



Dear Alumni/ae and Friends:



Students at academic medical centers have benefited historically from faculty efforts and expertise across teaching, research and patient care. Now economic pressures are shifting the emphasis away from teaching and toward clinical care and research. At the U-M Medical School, however, we still believe that educating the next generation of physicians is a critical responsibility, one that we welcome.

To fulfill that responsibility and respond to a changing society, Medical School faculty members are developing an innovative new curriculum that will give our students the training they need to practice medicine effectively in the 21st century.

The Medical School has been a national leader in medical education from the beginning. Even back in 1868, U-M Professor Alonzo Palmer was lobbying the American Medical Association for higher admissions and curriculum standards in all U.S. medical schools. In 1927, the U-M was one of the first medical schools to establish a department of medical education. Even today, only six other medical schools in the United States have an academic department focused on how best to educate tomorrow's physicians and help today's physicians stay up-to-date with new developments in their fields.

But how do we prepare students to practice medicine in the 21st century when new discoveries in science are changing every aspect of medicine from diagnosis to treatment? How can we help them learn to communicate effectively with patients from diverse cultures and handle sensitive issues like spirituality and end-of-life care? How can we best meet the needs of students while responding to the needs of a changing society?

With input from over 70 U-M specialists in biomedical science and clinical care, educators in the Medical School are finding new ways to weave an increased focus on the patient throughout a new Medical School curriculum. Their goal is to build on our strengths, while responding to the needs of a diverse patient population and the realities of clinical care in an era of cost containment and demands for increased productivity.

Under the guidance of faculty in our new Clinical Educator Program, U-M medical students will begin learning how to interact and communicate with patients from their first days in medical school. Our stringent academic standards and emphasis on in-depth scientific

knowledge will not change, but more of the biomedical sciences will be taught in the context of applications to patient care. U-M students will learn analytical skills to help them evaluate scientific literature, utilize evidence-based medicine and continue learning after graduation.

Even anatomy, the traditional rite of passage for incoming medical students, will be taught in innovative and exciting ways. Use of the Internet and advanced computer and imaging technology are adding new dimensions to our students' knowledge of the human body. (See story on page 34.)

To teach students how to be better doctors, our faculty must learn how to be better teachers. In 1997 we established the Medical Education Scholars Program, which provides time and support for U-M faculty to study medical education and become more effective teachers. To date, we have 35 graduates of the program who are now sharing their expertise with others in their departments. The U-M's Complementary and Alternative Medicine Research Center recently received a five-year grant from the National Institutes of Health — part of which will support five faculty scholars annually as they study and develop ways to integrate non-traditional beliefs and therapies into U-M educational programs.

The U-M Medical School is a leader in educational innovation among U.S. medical schools. We have received important extramural funding from the

Arthur Vining Davis Foundation, the Donald W. Reynolds Foundation and the National Institutes of Health to help develop our new curriculum, which we believe could become a model for 21st-century medical education nationwide. You'll be hearing much more about it in future issues of *Medicine at Michigan*.

Medicine is constantly changing. We must recognize these changes and continuously modify the ways in which we teach our students. Ultimately it is our responsibility — yours and mine — to ensure that current and future students receive the same high-quality education we received at the U-M Medical School. The investment we make in our students today is an investment in our future, allowing Michigan graduates to continue to be leaders in medicine around the state, the nation and the world.

Sincerely,

Allen S. Lichter, M.D.
Dean

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