

LECTURE DELIVERED TO BEGINNING THIRD YEAR STUDENTS  
AT OSU MEDICAL SCHOOL (Coming onto surgical service  
for first time)

December 29, 1960

At request of Dr. Zollinger

1 hour

Entirely from memory, no notes. Filled most of blackboard  
by end of lecture

Students particularly interested in pearls re: 4 possible combinations  
of BP and pulse,..also  
posture etc. for management of emergency  
bedside situation with relatives present.

Introduce myself.

I let you can't figure out exactly how

~~I get~~ what I'm doing  
here

## 1) INTRODUCTION

- a) Now you have begun your clinical training in surgery, and this will be followed in 3 months by similar training in medicine.

You will find that this will be one of the most valuable portions of your medical schooling.

For when your internship begins, you will rely on this clinical training for a long time, more than any other part of your medical schooling. Because of the pressing responsibilities for the sick, which will be yours beginning July 1, 1962, it will be a long time before you have a chance to refuel. For, from that night on it will be your burden alone, to decide who is sick, and who is not so sick.

Not to become a hero.

- b) Therefore we must figure out how we can make this training period as efficient as possible so that you can learn as much as possible from this ward experience.

- c) What I will discuss with you are the rules of behavior which I discuss with my junior students when they first appear on the surgical wards (as clinical clerks). Perhaps you can profit

We have noticed →

They are often hampered because they are not clear on what role they will play on the ward service. **3 THINGS USUALLY BOTHER THEM.**

## 2) 3 THINGS WHICH OFTEN BOTHER OUR CLINICAL CLERKS:

- First: a) Many of them feel that except for the scut work they have nothing useful to offer to the organization of the ward. That with so many interns and residents working up patients the student worries that he is just an onlooker...

b) Actually just the opposite is nearer the truth.

It will be your fortune to become closer to your patients this year than for a long time. Besides you, of all the people who work up the patient on admission, YOU are the only one who has time to listen to HIM!! The intern and resident are so rushed that in their phase of training each patient can only be a diagnosis. To you he is still a person.

Confidant - not an onlooker