

Jeff Susman, MD
Editor-in-Chief



What's a med school to do?

As I assume the role of dean at the Northeastern Ohio Universities College of Medicine, I find myself reflecting on the purpose of medical schools. Ask the woman on the street about the purpose of medical schools, and she'll probably say, "To train doctors." And indeed, when all else is stripped away, educating medical students is the cornerstone of our mission. But it seems like an afterthought at many schools. Look at where the money goes, where people are hired, and what consumes the dean's calendar—at most med schools, it is *not* medical education.

What *should* medical schools do?

■ **Medical schools should focus on the health of their community**, be it a single part of a large metropolitan area or an entire state. But how many schools devote substantial resources to the needs of the populations they serve?

What our country really needs is more primary care physicians, and it's time medical schools stepped up to train them.

■ **Medical schools should actively manage the workforce they train.** Schools produce specialists-to-be, willy-nilly, but neglect to nurture primary care physicians. While school administrators hide behind the idea of student choice and the broad needs of our nation, I see these as smokescreens. What our country really needs is more family physicians (and other primary care providers), and it is time medical schools stepped up to train them.

■ **Medical schools should train a diverse workforce** that reflects today's society, rather than simply choosing students from middle- and higher-income families. Programs must focus on closing the gap in health disparities, starting with a more representative corps of clinicians.

What else?

■ **Medical schools should shift the focus of clinical care.** While many schools have developed outstanding clinical programs, the overwhelming focus on clinical enterprise strikes me as misplaced. More time is spent on engineering lucrative service lines—another transplant or cardiac surgery program—and less on basic education and services.

■ **Medical schools should rethink their approach to research.** Sure, many of our "great" institutions have established world-class research. But again, at the risk of sounding like a curmudgeon, I question how much of it really improves the health of populations. Another gene discovered, another esoteric biochemical process unraveled—but what about figuring out ways to improve the care rendered to individuals with diabetes?

In my new position, I hope to redirect our school's priorities to what matters most. With that in mind, I'm interested in learning what you think medical schools should do. Write to me and let me know.

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