

Number Four May, 1977

## Dean's Message

We are well into the New Year and I am pleased to report that considerable headway has been made on a number of fronts. Many uncertainties remain and persistent problems continue to nag at us, yet, from my perspective, much has been accomplished and the outlook for the future is bright.

The Campaign for Cornell Veterinary Medicine, officially launched on November 1, 1976, has proven enormously successful. Under the general leadership of Dr. Frederick (Bud) Wright '41, and the day-to-day guidance of Ned Trethaway, a generous, thoughtful, and enthusiastic response has been received from alumni of the College. A more detailed report on Progress to date will be found elsewhere in this issue of "Viewpoints" but as I have repeatedly stated, the campaign has already accomplished a major goal—that of improving communication and understanding between the College and its alumni and friends. I have now had an opportunity to meet with many groups both here and away. In all instances the friendly, courteous reception given has been heartwarming for I have been able to see a number of old friends and make many new ones.

One question that often comes up is "Will the alumni be asked to continue their campaign level of support in the future?" The firm answer to that is no, but we do hope that we will be able to demonstrate through the wise use of campaign funds that private support is necessary and of great assistance. Then we believe that the great majority of alumni will want to continue to help at a reduced level of giving. You can rest assured that this campaign is our major effort to secure substantial gifts and that after it is completed we will simply seek modest annual support, plus of course bequests or deferred gifts when an alumnus wishes to assist in that way.

Several alumni have remarked upon the "change in attitude" they experienced from faculty and staff when referring patients to the Hospital or seeking consultation by telephone. I do not link any "change" directly to the campaign because a number of other factors have influenced the general espirit de corps. New faces with new ideas and enthusiasm have certainly been a help, but from my perspective there has also been a new dedication on the part of the "oldsters," a willingness to pull together in seeking solutions to problems and setting new objectives for the College. A time of "change" is always difficult because adjustments—administrative, financial, work assignments—eventually impact on the psychological well-being of the individual. I would like to think that the overt trauma of these past many months is behind us and with the coming of spring we are set for a new era of devotion to our work, enthusiasm, and willingness to cooperate with others. We must share with you the burdens of presenting our profession to the public we serve in the best possible manner.

Although introduced as a "new staff member" more formally in another section of "Viewpoints" I would like to single out the appointment of Robert Brown, Director of Student Administration, as a major step forward in the life of our College. Since joining us late last summer, Bob has rapidly shouldered the full burdens of that important office. Although immediately immersed in the very time-consuming activities of the admissions program, he has been most active and effective in counselling with students, assisting faculty in matters of curriculum and scheduling, providing tours of the College to prospective applicants and their families, and a multitude of other student-related activities. Many of you have already made his acquaintance and I hope others will do so when you have an opportunity to visit the campus. From unsolicited comments received from both faculty and students, I know this addition to our staff has been extraordinarily well received.

Finally, a comment on the budgetary situation. The legislature has approved in full the support levels recommended by the Governor, for which we are most grateful. Additional needs not included in the main budget have been submitted for consideration in the Supplemental Budget to help fund a number of vital areas which, without additional funding by the State, will impact even harder on existing programs. Thus far we have received approval for 6 new faculty lines in the clinical programs; have received approval to initiate formal planning, and construction monies for rehabilitation of the large animal sterile surgical units. We anticipate being able to start formal planning of the clinical isolation facilities; and expect to begin construction of a major rehabilitation of environmental controls and structural repairs to the main building complex early in the summer. All of these steps will assist in addressing the deficiencies noted in the report from the A.V.M.A. Council on Education.

In reading the above comments you may have gained the impression that I am both enthusiastic and optimistic about the future. If so, it was intended because that is the way I now perceive the current status of the College. Thank you for helping to make it so.

Edward C. Melby, Jr., Dean

### A PRACTITIONER RETURNS TO THE COLLEGE

As veterinarians one of our major responsibilities beyond actually conducting our practice is to stay current and keep abreast of newer knowledge in our rapidly expanding profession. Every day we see things that we don't fully understand. Periodic updating is a must and veterinary teaching hospitals and their staffs at veterinary colleges across the country bear most of the responsibility for keeping us current.

At Cornell we have one of the very best in the Veterinary Medical Teaching Hospital (of course, I'm just a little prejudiced). In March and April of 1976, I was able to take time out from my practice to be in the small animal clinic at the Veterinary College to prepare for the Certification Examination in Veterinary Cardiology. While there I had an opportunity to further my knowledge in cardiology and other fields of veterinary medicine as well. There also were numerous occasions when I could contribute some of my experiences in physical diagnosis and expose the students to some aspects of private practice. I was most impressed by what the teaching hospital is doing, and the difficulty of accomplishing its goals. As practitioners, I thing we have all sent referrals to the large or small animals clinics and griped about the case or felt that the "Ivory tower clinician" with his 9–5 schedule didn't care about the cost to the client or the emotional aspects of the owner-patient-client-doctor relationship. I found that this is not the case.

The work day for the clinicians is probably longer than most of us put in. Meetings, case discussions and conferences begin before 8AM and most clinicians finish grading exams or completing lecture preparations after 10PM. In between they see patients and conduct practice like you or I would, but with the additional responsibilities of explaining to 4 or 5 students the what and why of every case.

You or I can have our technicians take a radiograph and within 10–15 minutes have the results. At the clinic, due to the volume of cases, those needing radiography have to be scheduled and the same information might take several hours to receive. Because the clinic is a teaching hospital and because of the referral nature of their practice, each case is gone over very thoroughly, frequently by more than one clinician, taking longer than it would for you or me to do it. Clients are advised of the costs of care at the time the patients are admitted and daily telephone reports are given by the clinicians with updated reports on both the medical and financial aspects of the case.

Referring veterinarians are always called to discuss the case, particularly if no referral form or history report accompanied the referral. However, due to the busy schedule of private practitioners they are frequently unavailable when called and telephone coordination becomes difficult, especially when the referring veterinarian's home phone number is not available. Receptionists are almost flawless in trying to please the clients with acceptable appointments. (Clients generally spent less time in the waiting room at the College than they do in my own hospital.)

The Veterinary Teaching Hospital at Cornell works hard at giving the best in patient care and student development while providing excellent services for referring veterinarians. *Practitioner input* is very important in making the clinics even better than they have been.

Establishing a meaningful dialogue between the private veterinarian and the teaching hospital is of paramount importance. If you have personal ideas about how the clinic can better serve its functions, specialty areas that should be developed, etc., I urge you discuss them. While there, I was asked to comment on clinic appointment hours, clinician availability, telephone time, efficiency of case workups, the referral report system, coordination between departments, and what the private practitioner has to offer to the University. These are all areas that need more thought and action in making productive changes. It has been encouraging to see that some changes have already been

made and more and more are under consideration to improve the performance of the teaching hospital.

The Veterinary Medical Teaching Hospital worked hard for us when we were students, giving us the foundation needed to support the walls of experience gained in private practice. It is still working for us after graduation, but we must work together to put the roof on the house we both built. As veterinarians we should be taking more advantage of the many services and opportunities the institutional clinic can provide and at the same time the institution should be making better use of practitioners in providing the all around excellence expected of today's graduate.

N. Joel Edward, D.V.M. '64 Shaker Veterinary Hospital Latham, New York 12110

#### The Future of Our Profession...

Selection of each new class admitted to the College is clearly one of the most important and sensitive matters dealt with during the year by the faculty and staff. What follows is a brief overview of the process presently used by the Faculty Admissions Committee as it represents the College in selecting 80 highly qualified applicants from among the over 800 who have applied. It should be noted that specific prerequisites and selection criteria that have been established by the Faculty are discussed in far greater detail in the "College Announcement" and "Admissions Brochure." Those two publications are available on request from the College Admissions office.

The application process began in late summer when applicants obtained the basic application form. With an absolute deadline of 1 November, the information provided on this initial form combined with the college transcripts and reports of Graduate Record Examination (G.R.E.) results, provided the basis for an initial evaluation of potential to succeed in this College.

Past experience suggests that a B student from a strong university, or the equivalent, stands a high probability of success. Applicants who fell far short of our general guidelines (3.0 averages, 1200 combined G.R.E. scores) or who failed to satisfy explicit admissions requirements were advised of their ineligibility to continue the application process. We have not established a firm cut-off for academic scores believing it important to examine each applicant's records on an individual basis. The majority of candidates received more extensive application materials and instructions, combined with varying degrees of encouragement or expressions of concern stemming from the preliminary review.

The supplemental material returned by an applicant, and recommendations and evaluations provided by various people, provide the basis upon which the faculty conducts an in-depth analysis of the applicant in the following areas:

- Experience, knowledge, and achievement in matters relating to animals and the veterinary professions as well as extra-curricular activities and matters unrelated to the profession.
- Desirable personal characteristics such as integrity, reliability, maturity, motivation, determination, communication ability, etc.

Prior to faculty review, the completed application material is organized in such a way that faculty actually reviewing the application are first exposed to the generally non-academic material dealing with areas listed above. Only after they have evaluated the non-academic factors will the faculty incorporate a further evaluation of the applicant's academic achievements and aptitude, as well as the relative quality of the program of academic preparation for enrollment in the College. In that fashion, the faculty attempts to obtain a "whole person" perspective of the applicant. They are seeking to identify applicants with a meaningful blend of academic and non-academic characteristics indicating their potential for success and contributions as students and then to the profession after graduation.

Those applicants who are considered to be the most outstanding after the detailed examination and evaluation of applications are extended an invitation to be interviewed by members of the faculty. While there is no pre-determined number of applicants to be interviewed, it is expected that there would be approximately three applicants interviewed for every vacancy in the new class.

The interview is conducted in a relaxed setting by no less than two or three members of the Faculty. The session is relatively unstructured and it allows the Committee to gain further insights into the personality, background, interests, and relative preparedness of the applicant. It also provides each applicant an opportunity to explain data in the application which may need clarification, or to emphasize experience and positive factors in his or her background.

The results of the interview are combined with the previous application evaluations to establish an applicant's standing in comparison to the others being considered during the final stages of the evaluation process. Those considered to be the most highly qualified are then selected from an order-of-merit ranking. The ranked lists are organized in various ways to focus on the most qualified New York residents, residents of each of the New England states and New Jersey, (these are states with which the University of Pennsylvania School of Veterinary Medicine and our College have contract-

ual arrangements to admit a limited number of their totally qualified applicants. This is an element of our acknowledgment of a regional commitment to educate qualified veterinarians), and finally residents of non-regional states. Under no circumstances will we admit a non-resident with a lower ranking than the lowest ranked New York resident accepted. Final notification of acceptance will be made as soon as possible, but no later than May.

The Faculty Admissions Committee spends many hundreds of hours evaluating applications and assuring that the policies and procedures used in the admissions process are as fair and equitable as possible. The Committee faces the difficult task of selecting only one in ten from the basic pool of highly qualified and well-motivated applicants. To do this they must carefully apply objective criteria and subjective evaluations to determine who they feel to be the best qualified. The difference between many who are not selected and those who are is frequently quite small. The important factor is that all have been afforded an equal opportunity within the basic requirements of the process.

An invaluable aspect of the admission process that is vital to its success but which may result in some misunderstanding is the computer program that assists the Committee and the admissions staff.



Its use allows a large volume of data storage, rapid recall of information in a standardized format, the development of evaluations and analysis of the appropriateness of criteria, and a great number of other statistical aids to help assure fairness and consistency in evaluating applications. (It must be remembered that the computer does not make evaluations or decisions. That is the responsibility of the Faculty, a responsibility totally accepted by them and their operational Committee.)

Inquiries about admissions policies and procedures should be made to Mr. Robert B. Brown, Director of Student Administration.

Prospective student and guide visit a Vet College lab.

### Campaign for Cornell Veterinary Medicine Passes \$500,000

Continued, substantial progress is being made in the campaign, reports the general chairman, Dr. Frederick Wright '41. As of April 19, 418 alumni have pledged gifts and indicated bequests totaling \$527,537. It is taking longer than anticipated for the volunteer organization to make all of its contacts but they expect to complete them by June 30.

The goal for alumni capital support of \$1.5 million, established by the College Development Advisory Committee in January, will be reached after each alumnus is contacted and makes as generous a pledge as possible. A number of alumni have indicated an increasing pledge over the three or four year period. In fact, one James Law Colleague started at \$500 the first year and doubled the annual figure each year for the next three years for a total of \$7500!

## **Class Organization**

As of March 7, dollar totals were compiled for each of the classes, number of donors indicated, percent of class participation and percent of suggested giving level were noted. Leading classes were as follows:

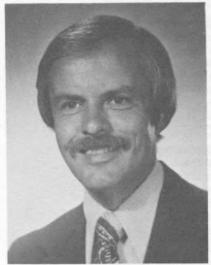
Dollar Total	Number of Donors
1952 - \$27,510	1943 - 15
1950 - 27,300	1952 - 13
1958 - 25,275	1957 - 13
	1961 - 13
	1964 - 13
% of Class Participating	% of Suggested Giving Level
1952 - 30%	1975 - 440%
1957 - 29	1972 - 96
1926 - 27	1973 - 96
1938 - 27	

The leading dollar figures and the percentages of suggested giving levels are impressive and the percentage of class participation will climb rapidly as contacts are completed. Almost everyone has pledged when asked.

#### Class of 1956 Gift

Before the capital campaign began, the Class of 1956, at its 20th reunion during the January Conference, presented \$5,000 to the College to be used in the Radiology Department. Equipment is being purchased and will be described in a later *Viewpoints*. The Class now is responding with significant support of \$22,405 from the first 16 members pledging to the Campaign.

### STAFF ANNOUNCEMENTS







Robert B. Brown

William C. Rebbun

Charles E. Short

Robert B. Brown - Director, Office of Student Administration. A graduate of West Virginia University with a Masters Degree in Industrial Relations from Purdue, Bob spent eleven years as an officer in the United States Army. Included in his many military experiences were assignments as Military Social Aide to the White House, two tours of infantry combat duty in Vietnam and one tour in Korea, assignment to the Command and General Staff College and as Commandant of Cadets for the R.O.T.C. program at Cornell. Immediately prior to joining our staff he served as Director of Administrative Operations for the College of Agriculture and Life Sciences. He and his wife Carol Ann and two daughters reside in Ithaca.

William C. Rebbun - Assistant Professor of Medicine. A native New Yorker, Dr. Rebbun graduated from the College of Agriculture and Life Sciences at Cornell in 1967 and from the College of Veterinary Medicine in 1971. He subsequently gained experience in both Large and Small Animal Practice with Drs. Vaughn, Lynk and Sprinkle in the Albany, New York area, then established his own practice in 1974. The practice was limited to large animals and, on a consulting and referral basis, to diseases of the eye. Dr. Rebbun's scientific writings and presentations have been primarily concerned with opthalmic disorders and diseases of cattle.

Charles E. Short - Professor of Anesthesiology. A new program has been started within the Veterinary Medical Teaching Hospital with the appointment of Dr. Charles Short as Chief of Anesthesiology. A graduate of Auburn University College of Veterinary Medicine in 1958, Dr. Short received further training and earned the Masters Degree at the Baylor Medical College in 1966. He has experience in private practice, served at the Oak Ridge, Tennessee Laboratory of the Atomic Energy Commission, and as anesthesiologist for the Cardiovascular Research Program at Baylor. In 1967, he accepted a position at the University of Missouri, rising through the academic ranks to Professor and Chief of Anesthesiology at the College of Veterinary Medicine in 1972. He is a diplomate of the American College of Veterinary Anesthesiology, the author of a text on clinical anesthesia and a contributor of more than 70 articles to scientific journals.

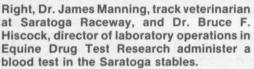
# **Equine Research Film**

This thirty minute 16-mm sound film tells the story of equine research at Cornell. It was underwritten by the Equine Advisory Council's members to that the Council would be equipped to go out and tell the story of the program at the College and ask for significant support for it.

Many alumni had an opportunity to see the film during the January Conference. We are drawing up a list of organizations to view the film. Eight groups have seen it or are scheduled to see it during the next few months. We now have enough copies to permit its assignment to alumni who wish to show it to veterinary professional groups or interested horse owners. We believe that this will be an effective way to explain the program to professional and lay groups alike, and interest them in giving it their support. Send your requests to Ned Trethaway, stating the name of the group and the date of the meeting.



Above, Dr. John E. Lowe, coordinating manager of Equine Research Park, adjusts the sensor that will record the horse's heartbeat as it exercises on Cornell's half-mile trotting track.





### Unknown Addresses

Again, we ask your help in securing unknown addresses which keep cropping up as personal contacts are attempted during the Campaign.

Dr. Timothy A. Allen

Mr. John F. Amann PHD

Dr. Charles R. Baldwin

Dr. Barry M. Baum

Miss Mary M. Bechtold PHD

Dr. German A. Berghoff PHD

Dr. Peter J. Bluvas

Dr. Harry P. Bonnikson Dr. Timothy A. Bowen

Dr. Fred E. Brautigam MS

Dr. Richard J. Burroughs

Dr. Judith H. Childers

Dr. Walter E. Collins

Dr. Alan E. Crawford

Dr. Joseph E. Crowshaw, Jr.

Miss Ante C. DeGroot

Dr. Kenneth F. Delius

Dr. Adolph J. Denk

Dr. Nicholas L. Dirusso

Capt. Roderick B. Dougherty

Dr. Philip L. Dunnet

Dr. Douglas E. Evans

Dr. Harold W. Fell, Jr.

Mr. James L. Fisher

Dr. Robert J. Freedman

Dr. Roland B. Fowler

Dr. Michael A. Friel

Dr. Abie Goldberg

Dr. Alan J. Grout

Dr. Charles S. Hallett

Dr. Karl S. Harmon

Dr. George H. Herlitz

Dr. Lawrence Holden

Dr. Eric Jacobs

Dr. R. Ottinger Jacoby

Dr. Orrin P. Jones

Dr. William J. Kelly

Dr. Constance L. Korol

Dr. Henri C. Marsh

Dr. Vincent Marshall Dr. Harold F. McDonald

Dr. John V. Moffa

Dr. Arnold S. Moorhouse

Dr. John L. Morizi

Dr. Bernard S. Myers

Dr. Donald W. Needham

Dr. Richardo Ochoa PHD

Dr. Carl T. Olson

Dr. Elwin H. Peterson

Dr. Donald L. Robinson

Dr. Nolan P. Rubin

Dr. Arthur H. Sherman

Dr. John R. Snow

Mr. Kenneth L. Twisselmann MS

Dr. Harold L. Trenholm

Dr. David G. Vail

Dr. Richard F. VanGelder

Mrs. Paul R. Walter

Dr. Richard D. Wiest

Dr. Irving W. Wiswall