

Wright State University

CORE Scholar

Boonshoft School of Medicine Oral History
Project

Boonshoft School of Medicine

5-24-1985

Deborah Richardson interview (2) conducted on May 24, 1985 about the Boonshoft School of Medicine at Wright State University

Deborah Richardson

James St. Peter

Follow this and additional works at: https://corescholar.libraries.wright.edu/med_oral_history



Part of the [History of Science, Technology, and Medicine Commons](#), and the [Medicine and Health Sciences Commons](#)

Repository Citation

Richardson, D., & St. Peter, J. (1985). Deborah Richardson interview (2) conducted on May 24, 1985 about the Boonshoft School of Medicine at Wright State University. .
https://corescholar.libraries.wright.edu/med_oral_history/20

This Oral Recording is brought to you for free and open access by the Boonshoft School of Medicine at CORE Scholar. It has been accepted for inclusion in Boonshoft School of Medicine Oral History Project by an authorized administrator of CORE Scholar. For more information, please contact library-corescholar@wright.edu.

WRIGHT STATE UNIVERSITY
School of Medicine Oral History Project

Interview date: May 24th, 1985

Interviewer: James St. Peter

Interviewee: Deborah Richardson

[Beginning of Recorded Material]

James St. Peter: My name is James St. Peter and this is the second set of interviews with Ms. Deborah Richardson, second year medical student at the Wright State School of Medicine. The date is May 24, 1985. The time is 3 p.m. and Ms. Richardson and I are in room 033C of the University Center here at Wright State University. Ms. Richardson, in our last interview we had covered the time just prior to your actually entering Medical School for your first classes. I would like to talk about that first year and how it impacted you as a student and as a married student in particular. What were your first classes like?

Deborah Richardson: Well, first quarter we had gross anatomy, which was lecture and lab, and we had biochemistry, which was pretty much a lecture format, and then we had medicine in society, which is kind of, they teach you things about ethics and legal implications and everything and then I also had introduction to clinical medicine where they start to kind of introducing us to what it's like to be around patients, for those of us that might not have been around patients before, so forth and, so on. First class was pretty traumatic I'd say.

J.P.: What was your actual first class of the day? What was your schedule?

D.R.: Well, we started out with gross anatomy and I can't remember exactly what my schedule was like. It was a lot of, I mean it was probably two hours of anatomy lecture and then we would have four hours of lab, for instance in one day and then, the next day we might have two hours of medicine in society and then two hours of biochemistry, for instance. We are supposedly in about 24 hours of scheduled class time a week, on an average, but if you don't spend time in the gross anatomy lab, on your own, then you're not going to make it through gross anatomy, just for example, and naturally you have to spend time with the books.

J.P.: How many were in your classes?

D.R.: Well, there is a total of 100 in the class altogether. For lectures we were all in the same room together. For labs they broke s up into half, so there were about 50 of us in each lab section.

J.P.: What was your lab sections like?

D.R.: I can still remember the first one. They kind of herded us into the room and our names were at our appropriate stations, so that we would go to the right area. There's all these tables, metal tables with mounds on them covered up with rubber sheets and for most of us it was our first introduction to a cadaver, so we were all pretty nervous and they kind of talked to us first, a little bit, introductory type and then we had to go through the ordeal of uncovering the body for the first time and most of us were, at the very least, mildly upset. I don't know if anyone was extremely upset. I was fairly nervous I didn't really know what to expect, but it wasn't that bad because really a cadaver doesn't really look like a person that you would talk to everyday, so it's a little easier than if they looked really like they just got out of the car and came in or something. They try to make it as easy as they can and the first thing that we covered in anatomy was the back section, so we kind of started out on a less squeamish area, if there is one and then kind of worked our way up and we did extremities for the first third of the quarter and then we did [thorax] and abdomen and then we ended up with the head, so kind of saved the most traumatic for the last. I think that, that was the toughest for me, was dealing with the person's face and all that because there is just so much importance in a person's face, so that was the hardest part for me.

J.P.: How would you compare your medical school classes with other classes you have taken either as an undergraduate or as a nursing student?

D.R.: I don't think that I really can compare them. I tried to prepare myself as well as possible psychologically for what I was getting into when I started medical school and I wasn't prepared for what occurred because it's just so overwhelming you can't accurately describe it and I remember when I would ask people who were already in medical school what it was like that's about basically all they could tell me was it's just so much you can't believe it and I hadn't internalized or I just couldn't imagine what it was like, but it's just amazing. You study constantly and you still don't feel like you have studied enough because you really don't know anywhere near all there is to know and you don't know what to expect on the tests, especially when you're first starting out. You don't know what to expect and either you underestimate and really do bad or ya over estimate but whatever you do you're nervous as heck, during the test. The test were real traumatic. For me they weren't real traumatic because I have never had a lot of problems taking test, but I know some of my friends would get real traumatized every time a test came around, just from the pressure, but there is just no comparison between the classes in medical school, the work that we had to do in medical school and either my undergraduate or biology or my nursing and that's not to say that those things weren't difficult, but because they were, they were very difficult and I had to work hard in those classes, but I think a big difference for me is that in nursing school and undergraduate generally speaking if I worked really hard I could at least get a B and I had a good chance at getting an A, but in medical school I have worked harder, than I ever thought I would be capable of working and it's been a rare experience for me to get a B. I have gotten A's in some of the smaller classes like biometrics and, so forth and, so on, but overall it's basically C's. Ya know they may be high C's but still a C is a C and that's been real difficult for me to adjust to personally.

J.P.: Did you find that your fellow students were all high achievers in undergraduate programs?

D.R.: Oh yes.

J.P.: How did it affect them?

D.R.: I think a lot of my fellow classmates have comparable feelings that I have. Yea they were all really high achievers and that's the problem when you get into medical school. Everybody has achieved so much before they even got here and then you put us all together and somebody has to be average. It's just that there is such a high group of people, a high achieving group of people there and none of us are used to being average and that sounds really pompous, I guess, for to say it that way, but it's not meant pompously it's just we worked really hard to get to where we've gotten. It's a big adjustment. I don't think anybody, I haven't really adjusted. I keep telling myself that I have adjusted to C's, but haven't convinced myself yet, so.

J.P.: What are the instructors like?

D.R.: Oh they vary. Some of them are excellent, just absolutely first rate. They would do anything to help you learn. They would explain anything. They will take time from their research or whatever it may be that they do in their office to explain things and make sure ya understand them and I won't pick out any in particular because I'm sure if I picked out some names then I would forget others that I should mention, so I'm not gonna say, but some are excellent. Most of them are at least good to average. There have been a few that have been mediocre possibly poor, but that's the exception, definitely the exception to the rule and they're only human.

J.P.: Was there much of a drop-out rate amongst students in your first class?

D.R.: No, not really. We lost a few people. We did lose, oh I don't know, I guess eight or ten. Between first and second year, I guess we probably lost eight or ten people who either switched to what we call the five year plan or they had to repeat the year. Which is two different things entirely, but.

J.P.: What's the difference?

D.R.: Well the five year plan and that's not really the title for it that's just what we call it. The five year plan is where you spread out the first two years of academics over the period of three years time and then you take the third and fourth year in the same amount of time as everyone, but that's not a real highly publicized option and it's really only intended for people who really, really need it, but I think it's really humane that, that option is even available because there are people that, that for one reason or another really need to do that. For instance, I can think of one example is that one man, his wife was pregnant and she ended up delivering like the day before the gross anatomy final or something like that and he/they had gone through training childbirth and he wanted to be there for the delivery naturally and it was just kind of impossible to function for the gross anatomy final and so that was one of several examples that I could think of. Some people just need a little bit more time.

J.P.: Did you take advantage remediation system?

D.R.: No, I was lucky enough to not need that option, but I know several people who've had to remediate one thing or another. I was very thankful that I didn't have to do that, so it's great that it's available. The remediation system is setup so that if you just barely don't pass, in other words you're in the 60s or 70s range, then you can study really hard for two weeks and take a remediation exam over the entire material and if you pass that exam, then they will pass you, which makes sense. If you get to a point where you grasp enough of the material to pass a comprehensive exam, then you should be able to pass the class, so.

J.P.: Are there any of the instructors stand out in your mind for the first year?

D.R.: It depends on what you mean by stand out. Yea there are.

J.P.: What do you mean by stand out?

D.R.: Well, the first thing that I thought of was standing out for a negative reason, so.

J.P.: Are there any subjects you had that you thought the instructors didn't come up to par with the other instructors?

D.R.: No, not any one particular subject. All the classes are team taught by at least three instructors. Sometimes more than three, but they're all team taught and there were none that had all bad instructors.

J.P.: What kind of characteristics is a bad instructor?

D.R.: Oh I hate this. Do we have to be negative? A bad instructor, the top of my list would be someone who seems to not really want students to understand the material and to succeed. That's the biggest thing and anything, any actions that would go along with that kind of [unintelligible]

J.P.: What kind of actions would correlate with that?

D.R.: Well, there was an incident with our class that is, I guess what I got in mind, that occurred with the anatomy department and as I understand it, it wasn't because one person had it out for our class or anything like that, but there were some disagreements about how things should be done and we kind of got stuck in the middle and, so therefore a lot of us have some bad feelings towards that time and some of the behaviors that went on in that time, which is a shame because the particular instructor I'm thinking of is excellent. He really knows the material and if you're lucky enough to be able to get within ear shot when he is working in the lab demonstrating a dissection or something, but anyway he's excellent.

J.P.: Were there any steps that the students could take to deal with the problem?

D.R.: Oh it was dealt with effectively ultimately.

J.P.: How?

D.R.: Basically, the students went to the student leaders which was the representatives and officers and those student leaders went to the appropriate administrative people and it was taken care of, but not before there wasn't a lot of mental anguish on a part of a lot of students.

J.P.: Do you feel the administration was by in large responsive to student needs?

D.R.: Oh definitely, without a doubt. They're fantastic; they'd do anything for ya.

J.P.: Can you tell me about one of your instructors that stood out in a positive way, over the others?

D.R.: This is from the first year?

J.P.: Yes

D.R.: I think Jane Scott was excellent. She is with the anatomy department and she taught us embryology and also histology. She's excellent. Lectures are very clear, more than willing to help you on her own time. The histology department is a whole excellent; they came into the lab on their own time to work with the students extra, in addition, to what time we were scheduled in the lab. I was really impressed. [unintelligible]

J.P.: What impact did it have on your studying periods and your home life?

D.R.: Well, those are two entirely separate questions. As far as impacting my study periods I really, really tried hard to be extremely organized and to keep up with everything because they emphasize how important it is to naturally keep up, but that feel a part after about one week because there is just, the volume is so much that I couldn't keep up and so I just kept studying and tried the best I could to keep up. The organization went down the tubes rapidly too. You just try to do the best you can and be sure you get back through all the material before the mid-term or the final or whatever.

J.P.: How often did you cover the material? Did you feel like you had to cover it more than once?

D.R.: Well, ya know, you hear it in class and write it down as you are hearing it and then you read it again at least once. It's much better if you can read it again twice. If you can go through the text book and the notes all before the test and then if you are lucky and there are practice test to test yourself with, that helps a lot too, that's a good exercise.

J.P.: Do generally most of your courses have practice test?

D.R.: In one way or another. Yea, if there weren't test made available to practice with then we kind of tried to come up with our own. Especially, for laboratory work and stuff we would find time to put together practice lab exams because we were always timed in our lab exams, so it was necessary to not only be able to know the answer question, but to do it quickly. That's hard for some people.

J.P.: What types of individualized instructions were there available to you to help?

D.R.: Well, there are tutors available from people in the class ahead of you. People who have done well are allowed to tutor and if you are having trouble you're encouraged to use the time of the tutor. I know that a lot of people did that. I never got so far as to using that. I don't know I might have done better if I used a tutor. I'm not sure if you have to be doing poorly down to a certain point before they'll let you use a tutor. I don't know if there is some kind of staging where, ya know, well if you're doing okay you don't need a tutor. I don't know how that works because I never really sought one. Those are available and a lot of the instructors would be more than happy to answer questions. They didn't want to lead you by the nose through it or anything like that. A lot of people, over the course of time developed study partners or study groups, which a lot of people find helpful.

J.P.: Did you get involved with one of those study groups?

D.R.: Not my first year. I got into the habit of studying with a certain group of people, but we didn't have a planned agenda, so I don't know if you would call that a study group or not. It was just real nice to have other people studying at the same time and somebody you could ask questions of.

J.P.: How would you describe the effect of being a medical student on your home life?

D.R.: Really tough, really tough. I'm very lucky that my husband is as understanding as he is and I must admit that naturally he is not always understanding because he is only human and he deserves some time and energy too but, it's really hard for a spouse to understand what somebody's going through especially, somebody that's not in a field that is related to medicine or health care. Gary's business, so it's been hard for him to comprehend what's been going on. It gets better with time though, it really does. I think that we are closer after having gone through all this hell.

J.P.: What class leadership was that? How did you select your majors for class leaders?

D.R.: Well, we had an election within about the first month of classes and there are president, vice president, secretary, treasurer, and then there are three just general class representatives. All seven of those people hold seats on the medical school student council, which meets once a month, so they kind of have two responsibilities. They're responsible to the class and they're also responsible to the whole school because they sit on the med school student council, which does a lot of work for the school, for the students.

J.P.: What kind of [comrodery] developed between medical students in that first year?

D.R.: Nothing like it in the world. These people are my family. I feel closer to some of these people than I've ever felt to anybody in my life and I'm sure than I'll ever feel again. They're really special. I think it's because of all going through the same horrendous pain simultaneously and coming out alive and you just kind of look around you and say "wow they know just how I

feel.” I think it’s really close. There are people you don’t get along with, but in 100 people that’s to be expected, but overall I just think we have the best class at the whole school, naturally.

J.P.: How is that group of 100 people organized? Is it just more or less support groups that have been formed with specific students?

D.R.: Well, it’s no really organized. You get to know people over the course of time and I guess you just kind of migrate toward the people that you have the most in common with or that you enjoy being around the most. There was one, compared to the organize support group that I know of our class, which I was a member of, and it was something that my best friend and I decided when we got into it, when we started school, that we wanted to have a supported group of people that we could get together with periodically. Just bitch if that’s what we needed to do or talk about happy things, talk about home life, if things are going great or bad or whatever. Talk about school. Whatever a person needed to talk about that’s what that time was for.

J.P.: Kind of an outlet for stress?

D.R.: Yea, I’m really thankful to be a part of that. That was real important pressure valve for me because then I didn’t take quit as much of it home and pour it on Gary although, I did still and do still put a lot of it off on him, but he’s got broad shoulders.

J.P.: How would you compare your relationship with your instructors as compared to your earlier education experience?

D.R.: In a way it seems more [adversarial], with some of them. Before this I’ve managed to get along fairly well with most instructors and felt comfortable with them and felt like there were really wanting me to learn the material. In medical school that still the case for most of them. They still want you to learn it, but sometimes it just seems like they really go all out to see how hard they can make it. I imagine it’s just the way it is. There’s just so much we really need to know and they are just in the misfortunate position to be the people who present it to us, so that’s kind of the focus for any ill feeling that we might have because we’re being drug through the mud. Even though we asked for this, begged for this, we wanted to do this. We keep reminding ourselves, “Now we wanted to do this, right? Yea I did wanna do this.”

J.P.: Is your academic year set up on a quarter system?

D.R.: Yes.

J.P.: So your first quarter consisted of?

D.R.: Gross anatomy, biochemistry, medicine in society, and introduction to clinical medicine.

J.P.: What was your second quarter? Did you get that December break that most Wright State students get?

D.R.: Yes, that was a life saver because we needed it after that intense quarter. Second quarter was more biochemistry, physiology, histology, and introduction to clinical medicine and, I think, we had community medicine then too, which was kind of an extension of introduction to clinical medicine.

J.P.: Was the second quarter any tougher? Was it increasing degree of difficulty?

D.R.: I thought so, at the time, I thought it was more difficult and that kind of stands out. That's funny that you would ask that because I can remember when we were first starting out as first years' we would be moaning and crying and groaning to the second years' and then they would say "oh don't worry it gets better." Then, second quarter would come around and it was harder and they would say "oh don't worry it'll get better" and they said that about the third quarter and it was even harder, so I don't believe any of those people in that class anymore.

J.P.: What was your third quarter like? What did you take that quarter?

D.R.: Third quarter was more physiology, [nuero] anatomy and immunology. Those were the three main core courses and then we had medicine in society and introduction to clinical medicine and behavioral science, so they shoved another one in on us.

J.P.: Were most of your courses on campus?

D.R.: First year, yes. The sciences were all here on campus. Introduction to clinical medicine is done in the area hospitals, for the most part. Our lectures are at St. Elizabeth's and then you go to any of the different area hospitals for whatever clinical experience you might be having at the time. Through the course of the first year, the main point of introduction to clinical medicine was for you to learn how to do a history and physical and you get assigned a preceptor, two students to one preceptor. A preceptor is a practicing physician in the area. You see that preceptor once a week to practice doing histories and physicals, so it depends on where your preceptor is to where you have to go. My preceptor was in the family practice program and it's based in Yellow Springs, so we were in Yellow Springs, sometimes, we were at Green Memorial, sometimes. We even saw her in Springfield, sometimes.

J.P.: When was your first year officially over?

D.R.: Well, the first year was over at the end of June. We had our finals in the middle of June and then we had a two week selective period at the end of June before we could finally say we that were truthfully finished with the first year.

J.P.: What was the selective period [like]?

D.R.: There is a selective period after each quarter. That is a period from seven to ten days where you take a mini class on things. For instance, first quarter I took understanding human sexuality. Second quarter I took a class dealing with loss and death. The third quarter I did a student [inictive] selective, where I got credit for doing a project with a church group. Where we went to Michigan and did health screening with migrate farm workers and inner city people and

everything, but it depends. There is all kinds of possible classes that you can take. They're really fun; they're informational, putting you in touch with the real world, so you remember why you are here, hopefully.

J.P.: What do you do during your summer?

D.R.: I worked with two of the physiology professors and another student, kind of getting to know what research is like. I guess you could call it research, if you used that word in a broad sense because we didn't work on one specific project we kind of dabbled I guess you could say. Lane and I had a little project that we were responsible for doing. We also helped with a research project that was going on at Children's in the neonatal intensive care unit, with Dr. Courtney. We also did some literature review. We learned an awful lot about neonates because that was the area they were working in. we also learned a lot about cardiac physiology and respiratory physiology. It was a lot of fun. We also go to go on rounds in the neonatal intensive care unit every day.

J.P.: Was this organized by the medical school?

D.R.: I don't know if you could say by the medical school, well I guess so. Dr. Miles and Dr. [Godshaw] were responsible for organizing it, yea. They solicited students and Lane and I were lucky enough to be chosen as the ones to do it. I really enjoyed it. I got a lot out of it, got to see a little bit about research. I love working with babies, so just was right in there.

J.P.: Did you have any actual break from all studying or special programs between your first and second years'?

D.R.: Break? Well, not really.

J.P.: Like a vacation?

D.R.: No, well, Gary and I did get away for about a week, early in the summer. Then, the rest of the summer was spent doing the different project with the research. Then, I didn't even get to, I had thought I would get a little break right before class, but then I got into a selective at the last minute that I wanted, which was sports medicine and that runs only one time a year the two weeks immediately prior to the start of class, so there went my vacation. That was a lot of fun I enjoyed that too.

J.P.: What was your second year classes, the first quarter? Was there any mark difference between second year classes and your first?

D.R.: Well, if nothing else, you go into second year with the first year under your belt and you feel like you have been at least able to accomplish that much, so what more can they possibly do to us. First quarter, of second year, was pathology and microbiology and introduction to clinical medicine and behavioral science and it seems like there was something else, but I can't remember. It'll come to me later.

J.P.: Were there any leadership responsibilities that [default] upon you as second year students?

D.R.: Well, yes. The second years' are traditionally responsible for organizing orientation for the incoming first years'. I helped with that a little bit. I had planned on being a small group leader, which one of the activities for orientation is breaking up the first years', breaking up into small groups that each has two second year students in it and they just kind of have discussions about different things and get to know each other on a one on one basis, but anyway, I had planned on being a small group leader, but it so happened that I got into this sports medicine selective and that was real important to me, so I kind of side out of being group leader. They had some extras, so there was no problem with that. About the only thing I ended up doing with that was I one of the speakers for the orientation one day. I spoke about being a woman in medical school, which was interesting.

J.P.: What was that like? What wisdom did you impart?

D.R.: I don't know if I imparted any wisdom. It was more difficult than I had expected when I first agreed to do it because there are definitely differences and it would be silly for anyone to assume that there aren't. We have different issues, on occasion, that we have to deal with. I wanted to present that, but I wanted to present it in as positive of a way as possible. It was really a challenge to come with the right thing to say, but I felt pretty comfortable with what I presented. There were a few incidences our first year that were kind of negative in the views of some of the women in the class. Some of the instructors

J.P.: For instance?

D.R.: For instance, one of the biggies was one of the introduction to clinical medicine instructors was talking about dermatology and in his introduction to us the first day that he lectures to us, he puts up a slide of a very pretty woman, in very few clothes, in a seductive pose and he says "this is an example of normal skin." There was laughter naturally, which was the desired effect. He does crack a lot of jokes in his lectures, but this was not taken as a joke by many of the students. Not only the women, though many men who were also insulted. There was attempts made to deal with that and I'm not sure how successful the outcome was, but that's just an example. There were some other isolated incidences of instructors, in an attempt at humor, they would insult people. Minor insults were not as big of a problem as some of the major insults. I wanted to present that. I wanted to make them aware that things like that would happen and they would need to develop their own system for dealing with those things cause there gonna have to deal with them, it's gonna happen. That was one of the more difficult things to put across, to explain.

J.P.: Do you find that as a female medical student that there are differences and problems that you have that the males don't have? Are there problems that the males have that you don't have? Can you characterize what that looks like?

D.R.: There are some, yes, without a doubt. Overall, we share a lot of the same experiences and that makes us real close, but there are occasions when something that's an attempt at humor is

really insulting to a lot of people and then the class, if someone goes to the trouble to bring it to someone's attention then the class ends up being split over whether it was an insult or whether it was just stupid for this person to feel insulted. Actually, I have been kind of amazed at how split and how vocal some of the class members would get.

J.P.: What do you mean?

D.R.: The upshot of this particular dermatology lecture was that. There was an attempt at some action. In other words, a petition was written and signed and taken to the appropriate administrators and there's a committee that deals with discrimination and so, it was brought before that committee and it's my understanding that this instructor was talked to at least about the incident and basically blew it off like they are just over sensitive. We were told that it was gonna happen again and then this year first year students he did the same thing. So, when we heard about it we were upset, varying degrees of upset. I was mildly upset. Others were more upset than that, but we were told that this was not gonna happen again and it was repeated so, the first years', this year, got a petition and signed it and got a lot of second years' signatures on it also. I really don't know, he hasn't been doing that in any of the subsequent lectures. He lectures to us in several classes. He is an excellent lecturer. I really enjoy his lectures, I might add, but it was just kind of frustrating. The thing that surprised me the most about it this year was when the first years' petition was brought to our class, for distribution, one of the women in the class got up and explained what was going on and this petition was available if anybody wanted to sign it. Then, shortly after that, at another break, another class member got up and this was all in the guy's of humor because this other student is a very funny person, but basically stood up and said a bunch of us got a petition together that we want to keep pornography where it belongs in the lectures and ya know things along those lines and he presented in a very humorous way and I even laughed, but then it kind of dawned on me what was going on after the fact. I was really surprised that people would even behave that way. That was kind of the strongest example that I can give you.

J.P.: Were there any other mark differences from the first year? Did it in fact get easier the second year?

D.R.: In a way, the first quarter this year, I think, was more manageable, for me, because I just felt better about it therefore; I was able to function better. Then, for all of us, this happened different times, but through the course of this year we started realizing that boards was coming up. So, at varying times we would start studying, or trying to study, and our anxiety levels have been building. So, over the course of time and especially within the last month anxiety is at an unbelievable level with our class. It's to the point where people are doing really strange things.

J.P.: For instance?

D.R.: Well, I don't know. Nothing has really been officially said about any of this, but we have talked among ourselves. A lot of us have been getting either obscene phone calls or just phone calls where the person would call and say nothing. A lot of people have been getting those. Different people have been getting practical jokes played on them. One woman got a potato put in her tailpipe of her car. Another, woman got five pounds of sugar poured in her gas tank.

Another, set of roommates got a brick thrown through their window, with an obscene message on it. There have been rumors floating around about people's personal lives. I haven't even heard all the stuff; I'm sure because I still kinda hear things filtered. I miss out on a lot of things, which this is okay to miss out on, but since I live in Middletown I've not been in the middle of a lot of this, but I've been hearing about it. It really worries me. I'm just assuming that it's due to the very high stress levels because we got boards in just a little over two weeks. We just finished finals. People are just really at the end of their rope.

J.P.: Have there been any differences in your grades from one year to the next?

D.R.: There was for a while. The first quarter went a lot better for me this year, as far as grades go. These past two quarters, for reasons that I'm not even sure about, my grades have not been as well as I would have liked. I have passed everything and I suppose I should be thankful that I've been able to get through it all. I have been studying for boards, in addition to, studying for my classes and doing a few other things and I guess I couldn't expect more than I was able to give, I guess.

J.P.: Did you find that there is a difference in orientation between your second and first years?

D.R.: I'm not sure what you're getting at, but what comes to my mind is, in the second year a lot of us have gotten to the point where we're much more to the point now we say "look what do I need to know? Show me it so I can learn it and I'll learn it, but don't give me this extra stuff because I don't have time, I don't have the energy." So, we're a lot more to the point now. Whereas last year we thought we had to try and learn everything that they said. We wrote down everything that they said in lecture and thought that we had to commit every word to memory. So, we've managed to kind of gleam it down to this is what we really need to know, this is really important to get this concept and this fact and everything. This extra stuff is just, for fun or napping or whatever you wanna call it.

J.P.: Well I would like to thank you for talking to me in this next block and next interview I would like to cover in more depth on some of your classes in the second year, some of your activities and especially your perceptions and preparation for the national boards, the first big milestone in your undergraduate medical education.

D.R.: It sure is.