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University of Vermont, College of Medicine Bulletin

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Men are men before they are lawyers or physicians, or manufacturers; and if you make them capable and sensible men they will make themselves capable and sensible lawyers and physicians.

John Stuart MILL
GENERAL INFORMATION
The University of Vermont College of Medicine is located on the eastern shore of Lake Champlain in the City of Burlington, Vermont — a relatively small northern New England community of 40,000 people. To the west rise the Adirondack Mountains of New York state, to the east the Green Mountains of Vermont.

The College of Medicine, seventh oldest medical school in the United States, was established in 1822 in Burlington with a faculty of five professors, a handful of students and an empty store for a classroom. Throughout its early years there were a variety of trials to meet including, at one time, an economic depression that necessitated the closing of the College for sixteen years — from 1837 to 1853.

In 1899 the University of Vermont assumed responsibility for the College of Medicine and there was subsequently some enlargement of faculty and improvement of teaching facilities. However, shortly after World War II the faculty began an exponential growth adding a national and then international flavor to the academic community. Research flourished and the material resources of the institution increased when a three-building, 12 million dollar complex was completed in 1968. These new and modern facilities now provide adequate space and the technical capability to carry forward the teaching and research roles of the College.

The College of Medicine is a part of the recently established Division of Health Sciences of the University, which also includes the School of Nursing and the School of Allied Health Sciences. Physically these three health educational components will be joined when the new Allied Health Sciences Building, adjacent to the College of Medicine, opens its doors in September 1972 — thus bringing together faculty and students of the health team for mutual growth and enrichment.

TEACHING FACILITIES
For a medical school, the teaching hospital is the keystone that supports the clinical education of the undergraduate medical student and the graduate physician alike. The 500 bed Medical Center Hospital of Vermont is the teaching hospital for the College of Medicine. Its role is unique in that it serves both as a referral center for upstate New York, Vermont and northern New Hampshire (a region of 300,000) and as the major community hospital for 100,000 inhabitants of the greater Burlington area. A balance exists therefore between patients with complicated and rare diseases and those with diseases that are prevalent in any community; this balance provides every medical student and house officer at the Medical Center Hospital of Vermont with medical experience in breadth as well as depth. The total hospital patient population is a resource for the College's educational programs. Graduate education in the College and Hospital encompasses a house staff of over 140 interns and residents training in 15 clinical disciplines. In addition to continuing their own education these graduate physicians actively share in the clinical teaching of the medical student.

FACULTY
The faculty of the College of Medicine, like its physical plant, has grown not only in size in recent years but also in academic stature. At the present time the total faculty numbers 373 with 84 in the basic science disciplines
and 289 in the clinical sciences. It is worthy of note that 109 of the clinical faculty have full-time appointments and the remaining 180 are part-time faculty with active practices in the greater Burlington community. All full-time clinical faculty are actively engaged in patient care — in addition to pursuing their research and teaching interests and responsibilities.

The main thrust of the College and its faculty is directed towards training medical students in the delivery of health care and the research and development of methods which will provide the highest quality of comprehensive health care. While scientific research has its fundamental place in the College, the delivery of health care is deemed paramount.

STUDENTS

The College of Medicine today has a student body of just over 300. The class entering in September 1972 will consist of 74 men and 9 women. All hold a baccalaureate degree or higher. There is a liberal sprinkling of non-science majors in the class. Because of the school's policies on regional preference for admission, all but five of the group are residents of Vermont, Massachusetts, Maine and Rhode Island. However, the class does represent over 35 different undergraduate institutions.

ENTRANCE REQUIREMENTS

Applicants must have completed at least three years of undergraduate study at an accredited college or university. An applicant's undergraduate program must have included one year each of biology and physics (including laboratory) plus two years of chemistry, one of which must have been organic chemistry (lecture and laboratory). These required courses must be completed by July 1 preceding the September admission date.

In addition to "required" courses, we recommend as appropriate for a balanced premedical program: at least one and preferably two years of English composition and/or literature; mathematics — dependent upon secondary school preparation but should include at least an introduction to calculus; one or two years of behavioral sciences in the areas of psychology, sociology or anthropology; and at least two years of course work in history, philosophy, religion or the arts.

We encourage prospective students to concentrate while in college in a field of knowledge of their choice, whether in the sciences or humanities. We seek students with diverse collegiate backgrounds, but insist that their work in the "major" has demonstrated intellectual drive, independent thinking, curiosity and discipline.

The Medical College Admission Test (MCAT) is required.

THE ADMISSIONS PROCESS

Vermont currently is a participant in the American Medical College Application Service (AMCAS) Program. Request cards for the AMCAS application packet can be obtained by writing to our Admissions Office. Applications may be submitted via AMCAS between early July and November 1st for the next entering class. The November 1st deadline is a firm one but pertains only to the basic application form. Letters of evaluation may be submitted after that date.
Applicants will be notified when the initial application has been received from AMCAS.

Following preliminary screening of an application, applicants will be notified of their status, i.e., "follow", "hold" or "discourage". Applicants being "followed" will be requested to submit letters of evaluation, an application fee of $15 and a personal photograph. Most applicants in this group will be invited to Burlington for an interview with the Committee on Admissions during the fall or winter months. Applicants in the "hold" group are notified that we are interested in their application but can take no further action on it until later in the Admissions year. Applicants receiving letters of "discouragement" very often are fully qualified for admission but a variety of constraints makes an acceptance at Vermont highly unlikely.

EVALUATION OF APPLICANTS AT VERMONT

For the class of 83 students to be enrolled in September of 1972 we received over 1200 applications. Each application, when complete, receives a preliminary evaluation by the Committee on Admissions. The Committee usually votes to request interviews with about 300 applicants each year. All such interviews are given in Burlington between approximately October through February and are a requirement for admission.

Vermont is a regional resource in respect to medical education. Because of many years of support by the people of Vermont through their taxes, preference for admission is first given to qualified residents of Vermont. In addition, reciprocal contracts with the neighboring states of Maine, Rhode Island and Massachusetts facilitate to some degree the admission of qualified residents of those states within predetermined quotas for a given class. Because the numbers of well qualified applicants from these four New England States far exceeds the size of our present freshman class there is a severe limitation of spaces that can be offered to residents of other states or areas. Applicants should appreciate this somewhat unique situation as it exists at Vermont in selecting the schools they plan to apply to.

The members of the Committee on Admissions, while closely agreeing on standards, do have diverse interests and views. It is safe to say that we at Vermont are conscious of the challenges facing medicine and the other health professions in the coming years. We are seeking deliberately to attract and admit a heterogeneous student body who will in the future hopefully meet and solve these diverse problems in health care and delivery. But above all, the Committee looks for evidence of the promise of excellence accompanied by genuine concern for and interest in the welfare of others.

Applicants often ask, "What are you looking for when you review an application?" We have no inflexible criteria at Vermont but the following is an approximate idea of how our Committee approaches the decision-making process.

1) GRADES—Medicine is a rigorous discipline and medical school is a graduate science school. Thus we must be convinced that an applicant is academically capable of coping with a difficult and heavy curriculum. We do not look at grades in isolation but rather at the pattern of performance. We prefer that the required science courses be taken in conjunction with a full and demanding academic load since that is the reality of a medical school cur-
riculum. The average GPA for our freshman class for the past few years has been 3.2.

(2) MCAT SCORES — The average applicant accepted at this school has MCAT scores in the high 500's. Although we currently require MCAT scores from an applicant we place less importance upon them in respect to a student's ability to perform in medical school than we do upon the overall college record, plus letters of evaluation.

(3) LETTERS OF EVALUATION — The Committee relies very heavily upon letters of evaluation to give it the information it seeks about an applicant's abilities and performance record. Such letters may come from individuals or a premedical advisory group but it should be someone who can speak objectively and from personal knowledge.

(4) EXTRACURRICULAR ACTIVITIES, PERSON PLANS AND ATTITUDES — Grades and MCAT scores give little or no indication of an applicant's personality and motivation for medicine. Applicants are encouraged to utilize the comment section of the AMCAS application and the personal interview with the Committee to better individualize themselves in terms of how the things they are doing or have done in life prepare them to realize their aspirations to minister to the health of others.

(5) ADVANCED GRADUATE TRAINING — A master's or doctoral degree will not necessarily gain preference for an applicant. Overall aptitude for medicine in the opinion of the Committee remains the most important consideration for admission. Vermont is not in a position to offer specific advanced tracks for such applicants.

(6) ADMISSION AFTER THREE YEARS OF COLLEGE — Such applicants will be considered but are not encouraged. Maturity and readiness for medicine are important criteria for the demands of medical school.

(7) AGE — We will consider an application regardless of an individual's age. However, the older applicants (over 26) must recognize that their age may be a factor in selection. Study habits may have been lost or impaired in the older applicant — often out of school for a year or more prior to application. Furthermore, the older an applicant is, the fewer will be his useful years of practice. Such an individual must be prepared to demonstrate unusually strong and unique qualifications.

THE INTERVIEW

Applicants, who the Committee regards as likely candidates for acceptance, are invited to Burlington for an interview with that group on Tuesdays and Thursdays each week from October through February. We consider the occasion one for mutual evaluation and thus we structure the visit so that the applicant will learn as much about Vermont as we hope to learn about our visitor.

The total "interview" will last approximately four hours. In this period, extended over the lunch hour, the applicant will spend approximately half the time with one or more of our students and the remainder with members of the Admissions Committee. We hope an informal and relaxed atmosphere
will promote a good dialogue. Applicants should come prepared to ask and answer questions. The interview is as important to the school as it is to an applicant for through it we can better identify those applicants whom we feel will benefit most from our College's specific educational program.

FINAL SELECTION

Immediately following the interview an individual's complete application is reviewed by the Committee. Within a week a letter indicating "acceptance" "deferral" or "rejection" is sent to the applicant's mailing address. Spaces in the class are offered throughout the admission year at an irregular rate but the class is never filled until all interviews have been conducted. The majority of applicants interviewed are placed in a "deferred" category pending the Committee's interview and review of a larger group of applicants. Such "deferred" applications are reassessed at two or three different intervals during the year. By mid March, those not offered a principal space in the class are designated as alternates; each year some applicants in this group ultimately gain acceptance before the September matriculation date.

Applicants receiving "letters of rejection" are welcome to inquire in person or by letter as to the reason for this decision. In most instances it but represents the unfortunate disparity between the relatively small number of spaces in our freshman class and the very large number of well qualified and promising applicants seeking admission.

STUDENT LIFE AT VERMONT

The College of Medicine and the immediately adjacent Medical Center Hospital are located on the campus of the University of Vermont, or as it is more often referred to, UVM. This popular abbreviation is derived from the Latin Universitas Viridis Montis. UVM is a relatively small University — with approximately 7500 students in its undergraduate, graduate and medical programs. However, in spite of its size it offers to its students a wide range of academic, recreational and cultural opportunities. Most of the medical student population find Burlington and the surrounding countryside (trails, ski slopes, etc.) sufficient for their off-duty needs but when urban appeal is too strong, Vermont is only 95 miles from Montreal, 230 miles from Boston and 300 miles from New York City — all via good interstate highways.

Medical Students are entitled to and encouraged to use the fine facilities of the University's Patrick Gymnasium — pool, hockey rink and tennis courts, track, squash, handball, basketball courts, etc. In the past few years the medical students have been active participants in the University's intermural athletic program and often are in the winning column.

Just a few miles from Burlington are many fine and famous ski slopes (Stowe, Madonna, Sugarbush, Mad River, etc.) waiting for the winter sports enthusiast; and in the spring, summer and fall, hiking in the Green Mountains on the Long Trail makes the smog, noise and crowded expressways of big city living seem almost a planet away. A car is not a necessity at Vermont but on week ends it is handy to have one — or to have a friend who does. For getting around town and campus, a bicycle will meet all your needs.

HOUSING

Although there are no dormitories available for medical students, most of the single and married students find, without too much difficulty, furnished
rooms or furnished/unfurnished apartments within easy walking or bicycle distance of the Medical Center. Single students, once acquainted with classmates tend to obtain an apartment as a member of a small group and thus share expenses, study hours and time for recreation. Married students are eligible for the University's Married Student Housing, a small but comfortable complex, about 4 miles from the campus. The Dean's Office maintains a listing of available housing in the area and will be happy to assist incoming students with their housing needs.

**JOB OPPORTUNITIES:**

Some students find it possible to work at a variety of part-time jobs in the Medical Center which are in keeping with their educational program. For the average student, however, particularly with the academic load of the Basic Science Core, such employment is discouraged.

The employment opportunities for spouses in the Burlington area are available depending upon one's background, experience and the current state of the economy. The Personnel Offices of the University and the Medical Center Hospital are good initial points of contact.

**TUITION AND OTHER EXPENSES:**

Living in Burlington is not inexpensive. The following budgets for freshmen have been arrived at from data supplied by our medical students. These are average expenses, subject to individual tastes and local and national inflationary trends:

<table>
<thead>
<tr>
<th>Basic Medical Student Expenses</th>
<th>Single</th>
<th>Married</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1st Year — 9 months</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuition</td>
<td>$ 950.00*</td>
<td>$ 950.00*</td>
</tr>
<tr>
<td>Fees</td>
<td>85.00</td>
<td>85.00</td>
</tr>
<tr>
<td>Books/Supplies</td>
<td>325.00</td>
<td>325.00</td>
</tr>
<tr>
<td>Room &amp; Board</td>
<td>1250.00</td>
<td>2500.00</td>
</tr>
<tr>
<td>Clothing &amp; Laundry</td>
<td>125.00</td>
<td>250.00</td>
</tr>
<tr>
<td>Transportation</td>
<td>175.00</td>
<td>300.00</td>
</tr>
<tr>
<td>Insurance</td>
<td>200.00</td>
<td>325.00</td>
</tr>
<tr>
<td>Medical/Dental</td>
<td>40.00</td>
<td>85.00</td>
</tr>
<tr>
<td>Recreation/Miscellaneous</td>
<td>250.00</td>
<td>400.00</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>$3400.00</td>
<td>$5220.00</td>
</tr>
</tbody>
</table>

* — Residents of Vermont, Massachusetts, Rhode Island and Maine. Otherwise $2400.00.

**FINANCIAL AID:**

It should be recognized that the cost of a medical education is met by the medical student, his family, the medical school and society. The primary responsibility for the costs incurred by the student rests with the student and/or his family. The medical school and other sources should be viewed as supplementary to this primary effort. Students should appreciate that the College's financial aid funds are limited — but they will be distributed equitably and according to relative need.

Financial aid is available in the form of grants and long term, low interest loans. In view of the salaries commonly paid interns and residents today and the income potential of the practicing physician, debts incurred during one's
undergraduate medical education should not be considered a difficult and
long term burden. Entering students are considered for award on the same
basis as those already enrolled. Students, after acceptance, will be contacted
as to their financial needs for the coming academic year.

STUDENT HEALTH
Beginning with the class entering September 1971 the College of Medicine
has inaugurated a program which combines comprehensive health services
for the medical students with a training program in the problem-oriented
practice of medicine. This unique approach is potentially important in medi­
cal education since it exposes medical students early in their careers to sound
educational experiences built around and drawing from their own health
care. We hope such a program will guide our graduates in the type of practice
they establish and the quality of total care they deliver to their patients in
the future.

OUR CURRICULUM
In 1967 a new and dramatically different curriculum was inaugurated at
Vermont — in recognition of expanding medical knowledge, new career op­
portunities, the need for flexibility and relevance in the education of a physi­
cian and the nature of today’s student. Our students are a heterogeneous
group with varying backgrounds, strengths, weaknesses and career goals.
Our curriculum is not ideal for all students, but with its flexibility in terms of
duration, location and elective experiences we attempt to meet the needs of
the majority of our students within the constraints of time and faculty num­
bers. At Vermont we are primarily concerned with the process of education
and the future performance of our graduates as physicians or researchers. We
feel a content-oriented approach or mere acquisition of knowledge, means
little in terms of future patient care. The cornerstone of Vermont’s educa­
tional approach today is to teach our students the logical management of
clinical problems by means of the problem oriented approach to health care
and the problem oriented medical record.

Here, the four years of medical school are divided into three parts:

<table>
<thead>
<tr>
<th>years</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>SENIOR MAJOR</td>
<td>Tailored to individual interests and goals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLINICAL CORE</td>
<td>Principles and skills common to all medical practice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BASIC SCIENCES CORE</td>
<td>Knowledge common to all medical practice</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The first, the Basic Science Core, consists of one and one-half years of instruction in the six preclinical sciences that undergird clinical medicine — anatomy, physiology, pharmacology, biochemistry, pathology and microbiology. In addition, clinics in Community Medicine and seminars in Behavioral Science provide the first year student with an awareness of social, cultural and psychological factors affecting health and illness and also insight into the major issues influencing the practice of medicine today and in the future.

Within the past year several changes have been incorporated into the basic science core: increased emphasis on integrated teaching and coordination of efforts between departments; reduction of lectures and replacement with small group conferences, autotutorial and laboratory type learning experiences; and frequent and on-going evaluation of the student’s performance so that it will serve primarily as an educative experience for both student and faculty. Throughout the curriculum all final grades are on a “pass/fail” basis.

Opportunities for advanced placement in biochemistry, histology and medical microbiology are available for students with strong backgrounds in these disciplines.

A recent addition to the Basic Sciences Core has been the Basic Clerkship. This educational experience begins on the first day of medical school. Its goal is to prepare the student for the study of medicine by the study of patients. This is accomplished by teaching the student precision techniques in utilizing the senses and communication skills, instruction in history taking and problem formulation through patient interview, and ultimately obtaining histories and performing complete physical examinations on hospitalized patients within the framework of the problem oriented medical record.

The second phase of the curriculum is called the Clinical Science Core. This is a twelve month period devoted to the clinical sciences of medicine, surgery, obstetrics-gynecology, pediatrics and psychiatry. During this year the student works under the supervision of a physician within the wards and clinics of the Medical Center Hospital in providing primary care to patients. By the end of the clinical core it is anticipated that each student will have gained sufficient skills, knowledge and experience to permit him to both independently deliver primary care and also make an educated career choice if he so wishes to at that time.

The final portion of the curriculum, the Senior Major Program, extends through the final one and one-half years prior to graduation. This period is divided into sixteen rotations of one month duration. The major program enables each student to select that course of study best suited to his career objectives. Majors are offered in each of the preclinical sciences plus medicine (to include Family Practice), surgery and its subspecialties, obstetrics-gynecology, pediatrics, neurology, psychiatry, rehabilitation medicine and community medicine.

An integral part of each clinical major includes a number of required clinical and laboratory experiences as well as elective rotations. These elective rotations are not restricted to the disciplines in which the student is majoring and may include approved learning experiences away from Burlington. Many students see this as an opportunity to work and study in a large urban setting, at another medical school or a foreign medical center. Students should anticipate spending variable periods of time away from Burlington in the course of pursuing their required training. A system of faculty
Advisers has been developed to counsel each student on a one-to-one basis throughout the planning and course of this major program and in anticipation of later graduate education. Although the majority of students elect to pursue a clinical major, students so desiring may commit their entire major program to study in one of the preclinical sciences. While these programs are individualized, it is expected that graduate study, research and a thesis will form the basis for each. Qualified students may simultaneously enroll in the Graduate College of the University as candidates for the Master of Science degree while fulfilling the requirements for the M.D. degree within the College of Medicine.

Beginning in 1972-1973 a small number of carefully selected students, on their application, will be awarded the M.D. degree at the end of three years. The prerequisite will be a record of excellence of performance consistent with that expected of a primary physician. This is but one way that the College and its faculty through the efforts of its student-faculty committee on curriculum are attempting to respond to the changing pattern within medical education and medical care needs in the United States today. Our institution is committed to the philosophy that performance will be the constant and time the variable in our medical education efforts.

A curriculum is but a framework upon which a sound medical education is built. Students and faculty are the key ingredients in what should be a mutual educational effort. We wish our students to actively participate in their own education — to be self directed, self motivated, self disciplined. The educational philosophy of our faculty and the characteristics of our curriculum promote and encourage this approach.

We hope that the information in this bulletin will answer your questions about admission to Vermont and about being a student at our school. Further inquiries should be addressed to Dr. David M. Tormey, Associate Dean, at: University of Vermont College of Medicine, Burlington, Vermont, 05401, 802-656-2150.