



Dear Alumni/ae and Friends:



At the recent annual meeting of the Association of American Medical Colleges, the Alpha Omega Alpha medical honor society hosted its centennial symposium. Sam Their, M.D., former president of the Institute of Medicine and current president of Partner's Healthcare (the joint integrated health care venture of Boston's Massachusetts General Hospital and Brigham and Women's Hospital),

recounted the organization's history. He reminded the audience that going back to the late 1800s, three medical schools — the University of Pennsylvania, Harvard University, and the University of Michigan — had a profound and lasting role in the creation of the modern medical university as first embodied at Johns Hopkins. Here in Ann Arbor we carry on today's education of tomorrow's physicians mindful of our storied tradition as a leader in medical education for more than 150 years.

From time to time, it is critical that we assess our curriculum to judge whether it best meets the needs of our prospective graduates. When revisions are necessary, we are not hesitant to undertake them. In 1968, when I started school here, we were taught with a new curriculum that emphasized cross-disciplinary learning. In 1992, a major revision was unveiled with less emphasis on lecture, more systems-based learning in the second year, and a pure pass-fail grading system in the first year.

It became clear, however, that as medicine changed dramatically in the decade of the 1990s, we needed to recognize that more and more of our patients were being managed in ambulatory settings; that skills assessment was becoming as important as factual recall; that physicians increasingly practiced in large multi-specialty groups; that the Internet and electronic learning aids were becoming more important; and that the fast pace of discovery meant we had to teach our students more to think and problem-solve rather than present them with lectures and endless facts to memorize.

A large faculty team worked for 18 months to craft a new curriculum, and our entire faculty voted to initiate

the course of study starting in August 2003. The “new” curriculum is not a radical departure from the “old.” Rather, it takes the solid curriculum we have today and builds upon it to further strengthen the educational experience. Some highlights of the revisions include:

- the first two years will be fully systems-based in contrast to the current second year only;
- clinical experiences will be introduced earlier, increasing patient focus and contextual learning;
- M2s will be required to pass a clinical skills exam to progress to inpatient care;
- clerkships will start in April of the second year so that the required rotations will finish in time for students to have more elective experiences prior to choosing a specialty field;
- a longitudinal family health experience will be introduced, helping integrate genetic, environmental and sociocultural influences on health;
- students will be asked to produce a scholarly product prior to graduation.

Many other innovations have been made, and some of these

are described in detail in this issue of *Medicine at Michigan* (page 18).

We have the privilege of training some of the finest students in the country. They are so capable and so well-prepared for medical school that they would probably turn out to be outstanding physicians no matter what style of teaching we employ. But medicine is changing at a rapid rate, and as educators we have the responsibility to keep pace with this change. Michigan has always been a leader in medical education. With this new curriculum, we make clear our desire to remain a leader for decades to come.

Sincerely,

A handwritten signature in blue ink that reads 'Allen S. Lichter'.

Allen S. Lichter, M.D.
Dean