

## Explanation for Exclusions Claimed for Visiting Fellowship.

A Sabattical Leave was taken in Switzerland from October 4, 1970 to October 17, 1971, for the purpose of developing new skills in teaching, research and scholarly activities. Permission of the University of Minnesota for a Sabattical requires the most careful definition of the training and scholarly pursuits sought, with review and permission of the Board of Regents. All these requirements were met in full. The leave was made possible by a visiting fellowship grant of the Swiss Government at the Institute of Social and Preventive Medicine, Geneva. Geneva was chosen because my contacts with the World Health Organization and with the International Society of Cardiology there facilitated the invitation and obtaining the grant from the Swiss Government.

The purposes of this period of training and study were several:

- 1) To develop the methods and carry out a randomized clinical trial of the effect of physical activity and early mobilization on the course of acute heart attacks. No such program existed in Minnesota and it was impossible to get experience I needed in controlled trials in this country, where early ambulation for heart patients is accepted treatment. At the Geneva Hospital prolonged bed rest was the custom and I was able to develop the concepts, methods, and practice experience in such a program in a new situation. This experience has proved valuable in planning prospective trials in Minnesota populations.
- 2) To develop skills and experience in teaching a course in Preventive Cardiology for the future, function of my laboratory in the teaching program of the University of Minnesota Schools of Medicine and Public Health. A series of lectures was prepared, tested and revised during the sabattical period in Geneva.
- 3) To develop skills and experience in population surveys and studies of familial groupings of biological measurements. To this end a survey was planned and carried out, and analyses are underway, on the familial resemblances of the electrocardiogram in families of a valley in the Swiss Jura mountains around the village of St. Ursanne. An entirely new area of skill for this researcher and teacher was explored in that project.
- 4) To study and develop multivariate analytical methods and to prepare models for prediction of the risk of heart attacks and death in groups of middle-aged men. This developed new analytical skills, using population data carried with me on Sabattical. This along with the scholarly pursuit of writing articles on these matters, was accomplished during the Sabattical period. (See references)

5) To develop the concept of using serial changes in medical data to improve diagnosis, beyond that attained from the use of static findings, and to test that hypothesis in data carried with me to analyze on Sabattical. This culminated in advancement of my analytical skills in another new field.

In sum, I was able to train and study under this fellowship, to develop and test ideas not possible to study during my regular duties, and to obtain new skills and perspectives, the primary purpose of a Sabattical and of the Swiss fellowship granted me.

References:

The following articles were prepared in the course of studies and researches as a visiting fellow at the Institute of Social and Preventive Medicine, University of Geneva, 1970-71, on approved Sabattical Leave from the University of Minnesota.

- 1) Sample Size Determination for Studies on the Effect of Cardiac Rehabilitation Programs. WHO Document No. Copenhagen
- 2) Multifactor Preventive Trials in Coronary Heart Disease. In Trends in Epidemiology, American Lecture Series in Epidemiology, Community Health and Tropical Medicine, Gordon Stewart, Ed., Charles C. Thomas, Springfield, 1972.
- 3) The role of physical activity in coronary disease. *Geriatrics* 26:89-93, 1971 and *Schwiez. Rundschau Med. (Praxis)* 60 Nr. 34, p. 1123-1125, 1971.
- 4) Familial patterns of cardiac activation pathways. In preparation.
- 5) The prognostic importance of the electrocardiogram following myocardial infarction. *Ann. of Int. Med.* In press.
- 6) The prognostic importance of extrasystoles following myocardial infarction. *JAMA*, in press.
- 7) Ischemic heart disease; perspectives for prevention. *Overdruk Hart Bulletin (Netherlands)* 2:94-96, 1971.
- 8) Serial electrocardiographic changes in myocardial infarction. *Am. J. of Cardiology*, June, 1972.