
Our mission continues to be to help young women and men become physicians for the state of Michigan. Primary care is of major importance, but the reality of healthcare has begun to impact this role. Lifestyle and perceptions are things we cannot ignore in our students’ desire for their future careers. In spite of all the turbulence in healthcare today, we need to find a way to ensure that our organization retains relevant goals.

Preclinical education

If we are to retain our leadership role we must be willing to tolerate change—fundamental changes in our curriculum, changes in our assessment systems, and changes in how we deliver our instruction to our future students. We have increased our class size and now we need to set a goal to become the number one college in academic medicine. To accomplish this, we need to discuss fundamental changes in how our courses are structured, what information is delivered, how it is delivered and when in the education cycle it is delivered.

Clinical education

The pending crises in graduate medical education make it imperative that medical schools – specifically community-immersed medical schools— are in leadership roles in pushing for new models of third- and fourth-year clinical education. The in-patient setting no longer guarantees students the full spectrum of experience. For the largest proportion of our graduates, the vast majority of care they will deliver will *not* be in the hospital setting. We need to discuss how we can change our model, and this will be uncomfortable and will be challenged by many.

Research and graduate education

Though the college has some internationally recognized foci of excellence, we must continue not only to advance in research but to pick up the pace. Basic research, clinical research, and research to enhance academic medicine are all areas we should explore. As the university has made boldness by design a working goal, the college must also be bold.

The dual degree (D.O.-Ph.D.) program remains an important part of our future. It has become nationally recognized as key educational institution for DO medical students seeking a PhD. Increasing the class size to 50 places the DO-PhD Program on the same level as many MD-PhD Programs allowing it to be more competitive in securing NIH funding. The M.P.H. program will gain in importance as will the masters degree in medical education as a faculty development tool for our nearly 2,400 clinical faculty. We must never forget that the contributions of time and talent from this group will be vital to our future.

Diversity

We should use our multiple locations to advance diversity within the college. Our faculty, staff and student body should be representative of the population of the state and the nation.
International extensions

For the profession, this college should continue the attempt to expand the osteopathic educational model to Canada and other countries. Our students need to have more rotations in healthcare arenas in the developing world, because this will help them become better physicians here in the U.S. Additionally, we must be ready to support the university's goals for work in Asia, Africa, South America, and the Middle East.

Conclusion

As we move proactively to seize our future and implement our mission across the next five years, there is no doubt that the challenges will be great. But in exercising our muscle to meet those demands, we will recognize that we have grown stronger in the process. If we are prepared, we can convert many of the barriers into opportunities for our college, our university and our state.

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