clarified that the Ministry and University rules on ownership will permit the College to exchange their books. If they should, the College has heavy holdings in Japanese literature denied the United States during World War II, and the College lacks primarily American and British literature for the same years. Preliminary contacts have been made for donations to the College through the "U.S. Book Exchange" operation, which eventually can lead to true exchanges. Only information has been collected from companies which sell microfilm and reprints of out-of-date issues. Similarly no progress has been made toward developing financial channels through which the College could continually use the facilities of the U.S. Armed Forces Library and Institute of Pathology collection, or those of the U.S. Library of Congress.

A number of efforts are being made to increase the use and effectiveness of the resources available. The custodian was urged to take the course in library science being offered regularly at Yonsei University with the advice of the Peabody College Project. After persistent efforts, he did attend a few days, but his lack of English language ability discouraged him. The China Medical Board was one of the exceptional organizations that offered staff training opportunities directly to the College. At least a one year librarian's scholarship tour in the United States is available through the Board if the College can find a suitable candidate, but in more than a year no progress has been made. One candidate was proposed but his English was too poor.

Later the Dean was fortunate to meet and successfully employ what is believed to be the only trained and experienced bio-medical librarian in Korea. Through the efforts of Miss Kim routine library science procedures are being initiated as rapidly as possible. The centralization moves are progressing ahead of the two-man staff's ability to catalogue the volumes, however, and too many volumes still are gathered on the central shelves exactly like they were in the Classes--each Class' donation identifiable and isolated from the others.

Lists of duplicates are slowly accumulating, missing issues being traced, and periodical services are greatly improved in the meanwhile. The Library also is open at night with a regular librarian in charge.

To increase the reading room space, and to favor increased use of the periodicals, the Dean moved from his very large offices to accommodate Miss Kim, display the periodicals, and made a new faculty reading room. Neither the faculty nor students have ever had instructions during undergraduate years in techniques of using the library. Although the most important indices and cross references are available, personal attention by Miss Kim usually is required to secure a reference. The present state of the stacks makes it necessary that she or the custodian search for bound periodicals.

New library regulations also have been established and approved by the Faculty Meeting. Their major change was involved in eliminating provisions for management of the Class collections, in increasing the fee for over-due books, and (if the translations can be compared literally) in modifying the language identifying those who can use the library. It is understood that previously only the faculty obtained regular permission to enter unchallenged and that now any of the staff and graduate students may enter any of the rooms. The undergraduate students still are restricted to certain texts and eliminated completely from the periodicals, however. Only special dispensation for demonstration experiments and courtesies to advisers have been secured for the students on special occasions.

Most of the faculty apparently do not trust the students with the unbound issues and they do not believe the students can profit from browsing or assigned readings. The restriction to certain texts cannot be explained. Other Colleges in Korea are beginning to allow the students to share all the resources of the Library, and the Dean plans continued discussions of their results and the statistical studies on the benefits of the proposed system.

The rules do not discourage the faculty and graduates, and the increasing number of inter-disciplinary conferences, seminars, and research activities encourages use. Miss Kim already has a fair index of these most abreast of the current literature for research and teaching activities. There are no precise statistics available yet, however. No journal clubs are known to exist.

In addition to the above comments, it must be noted that the Library still is not being used by the hospital administration specialists, nurses and many nurse students. Project funds support purchases of literature in these fields, and the rules were changed to admit the personnel, but apparently the lack of English language ability and some heckling from the physicians and medical students have discouraged further use. A reading room is included in the new nurses school and they still will have access to the central Library for research and other purposes.

#### RECOMMENDATIONS:

It is recommended that rehabilitation programs continue to be examined for their emphasis upon normal maintenance, remodeling and modernization, identifying the costs which should be carried by the national budget. The

cost of architectural consultations from the best available authorities, master blueprints of all existing and planned structures, and supervising personnel should be included in the programs.

Additional consideration should be given to changes necessary to coordinate rehabilitation programs with the long-range plans of the University and to connect the College's utilities with those being developed and planned by the City for sewage, electrical services, etc. Discussions already started should be advanced to meet the housing needs of nurse and medical students, and the School of Public Health, and to improve the Second Hospital, Health Service, Hospital special services and preclinical facilities.

Once funds are obtained to cover the normal recurring cost of operating, maintaining and replacing essential equipment, requests for their use should originate in the Classes and Departments for teaching and research items, in the Hospital Nursing Section for therapy items, and through the General Affairs Sections of the Department of Medicine, Nursing and the Hospital for administrative and overhead services. Every activity should have provisions for acquiring some new equipment each year with local and dollar currency, but the recommended inventory system should be used to protect against unnecessary duplication, isolationism and waste. At this time dollar funds are essential to maintain, replace and add equipment, drugs, books, journals, etc., and arrangements should be made to obtain them now.

Regular procedures should be established to trace missing material, equipment, journals, etc. promptly through University, Ministry, postal and customs channels before depending upon Project channels. Claims should be reported promptly to the proper University authorities and Project, and action in Korean channels expedited.

Instruction in the use of the Library references should be given, statistics on use of various parts of the Library collected, and students

should be eligible to read any literature in the Library. A candidate for the China Medical Board scholarship should be obtained and the staff trained in the Yonsei library science course if possible.

IX. HEALTH CARE STANDARDS, SPECIMENS, AND OTHER TEACHING MATERIALS

In this section the quality and quantity of therapeutic services, and the availability of specimens and other native instructional materials are compared with the needs for teaching purposes. Many related details have been mentioned earlier, showing that the general organization, administration, budget, and facilities are limited in comparison to the competency of the faculty to give better care, develop specimens, books, etc. Some points are repeated here to emphasize their relationship to minimum standards.

HEALTH CARE STANDARDS:

The National Medical Laws and other promulgations of the Ministry of Health define minimum requirements for health services and for hospitals. The Ministry of Health and Courts determine the legal bases for malpractice actions. Moral conduct is influenced by public opinion and what are understood to be ill defined codes of ethics. The Japanese introduced the Oath of Hippocrates, but this teaching has stopped. The Korean Medical and Nursing Associations, like other organized efforts, are less than thirteen years old, and apparently have not begun to police the professions either in individual or incorporated hospital practices. There is no hospital administration association. The continued influence of herb doctors and shamanistic beliefs penalizes advancement of the profession and sometimes finds curious expression in public opinion, governmental actions, and legal attitudes.

During the past eighteen months there were two instances in which the public criminal prosecutor arrested and imprisoned Assistants and Unpaid Assistants who attended patients at the time of their sudden death. The Superintendent and Dean secured their release after arguing there was no evidence of malpractice or murder; but the attendant publicity damaged the reputations of the profession, Hospital, and individuals and demonstrated the need for much improvement in the public relations of the profession and the Hospital. In one case a senior medical student was present and acting under supervision in the emergency room when the patient was admitted in terminal asphyxia (suffocation) caused by a diphtheritic membrane. The precipitate action taken by the relatives and government destroyed some of the mounting interest in increasing the practical experiences available to students throughout the Hospital.]

Lacking assistance from any smoothly functioning, well organized, experienced and introspective professional groups, a concerned and stimulating public, or a benevolent government, the College is left to its own devices to determine, maintain and improve good care. In doing the job well this and other Colleges are assuming major responsibility for the reputation, progress and success of the health professions in Korea.

To determine what constitutes good care in each clinical specialty, the College must depend mostly upon the competence of its Professors. In turn, they have been guided chiefly by their experience gained under the Japanese and since by study of the literature available, and by scientific observations of practices at home and abroad. There is a wide individual variation between interpretations given these data. It has been shown that the Professors have been relatively isolated from other disciplines and free to choose their reference points in each measurement. While this favors academic freedom, in caring for patients it always has been essential to erect safeguards and opportunities for others to protect and stimulate better care. This is the role assigned the Superintendent, whom they elect.

To maintain the best care, the Superintendent depends chiefly upon the integrity and competence of the faculty nominated by the Faculty Meeting. He must accept the administrators and administration coming from other professions and depend upon the Chief Nurse to keep good nurses and nurses aides. He hears daily reports from both these groups. He is aided greatly by the academic atmosphere which insists upon demonstrating not only the best but the newest form of therapy, by the conduct of research, and by the routine review of clinical activities in seminars, conferences, and the College-wide Clinical Pathological Conference. Clinical records must be kept on all services and open to his inspection. Autopsies are requested if the patient is indigent. Of questionable value have been the admonitions to observe duty hours, see patients regularly, be kind, etc. given in the Chiefs of Services meetings and on other occasions.

To improve inspection and increase self-evaluation, the Superintendent and Administrative Committee in the last eighteen months have reviewed most of the fundamental operations, have re-examined prescription writing practices, re-defined many of the borderlines between medical and nursing-administrative relationships with patients, made physicians and nurses responsible for transporting blood from the blood bank, and moved toward establishing a centralized record system and minimum requirements for each record. A complete history, physical examination, urine and hemoglobin tests are being requested before scheduled anesthesia is given now, and pre-anesthetic and post-anesthetic rounds are required of the students. Housekeeping rounds have been started; and an increased amount of routine reporting, documentation, and review has occurred throughout the administrative and nursing system.

To improve care, all the significant Hospital area activities mentioned throughout the report have had the endorsement, or sponsorship of the Superintendent and administration Committee, and the concurrence of the Dean. In this respect, the basic competence of the faculty, their newly acquired or planned physical plant improvement and facilities, and their numerous recent contacts with foreign practices are the principal factors which have enabled them to provide better services. These points have been mentioned in detail; also included are the changes produced or planned by the dietary committee, in-service nursing education groups, the sanitation inspection by the preventive medicine consultants, rearrangement of contagious disease facilities, provide the last needed of the essential services found in any modern Hospital.

The Superintendent has not been asked to tell his own opinion of the quality of service improvements resulting from the above. Each of the advisers has made an evaluation and reported his opinion particularly of his specialty, but also of practices throughout the Hospital. The general impression speaks

well for the average care given and points to exceptional skill in certain areas. Improvements are occurring in every activity, and apparently limitations do not often involve the competence or integrity of the individuals, but the other factors mentioned.

The current stimulus to continue improvement appears to come from individual research and initiative, the foreign exchange experiences, and contact with foreign advisers, and to almost an equal extent with all these, from competition with foreign hospitals and medical schools in the City. The competition is almost vicious, and it clouds honest comparisons. The Hospital is proud that they receive patients from other institutions because of their recognized ability and outstanding facilities to treat patients in certain specialties; they guard their reputation closely and are very sensitive to public opinion, press releases, etc. They are afraid the National Medical Center will subtract from their prominence, and they are discouraged because the American Embassy has not given them an opportunity to prove their integrity and equal ability to perform the physical examinations required for American visas. In some ways they feel that recognition and visits by foreign patients are essential marks of success. Undoubtedly such visits would stimulate some areas, enforce western standards of sanitation and cleanliness, encourage English language ability, give a better reputation among the Koreans and among the foreign government workers assisting and judging the country, and perhaps provide a means to earn a few dollars. There are other ways of obtaining these goals, and real dangers that an obsession for some of this means will be detrimental to teaching, if not guarded. In working toward eligibility for approval by the American Embassy, they have appointed a committee to supervise examinations; made early arrangements with the Ministry of Foreign Affairs, and begun to serve as an examining post for Koreans going to other countries. They also have treated a number of OEC staff and dependents, all of whom speak highly of the quality of services obtainable in the out-patient clinics.

Statistical guides based on data drawn from centralized medical records and other sources provide a more acceptable, and impartial means to evaluate quality. The potential use of these by the superintendent or an outside accreditation commission has been discussed, and implementation postponed until centralized record systems are well established. Using the data available, the following notes provide additional estimates of the quality and volume of care given here.

Distribution of the Clinical area faculty is shown in Table Two. As stated previously, much of the medical treatment in the Hospital is, and should be, given by graduate students, interns, Assistants and Unpaid Assistants under the close supervision of the full-time higher ranking faculty. The staff is believed to be adequate in number, with a few exceptions. Anesthesiology is one of these. The country wide underdevelopment of the specialty makes it necessary to depend upon nurse anesthetists rather than anesthesiologists for most of the service. The conflict over whether the one staff anesthesiologist should teach or give service at a specific moment is not well appreciated or understood by all the surgical and surgical specialty staff. Careful advance planning of the operating room schedule usually makes maximum use of his knowledge for both purposes; and development of regular sources of long-term graduate physician students will improve the services he can give through supervision of increasingly more competent individuals. The Clinical Laboratory, Radiology, and Neurosurgical specialists are among the others who are

taxed to do both teaching and service with their present staff. The comparative nursing shortage is discussed by Miss Low and Mr. Mitchell, who also describe the relationship of the newly created nurses aides to patient care.

The capacity when fully operable probably will be about 450-500 beds. The bed complement presently used for in-patients is approximately 230/day. The reduction was made to maintain quality. The Hospital Bulletin records admissions to the in-patient services in 1957; the average daily census was 231. The total in-patient days and the average length of stay are not calculated regularly, and the available figures are not too meaningful at this time. The daily in-patient census has varied between 175 and 280 during most of the period of observation. Births in the Hospital have increased regularly until now they total about 75/month. Mortality statistics for the services are not available. Autopsies are understood to vary between 8 and 30/year in recent years. The general insufficiency of in-patient activity for the total number of graduate, special and undergraduate nurse and medical students is appreciated by the faculty.

Not only must half the Hospital be closed for lack of budget, but all beds could not be occupied probably because a) the public fears Hospitals, b) many patients cannot pay for their care if they are ineligible for the 20% free service given, and c) they resent strongly the medical and nursing students. Midwifery accounts for most maternal care given in the country, and undergraduate students are most strongly resented on the obstetrics ward. The average length of stay is observed to be exceedingly long on some stations, and longer than average in the United States on most. Cultural respect for the dead discourages the staff from seeking permission to do autopsies and the relatives from giving permission. In the instance of death with communicable diseases, such as those observed in the Recovery Room from rabies, tetanus, and encephalitis, the national laws requiring cremation are cruelly favorable to obtaining autopsies.

The spectrum of diseases represented on the wards and in the out-patient clinics conforms to the general distribution of illnesses in Korea, and most specialties are said to see the rare diseases present. Many specialties have not had enough in-patient activity to give adequate experience quickly, even in treatment of the ordinary diseases. Mr. Mitchell shows the recent data on average daily census and length of stay for each class. In 1957 surgical beds comprised 27% of the total here, and 40-50% in the average U.S. Hospital. Internal Medicine had 44% contrasted to 20-25% in the average U.S. Hospital. OB-GYN had about 8%, compared to 12-25%; Pediatrics had 6% compared to 10%. Alterations in the Admissions policy, closing half the Hospital, and other Administrative Meeting discussions have begun to remove the barriers to growth for most disciplines, and have provided minimum bed spaces for most specialties. Dr. Flink reports upon the use of the beds in Internal Medicine.

In Anesthesiology, the variety of anesthetics and anesthetic methods required by the patients' status is sufficient to give a broad understanding of the specialty. Admission to the Recovery Room area of patients with tetanus, polio, encephalitis, rabies, and other diseases impairing respiration, and the opportunities to do respiratory function studies, therapeutic nerve blocks, and other non-operating room procedures are increasing. The number of each use is small at this time, and potentially restrictive upon the number of students who could be trained directly or oriented through observation in a reasonable period of time. Planned increases in the number of operations, and apprecia-

tion of the potential of the specialty and staff probably will correct this deficiency. Operating room observation facilities for surgery are presently inadequate, but are being corrected in the future construction programs. At this time the observation practices menace sterile techniques and therefore limit the number of students who can observe.

The Dean and Superintendent have undertaken a number of measures to increase the frequency and quality of student-patient contracts here, and by arrangements for use of affiliated hospital, the National Health Center, a home delivery system, and the National Medical Center. These and other plans are discussed in the section on teaching.

#### SPECIMENS:

The nation-wide problem of securing cadavers for anatomical dissection and research is acute, based mostly to the cultural reverence for dead bodies, and not yet influenced by the public's understanding of science, health education, or ethical medical practices. The problem is quite similar to that encountered in many other countries, and not as bad as in some. In another cooperative endeavor the unofficial Council of Medical Deans petitioned the Ministry of Education some time ago to help in changing the post-war laws to provide the schools bodies of unclaimed paupers, etc. Later the Korean Medical Association and Anatomical Society joined in the petition and everyone turned to the Ministry of Home Affairs and Ministry of Health for a solution. Very recently the Ministry of Health has agreed to draft and submit a law which would implement the petition. In the meanwhile, only the Seoul Red Cross Hospital through the dead indigent patients not autopsied in this Hospital provide the College about 30 bodies a year. They must be held for another year before use. Considering the variations in size, condition, cause of death, etc., the number is far from adequate for 136 freshmen.

The lack of autopsies and gross pathology specimens is serious, (only 45 autopsies in two years), well appreciated by the faculty, and influential toward establishment of a good museum for the Hospital and Class of Pathology. Initial equipment has been secured, and arrangements discussed by which all Classes could share the use under the management of Pathology. Additions to the current collections are being made from surgical specimens and a few outside donations. An unexplored possibility is the Korean Army, which mandatorially gets an autopsy on every dead soldier. Another is the new National Medical Center, which at one time wanted to bring all its dead here for post-mortem examinations in the presence of the students. Orphanages in Pusan supply their Medical College.

Microscopic pathologic and normal histologic specimens have been accumulating slowly over many years, and now are said to be nearly adequate. The lack of good quality stains, special stains and the lack of the essential apparatus are being corrected through the Project. Special uncut paraffin block specimens have been sent from Minnesota by the Seoul National University and Minnesota faculty, and at this time steps are being taken to enable the Anatomy faculty at Minnesota to complete the neuro-anatomy and neuro-pathology materials needed. There appears to be an adequate supply of common bacteriologic cultures and parasitic organisms available; newly arriving equipment and supplies of culture media will enable these Classes to complete their normal laboratory manual cycle, and add virus studies and other special techniques to the activities. Lack of operating funds continues to embarrass every one and especially

those who must depend upon obtaining carbon dioxide to operate freeze microtomes; CO<sub>2</sub> is not readily available in the markets any more.

The supply of animals is greater than the ability of the Classes to pay for them; large dogs are exceptionally expensive. The cost of animals forces the faculty to use frogs, mice, rats, and rabbits for student and research experiments more often done on other animals. No monkeys are available. Animal quarters are scheduled for improvement; treatment is said to be humane; and student experiments are always supervised.

#### OTHER TEACHING MATERIALS:

Restrictions on the use of patients, animals and dead tissues lead to widespread use of all available anatomic manikins, charts, and other canned materials. Manikins are essential for obstetrics and midwifery instruction; and CPC's have been conducted from protocols obtained from the literature and discharged live patients, in lieu of personally conducted autopsies. The use of photographic audio-visual aids is almost mandatory; but not always justifiable. Instances are recorded in which patients admitted with common diseases were photographed and not shown to the students, for example.

The entire faculty is interested in increasing the use of audio-visual techniques. Until recently they have depended upon securing personal equipment, supplementing it with audio-visual apparatus delivered through the national budget or Project funds, and producing their own slides, pictures, etc. Some of the affluent individuals have personally hired private firms to prepare the work, and occasionally Class budgets must be used to prepare data by special methods. The Dean established a study group to investigate the whole problem, called in O.E.C. Audio-Visual Division consultants, and moved to collect the College owned apparatus, supplement it with Project funded equipment, and build a central photographic laboratory to be operated by the faculty at first and later, budget permitting, by a trained technician. O.E.C. has offered to continue assisting in the selection, ordering, and training required. Preliminary estimates show the need to concentrate this year upon development of 35mm. and 4x5" slide, transparency and similar media in these sizes, and upon increased use of 8 x 10 vu-graph techniques.

Both directly and through the Project offices the faculty have been securing some of the available medical and para-medical title motion pictures on loan from O.E.C., the 306th Army Signal Depot, U.S.I.S., and other agencies. Their criticisms coincide with those usually expressed by medical educators in the United States, (too old, not tailored to the lecture, poorly narrated, etc.). The students have been active in securing films, under some supervision, and their comments are more favorable. Particularly revealing was their eagerness to secure films which showed and explained more about experimental methodology. In few of their showings were faculty present from the specialty concerned with the film topic, and little interest could be aroused in having the faculty routinely preview the films secured by the students. It also should be noted that the language used is an important consideration in selecting films, suggesting that well-planned silent movies with comments upon an accompanying script by faculty members might be more instructional.

The use of printed teaching materials also might be considered in this section. Background comments already made explain the lack of much recent information in the Korean language, the cruel suppression of spoken as well as written

Han-gul under the Japanese, and the relatively recent development of English as an auxiliary scientific language replacing Japanese and German. Beginning with Liberation the faculty started issuing mimeographed notes and printing small pamphlets regularly in Han-gul for use by the students. The practices continue because they still cannot be replaced entirely in any discipline by textbooks in the native language. The faculty appreciates the advantages and disadvantages of "hand-outs" and looks forward to the time when they can reduce the amount of distributed lecture and text supplements to the minimum required to keep instructional material abreast of current progress and revisional data.

In 1956 specialists in most disciplines in the eight medical schools met privately and agreed to prepare medical school texts in Korean for use in all schools. Similar measures were started by the Korean Nurses Association. Seeking to avoid regimentation, censorship, and not impair academic freedom, they finally agreed upon an outline for each book and then assigned the writing of chapters to faculty in each school; editorial committees reviewed the product. Upon completion private firms and the individual writers financed the printing and sale of the texts to the students. Not all texts planned have been published, and the time required naturally has out-dated much of the published materials. Medical books already finished cover basic Pharmacology, Preventive Medicine, Anatomy, Physiology, Surgery and Gynecology. The cost of some of these is excessive to many students; and the drawings, pictures and other artistic techniques ordinarily required in good medical texts necessarily are limited. They are a significant and commendable start and the faculty say they have suitable quality for the most part.

The distinct advantage of creating native language texts has become confused somewhat with the less ideal straightforward translation of foreign country texts in the medical sciences. Aside from encouraging plagiarism among competent professionals, it can be shown that Medical Science texts are developed for a specific audience which usually is nearby; that to avoid being exceedingly long the authors must assume much about the undergraduate preparatory and cultural background of their student audiences; that the advance of knowledge and technology has been exceedingly faster in some areas of the world than others, that the above and the current need for integration of the preclinical (?pure science) and clinical (?applied science) emphasis upon preventive medicine, public health, preparation of "undifferentiated" graduates, and other important factors to this nation make pure translations less than ideal tools to meet the current objectives of this College. Instead, financial encouragement, direct subsidies, and stimulation to private enterprise are needed to implement, speed and stimulate the individual and collective initiative of competent, creative specialists who can select the scientific data applicable to Korea by direct translation and also provide the judgment and interpretation required to emphasize the peculiar current and future needs of Korea. For the most part such changes are minor and require only qualifying.

There are practical examples of the arguments given. In some of the creative-type texts already published the available vital statistics on the incidence of certain diseases and their methods of therapy in Korea are given and compared with data from other countries. The medical students are impressed with the differences, and thereby are encouraged to pay attention to these diseases and the reasons for the differences. In other cases, the incidence of a disease in a foreign country is reported in a chapter without commentary upon

the incidence in Korea (either from impression, Hospital statistics, or the scanty nation-wide statistics), and the student also may be given the foreign country methods of treatment which are unavailable in Korea, without supplementary notes on the method most applicable among Korean resources. This is misleading to the student, discouraging when he realizes his handicap, and of little assistance to his future patients. (To correct this much of the lecture time is involved in supplementing the translated foreign text or chapter with the data applicable to Korea, which denies the lecturer time to add to the knowledge obtained from the text. Much of the printing budget goes for this purpose also.) The reported faults of some of the clinical texts can be laid to the editorial committees, to the temptation to plagiarize and to the lack of certain basic statistical data and unanimity of opinion on Korean therapy procedures. Some of the writings are excused on the premises that there are no anthropologic or other differences between Koreans and other races, and that Korean students should be taught only the most modern forms of therapy whether they are presently available in Korea or not. It also should be understood that these criticisms do not apply to all data published, and apply little to those published on the preclinical, purely scientific, non-clinical subjects.

The above data apply chiefly to the medical field, although the same arguments apply to nursing, public health, hospital administration and laboratory technology. In these fields very few or no Han-gul texts have been published and the students are even less prepared in English to use foreign materials directly, making them solely dependent upon developing native materials. It is in these fields that the greatest stimulation and efforts are required; and also, it is these fields which are believed to need the greatest guidance in choice of material which can and cannot be translated and supplemented by competent Koreans.

#### RECOMMENDATIONS:

Cultural and individual reasons for patients' fear of hospitals, late admission, reluctance to eat hospital diets and take hospital medicines, suspicion of students, doctors and nurses, and resistance to examinations should be studied scientifically and counter measures taken to improve attitudes and overcome resistances. Special attention is needed by someone interested in hospitals and qualified in the field of public relations. The importance and essentiality of a high autopsy rate to teaching, inspection and maintenance of good care, and research should be impressed upon the entire faculty; the techniques of obtaining autopsies in Korea should be studied, compared for success, developed and taught to every student and staff member contacting patients or relatives anywhere in the Hospital.

Admission policies should be controlled by the Superintendent instead of the individual Professors; all patients should be admitted through regular channels. The minimum number of hospital beds available to each discipline for teaching and service should be determined by the Superintendent and the Dean, with the help of their advisers. The actual number of admissions above the minimum standard and the assignment to bed locations should be regulated and kept somewhat flexible by the Superintendent and Administration Committee, who should allow for growth in needy areas to improve their teaching volume (rather than general service) and for changes in the incidence and importance of disease systems in Korea. American bed distribution standards should not

be copied completely or necessarily matched in any part unless it is first proved that the services and diseases concerned are equally common, important and essential to the extant public needs in the two countries.

After very careful study, discussion, and sufficient allowances for cooperation and understanding to be demonstrated, it is most strongly recommended that:

a) either the number of patients with chronic respiratory tuberculosis staying in the Hospital for periods of more than three months be reduced immediately by 50% by the staff responsible and be replaced through the admissions office with patients with acute respiratory tuberculosis agreeing and understanding to their potential transfer or discharge within three months, those in need of short term diagnostic observation or emergency therapy also fitting the three months rule, those agreed upon in the out-patient clinics through consultation as being suitable for immediate surgery and early discharge, and patients with other respiratory diseases dischargeable within three months or less, or,

b) the Superintendent, Dean and Hospital Administration Committee should explain to the Faculty Meeting and get the support of the University President in administratively reducing the maximum size and number of the in-patient services provided patients with chronic respiratory tuberculosis, bed by bed, as rapidly as the current patients can be discharged or transferred through humane but stern measures until the total in-patient days, average length of stay, average cost to the Hospital, average bad debt loss, average rate of payment, average admission and discharge rate, nuisance factors, use of dietary services, cooperation, obedience, respect for nurses and property, visitors upon the station, other matters and problems discussed conform more rationally to hospital-wide averages and practices, teaching objectives, the current financial capability and need for the Hospital to operate a sanatorium type service. Allowance and psychiatric therapy should be considered for the present recalcitrant, violent, obstreperous paying and non-paying patients concerned, and their early discharge or transfer sought. The latter patients should be isolated from one another; no new patients should be admitted to their wards or allowed to associate with them; their relatives' visiting hours and isolation technical practices severely enforced; and if necessary they should be transferred for consultation and therapy on the psychiatric services by the Dean. If absolutely necessary, other sections and staff members willing to solve this problem should begin to assume responsibility for admitting and treating teaching patients with acute respiratory tuberculosis; regular consultations should be required from surgery and other specialties to check the progress and responsiveness to therapy of patients already admitted to the service, and measures taken to have consultations required for new admissions. Cooperation should be developed between the service and the administration to permit the continuation on a reduced scale and lengthened termination date of existing research experiments on the responsiveness of patients with chronic respiratory tuberculosis to forms of therapy; and any new protocols requiring long-term admissions for this service or any other should be approved and coordinated through the Superintendent and Dean, as long as the financial crisis of the Hospital and average patients continues. If possible the Hospital should be fully subsidized by a national or international organization research grant to continue the studies, in which case many but not all of the foregoing objections and recommendations would be unnecessary.

The international recommendations on methods of obtaining cadavers and model laws pertaining to the release, acquisition, care, and disposal of bodies and gross pathological specimens should be studied, placed before the Ministry

of Health or Home Affairs, and the necessity for passing them explained to the National Assembly. The Korean Army, the National Medical Center and orphanages should be contacted to obtain assistance in increasing the source of cadavers, autopsies, opportunities to observe autopsies, and supply of gross histologic and pathologic specimens and museum objects, now on a temporary emergency basis, and permanently if possible. The Project should be used to implement the exchange of transportable specimens between Minnesota and Korea and continued addition of materials not available in Korea.

Cooperation with the College of Veterinary Medicine should be sought to obtain normal experimental and research animals of all available species and types on a continuing low-cost basis, supervision and improvement of animal care, and occasionally the conduct of joint conferences and research experiments directed at upgrading the type, quality and understanding of animal experimentation among students and staff in the Medical College and the introduction of advanced physiologic and other techniques in the Veterinary College.

As rapidly as possible the use of manikins, audio-visual techniques, and other canned instructional materials should be replaced by direct contact with human and animal tissues, live demonstrations, live case presentations, etc. Development of museum specimen preparation techniques, audio-visual techniques, and other instructional aids of this nature should be studied, centralized as planned, and made available to supplement the direct teaching contacts available, document patient records, and improve publications. The choice and use of motion picture films should be supervised by the faculty; the films should be previewed; comments from appropriate staff members during the presentation and discussion following the presentation should be established as minimum standards at the time of each use. Project funds and recommendations from Minnesota and other faculties should be used to rent, copy, and modify as necessary some of the outstanding films available in the anatomic, physiologic, pharmacologic, surgical technique, and other series most adaptable to international use.

Mimeographed supplements to lectures should be inspected often to insure their appropriateness and reflection of the most modern advances; they should be subsidized entirely through national budget funds and issued at no cost to the students as soon as possible.

Current discussions upon the agreed need to use Project funds to assist in the development and supply to students and faculty of medical science textbooks in the Korean language should be directed toward perfecting methods of stimulating, speeding, and permanently establishing creative writing habits and a flow of publications from competent individuals who are aware of and devoted to identification and improvement of the differences in norms, needs and objectives of the patients and health professions here and abroad. Relatively more subsidy and attention should be devoted to nursing, hospital administration, public health, and laboratory technology needs in preparing materials; students in all medical sciences are about equally needy of assistance in obtaining published works.

It is recommended that the entire faculty take an even more active interest in teaching, discussing, and promoting a clearly defined ethical and moral code for the profession, and through this and similar measures, insure that the integrity, reputation, dignity, and course of the health professions are protected, advanced, and constantly oriented to the needs of the people by pro-

essional groups.

The Superintendent with the assistance of the clinical area faculty, should continue to develop standards of uniform medical care common to all specialties, and assume more responsibility for active inspection and maintenance of inter-section standards throughout the Hospital. For example, automatic stop-orders should be established for all narcotics, sedatives, similar habituating and other dangerous pharmaceuticals. Sterile techniques and isolation-room techniques should be standardized, taught and enforced up on all staff and visitors by nurses and Professors. All medical acts by nurses should be transferred to Internes. Verbal orders to nurses should be restricted to emergency use. Routine order sheets should require enough insertions to insure the physician individualizes the form to the patient with each use. Telephoned reports of laboratory tests should be put into writing on the patients' charts by the Laboratory or its representatives as quickly as possible. A master patient identification system should be established for use on records, treatment cards, requisitions and occasions when the patient is transferred about the Hospital.

Uniform methods of calculating the patient census, treatment activities, costs, and vital disease statistics for the Hospital and subdivisions, including administrative section's, should be developed, recorded regularly and used in establishing and maintaining standards, conducting medical and administrative research, and identifying Korean norms. Competition within the professions against such standards set on a country, international or country to country, statistical and impartial professional judgment basis is preferable to competition only for public approval foreign attention, and other forms of non-professional acclaim based on hearsay evidence. Foreign patients should be welcomed to the outstanding facilities of the Hospital so long as they understand it is a teaching facility primarily, do not displace Korean patients, or increase costs to secure special privileges. The partiality of American Embassy, O.E.C. and similar American agencies in using, describing and listing only a few of the City's good teaching facilities and Korean physicians in their lectures, literature and phone books should be called to the attention of these groups, and equitable arrangements made to eliminate undue influence, vicious competition, and currying of foreign attention among the teaching hospitals. If only American physicians can be involved in visa examinations, physical examination of O.E.C. Korean employees, etc., this should be made plain and the names of the teaching institutions involved minimized. Where it is possible, and consistent with the objectives of this College and the American agencies, services and consultation from the College should be preferred occasionally, to assist in the development, encouragement, and protection of their investment.

The immediate and close attention of the Superintendent, Korean specialists and visiting advisers still is required to achieve a satisfactory modern standard in some techniques of medical care, basic nursing, housekeeping, sanitary engineering service, food service, managing visitors, and control of patients with communicable diseases, including tuberculosis particularly. Use of Project and national budget funds for additional training, rehabilitation and equipment, more consultation, and more service and inter-service staff meeting discussions of morbidity and mortality rates, infection rate, length of stay, and other pertinent scientific data and observations are recommended as minimal steps which can be taken by the units not meeting standards.

In specialties currently short of personnel, the frequency and extent of health service and teaching activities should be adjusted and scheduled to maintain high standards in both kinds of activity. Nurse anesthetists should continue to be employed for service purposes until they can be replaced by one and two year full-time graduate level physician students of anesthesiology. The operating room schedule involving Anesthesiology should be coordinated to obtain the optimum benefit to teaching and care from the one anesthesiologist on the faculty. The choice of agents and techniques to be used by the anesthesiology staff should be made by the anesthesiologist after appropriate consultations. Nurse anesthetists should be responsible to the anesthesiologist for care of the patients whom he is called to see and treat in the operating room or recovery room. Deaths occurring in the Operating Room and Recovery Room should be investigated and discussed.

APPENDIX I

EXCERPTS FROM THE REPORT OF THE WHO/UNKRA HEALTH PLANNING MISSION  
IN KOREA MADE TO THE WORLD HEALTH ORGANIZATION

26 November, 1952

Re-establishment of medical, dental, nursing and pharmacy education.

The ultimate form of medical education which is foreseen does not greatly differ from that which previously existed and has been dislocated by war. Modifications suggested include the reform of the curriculum from within after staffs have been given the opportunity to see the systems used elsewhere; the enlargement and radical improvement of teaching hospitals and, in particular, the immediate provision of more hospital accommodation for Seoul National University Medical College, the absorption of Seoul Women's College into Seoul National University Medical College, and consideration of the need to initiate a medical college at one of the universities now without one. The programme is considerable but is practicable within a limited term and could be one of the most rewarding forms of reconstruction.

The executive steps advised are:

1. The urgent reopening of Seoul and Kyungbuk University Medical Colleges and release of their staffs from military service, followed by the reopening of Ewha Medical College and the offer of incorporation of Seoul Women's Medical College in the University Medical College, with an agreement on the adequate admission of women.
2. Survey of the structures, services, fittings, equipment, materials and libraries of all medical, dental and pharmacy colleges recognized as such in June 1950, complete restoration in accordance with the survey but with modification of ward systems to a predominant public ward type. Similar restoration of nursing schools approved on grounds of their past standards and the hospital facilities open to them.
3. Construction of a new teaching hospital, or expansion of an existing one, in Seoul to provide at least an additional 200 teaching beds.
4. Invitation to a complete visiting hospital team, physicians, surgeons, obstetricians, nurses, technicians, auxiliary, administrative and para-medical staff to cooperate in the work of the teaching hospitals associated with Seoul Medical College, participate full in medical education and operate a major nursing school. It is preferable that this should be a complete team arriving as an integrated group, and the Scandinavian countries who have offered material help of this type might be invited to consider organizing it. Should this be impossible the feasibility of arranging independent medical, surgical, obstetrical, nurse training and administrative demonstration teams should be reviewed.

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7. Implementation of fellowship, equipment and library recommendations already made above.
8. The organization of the following activities in close connection with medical colleges; a combined domiciliary and hospital maternity service; tuberculosis control and treatment centre; and venereal diseases centre.
9. At a late stage in reconstruction a visiting thoracic surgery demonstration team should be invited to work in Seoul Medical College.

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#### Scheme of rehabilitation

The proposals which follow constitute a logical scheme of rehabilitation of medical, dental, nursing and pharmaceutical education. Together they amount to a major effort on the part of the Korean Government and the international agencies which may assist it, and constitute a large part of the Mission's recommendation for rehabilitation. This proportion is intentional rather than accidental, Korea had a well established system of education which has suffered great damage; by its reconstruction a very important step would be taken towards the remedying of deficiencies encountered in other spheres. Proposals are necessarily listed in a serial order which, though not meant to be strictly chronological, does indicate the general priority to be given.

1. The highest priority should be given to the reopening of Seoul National University Medical College.

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3. An offer of restoration and repair of physical facilities, including structures, services, fittings, equipment, materials and library material which have been lost by war should be made to all the medical, dental and pharmacy colleges recognized as such by the Minister of Education in June 1950. In the case of Seoul Women's Medical College an alternative offer of absorption into Seoul National University Medical College, with a clause ensuring an adequate entry of women into that College, should be made.
4. Equivalent reconstruction should be offered to nursing schools previously recognized as such, and now approved as suitable for restoration.
5. The hospital affiliated to Seoul National Medical College should be enlarged by the provision of at least another 200 beds. This should preferably be by new construction on the main site, but if this is not possible it could be implemented by the conversion, overhaul and equipping of the present Isolation Hospital of Seoul City, which has a capacity of 200 beds in a sound structure.
6. A visiting team comprising a full staff of senior physicians, surgeons, obstetricians and nurses, with para-medical staff and technicians, should be internationally recruited and posted to Seoul National Col-

lege to operate a combined demonstration group, and to cooperate in the management, professional and administrative, of a teaching hospital and its nursing school. The objective of the participation of this team in this institution should be to raise the standard of medical, nursing and associated technical education to a high level by a dual process of example and teaching integrated with that of other staff. Its benefits should not, however, be confined to one college, and the staff of other national colleges should be given an opportunity of attachment to it as proposed below. The team should participate fully in undergraduate teaching alongside the present staff, and in nurse training throughout all hospitals of the college. Junior staff of Korean nationality should be appointed from the first; an effort made to train them within a limited time to take over the functions of the international team, and to assist departments in other hospitals to achieve the standards provided in the internationally operated hospital. The team should cooperate in running the hospital in all ways, including management and finance, thus setting up a demonstration and practical research unit which would establish standards and norms in clinical practice and hospital management.

7. This team should undertake the training of nurses to a curriculum of its own devising, being given great freedom in this respect by the Minister of Health so that it could act in an experimental manner. This training should be increased in volume as fast as facilities permit, and it should be extended to other hospitals of the college as soon as possible after its firm foundation in the primary hospital. In this, as in other functions, Korean staff should be appointed as soon as suitably trained and otherwise appropriate people become available.

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9. The contents of medical libraries should be reviewed by a visiting specialist medical librarian, who should be asked to draw up a scheme of library conversion for medical colleges with liberal provision of literature in the English language. On receipt of his report conversion should be carried out.

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11. Overseas fellowships should be granted to the teaching staffs of all the national Medical, Dental and Pharmacy Colleges, including staff teaching non-clinical subjects, and on a sufficient scale to ensure that within five years over half the teaching staffs should have had the opportunity of such study. The Mission estimates that this would involve the granting of about 20 fellowships to this group each year.

This programme could well be expedited for the staff of Seoul National University Medical College if its immediate reopening is not secured, to take advantage of the time they are otherwise debarred from following their proper duties.

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APPENDIX II

ABSTRACT OF RECOMMENDATIONS FROM DR. W. F. MALONEY'S "REPORT OF OBSERVATIONS"

AS ADVISER IN MEDICINE FROM APRIL 1 TO JULY 1, 1956

Pages 6-7:

1. The upgrading of the present school should be accomplished before any attempt is made to increase the output of doctors and nurses.
2. Minimum standards for medical education should be established, including: requirements for admission, pre-medical and medical curricula, faculty, physical plant, teaching materials, and clinical facilities of medical schools.
3. Also essential are more strict requirements for medical licensure, such as graduation from an accredited medical school and a one-year's internship.
4. The Medical Education Advisory Council and the Korean Medical Association can help clarify government responsibilities in medical education and develop a sound system of education and licensure.
5. Paramedical personnel such as laboratory technicians, x-ray technicians, physical therapists, etc. should be educated, licensed, and regulated.
6. The population will require many years of health education.
7. A system of drug control, with a physician's order required for dispensing, is absolutely imperative.

Pages 10-11:

3. Present building facilities, with the planned addition of a nursing classroom building and with the exception of nursing school dormitories, appear adequate for space needs in the foreseeable future.
9. Preparation of detailed plans for rehabilitation should proceed even though money is not presently available.
10. Adequate screening of the hospital is of first order of importance. All personnel must be impressed with the rationale and proper use of screens.
11. In the future some consideration might be given to other improvements, such as lighting, the painting of walls and woodwork with light colored oil base paint, and improvement of floor surfaces.
12. Rehabilitation of the central research laboratory building and animal house should be postponed until research activity is well under way. The present space for research is adequate.
13. Adequate maintenance requires continuing effort. Additional personnel and organization are needed. Adequate funds and effort must be devoted to this activity to preserve what gains are made.

14. Equipment now on order will provide adequate basic teaching aids, hospital and out-patient clinic technical facilities, and beginning equipment of research laboratories for faculty members in the various departments.
15. Further ordering of equipment with rare exceptions should be delayed until that presently on order has arrived, is functioning, and has been integrated into the teaching and service functions of the School and Hospital. At such time further needs can best be judged.
16. Preparation must be made for the maintenance of scientific equipment. In addition to the knowledge and responsibilities inherent to the faculty members, one additional skilled person is needed for this purpose. Plans should be made to acquire such an employee.

Page 13:

17. With improvement of the economy of Korea, first attention should be given to restitution of adequate salaries and operational funds for the institutions of learning.

Pages 15-18:

18. It will become more apparent that greater delegation of authority by faculty to duly elected representatives and of permission for exercise of greater initiative and assumption of responsibility by the Dean of the College is desirable.
19. The freedom of a capable Dean to give strong and far-sighted leadership and to carry out long range programs over several years can contribute greatly to the position of leadership which the College assumes.
20. At the departmental level there is also advantage in giving real authority to one person to carry out the administrative functions of the department and see that the department works as a unit.
21. Viewed in the restricted sense of an institution purely for training of general physicians, the present faculty, at full strength, is probably adequate. However, enlargement of the staff will be appropriate as the School's position of leadership strengthens.
22. It would be hoped that the number of patients cared for by the clinical services will increase, and that the faculty then will increase proportionately.
23. The direction of effort for the present would seem to be that of acquiring means to maintain a core of full-time faculty members, (without private practice obligations), and to delay until later the utilization of physicians also in private practice. Thus it seems wise to minimize the number of staff changes until the Minnesota exchange and Korean military draft problems are solved.
24. Methods should be sought to keep the faculty situation flexible, such as requiring a probation time, and keeping channels open for interchange of faculty with other Government schools.

25. In preparation for more permanent faculty plans it would be advisable to make a critical review and appraisal of the present Table of Organization. The number of faculty allowed some departments is not well apportioned.
26. The use of faculty and student time in the large clinical departments should be analyzed, and the faculty assignments re-arranged, to provide the students adequate contact with all types of disease, and to provide the staff either the same broad contact or concentration upon their primary interest.
27. There is need for frequent use of consultation from other departments, and of inter-departmental conferences in accomplishing a full team approach in the teaching of medicine and the care of the patient.

Pages 20-21:

28. The concept of public health and welfare should be taught throughout the medical curriculum, in all years.
29. The functions of the Department of Preventive Medicine and the School of Public Health should be carefully worked out to avoid duplication.
30. The development of the School of Public Health must go hand in hand with the development of community facilities, emphasizing the additional interdependence of school and community development.
31. Enrollment in the School of Public Health will depend upon the creation of jobs through the Government public health program.

Pages 24-27:

32. The University Hospital is sufficiently large and important to require and merit the services of a full-time administrator who can devote his entire effort to this job. In the present environment, the Hospital must be represented by the physician.
33. If a full-time physician director cannot be found, the physician should be obliged to serve only in the contacts requiring a physician, and a full-time administrator should be provided to carry out all other aspects of the job.
34. The staff advisory committee should be continued to assist the administrator in matters of policy and maintain proper liaison between administration and medical and nursing affairs.
35. A uniform single number system for patient records and x-rays in a central record room system is recommended.
36. A central supply room can effect simplification and economies of time and money.
37. The adoption, where practical, of other uniform procedures, such as medication form cards, improves efficiency and reduces error.
38. It may become desirable to first examine all patients coming to the outpatient clinic in a general new-patient clinic, under control of the

Department of Medicine.

39. Also desirable in future planning is the development of facilities for Physical Medicine and rehabilitation, not only for care of patients but with teaching functions also.
40. The concept of part charity care of patients should have official government recognition and support, and the procedure should be regularized. In this regard, Social Service personnel would be useful.
41. A membership in the National Dispensary system should aid materially in providing a source of teaching cases.
42. Additional teaching cases are urgently needed.
43. The attitude of the public toward the hospital must be improved thru teamwork of nurses, doctors, and administration directed at improvement of methods and attitudes toward the sick.
44. Medical students should be carefully oriented in the handling of patients being examined. Patients should be oriented to being examined by students.
45. Consideration should be given to association for teaching purposes with other hospitals in the area, particularly for obstetrics experience.
46. The Medical Education Advisory Council and other physician's organizations should include as an important part of their program the gaining of understanding and support of the government in improving the situation regarding autopsies, vital statistics, and proof of death.

Page 28:

47. It appears uneconomical to divide the library collection into two sets. a reading room for students and faculty, at the Hospital, is permissible; but older periodicals and other research data should be centralized.
48. A trained librarian could effect a transition to a standard cataloguing and classification system. Training should be given thru the OEC program.
49. Use of the library should increase.
50. Consideration should be given to keeping the library open evening hours.

Page 30:

51. The privilege of helping to judge which applicants possess desirable characteristics for admission to medical training rightfully belongs to the staff of the College of Medicine.
52. Mental capacity, personal integrity, honesty, and health motivation, emotional stability and balance, good physical health, spirit of service, and dedication to others should be measured for each applicant to medical school.

53. The present class size of 120 students is the maximum the College should attempt to accommodate.

Page 32-35:

54. Obtaining a general orientation to recent medical progress should be the primary purpose of the foreign exchange program. Research abroad is secondary. At the same time, the teacher should study teaching methods, curriculum content, and the integrated approach to comprehensive practice and education.
55. The direction of desirable curriculum change would be toward decrease in time spent in lecture and increase in time spent with the patient at the bedside.
56. Once equipment arrives it must be utilized by medical students to demonstrate for themselves an increased number of basic science principles through regular laboratory experiments.
57. A bedside laboratory session is an integral part of teaching of physical diagnosis.
58. Practical experience can best be obtained if the student is charged with a degree of responsibility for recording the patient's history and physical examination and observing his progress.
59. Close supervision by the faculty is, of course, imperative to the above.
60. A clerkship form of clinical teaching is recommended.
61. For purposes of clarity course credit might better be assigned on a uniform time per credit basis.
62. Increased participation and responsibility of the student must be continued and vigorously pursued.
63. A clear channel for individual student and faculty to purchase easily journals, texts, and additional equipment should be created.

Page 37:

64. In future years the University will want to assume responsibility for assuring better housing for students.
65. If the Students Defense Corps is discontinued the medical students at SNU would create in its place their own governing body.

Page 39:

66. Emphasis on research function at this period in the re-establishment of medical education in Korea does not seem appropriate.

Page 42:

67. Imperative for the continued development of nursing education is the

establishment of uniform standards for nursing schools; including a clarification of the governmental responsibility in nursing education and licensure and the establishment of minimum course requirements, and the requirement of adequate amount of practical experience while in training.

68. Midwifery training and licensure problems deserve special attention.
69. Adequate salaries would go a long way in accomplishing the needed improvement in prestige of and respect for nurses.

Page 47:

70. More detailed information about the School of Nursing should be gathered and evaluated by a professional nurse educator.
71. The first essential step in the development of the Nursing School is that of making high school graduation a requirement for admission.
72. The present under-graduate nurses training should be improved before any attempt at other development.
73. The first year of employment after graduation should be utilized informally as an additional training period.
74. At some future time SNU School of Nursing will be a logical institution at which to provide graduate nursing education.

Page 43: Summary and Projection

75. Emphasis might appropriately be placed by visiting Minnesota faculty on assistance with hospital administration, installation and utilization of new equipment, upgrading of nursing education, and development of the School of Public Health.
76. Of additional assistance would be the presence of one individual over a long period of time to provide liaison with the whole SNU faculty.
77. Some additional items of equipment might appropriately be ordered now, including consumable supplies such as certain basic laboratory reagents and dyes not otherwise obtainable, photographic equipment necessary to adequately prepare teaching slides, some additional teaching models, charts, and laboratory equipment, certain surgical and diagnostic instruments and hospital supplies.