## MEMORANDUM:

TO:

Marschall S. Runge, M.D., Ph.D.

FROM:

John M. Wallace, M.D.

SUBJECT:

REPORT ON HARVEY CARDIOLOGY ELECTIVE

The first Harvey Cardiology Elective for six senior medical students, Period 03, was completed September 8. Dr. William E. Thornton conducted the course with me, was present every day, and made major contributions. The students seemed to be enthusiastic and one of them made two good suggestions for improving the course which we will implement for the next group.

The course consisted of the following:

- 1. Dr. Thornton and I went through at least the first halves of all of the combined Harvey-U-MEDIC tapes with the group. They finished the programs on their own.
- 2. There are more Harvey tapes than UMEDIC programs, and we also went through the Harvey tapes with the group.
- 3. Two mornings were spent reviewing basic hemodynamic principles, conducted by Dr. Thornton who provided handouts. Congestive heart failure and unstable angina pectoris are two "hot topics" in Cardiology which are not included in the current Harvey-U-MEDIC library. Selected papers covering these topics in some depth were given to the students who formally reported to the group on subsequent days. These reports generated considerable discussion and probably accounted for about 15 hours.
- 4. Harvey tapes and UMEDIC programs which were initially unclear were reviewed as requested by the students.
- 5. Additional teaching materials provided to the students are Johnathan Abrams' Text Book of the Cardiac Physical Examination, Dr. Willis Hurst's Atlas of Cardiology, and two soft cover books on electrocardiography. The students were expected to review these materials in conjunction with Harvey-UMEDIC in the afternoons, which were largely left as free time for the students.
  - 6. One full morning was spent on electrocardiography at the students' request.
- 7. A final examination was given on the last day consisting of the students diagramming ten unknown Harvey tapes, answering some questions about features of the cardiac auscultatory examination, and giving written descriptions of some of the hemodynamic fundamental covered by Dr. Thornton.

Of the six students, Bill Thronton and I agreed that 3 were highly able, well above average; one was quite able, probably above average; the remaining two students were very quiet and hard to judge, one being a solid adequate and the other a somewhat shaky adequate.

We have several specific ideas for improving the elective, two of which came from one of the students.