

Whatever our graduates do, whether they're 100% clinician or 100% researcher, or some mix, they will be leaders and scholars. They'll be the ones who develop new knowledge, whether they teach it to somebody else or educate their patients or discover some new drug. So they need the skills to be leaders.

A neglected part of medical education everywhere is ethics and humanities. And so one vein of the curriculum redesign is going to be to work on professionalism and physician well-being and physician ethics, without which all the science is worthless.

Could you talk about the implementation of a master's program? Would every graduate end up with a master's degree?

Our goal is first to create a master's program that's available to a subset of students who choose it. It's elective, not mandatory. Eventually the master's program will become available to every medical student, and we expect it will be of such high quality that students will clamor to enroll.

How would you fit all this into four years?

That's the million-dollar question. I think it depends on how you think about medical knowledge. There is one model, and I think of this as the outdated model, that starts with a core set of facts and concepts that must be memorized, and as every year goes by the number of available related facts and concepts grows. With that model you get to a point where eventually there is too much to know, and adding in new components, such as a master's program, feels infeasible.

Another way is to think about the set of skills, concepts, and knowledge that medical students have to have when they exit Dartmouth. There are some facts I have to know as a physician, but I look up something on the computer multiple times every day. You just can't memorize it all. So you have to teach students how to think and analyze and hypothesize, and to acquire facts when they need them. That's the shift. How do you fit a master's program? You move some of the extraneous facts out of the curriculum, and you build in high-value teaching.

"Whatever our graduates do, they will be leaders and scholars."

Why did you get involved in the redesign effort?

I was a medical student not too long ago. I remember how hard it was to sit passively in a classroom and memorize things all day. The opportunity to change that is really enticing. Similarly, now my students show up idealistic and impassioned and ready to change the world and I watch them struggle with the challenges of medical school. Challenges are a good thing—medical school is hard, and it should be hard. That's appropriate. But under the name of being challenged, medical students have been stuffed with facts, pressed for time, and exposed to inconsistently professional role models. Some of them walk out well trained but perhaps with the sense that medical school could have prepared them better for their careers. I love the idea of watching them walk out of medical school still idealistic, still empowered, but so much more skillful than before.

President of Kosovo visits Dartmouth, bestows honor on Strickler

The strong ties between Dartmouth and Kosovo were forged even before the young nation gained its independence in 2008. In March, those ties grew even stronger when the president of Kosovo, Atifete Jahjaga, visited Dartmouth, meeting with faculty and students and speaking about the challenges her country has faced.



Atifete Jahjaga, the President of Kosovo, presents James Strickler with the Humanitarian Medal of Mother Teresa.



Jahjaga talking with Dean Souba.

During her visit, Jahjaga also honored Dr. James Strickler, a professor and former dean of the medical school, with the Humanitarian Medal of Mother Theresa. Strickler became involved in Kosovo in 1999, when he began working with the International

Rescue Committee in refugee camps to help those affected by the Serbian conflict. When the war ended, he led the creation of exchanges that have now seen more than 200 Dartmouth and Kosovar students and faculty learn from each other. And in recent years, Strickler has helped start the process of rebuilding Kosovo's health-care system, which was decimated by war.

"We are grateful to you for all you have done for the people of Kosovo," Jahjaga told Strickler.

For a **WEB EXTRA** with more stories and photos from the visit, see dartmed.dartmouth.edu/sp12/we02