



Robert N. Golden, MD

Looking back, looking forward

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Academic year 2007-2008 will be a very exciting time for the University of Wisconsin School of Medicine and Public Health. We will celebrate our 100th anniversary and look back with pride and appreciation on all the people at our school who have made such innovative contributions to medical education, research, and patient care.

We also will look forward to our next century—as a different institution. We are being reinvented, re-born in the form of a school that integrates medicine and public health, a very novel development. To be sure, some universities, such as Johns Hopkins and the University of North Carolina at Chapel Hill, can claim both a strong school of medicine and a strong school of public health. And other medical schools, like Yale, contain public health programs or departments. But we believe that ours is the first school ever to truly combine public health and medicine under one roof. (A small army of researchers is hard at work verifying this.)

So what exactly does this mean? In broad-brush strokes, it means that our curriculum will be different than that of conventional medical schools. Our students will learn about prevention of disease at the same time they learn about the diagnosis and treatment of disease. They will learn how to take the pulse of

a community when they learn to take the pulse of a patient. With the seamless curriculum we are creating, our students will gain an understanding of health care systems even as they learn about organ systems, and they will come to think about the “macro” environment in which people live while they learn about the “micro” environment within the human body.

A relatively small segment of our students, like those at other institutions, will choose to pursue masters degrees in public health, but what will make us different from the other schools is that all of our students will have woven into their 4 years of medical education an approach that integrates the disease-prevention, population-based, community-oriented principles of public health with the principles of medicine.

In a similar manner, our research portfolio will be very integrated. For example, as we roll out epidemiologic studies such as SHOW (the Study of the Health of Wisconsin), we will integrate medical approaches, including, for instance, the development of DNA banks. In this way, our researchers will be able to study the genetics of disease vulnerability and resistance *and* the epidemiology of disease outbreak at the same time. Thus we will not only be able to answer very important epidemiological questions, such as “Why did this disease outbreak occur in this

community at this time?” but we will also take the research to another level and pursue the equally important questions of “Why didn’t everybody in this community get the disease? What were the genetic factors that protected some and made others vulnerable?” We think there will be incredible power in bringing together the disciplines and traditions of both medicine and public health.

As with all visionary ideas, including those that have the potential to transform a paradigm, the “devil will be in the details.” We will need to have a clear sense of where we want this transformation to take us so that we can monitor and evaluate our success (or failure) in getting there. Anticipating this need, we will launch the next stage in the planning process this month by holding a retreat that will include administrative leaders within the school as well as junior and mid-level faculty who represent the future of the school. We will also invite a handful of outside consultants, including a medical school dean from a university where there is a strong school of public health and the dean of a relatively new school of public health.

At the retreat we will tackle some of the specific challenges that we will face as we move forward in this new direction (without ever leaving behind any of our traditional strengths). A number of work

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groups will report back to the larger group at the end of the retreat, offering a very rough draft outlining specific obstacles, goals, and metrics for measuring our progress.

During the summer, we will convene a small panel of outside experts, including representatives of the Institute of Medicine and national organizations involved in schools of public health as well as government leaders with backgrounds in public health. We will share with them the output of the April retreat, and invite them to spend the day critiquing it, helping us fine-tune it, and pointing out areas we should consider that may not originally have been on our radar screen. We will incorporate

that feedback into another version of our plan, and then in the fall we will share our ideas with the broader community, including, of course, all faculty in our school, as well as other partners, constituents, and collaborators throughout the state. Finally, after getting feedback from everyone, we should have a very clear roadmap of how we are going to complete this important transformation.

Building on the solid historic foundation that was created over the past century, we will usher in our school's second century as an institution that once again will lead the way with innovative thinking and action...all aimed at improving the health of all the people of Wisconsin.

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