through a system of linkages between the medical centers and the rural areas. In addition to providing programs to allow medical personnel and practicing physicians from rural community hospitals to come to the medical center for training courses, the Tennessee program has endeavored, through the use of modern communication techniques, to create medical education resources in the rural areas. The Hopkinsville Education Center and the deployment of coronary care units are two examples of such projects.

Operational Projects

1 and 2. Hopkinsville Education Center and Chattanooga Education Center—direct cost, $73,700

These are the first of the local continuing education centers specified in the Vanderbilt plan. At each hospital, a full-time Director with an appointment at Vanderbilt and an assistant director will supervise resident and physician education in their area. Their services will be available to physicians at smaller community hospitals in each area, as will the enlarged hospital library facilities. The Chattanooga and Hopkinsville locations provide the basis for looking at problems in continuing education in urban and rural settings.

3. Franklin Coronary Care Unit—Williamson County Hospital—Franklin—direct cost, $31,400

This is one of the subsidiary units mentioned in the Vanderbilt proposal. This is primarily a pilot project to study the feasibility and usefulness of establishing a center in a small community hospital.

4. Clarksville Coronary Care Unit—Clarksville Memorial Hospital—direct cost, $19,000

As the Franklin program, this project is a subsidiary of the Vanderbilt proposal. Since this hospital has been operating a unit, the plan calls for its expansion, continuing education and a phone hook-up to Vanderbilt.

5. Murray Coronary Care Unit—Murray-Calloway (Ky.) County Hospital: Direct Cost, $38,800

Murray-Calloway County Hospital, the training center for Murray State University school of nursing, will serve as a demonstration center for the sub-region. Direct phone communication will be established with Vanderbilt, which will send consultants from its school of continuing education. This project has the dual objective of relating the Murray State Nursing program to an established medical center and providing regional training resources to a remote area.

6. Crossville Coronary Care Unit—Uplands Cumberland Medical Center Crossville: Direct Cost, $28,300

This project has two purposes: (1) to establish a two-bed coronary care unit in the hospital; and (2) to determine the feasibility of operating acute coronary care units in rural areas. The hospital will cooperate with Mid-State Baptist Hospital and Vanderbilt.

7. Tullahoma Coronary Care Unit—Harton Memorial Hospital, Tullahoma, Tenn.: Direct Cost, $28,800

See Baptist Hospital Program.

8. Project to Improve Patient Care in a Remote Mountain Community by Recruiting and Training Health Aides for a New Extended Care Facility—Scott County Hospital—Oneida, Tenn.: Direct Cost, $10,300

Manpower shortage in this isolated mountain hospital is critical. Personnel to man an extended care facility now under construction will be obtained by two methods: (1) In-service training for hospital personnel; (2) an educational director (an RN) to serve as a liaison to the high schools to encourage young people to enter the medical field and come back home to practice. In addition a training program leading to the LPN would be initiated. Clinical training will be supervised by the Educational Director while local high schools provide basic training.

9. Hopkinsville Coronary Care Unit—Jennie Stuart Memorial Hospital—Hopkinsville, Ky.: Direct Cost, $49,500

This plan is similar to the Franklin plan, except that it mentions establishing links to smaller community hospitals by helping set up smaller care units in them,