

Mr. JARMAN. Thank you very much, Dr. Martin. We will read your full statement with real interest, and we appreciate the advice and counsel you have given the committee on this important bill.

Mr. ROGERS?

Mr. ROGERS. Thank you. I appreciate your statement and the testimony, Dr. Martin.

Do you use any consultants in the university hospitals or any consultants in teaching or part-time instructors?

Dr. MARTIN. We use a limited number. This varies from location to location. We are, as you know, in a small area in contrast to a metropolitan area, so we use a rather small number. We do use physicians in town; yes, sir.

Mr. ROGERS. What about, say, a large city medical college? Would they use a good number of part-time instructors? Would they use a good number of local physicians in the university hospital or what?

Dr. MARTIN. This varies from institution to institution. It varies on the availability of physicians. It varies on the time. There is a trend in medical education toward the use of the full-time instructor. This is because of this complicated one-to-one relationship. It is complicated material that we present, and the need is for a person to give his full time, his full mental effort to the process of education.

Mr. ROGERS. In other words, when you have a student with you in the hospital, the one doctor that goes through treating patients cannot take more than one man with him? He does not—

Dr. MARTIN. He rarely takes—

Mr. ROGERS. Does not take three or four?

Dr. MARTIN. He rarely takes more than three or four and he has to deal with one at a time. This is the real problem with medical education.

Mr. ROGERS. There is no way to let, say, even five or six observe him as he treats a patient?

Dr. MARTIN. You know, there is no way of learning like having responsibility, and one cannot give responsibility when human life is involved without adequate supervision. And this has us over the barrel in a method of teaching, and I know of no shorter method. I know ways of altering the curriculum and your provisions here, I think, are going to have a very profound influence on making us look at curriculum, look at ways of approaching, ways of doing things better, but still there is going to be that period of one-to-one relationship.

Mr. ROGERS. Now, when does this come in? Does it come in at the internship?

Dr. MARTIN. Sir, this starts at the first time he sees a patient and the first time he interacts with the patient, which is very—

Mr. ROGERS. When is this?

Dr. MARTIN. That is in the first year of medical school in many schools. It is in the second year of medical schools at practically all of the schools.

Mr. ROGERS. So, second year medical. This is after he has had his undergraduate, he is now in medical school and the first year—how much time is devoted to the individual in medical school in actually doing the patient work?

Dr. MARTIN. The individual student?