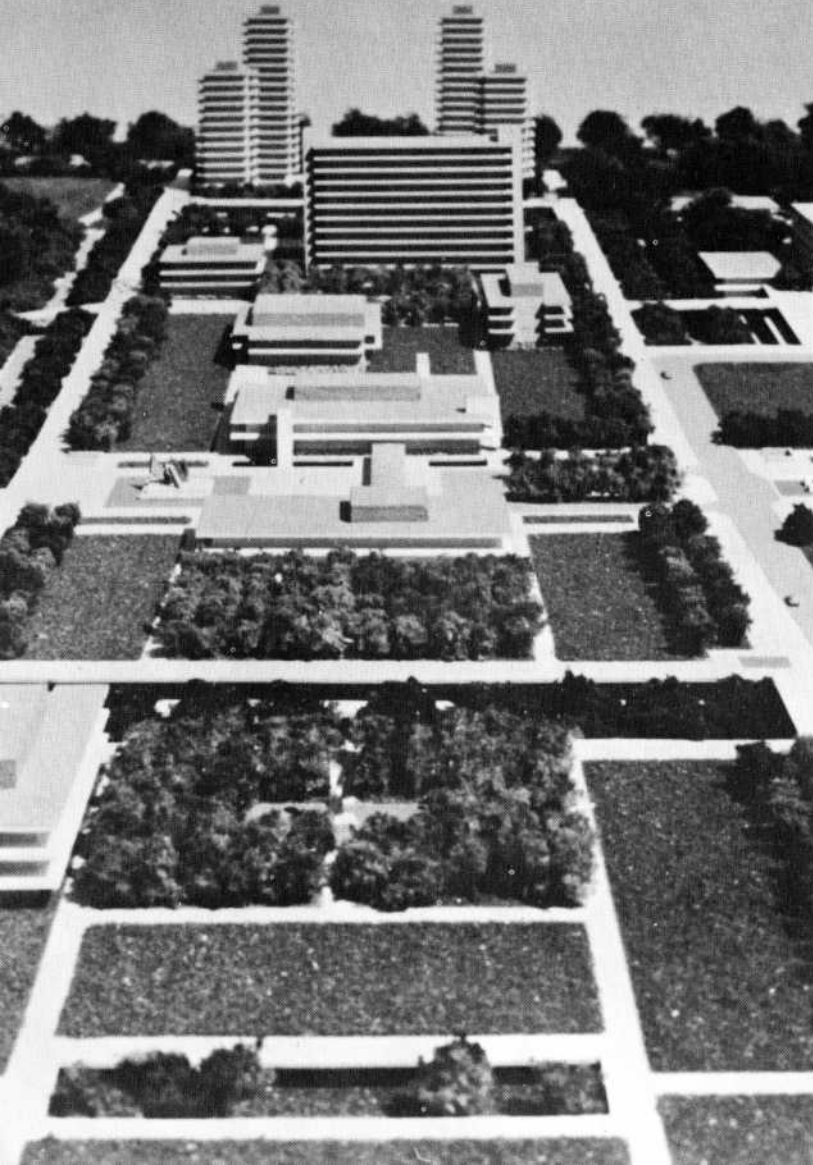


GROWTH GROWTH GROWTH

IN OKLAHOMA CITY

By Imogene Patrick



Symptoms of change abound at the University of Oklahoma Medical Center, evident to all who visit the sprawling health campus in Oklahoma City.

To the passerby, change is a gaping hole in red clay where a building will rise, bulldozers assaulting a construction site, a building on the way up, another on the way down. To a returning alumnus, change brings a search for a favorite old professor whose office has been relocated. To many employees, it means the parking lot has disappeared and "Do they expect me to walk to work?"

These are the physical signs and sounds of the gradual evolution of the Oklahoma Health Center, a \$185 million, 200-acre complex of public and private institutions with the expanding University Medical Center as its axis.

Other developments are less obvious.

No brick and mortar is being laid to house them, but the groundwork for new schools and programs to train increased numbers and varieties of health professionals nevertheless is under way, and one new school, the School of Health, has been in existence two years though yet without a permanent home of its own.

The School of Medicine, heart of the medical campus, is experiencing a quiet revolution. Sweeping revisions in the curriculum are effective this fall. The product of four years' study by faculty, administration and students, the revised curriculum provides for earlier patient contact, less compartmentalized teaching and more individualized learning programs. The largest medical school class in history — 125 working toward the M.D. degree and one in the combined M.D.-Ph.D. program — enrolled in September. Size of the entering class has been increased gradually from 100 in the early '60s in anticipation of the expansion of facilities. Last year 109 were admitted.

Basic to all the changes — the building program and forward-looking plans for the Oklahoma Health Center, the extension and revision of teaching programs — is a change in philosophy.

It is the premise of Dr. James L. Dennis, vice president for Medical Center affairs and dean of the School of Medicine, that university medical centers have a tremendous medical social responsibility in addition to the time honored academic responsibility.

The responsibility transcends the goal of graduating well qualified physicians, nurses and allied workers. It involves leadership in determining just what the community's health needs are and how best to help the people obtain these services. It demands involvement in the community — the entire state community.

"When there are serious deficits in physician manpower and huge gaps in the health care delivery system affecting large segments of our population, how can we escape a social responsibility for the production of the kinds and number of physicians and other health professionals required to meet the needs?" says Dr. Dennis.

He further emphasized: "We have a broad spectrum of good intermediate specialty care available to persons who live in our larger towns, medium sized cities and in the affluent suburbs and neighborhoods of our large cities, and superb advanced specialty care is

available in our great medical centers. It is apparent that the major vacuum in physician manpower lies in the area of primary care and that this raises the issues of the relevancy of the products of the institutions of medical education to the needs of state and community."

In an address before the Association of American Medical Colleges, Dr. Dennis told his fellow medical educators:

"The most important patron of medical education is no longer the philanthropist, but the taxpayer . . . the new patron represents the communities and the persons who have the needs. He will surely demand that we respond to these needs."

The community-oriented philosophy permeates much of the new activity — from the master plan for the Oklahoma Health Center, with its stated purpose of bringing together a variety of institutions and agencies in a concerted effort "to meet the health science manpower needs of all the people of Oklahoma" to the revamped medical school curriculum aimed at making "learning more efficient and relevant to changing health needs."

A prime example is the innovative Project Responsibility, a plan for improving rural health care services. The Wakita Community Health Center, a \$500,000 clinic-hospital-nursing home built by the citizens of that small northern Oklahoma community, is a key aspect of Project Responsibility. Major purpose of the center is to determine and demonstrate how health services can be effectively packaged and delivered to rural peoples. Staffed by Medical Center family practice residents, the Wakita facility has been in operation since March.

Another notable example is the Family Medicine program, based at the University Family Medicine Clinic, opened in 1968 at NE 15 and Phillips. This is the central facility for the training of physicians in the

new specialty of family medicine. The OU Medical Center was one of the first 15 centers in the nation approved by the American Medical Association for such residency training in family practice.

In summarizing the new medical school curriculum, Dr. Thomas A. Bruce, chairman of the school's academic council, said:

"It is generally recognized by the faculty and the administration of the school that the greatest need for our graduates today is in the field of primary care — the family physician or general medicine specialist.

"While we are unable to force any of our students into that mold, we can provide a curriculum which demonstrates that need, provides exposure for the student to those areas in the community where care is needed, and encourage interested students to pursue career choices in primary medical care."

Today the University of Oklahoma Medical Center embraces the School of Medicine, the University of Oklahoma Hospitals (University and Children's Memorial with a total of some 400 beds), the University Medical Research Building, the School of Nursing, the Speech and Hearing Center, the University Family Medicine Clinic, the 450-bed Veterans Administration Hospital, the private Oklahoma Medical Research Foundation, the School of Health, and headquarters of the Oklahoma Regional Medical Program.

These facilities for the most part front on or are adjacent to the 800 and 900 blocks on NE 13 Street, but the boundaries of the Medical Center have meandered north into the residential area as it has become necessary to use converted residences as temporary quarters for new ventures or functions displaced by the campus building program.

Additions within the past two years were the Family Medicine Clinic, a \$144,793 structure designed as a model private clinician's office; the School of Health, currently located in a row of former homes in

Home base for the Medical Center's pioneering program in family practice is this new Family Medicine Clinic.



the 500 block on NE 15 Street; and the Oklahoma Regional Medical Program offices, also temporarily lodged in converted residences in the 800 block NE 15.

What's happening now? One of the lead projects in the over all Oklahoma Health Center plan is virtually completed. The second is beginning.

The \$4 million, two-and-a-half-story medical students' Basic Science Educational Building embodying the multi-disciplinary concept in medical education will be in use this fall. Each of the two first-year classes will be housed on a separate floor within a series of classroom-laboratories, each of which will be home for 16 students. They will be assigned their own study cubicles, available to them 24 hours a day. The basic science faculty members will conduct instruction within these shared student areas rather than in departmental laboratories.

Offices and laboratories of the basic science faculty will remain in the School of Medicine building, where most of the approximately 300 students enrolled in graduate work in the medical sciences pursue their studies. The office of the vice president and other administrative offices also will stay in the medical school building.

Construction is getting under way on the second major Oklahoma Health Center project, the first 200-bed unit of the new University Hospital. An \$11,959,000 contract was awarded in July to Harmon Construction Co., Oklahoma City, and site preparation and excavation began promptly.

The initial portion of the hospital will be used by Surgery, Gynecology-Obstetrics and related services. It will contain 13 operating rooms; labor and delivery rooms; central processing and dispatch facilities; business service offices; kitchen; pharmacy; intensive care units for surgical, obstetrical and newborn patients; normal newborn nurseries; faculty offices and teaching facilities.

Rising to the south and east of the present University Hospital, the new structure will tie in with existing hospital facilities so that there will be a minimum of disruption of patient care and teaching until the second 200-bed segment is built. Target date for completion is the summer of 1972.

Meanwhile, detailed planning is under way for the second 200-bed unit, hopefully to be started as soon as Phase 1 is built. Phase 2 will provide new accommodations for such centralized patient care services as radiology, clinical laboratories, surgical pathology, physical therapy and electroencephalography, intensive care units, the Department of Medicine, faculty offices and teaching facilities and hospital staff offices.

Construction of the Basic Science Educational Building and Phase 1 of University Hospital is being financed with bond monies voted in 1963 plus matching grants from the U.S. Public Health Service.

Also under construction now is a five-story, approximately \$1 million Oklahoma Medical Research Foundation office building across the street from the University Family Medicine Clinic at NE 15 and Phillips. It is privately financed.

Formulation of the unique plan for the Oklahoma Health Center began in 1965 when Dr. Dennis sought

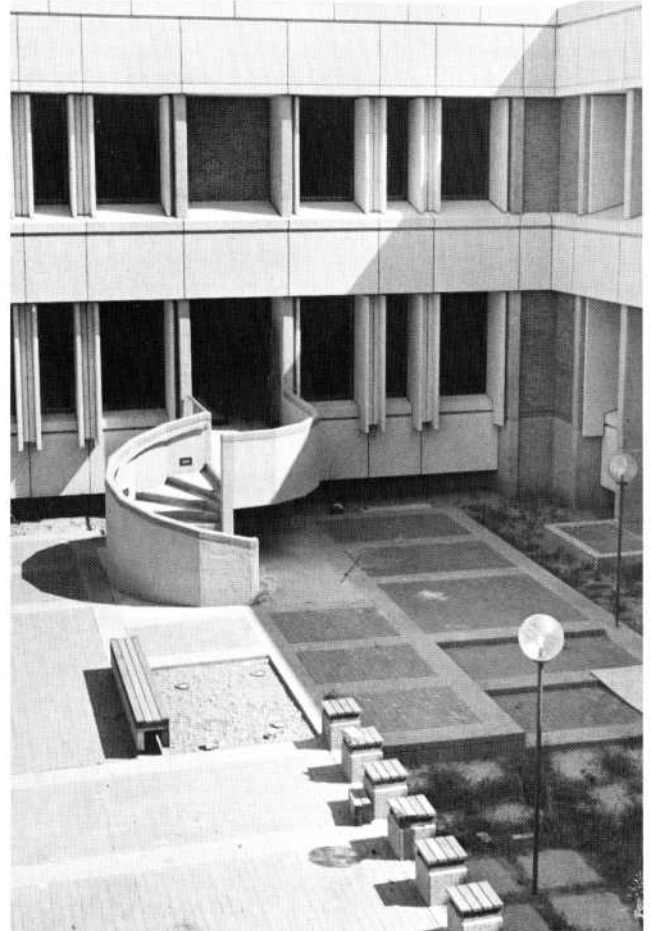
a means of mobilizing community effort to fulfill health science manpower needs and, thus, to meet health care requirements. ("Services are people," he stresses.)

U. S. Senator Henry Bellmon, then governor, called a meeting of 40 influential citizens from across the state, who organized the non-profit "umbrella" corporation, the Oklahoma Health Sciences Foundation (OHSF). Its mission: to encourage and assist private and public institutions and agencies concerned with education, public health, research and patient care to locate in a functional relationship with the University of Oklahoma Medical Center.

Oklahoma Health Center institutions would share certain facilities — parking, power plant, laundry, etc. — at a savings to all involved. Component institutions would retain their autonomy, while working together in a "unity of diversity" relationship. The OHSF would coordinate and set over all policy and ground rules.

The idea caught fire. Presently committed to relocate in the Oklahoma Health Center are two private community hospitals Presbyterian and Mercy, the State Department of Health and the City-County Health Department. It is anticipated that office buildings and clinics for physicians in private practice will be built in the complex.

New basic science educational building





Dr. William E. Brown, new dental dean

Projected University development includes a new School of Nursing, buildings for the School of Health and the emerging School of Health Related Professions and School of Dentistry, student apartment towers, student union, a children's hospital, psychiatric hospital and the Oklahoma Health Sciences Library.

The Health Center will arise in and around the present Medical Center and within two urban renewal districts. Land to be acquired is being reclaimed by the Urban Renewal Authority and extends from NE 13 to NE 8 and from Stonewall on the east to the proposed Capitol Expressway on the west.

Passage of the state capital improvement bond issue last December 10 was the key to realization of University segments of the Oklahoma Health Center. The Medical Center's slice of the total will be \$26,800,000. Another \$4,516,000 was earmarked for the State Department of Public Health building and laboratories in the Health Center.

In July, the state sold \$30.3 million in bonds from the \$99.8 million issue. The Medical Center is to receive \$7 million from the initial sale, but how soon this money will be available is not yet known as it hinges on the availability of federal matching funds.

In the interim, planning activity proceeds so that various projects will be ready to go when funds are in hand.

Preliminary plans for the first portion of student housing have been completed. High rise apartment buildings, to accommodate both single and married students, will be financed with revenue bonds. Starting date is contingent upon state bond funds being available for site acquisition and on the condition of the bond market.

Preliminary planning for the Oklahoma Health Sciences Library also has been accomplished. Additional financial support for its construction is being sought from the federal government as well as from friends of the University.

Early in 1968 Dr. Robert M. Bird, associate dean of the School of Medicine and chairman of the Medical Center's long range planning committee, appointed a subcommittee to begin drafting a master plan for the new children's medical facility which will be a part of the new University Hospital compound. No projected date has been set for the start of this construction.

Detailed planning of facilities for psychiatric patients, ambulatory care patients, rehabilitation and extended care patients will start later.

Representatives of Mercy and Presbyterian Hospitals, the State Department of Health and the City-County Health Department are perfecting the respective stages of each of their projects.

Representatives of all the organizations which will occupy the Health Center are working as members of the Operations Committee of the OHSF and its subcommittees on plans for the shared facilities and with the architectural design review committee, which will coordinate the exterior design work for all projects.

Planning for new educational programs likewise is proceeding.

Dr. William E. Brown, prominent dental educator from the University of Michigan, came here in July to assume the deanship of the new School of Dentistry. His first task is to assemble a faculty and plan a curriculum. The school — Dr. Brown's offices — are located temporarily in a former residence at 636 NE 14.

A search committee is lining up prospective candidates for dean of the School of Health Related Professions, which will integrate and expand existing allied health training programs and develop new ones including the state's first occupational therapy course. Dr. William W. Schottstaedt, dean of the School of Health, is acting as administrative head of the evolving school until a dean is appointed.

Twelve departments have been approved for establishment within the school. They include physical therapy, radiologic technology, medical technology, nutrition and dietetics, clinical social work, inhalation therapy technology and cytotechnology (in all of which training is presently offered at the Medical Center) and also medical library science, medical records administration, orthoptics and ophthalmic assistant training, dental technology and occupational therapy.

The Medical Center reached further into the residential area to the north and west for temporary housing facilities when the remaining portion of the obsolete School of Nursing building was razed in late summer to clear ground for hospital construction. The first portion of the building was torn down in the fall of 1967 to make way for the Basic Science Educational Building. Four residences in the 400 block of NE 14 Street were leased and remodeled for nursing school functions.

These are all symptoms of change — that syndrome sometimes producing distress, temporary discomfort and anxiety, but always necessary for growth.