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ABSTRACT

In 1972, the development of a health sciences education program, oriented to health rather than medicine alone, was initiated at UCB. Summarized in this report are the major activities of the first three years in the areas of: an M.S. degree in health and medical sciences; a "medical option" program designed to prepare students for advanced standing in medical schools; a mental health education program; a program in genetic advising; a dual degree combining the M.S. in health and medical sciences with another, not traditionally related field; undergraduate programs; and program governance. An organizational chart is included. (MSE)

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ED 136695

PROGRAM IN HEALTH AND MEDICAL SCIENCES

UNIVERSITY OF CALIFORNIA, BERKELEY

- I. Goals and Objectives
- II. A Developmental Summary: The First Three Years

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## 1. THE EXPERIMENTAL PROGRAM IN HEALTH AND MEDICAL SCIENCES: GOALS AND OBJECTIVES

In response to a charge to develop a plan for a medical school on the UCB campus, the Chancellor's Advisory Committee on Medical Education recommended in June 1972 that a health sciences education program, oriented to health rather than medicine alone, be implemented on the UCB campus. The Committee perceived the rubric "health" to encompass a broad range of preventive; therapeutic, and support services involving a diversity of health and health-related professionals. They proposed the development of health career pathways, other than those already available in the Schools of Public Health and Optometry, which reflected current and emergent health manpower needs; they proposed the development of integrating experiences for students pursuing the different health career pathways; they proposed a program development based on maximum utilization of the capabilities and resources of the UCB campus and the East Bay community; they proposed a continuous monitoring of health care issues/needs and action in those areas that were compatible with the University's mission; they proposed a format of experimentation and change in response to the results of the experiment. These were the major substantive and procedural guidelines for realizing the overall Program goal: to meet the changing health needs of the community, the state, and the nation.

Activities were initiated in July 1972 to translate these ideas to operational reality. These ideas are embodied in a Health and Medical Sciences Program that:

- Builds upon already established excellent University departmental and community institutional departments and programs
- Views entire general-purpose campus as an educational and training resource for health sciences with special attention to the interdisciplinary and multidisciplinary aspects of health professions
- Employs a flexible administrative structure to assure that re-direction of resources and objectives can occur as more is learned about what is needed and possible in Health-Sciences
- Tests new modes of campus-community cooperation in joint educational efforts
- Joins different health options within one overall M.S. degree structure to which others can be added as needed
- Emphasizes the concept of the "health team" by educating a variety of health professionals together, rather than by constructing separate courses and curricula for each
- Facilitates multiple entry to health careers and multiple pathways and endpoints

- Complements rather than competes with traditional health and medical education
- Encourages search for alternate health careers and allows the University to test whether it is capable of meeting a particular need.

The safeguarding of these features allows for the kind of flexibility that is required in anticipating and fulfilling health manpower training needs, and, as such, the Program remains an experimental undertaking that relies upon the continuing support and collaboration of both campus and community resources."

## II. A DEVELOPMENTAL SUMMARY: THE FIRST THREE YEARS

In December 1970 the Chancellor's Advisory Committee on Medical Education, a thirteen-member faculty group chaired by Edward S. Rogers, Professor Emeritus, School of Public Health, was appointed to develop a plan for a medical school on the UCB campus. After a one and one-half year study, financed by the Dextra-Baldwin McGonagle Foundation, a proposal for a broad-based program in health professional education was developed. In June 1972 Chancellor Bowker accepted the proposal and in July 1972 the Program in Health and Medical Sciences was formally initiated with the appointment of Professor Robert P. Biller, Graduate School of Public Policy as Director. The major developmental activities of the past three years, undertaken toward the realization of the Program's goals and objectives, are briefly summarized.

### The M.S. Degree in Health and Medical Sciences

The conceptualization of an M.S. degree in Health and Medical Sciences was developed by the Chancellor's Advisory Committee. It was viewed as the basic framework for integrating the education of health professionals within the Health and Medical Sciences Program. During Summer 1972, the proposal was developed by an Interdepartmental Faculty Group. The proposed M.S. degree consisted of a program of study that would be met generally in two years and included minimal requirements for courses that fell into three major groups: basic sciences, social/behavioral sciences, and clinical sciences. The major feature of the proposal was an Integrating Core, composed of newly-developed courses and seminars that would correlate the basic, social/behavioral and clinical courses and that would be shared by students pursuing different health career pathways. By Spring 1974, the M.S. proposal passed all campus and state-wide review bodies. The first group of students received the degree in June 1974.

### Medicine

The Program's initial academic venture was in medical education although intensive planning was under way to initiate other health career "options." In Fall Quarter 1972, 12 students were admitted to the "medical option" -- a program of study designed to prepare students for advanced standing in accredited U.S. medical schools. In effect, a two-year curriculum, comparable to that offered in medical schools was developed through the cooperation of basic science departments on campus and physicians in the East Bay community. This action was undertaken for two reasons: 1. it was an alternative to the foreign medical school route being taken by an increasing number of qualified but unsuccessful medical school applicants and it was believed to be worth testing; and 2. it was a means of testing the feasibility of the particular medical education program envisioned without commitment to its premature institutionalization.

The exploration of collaborative efforts with UCSF Medical School in the conduct of this experiment was initiated by both campuses early in 1972 and continued regularly. The development of legal concerns in connection with student exposure to patients led to the exploration of other organizational arrangements, particularly with UCSF, to make continued experimentation possible. The Liaison Committee of the

American Medical Association and the Association of American Medical Colleges confirmed that two-year medical programs could be sanctioned only if affiliated with an accredited four-year program. Consequently, a joint UCB-UCSF Committee on Medical Education was formed, culminating in the development of the joint UCB-UCSF Experimental Program in Medical Education which was approved in October 1973 by the Liaison Committee. The following Spring, concurrent registration of UCB Medical Option students was formally effected and a program of study, begun as a means of facilitating "advanced standing" to medical school, became a legitimate medical education program. In Spring 1974 the Program, backed by the support of the Campus/Community Advisory Committee, the Dean of the Graduate Division, and Chancellor Bowker, decided to extend the experiment to the third and fourth years, with implementation of year three targeted for Fall 1975. The following Summer, UCSF informed the Liaison Committee that the affiliation would be terminated since UCB was capable of independent status. A meeting of President Saxon, Chancellors Bowker and Sooy and Vice Chancellor Heyman followed. President Saxon subsequently issued a letter to the two Chancellors which stated, in part: "After careful review, however, it seems to me that it would be a great mistake to disengage from the possibility of longer term collaboration between the two campuses. Much of what is most exciting and innovative about your joint effort lies in the procedures you are exploring to build cooperatively upon the unique strengths of your two campuses." The two campuses agreed to work toward continuation of the joint relationship, and representatives from both are to be selected for working out the agreements that will assure UCSF participation in the experiment without jeopardizing the Program's basic experimental design.

During the first year (1972-73), there was no separate organization structure for the medical option. When other options were initiated in Fall 1973 (mental health, genetic advising, and dual degree), directors were appointed for each. Professor Paola Timiras served as director during 1973-74 and 1974-75. She was succeeded by Dr. William Parson, formerly professor and chairman of the Department of Internal Medicine at the University of Virginia and professor and chairman of the Department of Medicine at Makerere University in Uganda. The pattern of governance developed by Professor Timiras was characterized by broad participation from the campus and the community through such major committees as Steering, Curriculum, Admissions, and Student Guidance.

Funding was entirely through HEW until July 1, 1974 when state funds were secured for operation of the two-year program and planning toward start-up of years three and four.

During the past three years, a class of twelve students was admitted each year, drawn from a steadily increasing applicant pool. Except for Pathology and Pharmacology, the basic science curriculum was drawn from regular campus offerings. Pathology was developed as a new offering under the sponsorship of the School of Public Health; Pharmacology was successfully arranged through visiting professors. Steps have been taken to hire faculty within these departments, using the FTEs generated by the state funds. The clinical curriculum was developed by community physicians and involved student placement in offices of physicians and community hospitals. Recognition for these efforts was achieved for a limited number of the major participants through clinical appointments subject to the regular campus review process and financial reimbursement for variable time (1/4 to 1/2) based on the campus faculty salary scale.

To date, two classes (a total of 22 students) received the M.S. degree; two students are on a three-year program. Of the 22, 19 have been admitted to the third year in accredited medical schools. Three students were not placed because of failure to pass Part I of the National Board Examinations; two repeated the exams with success; the third is continuing special study. All are competitive students and their successful placement is expected.

An evaluation of the program of study was conducted by UCSF Committee on Educational Policy under the chairmanship of Dr. Harvey M. Patt and the committee report stated in part that: "From the information at hand, the CEP concludes that the curriculum of the present two-year Berkeley Medical Option is generally consistent with that offered by most medical schools ... There are evident weaknesses in the curriculum that should be corrected. However, the overall quality of the curriculum appears to be generally satisfactory and therefore appropriate for continued UCSF recognition of BMO students by concurrent registration. Nevertheless, the Committee wonders whether designation of the BMO as a 'UCB/UCSF joint experimental program' is appropriate. It suggests that continuation of formal UCSF involvement should be predicated on closer cooperation in program design and management than heretofore. If student certification remains the principal basis for UCSF participation, the Committee recommends that plans should be formulated for a completely independent BMO program." An initial follow-up of the first class in year three was conducted in mid-year. Students, reflecting on their two years at UCB, found the atmosphere generally more challenging than their present environment and believe that their preparation was as good as that of their present classmates. This is confirmed by their grades in clerkships -- all performing at or above average level.

### Mental Health

Active planning toward the development of an educational program in the field of mental health was initiated early in 1972 and continued apace throughout academic year 1972-73. The Chancellor's Advisory Committee was exploring new career alternatives for the steadily increasing number of students interested in health careers and the Department of Psychiatry, Mt. Zion Hospital and Medical Center, was searching for an institutional affiliation to initiate an educational program toward a new mental health professional, developed by a planning group within the Department of Psychiatry. This new professional was to have competence in various aspects of clinical practice in the area of mental health and the educational program was to be a composite of the best features of the education of the psychiatrist, clinical psychologist, and psychiatric social worker -- all of whom perform similar tasks. The five-year program of study was designed to enable a student to focus on one or more areas: practice, research, teaching, or administration. Preliminary meetings of representatives of the two groups were held, the Mt. Zion proposal was reviewed by the Chancellor's Advisory Committee and the recommendation was made that campus interest in the proposal be explored. Consequently, a Mental Health Group, composed of UCB faculty and Mt. Zion professionals was formed in Fall 1972.

The Mental Health Group recommended that the first phase (two years) of this particular educational pathway be included in the Masters degree in Health and Medical Sciences that was being developed but that other mental health professional pathways, reflecting alternate therapeutic models and utilizing more fully the varied capability of campus and the East Bay community, continue to be explored. The recommendation was endorsed by both the Chancellor's Advisory Committee and Chancellor Bowker and the Mental Health Option was launched in Fall Quarter, 1973.

Six students were admitted to a program of study that consisted of existing UCB campus offerings in the biological and social sciences, the Integrating Seminars (Psycho-Social Correlation of Health and Disease) developed by the Program for students in all options (which now included genetic advising and mental health in addition to medicine) and new courses in the field of psychological sciences offered by Mt. Zion staff.

The governance of this option differed from the others in that no single option director was appointed. Overall governance resided in a joint UCB-Mt. Zion steering and curriculum committee co-chaired by Professor Eli M. Bower, Department of Education, UCB, and Dr. Robert W. Wallerstein, Chief, Department of Psychiatry, Mt. Zion Hospital and Medical Center. In addition, Professor Bower served as chairman of the Interdepartmental Mental Health Faculty Group which was to monitor the continued development of this option in terms of academic standards of the campus and to continue the exploration of interdisciplinary campus efforts in mental health. Dr. Ronald Elson and Dr. Leon Wanerman, representing UCB and Mt. Zion, respectively, were appointed co-coordinators of option activities. In July 1974, Professor Bower succeeded Professor Biller as Program Director. In March 1975, Professor Bernard Diamond, Professor of Criminology and Law, agreed to serve as co-chairperson, jointly with Dr. Wallerstein who was, in turn, appointed Chairman of the Department of Psychiatry at UCSF but whose status in the Mental Health Option remained unchanged.

Initial planning funds for the Mental Health Option came from the San Francisco Foundation. Initial operating funds came from HEW, then were supplemented by grants from the Commonwealth and the Kaiser Family Foundation. State funding has not yet been secured although it is being sought.

The first class of students completed the two year curriculum and received the M.S. degree in Health and Medical Sciences in June 1975. Development of a doctoral degree had been under way for some time and in October 1974, a proposal for a Doctoral Degree in Mental Health Sciences was forwarded from the Interdepartmental Group in Health and Medical Science (Mental Health Option) to Dean Elberg and on to the Graduate Council. The subcommittee reviewing it expressed concern in two areas: the compatibility of the clinical orientation of the second phase (year 3, 4, and 5) to the research/academic orientation of the UCB campus and the organizational relationship of the University to the Mt. Zion Hospital and Medical Center. In addition, with Dr. Wallerstein's appointment as Chairman of the Department of Psychiatry at UCSF, the submission of the professional doctoral degree proposal to that campus' Graduate Council seemed appropriate. The proposal is currently under review by that body and if it is approved, the five-year program will become a tri-institutional program with an overall tri-institutional administration, the Master's degree to be awarded by UCB, the doctoral degree by UCSF. In the interim, students who began their clinical studies in Summer Quarter, were registered in the graduate program in Clinical Psychology at UCSF.

Of the six students who received the M.S. degree, one decided not to continue and another is on leave of absence because of illness; the remaining four are continuing the second phase of the curriculum, clinical studies at Mt. Zion Hospital and Medical Center. Seven students were admitted in 1974 and twelve students were admitted to the entering class for academic year 1975-76.

### Genetic Advising

Planning for this third health career "option" was initiated during 1972-73 because of a concern expressed by the State Department of Public Health about the availability of trained professionals for follow-up of patients who were identified as having a genetic disorder or suspected of having a genetic disorder. With the increase in diagnostic services, an increase in demand for follow-up beyond the current capability was expected.

A planning process, similar to that used in mental health, was activated. A Genetic Advising Group, composed of East Bay community professionals and UCB campus faculty was formed and an educational program was developed for a new professional, the genetic adviser, who was to perform the following tasks: reinforce the diagnosis developed by the geneticist, advise the family concerning the implications of disease and the alternatives available in the community for management of the particular condition; assist the family in obtaining necessary care, assist the family with necessary referrals; and collaborate with other professionals in care of an individual or family. The proposal was endorsed by the Chancellor's Advisory Committee and steps were taken to implement the program in Fall 1973.

Professor Patricia St. Lawrence, Department of Genetics, was appointed director effective July 1, 1973. Curriculum plans were completed by the Genetic Advising Group and an Admissions Committee selected seven students for admission in Fall Quarter to a two-year program of study that conjoined work in basic and social sciences (drawn from existing UCB course offerings) with experience in professional advising and counseling (at the UCSF Genetics Clinic). In Spring 1974, a Policy Committee was formed and this group, supplemented by ad hoc Task Forces, continues as the major policy-making body. Professor St. Lawrence was reappointed director for 1974-75 and served; she has been again reappointed for 1975-76.

The source of funding has been both federal and state. Operating funds have come from HEW; a student support grant was awarded by the State Health Department in 1974-75; a similar award for 1975-76 is pending.

Student interest in the Genetic Advising Option is reflected in the continued increase in number of applicants each year. A second class of eight students was admitted in 1974-75; the third class of six will begin studies this Fall. Five of the seven students in the first class completed the two-year program; one has withdrawn from further study, the other will complete the two-year curriculum in three years. Of the five graduates, one elected to continue advanced study in Genetics, two have secured employment in genetic counseling clinics and two have begun to seek employment.

### Dual Degree

This career pathway was officially launched on July 1, 1973 although the first group of students was admitted the following Winter Quarter. It began as the "individualized option" and was later renamed "dual degree" to more accurately reflect the nature of the degree, i.e., an M.S. degree

in Health and Medical Sciences in addition to the graduate degree in a given student's "home" base. This option, open only to students already enrolled in UCB's Graduate Division, is the Program's major effort to encourage extension into the health field the interest and participation of disciplines not traditionally considered health or health-related yet which have the potential for contributing to the health of the community, the state, or the nation. Through the dual degree, formal training augments the specialized-degree studies of the student's basic discipline, preparing them for careers in the widening health field.

Professor Leonard J. Duhl, School of Public Health and Department of City and Regional Planning, and Dr. Stephen R. Blum, Lecturer (School of Optometry, School of Public Health, and the Health and Medical Sciences Program), have served as director and associate director, respectively, during the past two years, and have been asked to serve again in 1975-76. Together with the Steering Committee, they have been responsible for option governance. Individualization of the student's curriculum has been and continues to be a major feature of the option, achieved through an advisory committee appointed for each student, with responsibility for his/her curriculum development throughout the period of study.

Funding source for the Dual Degree Option has been exclusively through HEW.

To date, 10 students have matriculated, representing the following schools/departments: Biophysics-1, Genetics-1, Geography-1, Librarianship-2, Linguistics-1, Nutritional Sciences-1, Physical Education-1, and Social Welfare-2. One student withdrew from the program because of lack of funds; two are expected to complete the program of study in Winter or Spring Quarters.

#### Undergraduate Programs

In 1971, a subcommittee of the Chancellor's Advisory Committee focused on the need for health sciences education at the undergraduate level. The recommendation of this body was to expand counselling on health careers and to develop new courses that would give undergraduate students a better understanding of the health field and insights into possible career alternatives. It was hoped that this would give students a better basis for informed career decision-making.

These general recommendations were developed in a variety of ways. One of the first efforts was the adaptation of the concept of Freshman Clusters, developed by Errol Mauchlan, Assistant Chancellor, Budgets and Planning, and Alan Searcy, Professor of Materials Science, as a means of augmenting advising and counselling to freshmen who identified an interest in health careers. Under faculty supervision, students were brought together in a collaborative rather than a competitive activity, combining both social and academic pursuits. A pilot group of thirty students enrolled in Fall Quarter 1972 and proved to be so successful that enrollment rose to 300 the following year. During 1974-75, the Clusters were expanded to include sophomores and transfer students. This Fall, an enrollment of about 180 freshmen and 110 continuing sophomores is expected.

Steps were taken early in 1972 to develop an undergraduate major in health sciences. A proposal was developed by the subcommittee on Undergraduate Health Sciences and initially presented to the College of Letters and Sciences; later it was withdrawn and submitted to the Council for Special Curricula because the latter group offered the means by which a campus-wide major could draw freely upon the resources of both Letters and Science departments and professional schools. The major was designed to study ways in which health is conceptualized and to study the origin, methods, nature and limits of knowledge about human health and disease; it was based on a flexible choice of combining existing courses with new health science courses developed specifically for undergraduates. In Spring 1974, the major was approved by the Council for Special Curricula and the first students were admitted in Fall Quarter. A total of twenty-one students were admitted during 1974-75; one student completed the requirements and received the B.A. degree in Health Arts and Sciences in June 1975. Ten new courses, which are available to all undergraduates, have been developed thus far; others are in the process of development.

The Health Sciences Journal, an integral part of the undergraduate health sciences program, was first published in May 1973. Its major objective has been to provide information to undergraduates on developments in the health field and opportunities in health careers. It continues to be published monthly, and has a circulation of 3,000. It is written, composed, and distributed by undergraduate volunteers.

Funding has been exclusively through HEW except for the Clusters which are partially supported by registration fees.

These diverse activities (which reached some 700 undergraduates through Clusters and courses during 1974-75) were developed by the Health Arts and Sciences Undergraduate Committee (formerly the Interdisciplinary Advisory Committee) chaired by Professor Marian C. Diamond, Department of Physiology/Anatomy, and coordinated by Option Director Professor David Hayes-Bautista, School of Public Health, and Program Coordinator, Stephan Levinson. All have served since 1972-73 and have been asked to continue service in these posts during 1975-76.

#### Program Governance

During the past three years, there was steady evolution in the pattern of governance. Only an overview of the major developments is attempted here.

In 1972-73, while the first year of the Medical Option was under way and planning toward other career pathways was continuing, Professor Biller, the Program Director, together with a small support staff, part-time faculty (on a release-time basis from their departments), and an extensive network of campus and community participants working through committees, managed the Program's operation. The major policy body was the Chancellor's Advisory Committee on Health and Medical Sciences (CACHMS, the follow-on group to the Chancellor's Advisory Committee on Medical Education or CACME). The Director, who also held title of Special Assistant to the Chancellor, reported to the Advisory Committee as well as to the Chancellor. In July 1973, responsibility for the Program was transferred to the Graduate Division and the new Director, Professor Bower, held the title Associate Dean for Health Affairs, Graduate Division. The Advisory Committee during this period included community representatives and this was reflected in its name, Campus/Community

Advisory Committee on Health and Medical Sciences (CCACHMS). In July 1975, the Program's institutional base was transferred to the Office of the Vice Chancellor. Drawing as the Program does from the College of Letters and Sciences and the professional schools, its accountability to the Vice Chancellor was established; this is also in keeping with the delegation of responsibility for campus interdisciplinary and innovative programs to the Vice Chancellor.

Operational policy/decision-making for the Program was the function of the Director and a "group" that evolved as follows: Action Group (1972-73), comprised of key staff and committee members (as the Interdepartmental Group); Program Committee (1973-74) and Program and Curriculum Committee (1974-75), both having the same function and composition, i.e., option directors, major cross-option committee chairpersons, student representatives. In February 1975, following a Program conference on governance, the license of the Program and Curriculum Committee was terminated and it became a Policy Advisory Committee (to the Director); in addition an Executive Committee, composed of rotating membership drawn from the Policy Committee membership was formed.

The Director's Office has, over the years, been augmented with service units called Offices. The Office of Support Services provides administrative and operational support (e.g., budget, accounting, personnel, special studies) for the Program's varied activities. Ms. Monique Williamson has been director since the Office was established in July 1973. Dr. Agnes Rovnanek has served as director of the Office of Planning and Evaluation which was also established in July 1973 and which has two major functions: monitoring and assessment of Program activities and pursuing/exploring/testing new developmental efforts. In July 1974, the campus library assigned a librarian to the Program and Ms. Eva Goldschmidt-Carroad developed a range of services as acquisition of books, orientation and appropriate referral of library users, MEDLINE and other computerized searches, and document delivery. These activities are encompassed in a unit called Health Sciences Information Services (HSIS) which, though a part of the library, serves the Health and Medical Sciences Program including the East Bay medical community. The most recent addition, in July 1975, was the Office of Educational Services. The major task of this office, directed by Mr. Victor Harke, is to make new educational methods and approaches available to students and to participating campus and community faculty.

Governance at the option level was noted above. The development of option governance required a mechanism for integrating cross-option activities. It was initially hoped that the Program Committee and key "cross-cut" committees would serve this purpose but in time it was apparent that this required more intensive effort hence an Integration Committee was formed. This group, chaired by Professor Sheldon Margen, Nutritional Sciences, provides oversight of inter-option courses and other activities. Additional committees have been developed that are concerned with particular integrative efforts. The Clinical Faculty Appointments and Promotions Committee, chaired by Dr. Henry Brean, provides review of clinical faculty appointments for all options and assures that these appointments benefit

from peer review. The Student Advisory Committee, with student representatives from each option, assures that student concerns are articulated.

The East Bay community has been and continues to be vitally involved in the clinical teaching within the medical option. Community contribution toward the Program's initial planning was through the Medical School Committee of the Alameda Contra-Costa Medical Association. The membership of this group, together with a UCB faculty group, formed the East Bay Foundation for Health Careers Education. The breadth of participation was extended to professionals other than physicians and, with the receipt of funds from the Regional Medical Program (HEW), the responsibility of the Foundation was extended to overall coordination of educational institutions, service delivery groups, consumers, and manpower planning groups in the area of health. Within this context, the Foundation has served as a liaison between HMS and the community and conducted specific inventories of health resources for potential use in the educational programs.

Responsibility for the academic quality of the Program is vested in the Interdepartmental Faculty Group which, in turn, is responsible to the Academic Senate committees. The group was reconvened this June to formalize procedures for the coming academic year and to expand the membership.

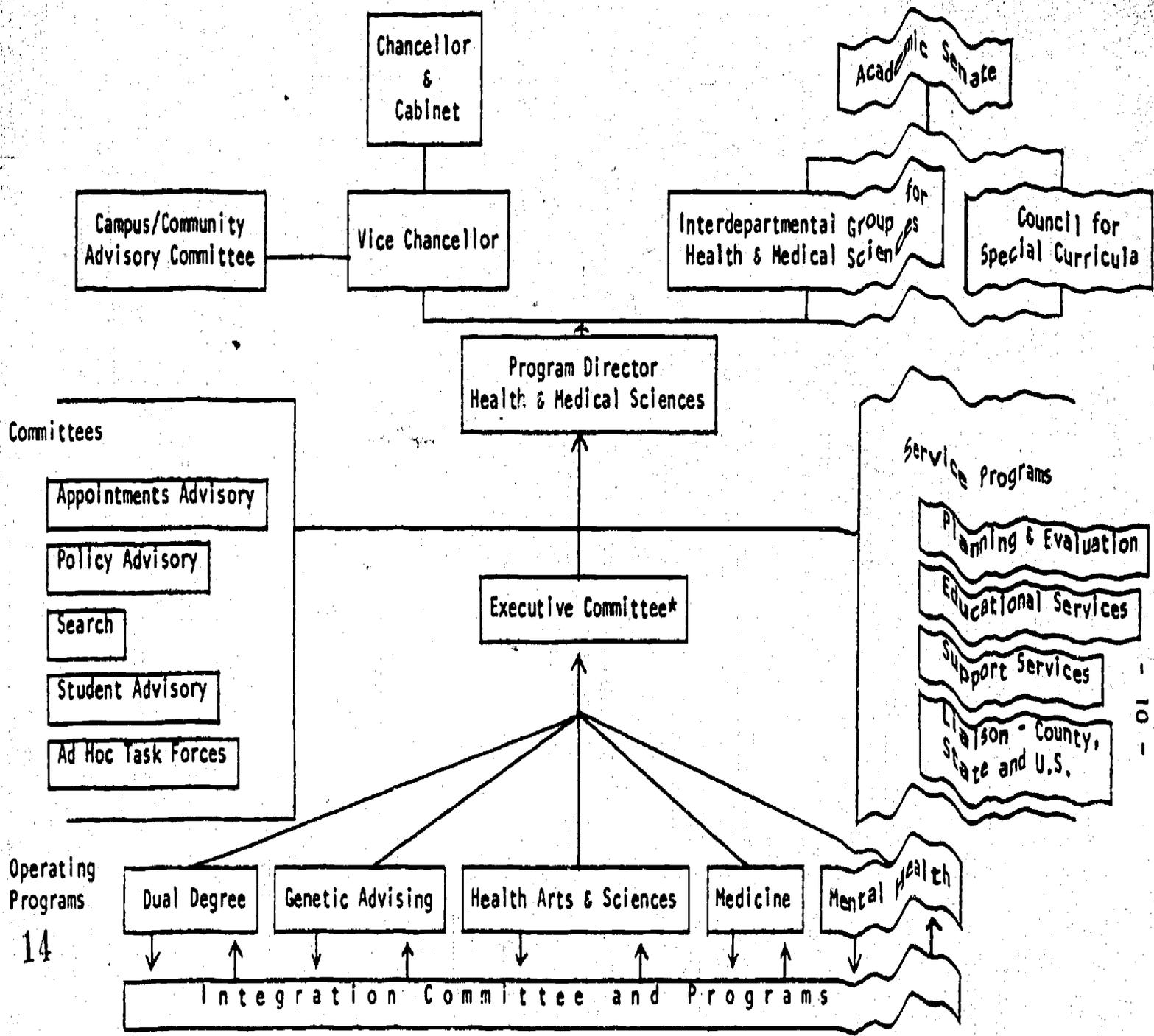
A schema of the most current pattern of governance is attached.

### Exploring Future Directions

In addition to the on-going development of existing programs, Health and Medical Sciences continues to explore new areas of activity. Examples include: joint planning with the School of Social Welfare on professional education relevant to the needs of the physically disabled; deliberations of the School Health Committee on ways of improving health education in public schools, K-12; formation of a study group on consumer education; formation of an ad hoc committee of campus representatives, community professionals serving the deaf and deaf consumers to study ways of improving the delivery of health care to the deaf; planning with the East Bay Foundation for Health Careers Education toward minimizing the problems encountered by rejected medical school applicants. Not all such explorations/studies bear fruit, nevertheless, such explorations/studies continue to be an important activity of the Program.

Next: What Have We Learned?

STRUCTURAL RELATIONSHIPS OF HEALTH & MEDICAL SCIENCES



\*Executive Committee--Directors of Operating Programs, Educational Services, Planning & Evaluation, Support Services, Integration Committee

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September 1975