

Reflections on Yesterday

Contents

A Chronology of the School of Medicine	4
Reflections on Yesterday	6
Academics	7
Clinical Instruction	8
Research	8
The First Quarter Century	10
Mackenzie's Folly on Marquam Hill.	14
Entering the Modern Age	16
Research	18
Library	18
Postwar Growth.	20
The 1960s: Upward and Outward	22
The New University	24
The Early 1970s	25
The Late 1970s: Wielding Influence	25
The School's Second Hundred Years	26
The OHSU School of Medicine Today	30
A Vision For Tomorrow	32
Training Tomorrow's Biomedical Researchers	33
The Challenge Ahead	33

“Nothing that was worthy in the past departs.”
– Thomas Carlyle

A Chronology of the OHSU School of Medicine



1867 Members of the medical department at Willamette University in Salem begin the first formal medical education program in Oregon.

1878 Willamette University's medical education program relocates to Portland.



1887 University of Oregon establishes a medical school in northwest Portland, on the site of the present-day Good Samaritan Hospital (N.W. 23rd and Lovejoy).

1913 Willamette University and the University of Oregon merge their medical education programs to form the University of Oregon Medical School in Portland.

1914 The present 116-acre Marquam Hill campus gets its start with a 20-acre tract donated by the Oregon-Washington Railroad and Navigation Company, and an 88-acre tract donated by the C.S. Jackson family, former publisher of the daily Oregon Journal.

1917 The statewide Crippled Children's Division Program (now called the Child Development and Rehabilitation Center) is established in the School of Medicine to provide diagnostic, treatment and rehabilitation services for handicapped children.



1919 The University of Oregon Medical School moves from downtown Portland to its present location on Marquam Hill in southwest Portland. The first building is named for its second dean, Mackenzie.

1920 The University of Oregon Medical School offers Master's degrees in anatomy, bacteriology and hygiene, experimental biology, pathology, pharmacology and physiology.

1922 The first Master of Arts degree is awarded.



1923 Multnomah County Hospital relocates to the Marquam Hill campus and contracts with the medical school to provide services to indigent patients.



1926 Doernbecher Memorial Hospital for Children is built on the Marquam Hill campus and becomes the first full-service children's hospital in the Pacific Northwest.

1928 The University of Oregon Medical School takes over operation of Doernbecher.



1931 The outpatient clinic building is constructed on Marquam Hill and outpatient services begin, providing practical experience for medical and nursing students and residents.

The School of Medicine Alumni Association is established in the home of President Ivan M. Woolley, M.D. (1919). Also in attendance are vice-presidents Claude A. Lewis, M.D. (1916) and John C. Brouger, M.D. (1928), and secretary W.H. Belknap, M.D. (1922).

1932 The curricula from the Portland School of Social Work and the University of Oregon's nursing program are transferred to the University of Oregon Medical School to form the Department of Nursing Education in the University of Oregon Medical School in Portland.

1934 The first doctoral degree is awarded (physiology).

1942 The Medical Research Foundation of Oregon is founded and housed in Baird Hall to stimulate the development of research through seed grants to biomedical scientists anywhere in Oregon. The foundation served as the fiscal agent for NIH grants to medical school investigators for many years.

1954 The Child Development and Rehabilitation Center facility is built on Marquam Hill.



1956 The Medical School Hospital is built on Marquam Hill.

1960 The Department of Nursing Education becomes the University of Oregon School of Nursing in Portland within the Oregon State System of Higher Education.

1962 On land purchased by the Medical Research Foundation of Oregon, the Oregon Regional Primate Research Center — one of the nation's first seven — is established in Beaverton on what is today the West Campus. The center became an affiliate of OHSU in 1994 and an OHSU research unit in 1998.

1972 The long-standing and popular rotating internship was phased out to comply with national policies for graduate medical education.

1973 University Hospital is created through the merger of the former Multnomah County Hospital, Medical School Hospital and the outpatient clinics.

1974 University of Oregon Health Sciences Center is formed as an independent institution under the direction of the Oregon State System of Higher Education. The Schools of Dentistry, Medicine and Nursing are brought together under a president to create this new center. The center becomes Oregon's only academic health center and one of 125 in the nation.

1974-75 The Medical Research Foundation creates annual Discovery Awards to recognize Oregon scientists who make outstanding contributions to new knowledge and annual Mentor Awards to those providing leadership and support in health-related research. The majority have gone to faculty members.

1976 A self-funded division of Continuing Medical Education is formed in the School of Medicine dean's office.

1977 The University of Oregon Health Sciences Foundation emerges as a repository for philanthropic gifts and grants to OHSU schools, later to be directed by a largely lay board.

1979 A geriatrics fellowship is established at the Veterans Affairs Medical Center, one of the nation's earliest.

1981 The institution is renamed Oregon Health Sciences University.

1982 The M.D./Ph.D. program is started with Medical Research Foundation funding.

1989 The Area Health Education Centers program is established to promote better access to adequate health care throughout Oregon and to facilitate medical student primary care clerkships.

The OHSU Center for Ethics in Health Care is created to promote interdisciplinary study of ethical issues in health care.

The Biomedical Information Communication Center director is named and building is started.

1990 Dotter Interventional Institute is established to honor the school's pioneer in interventional radiology. The institute leads the Pacific Northwest in developing image-guided procedures and performs more than 3,000 interventional treatments annually.

1991 Oregon Area Health Education Program rotations begin.

Casey Eye Institute opens on Marquam Hill to provide a central clinical, research and educational setting for eye care.

Construction is completed for the Biomedical Information Communication Center, which provides library, audiovisual and teleconferencing services, public computer services, and medical informatics.



1992 The Basic Sciences Building addition opens to improve laboratories for basic research.

The enclosed bridge between the Veteran's Affairs Medical Center and the University Hospital is opened. The 660-foot-long sky bridge allows direct transportation of patients, physicians and students, thus bonding functionally as well as symbolically the two major teaching hospitals.

Responsibility for graduate medical education shifts from the University Hospital to the dean's office, thus providing continuity and integration of responsibility for medical education throughout professional careers.



An innovative new curriculum features immediate exposure of first-year medical students to office practices, integrated courses in the first two years, fewer lectures, a primary care clerkship at sites throughout Oregon, and the principles of student-directed and hands-on, investigative learning.

1993 The Oregon Health Policy Institute, an interdisciplinary center of the medical school, Portland State University and Oregon State University is created as a resource center for collecting, analyzing and disseminating health policy information.

Physicians Pavilion opens on Marquam Hill to provide clinic services for faculty practices.

The first of OHSU's primary care neighborhood clinics opens in southwest Portland. Today, there are several OHSU community clinics located throughout the



Portland metropolitan area, helping to improve health care access in neighborhood settings and to provide training sites for primary care residents.

The dean institutes standardized and periodic internal and external reviews of departments.

1994 The Medical Research Foundation of Oregon (MRF) merges with the Oregon Health Sciences Foundation.

1995 OHSU becomes a public corporation and separates from the Oregon State System of Higher Education. Governance of OHSU changes from the Board of Higher Education to the OHSU Board of Directors, whose members are nominated by the governor and approved by the Oregon Senate.

The departments of physiology and pharmacology merge to enhance the teaching of systems biology.

A program conferring baccalaureate degrees for physicians' assistants is started.

The Primate Center, originally owned and operated by the Medical Research Foundation of Oregon (MRF), is transferred to OHSU after the 1994 MRF merger with the Oregon Health Sciences Foundation. The MRF research seed grant program had grown to over one million dollars, the majority going to faculty of the medical school.

1997 Planning begins for the Center for Women's Health, intended to offer a place where women's concerns can be addressed in a comprehensive, comforting and supportive manner. The center uses a collaborative model that encourages women to actively participate in their care.

Orthopaedics and rehabilitation medicine becomes a freestanding department rather than a division of surgery.

The Oregon Cancer Center is established with a grant from the National Cancer Institute of the NIH. The interdisciplinary center is one of 50 such comprehensive cancer centers nationwide.

The freestanding Division of Medical Informatics and Outcomes Research is established and offers degrees through online learning.

The first M.P.H. degree is awarded. By 2002, 65 have been issued, including seven issued to M.D./M.P.H. students.

1998 The Mark O. Hatfield Research Center is dedicated. The center houses a variety of basic and clinical research programs with the potential to spark new therapies through clinical trials. It includes such programs as the Clinical Research Center, the Oregon Hearing Research Center, Doernbecher Children's Hospital Pediatric Research Laboratories, the Bone and Mineral Unit's osteoporosis studies, the Oregon Stroke Center, and the Oregon Cancer Center (now called the OHSU Cancer Institute).



Doernbecher Children's Hospital's new state-of-the-art pediatric medical complex is opened. Attached to University Hospital, Doernbecher provides the widest range of health services to children in the state and contemporary training facilities for students, residents and fellows.

Added to the dean's office are enhanced services to an energized Alumni Association, including graduates of the Ph.D. and residency programs, and a professional development activity.

The dean's office enhances its alumni and development program by expanding staff and outreach to all School of Medicine alumni.

An independent Department of Neurological Surgery separates from the Department of Surgery.

2000 There have been 439 master's degrees (mostly Master's of Science) issued since 1920, and 433 Doctor of Philosophy degrees issued since 1934 (with a major spurt after 1966).

After conferring 88 baccalaureate degrees, the Physician Assistant Program is converted to a master's degree program. By 2002, 23 people had been awarded the Master of Physician Assistant Studies (M.P.A.S.) degree.

2001 OHSU's name changes to Oregon Health & Science University with the acquisition of a biotechnology school, the OGI School of Science & Engineering.

The six-year-old program providing training of physicians' assistants becomes a division within the School of Medicine.

2002 The clinician faculty unite in a practice group, OHSU Medical Group, with an emphasis on patient-centered care.

circa 1920: Mackenzie Hall

Reflections on *Yesterday*



2001: OHSU's Marquam Hill Campus

Today

In 1887, the inaugural class of the University of Oregon Medical School met in the school's lone building – a two-room converted grocery store at 23rd and Marshall streets in northwest Portland. The small frame building had been purchased with a \$1,000 loan from the First National Bank of Portland on a joint note signed by the school's eight faculty members. It housed a lecture room on the ground floor and a dissecting room above. Cadavers were hauled up through a trapdoor in the floor with a block and tackle.

Today that school's direct descendant, the Oregon Health & Science University School of Medicine, is part of a billion dollar academic health complex. In addition OHSU includes the Schools of Dentistry, Nursing and Science and Engineering; OHSU Hospital and Doernbecher Children's Hospital; more than 150 primary and specialty clinics; multiple research institutes; and several community service programs. Its central campus sits on more than 100 wooded acres atop Marquam Hill, overlooking downtown Portland.

The medical student population has grown over the last century from 18 (all male) to more than 400 (55 percent female). At the beginning, practicing physicians lectured for little or no money; there were no full-time instructors. From eight part-time instructors in 1887, the school today has about 1250 full-time faculty, many internationally recognized for many life-enhancing innovations in biomedical research, diagnostic techniques and treatments. More than 2,000 practicing clinicians also serve as volunteer faculty members.

ACADEMICS

That inaugural class of would-be doctors in 1887 had met the school's admission requirements by demonstrating

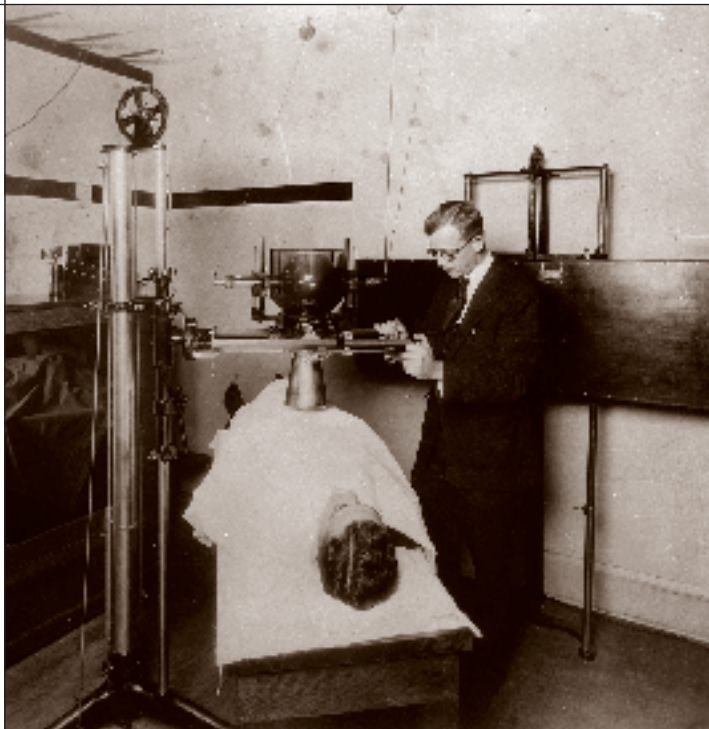


knowledge of the “common English branches, including reading, writing, spelling, grammar, geography, arithmetic, etc.” The initial course of study lasted two years, the second year largely repeating the first. Students were required to attend “two full courses of lectures and at least one course of practical anatomy and clinical instruction.”

Admission requirements to the School of Medicine today include a bachelor's degree, at least four years of premedical studies, evidence of scholarship, competitive Medical College Admission Test scores (MCAT), proof of good moral character, usually some medically related experience and personal interviews. The school's comprehensive curriculum includes subjects not envisioned in 1887, such as molecular microbiology and immunology, interventional radiology, and medical genetics. Other changes in the core coursework more closely reflect such major societal concerns as occupational disease, medical ethics and the growing geriatric population.

The school's innovative curriculum is nationally recognized for first bringing medical students closer to patients earlier than did most other schools' programs and preparing them to be lifelong learners. Students begin working with patients their first week of school. The curriculum emphasizes learning through problem-solving and small group exchanges. In addition, physician assistant and medical students receive a valuable part of their education (and their perspective) in a required six-week clerkship with primary care physicians throughout Oregon. In this way, the school strives to assure that everyone in Oregon has access to health care.

In addition to baccalaureate and master's degree programs in medical informatics, physician assistant studies and public



health, the school offers graduate programs leading to a doctorate in the basic sciences. Allied health profession students study advanced paramedics, dietetics, medical informatics, EEG and nuclear medicine technology, and medical as well as radiologic technology.

CLINICAL INSTRUCTION

From its inception, the School of Medicine has applied classroom knowledge to patient care and disease prevention. In 1887 students could walk next door to Good Samaritan Hospital, but only to observe surgical and medical patients under treatment.

More than a century later, the campus includes two hospitals, 29 operating rooms, six community primary care clinics, more than 150 primary and specialty clinics and numerous outreach clinics throughout Oregon. In 2003 more than 172,630 patients used the hospitals and clinics. Patient visits totaled 721,737.

OHSU Hospital is the main clinical facility for the school. Doernbecher Children's Hospital offers the widest range of children's health care services in the region. The university's numerous general and specialty clinics and the Child Development and Rehabilitation Center offer experience in ambulatory care settings.

Medical students also gain experience at the adjacent Veteran's Affairs Medical Center, which provides medical, surgical and psychiatric care to veterans of Oregon and southwest

1920: The People's Institute and Free Dispensary.

Washington. OHSU has enjoyed a rich history of collaboration with this teaching institution since 1948.

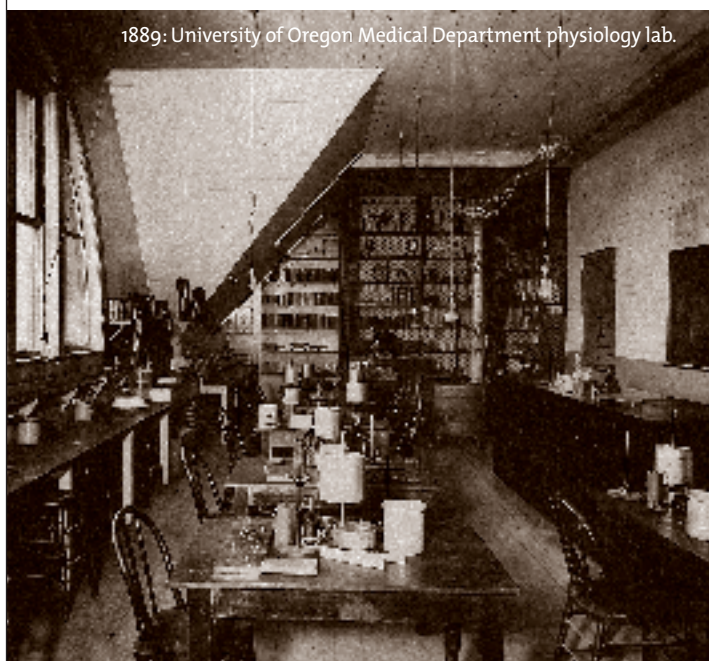
RESEARCH

Excellence in education and patient care is unattainable without research, the bridge between the laboratory and the patient. The School of Medicine emphasizes this relationship. Early in the school's history, a faculty member wrote, "The enthusiasm and spirit that comes with original investigation is already showing itself among the students. Such spirit and enthusiasm properly guided and nourished can build an institution."

In 1887, physicians in Oregon were largely borrowers of medical knowledge, especially from Europe. Laboratories did not exist – in the modern sense – until 1892. For example, microscopes in the medical school lacked an oil immersion lens. Bacteriology was just emerging as a field of medical instruction when the school was founded. But with the development of the laboratory sciences in the late 19th century and the corresponding discovery of the causes of a number of diseases, medical research mushroomed. Since then, investigators at the School of Medicine have distinguished the school from the other fine medical systems in Portland.

Basic science research has long been a hallmark of the faculty. The former M.D./M.S. five-year programs generated investigator-faculty for many medical schools as a forerunner of the NIH Medical Scientist Training Programs. Today about 390 graduate students prepare in a variety of basic

1889: University of Oregon Medical Department physiology lab.





1886: Willamette Medical Department

WILLAMETTE MEDICAL DEPARTMENT

The mid-19th century found Oregon without enough well-trained physicians to meet the needs of a rapidly growing population. So in 1867, members of the medical department at Salem's Willamette University, a private institution, began the state's first formal medical education program. The department relocated to Portland in 1878 to take advantage of the larger city's clinical facilities. The population of the bustling clapboard metropolis stood at 19,128.

Until 1885, classes were held in a few rented rooms above a livery stable on S.W. Park and Jefferson streets. Admission requirements consisted of little more than possession of a "good English education."

In 1886, Willamette Medical Department moved to a new structure at N.W. 14th and Couch streets in what was then the heart of the city. The elaborate Victorian building contained a 150-seat auditorium, a dissecting room with 20 tables, and refrigeration large enough to store 30 cadavers for anatomy class.

No sooner had classes begun in the new quarters than four rebellious physicians resigned over a dispute concerning faculty reorganization and the appointment of a new chair of obstetrics. The four dissenters and four other local physicians were granted a charter in June 1887 by the Board of Regents of the University of Oregon to open a state medical school in Portland, the forerunner of today's School of Medicine.

Joining Simeon Josephi, M.D. as professors in the original charter were local physicians Kenneth A.J. Mackenzie, M.D., H.C. Wilson, M.D., George M. Welles, M.D., former Willamette University Medical Department faculty; and A.C. Panton, M.D., Arthur D. Bevan, M.D., Otto Binswanger, M.D. and Curtis C. Strong, M.D.

science programs, and the M.P.H. and Medical Informatics and Clinical Epidemiology programs. In the past two decades, NIH-funded clinical investigation has also thrived at the school. In 2003 the interdisciplinary nature of modern health research blurs traditional departmental definitions.

Additional research institutions staffed by medical school faculty include the Aging and Alzheimer's Disease Center; Center for Research on Occupational and Environmental Toxicology (CROET); Dotter Interventional Institute; General Clinical Research Center; Heart Research Center; OHSU Cancer Institute; Oregon Hearing Research Center; Oregon National Primate Research Center, Neurological Sciences Institute, Portland Alcohol Research Center; Shriners Hospital; Veteran's Affairs Medical Center; Vaccine and Gene Therapy Institute; Vollum Institute; and most recently, the Pacific Rim Vaccine Initiative – a joint enterprise with Oregon State University, Pacific Northwest National Laboratory, Princeton University, the University of Hawaii, the University of Nevada and the University of Idaho. In the last decade the NIH funding for research at OHSU more than quadrupled from \$43 million in 1990 to \$257 million in 2003, largely due to the faculty of the School of Medicine.

In education, patient care, public service and research, the OHSU School of Medicine has made enormous strides since 1887. How it evolved from its humble beginnings is a fascinating story of men and women of vision, dedicated to improving the quality of medical education and health care in Oregon.



2002: OHSU research lab

1892: The medical school's second building at N.W. 23rd and Lovejoy.



Simeon Edward Josephi, M.D.,
the school's first dean.

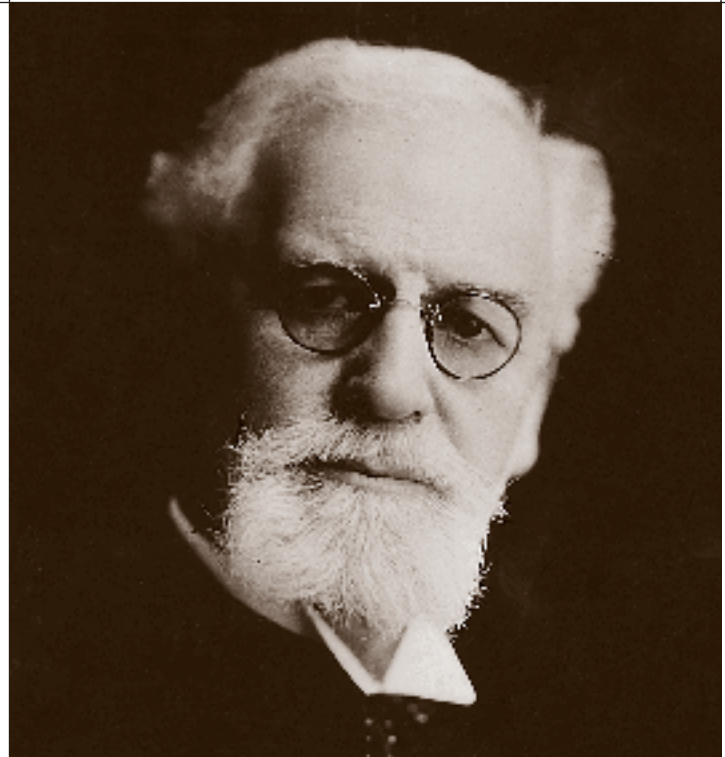
THE FIRST QUARTER CENTURY

Simeon E. Josephi, M.D., one of the four dissenters, was elected first dean of the new medical school. A graduate of Toland Medical School in San Francisco, Josephi specialized in obstetrics and diseases of the mind and nervous system. He was described by a contemporary as a “good-looking man of about ordinary height, of graceful form and figure, jet black hair and whiskers, with mild brown eyes, a pleasant voice and suave manner, a good talker, intelligent, with quick perceptive faculties, always faultlessly dressed” – invaluable attributes for the man whose task it would be to guide the fledgling school through its critical first quarter century.

Instruction began in the fall of 1887 in a former grocery store on a sliver of land on the Good Samaritan Hospital grounds. The two-room facility was located at N.W. 23rd and Marshall streets. The tiny original building was moved one block to Lovejoy Street in 1889, where it was replaced in 1893 by what the dean described as a “well-equipped medical college building.” The new structure served the school well until 1919, when it burned to the ground while equipment was being moved to the newly completed Medical School Science Building on Marquam Hill.

The charter specified that the “course of study in said school of medicine preparatory to graduation therefrom shall embrace two years.” The first class, however, having received initial training at Willamette, graduated in 1888. Seven degrees were granted.

The school may seem primitive by today’s standards, but it compared favorably with others of the day. Many so-called colleges were nothing more than a room, a blackboard and



some chairs. Others were considered “mere quiz classes” where students were given just enough textbook knowledge to attempt state board examinations.

Early medical school catalogues indicate lessons in microscopy, histology and physiology, but the first actual laboratory class in bacteriology wasn’t held until 1892, when A.E. Mackay, M.D., displayed the first tuberculosis bacillus seen under a microscope in the Pacific Northwest.

By 1898, when the school adopted the requirements of the Association of American Medical Colleges, the course of study had been lengthened to four years and studies were being graded. Knowledge of physics and elementary Latin were added to the admission requirements. Laboratory work was required, but except for some microscopes, equipment was lacking. Lectures were sporadic, as many instructors understandably tended first to their private patients. School revenues were derived almost exclusively from student fees, which were insufficient to pay staff and acquire books and laboratory equipment.

In its first year, the school’s gross income was \$2,329, of which \$1,132 was spent on building and repairs and \$600 on current expenses, leaving a balance of \$597. At the close of 1900, the school’s financial statement showed a surplus of \$4,143.36 from receipts of \$7,171. This surplus was distributed among 25 lecturers who had given 932 lectures, so they received less than \$5 per lecture.

In 1905, the Carnegie Foundation launched an investigation of medical schools that led to demands for higher standards in teaching and equipment. But inadequate funding hindered Dean Josephi's attempts to meet these demands, and the 1910 Flexner Report on Medical Education in the United States severely criticized the school's resources and standards. Closure of the school was a real possibility.

Desperately needing more revenue, the faculty appealed to the University of Oregon Board of Regents. The university responded by increasing its annual appropriation to the school from \$1,000 to \$2,500, with a recommendation to the Oregon Legislature to raise the amount to at least \$10,000 annually so the school could meet Flexner's recommendations.

Bolstered by increased financial support, the school appointed its first full-time instructor. In 1909 it arranged to use Multnomah County Hospital, then located at S.W. 1st and Hooker streets, for teaching purposes. The following

1894: The University of Oregon Medical Department football team; Dean Josephi, center.

year the school became affiliated with its first outpatient facility, the People's Institute and Free Dispensary in downtown Portland. At a conference in Chicago on medical education in 1910, the Portland school was included in the list of class institutions. *The Medical Sentinel* proclaimed: "It places the Oregon school in the same classification as the big medical schools in the East."

The state medical school had proven itself a worthy member of Oregon's higher education system. As it began its second quarter century in 1912, it boasted the active support of the Oregon Legislature, a full-time laboratory staff and a dispensary organized for instruction of students. The following year the Willamette Medical Department, which had relocated back to Salem in 1895, was consolidated with the Portland school. After a perilous start medical education in the Pacific Northwest was permanently established with the promise of better things to come.



circa 1910: The People's Institute and Free Dispensary,
corner of 4th Avenue and Jefferson Street.



1920: The Medical Science Building and Multnomah County Hospital (under construction – left)

Mackenzie's

Folly



Dean Kenneth A.J. Mackenzie, M.D.

Dean Josephi resigned at the end of 1912. His successor was Kenneth A. J. Mackenzie, M.D., another of the school's founders and one of the four dissenters from Willamette University. He was a vigorous, forceful man and one of the best-known physicians in the region. He knew that the school had outgrown its quarters and that modern medical instruction demanded larger laboratories and more apparatus. Fortunately for the future of medical education in Oregon, Dean Mackenzie envisioned a thriving medical center away from the city's noise and grime, and he found a way to realize his dream.

At the time, the dean also served as chief surgeon of the Oregon Railway and Navigation Company. Through this connection, in 1914 he persuaded the company to donate to the school 20 acres of land on Marquam Hill. The land was useless as a projected freight train switching yard because of its unappreciated elevation.

Building a medical school on top of a hill then accessible only by a winding wagon road and situated a mile and a half from the center of the city was daring. Many called it Mackenzie's Folly. But the dean worked unceasingly to develop his dream into a first-rate medical education center.

In 1915 the legislature appropriated \$50,000 for a building on the new campus. Construction of the three-story Medical Science Building was completed in 1919. That building is now the east wing, and the first of three units that together bear Mackenzie's name. There were 50 students, mostly ex-servicemen, in that first class on the Hill, and 10 full-time faculty members.

In the meantime, the old county hospital was condemned as a firetrap, and a new hospital was urgently needed. Knowing clinical facilities adjacent to the school would benefit the students, Dean Mackenzie offered the Multnomah County Commission nine acres on Marquam Hill for a general charity hospital and nurses' dormitory. The county commissioners accepted the offer and agreed to an affiliation between the hospital and the medical school for clinical teaching. Construction of the new Multnomah County Hospital on Marquam Hill was well under way in 1920 when the dean died suddenly of coronary artery disease.



Dean Mackenzie convinced the Oregon Railway and Navigation Co. to donate 20 acres of land on Marquam Hill to serve as a new campus. Mackenzie then offered nine acres to Multnomah County for the site of a new hospital.

circa 1923: Multnomah County Hospital on Marquam Hill.



1924: Student shuttle to Marquam Hill

Entering the

Modern



Dean Richard B. Dillehunt, M.D.

Age

Described as a man of unusual personality, fine ability and great enthusiasm who shared Mackenzie's vision of a modern medical education center, Richard B. Dillehunt, M.D., succeeded Mackenzie as dean. Dillehunt, affectionately known as Dilly, had been chief surgeon of the Shriner's Hospital for Crippled Children for 19 years. A contemporary said of Dillehunt: "Children are not abashed by the great height and quite noble girth that encase his voice. He hates making speeches, but makes them well enough. He hates horseback riding. He may not utterly hate being complimented, but his remark on these occasions is, 'Oh yes, isn't it nice to be nice.'"

In 1924 the campus was enlarged by a gift of 88 acres of adjacent land from the Jackson family, publishers of the daily *Oregon Journal*. The tract provided room for future construction, and 25 acres of it were deeded to the United States Government in 1926 as a site for a veterans' hospital. That same year the original Doernbecher Children's Hospital building – now a part of the university's outpatient clinic facilities – was completed, with 70 beds for sick and disabled children. The project was financed through a gift of \$200,000 from Mrs. E.W. Morse and Edward Doernbecher in memory of their father, F.S. Doernbecher, and by other gifts totaling \$120,000. A dormitory for nursing students attending the Multnomah County Hospital Training School for Nurses was erected on campus in 1927. The hall was later named for Emma Jones, nursing pioneer and superintendent of the Multnomah County Hospital until 1944. Emma Jones Hall now houses the Department of Family Medicine.

In the early 1920s, before increased construction demands required better access, there were two ways to get to the new school – by a narrow flight of about 500 steps or by a steep, narrow road full of tight hairpin turns. Most students depended on the two trucks the school provided for trans-



portation. Occasionally as an overloaded truck labored up the hill, the tailgate would fly open, sending students tumbling to the ground. These incidents provided excellent opportunities for practicing newly acquired first-aid skills.

In 1921 the independently operated People's Institute and Free Dispensary on S.W. 4th and Jefferson in downtown Portland was reorganized, furnishing the medical school with more reliable outpatient clinical facilities. But its location was inconvenient, and conditions were less than ideal. Laboratory and X-ray facilities were jammed in whatever little space was available, and instructors, students and patients were uncomfortably crowded together. According to one doctor, "The noise of traffic in the busy streets outside, the clanging of streetcar bells and the screeching of rails as the cars rounded the corner of the street intersections, undoubtedly caused many a beginner with a stethoscope, and even those with much experience, to miss numerous heart murmurs, rales and other sounds they should have heard in their patients."

This situation improved in 1931 when a gift of \$400,000 from the Carnegie-funded General Education Board of New York made possible a modern outpatient clinic on the Marquam Hill campus. The clinic, located today in its original



1926: The original 70-bed Doernbecher Memorial Hospital for Children.

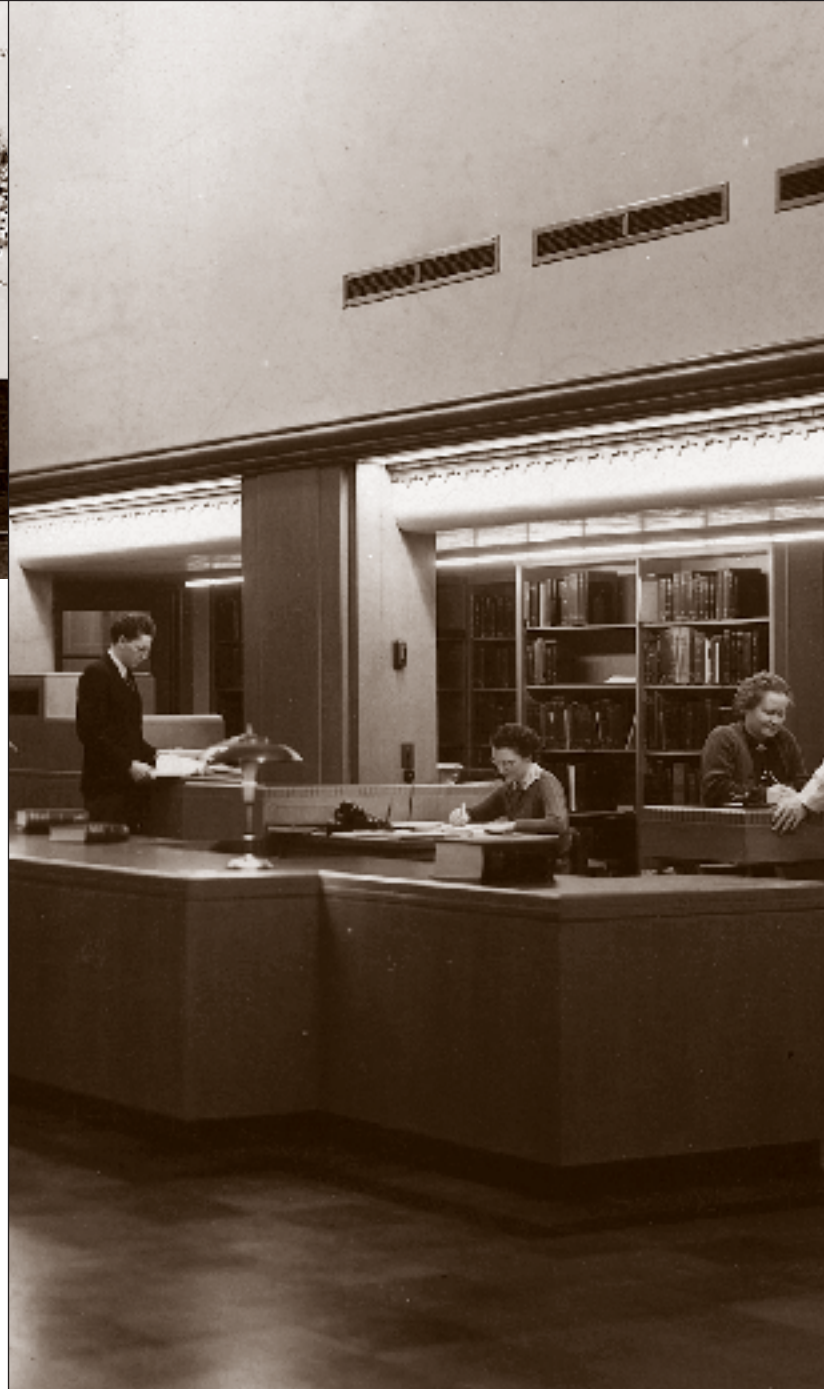
building and operated entirely by the university, not only expanded patient care facilities but increased the quality of education. The following year the University of Oregon's nursing program was transferred to the medical school as the Department of Nursing Education.

RESEARCH

A faculty member wrote in 1924, "our medical school is known and will be known by the research that comes from it." Research took on added significance during Dean Dillehunt's tenure. Titles of some of these early research projects include "The Origin and Distribution of the Tractus Soliarius in the Guinea Pig," "The Effect of a Normal Meal Upon the Blood Sugar Level in Health and in Certain Conditions of Disease," "Experimental Studies of the A Vitamin," "Pathogenic Streptococci and Milk Pasteurization," and "A New Permanent Standard for Sahli's Hemoglobinometer."

Medical school researchers also studied the nervous system, intestinal obstruction, heart disease, the relation between infection of the gall bladder and pernicious anemia, and the "increasing predominance of goiter among the people of the Pacific Northwest." One doctor noted in 1925 that autopsy studies showed "a much greater frequency of coronary artery obstruction than has hitherto been imagined."

In 1942 a group of Portland businessmen and physicians founded the Medical Research Foundation of Oregon to stimulate the development of biomedical research anywhere in the state. Howard Lewis, M.D., soon to become the full-time chairman of the Department of Medicine, was a founding member of its Board of Directors. Until the '60s the MRF served as the fiscal agent for NIH research grants awarded to



the faculty of the medical school, and its offices were in Baird Hall. The faculty earned most of its seed grants.

LIBRARY

But inadequate library facilities were "fast falling short of the research pace," according to one faculty member. "We are spending considerable funds paying express and postage on volumes that must be borrowed. As our library is limited, so will research be handicapped." As late as 1918, books were

1939: The 80-bed University State Tuberculosis Hospital
(now the Campus Services Building).



The medical school library and auditorium were completed in 1939. Bertha Hallam (third from left) arranged the school's first collection of books and spurred on the library's growth up to and beyond her retirement in 1965.

stored in a locked room the size of a closet, to which only the janitor had the key.

When the second unit of the medical school building, the main building of Mackenzie Hall today, was completed in 1922, the library moved into larger quarters. The state legislature in 1929 required that a portion of physicians' annual registration fees be used to supplement the library's regular budget. Practitioners still enjoy access to its collections. In 1939 the medical school library and auditorium were com-



pleted, financed through gifts from John E. Weeks, M.D., the Rockefeller Foundation and the Public Works Administration.

Also in 1939 a three-story laboratory wing was added to the west end of Mackenzie Hall, and the 80-bed University State Tuberculosis Hospital was completed. For 25 years the hospital served the state as its primary tuberculosis hospital, provided valuable training in the case of this major disease, and participated in national programs to eradicate the disease. After antibiotics and public health measures diminished the importance of this infection in the mid-century, the tuberculosis hospital was converted to the Campus Services Building, which houses the School's Department of Public Health and Preventive Medicine.

Military service depleted the faculty during World War II, and those who remained worked long hours to support the school's teaching and patient care programs. The need for physicians in both the military and the civilian population led to an accelerated year-round instruction schedule.

A series of heart attacks forced Dean Dillehunt into semi-retirement in 1943. He remained dean emeritus until his death in 1953. Under his leadership the school had entered the modern age of medical education. For decades until World War II, the University of Colorado, established in 1883, the University of Southern California (1885), University of Oregon Medical School (1887), and Stanford University (1908), were the only western medical schools. UOMS provided the lion's share of practicing physicians in the Pacific Northwest and Alaska. It was well prepared for a period of explosive growth beginning with the appointment of David W.E. Baird, M.D., as dean.

1946-47: Medical students in the Army Special Training Corps
(Doernbecher Childrens Hospital in background).

Postwar *Growth*



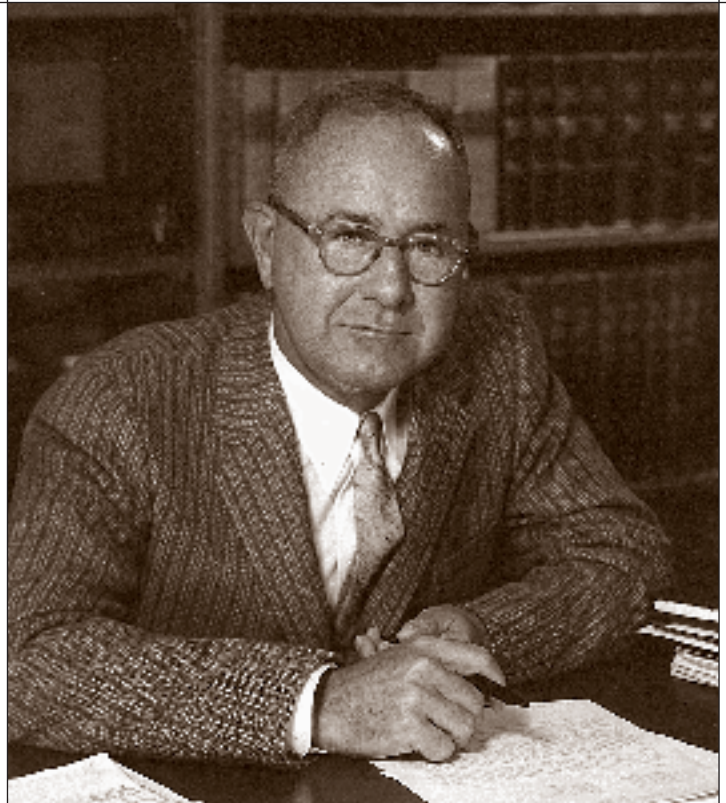
Dean David W. E. Baird, Jr., M.D.

Dean Baird, a graduate of the University of Oregon Medical School, class of 1926, had been an internist in private practice, a hospital administrator, teacher and researcher. It was said that he brought to the institution “a rare combination of understanding, wisdom and administrative know-how, combined with a deep sense of responsibility and an urgency for getting things done.” Under his leadership, the medical school became one of the nation’s outstanding institutions for medical education.

First, the new dean foresaw the urgency of renovation and expansion as rapid advances in medical education again rendered the institution’s buildings and equipment inadequate. Of prime importance was the need for the medical school to have its own teaching hospital to integrate educational and research activities with services to patients.

After World War II, more state funds were available to replace worn research and clinical equipment with new, modern equipment. Dean Baird believed that medical education would benefit from full-time, dedicated physician educators, rather than relying primarily on physicians in private practice to serve as faculty. He is credited with bringing clinicians to the medical school as full-time faculty members and increasing the number of faculty members dramatically, from 10 in the 1920s to 125 in the 1950s.

The sound of new construction, curtailed during the war years, was heard again on campus. In 1949, Baird Hall was built to house the Department of Physiology and administrative offices. State funds built the Crippled Children’s Division facility in 1954, which is today known as the Child Development and Rehabilitation Center and provides diagnosis and treatment for handicapped children throughout the state. In 1955 a 14-story medical school teaching hospital was built into a ravine on the south side of the Hill. This structure plus the Veterans Hospital made expansion of class size and residency programs possible. In 1956 Doernbecher Memorial Hospital for Children moved to its top three floors.



By building a competitive hospital staffed by new full-time faculty often recruited from elsewhere, Dean Baird was severely criticized in the community by displaced volunteer clinician faculty. Before World War II the full-time faculty were mostly basic scientists. Biochemists Edward Staunton West, Ph.D. and Wilbert R. Todd, Ph.D. were the authors of a textbook that was a national favorite, and Edwin E. Osgood, M.D.’s (’24) visionary research presaged molecular biology and medical genetics. In 1944, the ophthalmologist Kenneth C. Swan, M.D. (’36), became the first full-time clinician faculty. A combined M.D./M.S. program generated faculty, often for other medical schools. After the war Howard “Hod” Lewis, M.D. and Daniel H. Labby, M.D. (’39) expanded the Department of Medicine with new full-time subspecialists, and Ernest T. Livingstone, M.D. (’51) and Clare G. Peterson, M.D. (’43) built the Department of Surgery. George Saslow, M.D. and Joseph D. Matarazzo, Ph.D. created clinical behavioral science departments in the late 1950s, and around 1960 there was an influx of full-time clinicians from Harvard, Cornell, Dartmouth, the University of Chicago and elsewhere. Baird had built a hospital and clinical departments with credible investigators with national credentials.

In 1960, the Department of Nursing Education was renamed the University of Oregon School of Nursing. It was responsible to the State Board of Higher Education, and came under the administration of its own dean.

1954: Medical School Hospital is built into a ravine on the south side of Marquam Hill.

THE 1960s: UPWARD AND OUTWARD

The 1960s were a decade of accelerating growth and evolution for the medical school. The Student Activities Building was built in 1960, to offer gyms and indoor courts, with a pool added in the 1980s. A year later the 80-acre School of Medicine farm was acquired west of Portland to breed and house laboratory animals. In 1962 faculty members Donald Pickering, M.D. (pediatrics) and Edward S. West, Ph.D. (biochemistry) opened one of the first seven NIH-funded Regional Primate Research Centers in the nation on 163 acres west of Portland. Continuously funded since, over 70 investigators today conduct research in the West Campus facility, surrounded by OHSU's Neurological Sciences Institute, OGI School of Science & Engineering, the Vaccine and Gene Therapy Institute, and the Sunset Corridor's high-tech industries. In 1962 the Medical Research Building was built. Financed through a state appropriation with matching funds from NIH, the entire nine-story building was — and remains — dedicated to biomedical research. Two years later the emergency room in the Multnomah County Hospital was renovated and run by a full-time faculty staff. In 1967 the library renovated its collection. In 1969 the



Multnomah County Hospital added a six-story wing, with 64 largely semi-private patient care beds for surgery and obstetrics, a 20-bed psychiatric crisis unit, and seven new state-of-the-art operating rooms.

During the 1960s the affiliation with the Portland Veterans Administration Hospital grew more significant. Gradually medical student clerks and residents undertook about half of their clinical training there under UOMS-appointed Veteran's Administration staff. Federal funding supported residents and specialty fellows, including the shared straight internship in internal medicine established in 1966. Veteran-patients provided excellent teaching opportunities for student class sizes enlarging from about 60 to 90.

In 1968 Charles N. Holman, M.D. succeeded Dean Baird. As a medical student, resident in internal medicine, teacher, associate dean of the School of Medicine and hospital administrator, Holman served the medical school for 36 years, including seven as dean. "Surely few know better every brick of the teaching hospital and the rest of the physical plant, and every professor, physician and employee," said a newspaper article about his appointment.

Known for his steadiness and kindness, Holman took the helm at a time when many were asking, "What ails medical schools?" The unflappable new dean recognized a societal need: the medical school needed to turn out more physicians, nurses and medical technologists at a time when potential students were more attracted to non-medical degree programs.

1960: Wilbert R. Todd, Ph.D. (left) and student in the Mackenzie Hall biochemistry teaching laboratory.



1960: Mackenzie Hall Fountain.

For starters the school desperately needed more space. “We now are training 92 entering medical students in the space designed for 72,” he noted. Badly needed lecture and laboratory facilities became available in 1972, with the construction of the Basic Science Building. Surreptitiously labeled “Club Med” on a blue awning that later protected its south entrance, the seven-story building also houses School of Medicine student classrooms and several basic science departments formerly located in Mackenzie Hall. Also in 1972 a nine-story wing was added to the east side of the teaching hospital to house modern surgeries and facilities for a new Department of Radiation Oncology.

Within the classroom the faculty promoted a modern, interdisciplinary approach to teaching that further integrated the basic sciences with clinical services, exposed students ear-

lier to patients, and provided greater opportunities for student electives.

New clinical programs were also instituted during Dean Holman’s tenure: a residency in family practice, a prenatal emergency transport system, the creation of a formal self-sustaining Continuing Medical Education Division, the Oregon Eye Bank, the Oregon Kidney Donor Program and the Rosenfeld Center for the Study and Treatment of Child Abuse. In addition outpatient services were expanded to include dozens of general and specialty clinics in such fields as dermatology, family medicine, pediatrics, obstetrics and gynecology, ophthalmology, and psychiatry. New residency and fellowship training programs gained accreditation, and the popular long-standing rotating internship was discontinued because of national policy.



John Kendall, M.D. (left), at home in the lab.

The New *Univer*



1978: OHSU is the first in the nation and one of only five in the world to adopt and successfully use continuous ambulatory peritoneal dialysis (CAPD) with children, allowing these patients to receive kidney dialysis at home.

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THE EARLY 1970S

In 1973, Multnomah County decided to get out of the patient care business, selling its hospital on the Hill to the state legislature for one dollar. The School of Medicine took it over, renaming it University Hospital (north). With the same stroke of the pen the Medical School Hospital became University Hospital (south).

When Dean Holman announced his retirement the State Board of Higher Education and its Chancellor, Roy Lieuallen, M.D., seized the opportunity to take a long-planned step to unite the three schools on the Hill under one president. The board appointed Lewis W. Bluemle, Jr., M.D., the 53-year-old president of Upstate Medical Center, State University of New York, as the first president of the new institution.

At a ceremony on Friday afternoon, November 22, 1974, in the medical school auditorium, the University of Oregon Health Sciences Center was founded. The medical school merged with the Schools of Dentistry and Nursing, University Hospital, University Clinics and the Crippled Children's Division to become a single freestanding institution independent of the University of Oregon. Along with the institution's status as a health sciences center came the authority previously held by the University of Oregon to grant degrees.

"We are witnessing a formal union which makes us not only a larger but more cohesive academic family," Bluemle said. "Whether this wedding was arranged in Portland, Salem or in heaven, it's reasonable to assume it was conceived for the usual reason – to improve our productivity." Bluemle also introduced the center's new logo, which combined the symbols from all three institutions. The overall annual budget for the complex was \$98.5 million.



The new president asked Dean Holman to remain on the job for another year. "Dr. Holman is a vital asset to the transition," said Bluemle, who hoped to find a new dean by the following summer.

University Hospital (now OHSU Hospital) continued a distinguished record of service. OHSU Hospital is now Oregon's most experienced kidney transplant program, with more than 3,300 such operations performed there since 1959. That year OHSU performed the world's 18th kidney transplant. Medical School surgeons performed Oregon's first open heart surgery in 1957, the first successful design and implantation of the Starr-Edwards artificial heart valve in 1960, and the state's first heart transplant in 1985. Today nationally recognized experts in cardiology and cardiothoracic surgery perform more than a thousand procedures each year, including leading-edge treatments for cardiac arrhythmias and chronic heart failure, as well as bypasses, complex valvular heart surgery including Ross procedures, transplants and other cardiovascular surgeries.

THE LATE 1970S: WIELDING INFLUENCE

The School of Medicine remained in need of a new dean. President Bluemle encouraged the search committee to look nationally for the best candidates to instill fresh perspectives. They chose Robert Stone, M.D., a pathologist and graduate of the State University of New York College of Medicine in Brooklyn. Stone succeeded Dean Holman in 1975, and was the first dean to be appointed from outside the ranks of the medical school faculty. A tall, spare man, he brought to

the job management and administrative experience gained at Harvard Business School and as director of the NIH.

Two years later Bluemle left to become president of Thomas Jefferson University in Philadelphia. In August 1978 Leonard Laster, M.D., vice-president and dean at the College of Medicine, State University of New York, Brooklyn, became the university's second president. Laster's background was distinguished. A one-time office boy for *TIME Magazine*, he earned his medical degree from Harvard Medical School. He had directed intramural gastroenterology research programs at the NIH and had served in the President's Office of Science and Technology and with the National Research Council of the National Academy of Sciences.

The deanship soon changed, too. Interim dean, M. Roberts Grover, Jr., M.D., succeeded Stone in 1978. He was followed by UCLA's scholarly Ransom Arthur, M.D. in 1979. The latter is credited with preserving the quality of the medical school program during a period of fiscal constraints. The education of men and women to become physicians, Arthur said, "is the pole star by which we steer." Dean Arthur, a psychiatrist and graduate cum laude from Harvard Medical School, was a strong promoter of research programs and attracted several young medical investigators to the faculty. A respected researcher with a national reputation, Arthur worked to develop research fellowships for interested students and residents. He also initiated research prizes to provide added impetus for the expanding research programs on campus.

THE SCHOOL'S SECOND HUNDRED YEARS

Troubled with rheumatoid arthritis, Dean Arthur resigned in 1982. He is remembered as a problem-solving leader and a man of solid intellect, providing wise counsel to department chairmen and faculty members.

After interim service by Robert Neerhout, M.D., for a year, John Kendall, M.D., who had built the Portland VAMC's research faculty and productivity into a major national center within the VAMC system, succeeded Arthur as dean in 1983. Under his leadership, the Portland VAMC increased its annual federal research support from \$100,000 to \$2 million in areas such as cell biology, immunology, molecular oncology, neuro-regeneration and health services research.



John Kendall, M.D.

The new dean would lead the School of Medicine into its second hundred years. Kendall earned his medical degree at the University of Washington and was trained in endocrinology at Vanderbilt and UOMS. He had worked extensively in neuroendocrinology at UOMS and established a national reputation. Dean Kendall's tenure began just as the school had lost several departmental leaders through retirement and illness. As a result, Kendall appointed 12 new chairmen and oversaw the merging of the Department of Anatomic and Clinical Pathology. The new faculty brought new skills, fresh enthusiasm and more research activity. "We were very fortunate, in spite of limited resources, to bring in good people," he said.

Kendall's success in promoting federal research support at the VAMC followed him to the School of Medicine. During the first six years of his tenure his faculty doubled its research funding from \$12 million to \$25 million, necessitating expansion of the Basic Sciences Building. "We've simply run out of room," Dean Kendall said. "If we expect to grow, we need this space." In the spring of 1992, the seven-story Basic Sciences Addition opened. In addition to basic science departments, the building is also home to the Center for Research on Occupational and Environmental Toxicology.

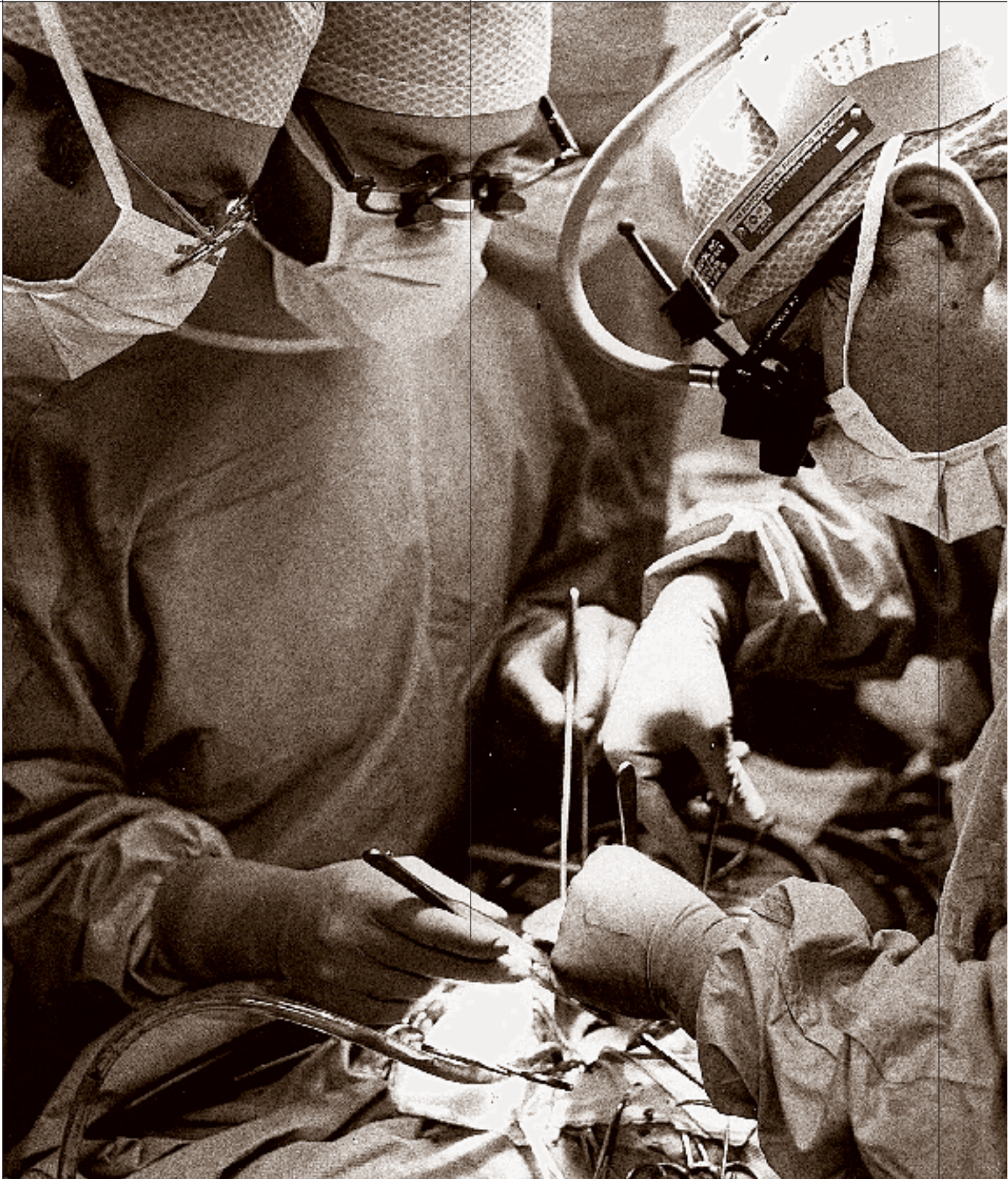
In 1983 the Shriners Hospital for Crippled Children (now Shriners Children's Hospital) was built adjacent to University Hospital (north). Moved from northeast Portland, the new facility has a strong basic science research component and serves as a teaching and research affiliate for the School of Medicine.

Partners since 1948 the medical school and the VAMC remain united in nearly every area of education, patient care and research. For many years Dean Kendall dreamed of a bridge spanning the 150-foot-deep ravine that separated the two institutions. The link would enhance efficiency and advance collaboration for the conjoint faculty. In 1992 the two hospitals at last became physically joined with the completion of the 660-foot pedestrian sky bridge, a tangible symbol of the long-term partnership between the VAMC and the medical school, and of Dean Kendall's steadfast foresight.

In July 1988 Peter O. Kohler, M.D., then dean at the University of Texas at San Antonio, became the university's third president, succeeding Laster, who left for the University of Massachusetts.

In 1989 the school successfully applied for a Charles E. Culpeper Foundation grant to prepare a three-year review of its curriculum. An AAMC report, "Preparing Physicians for the 21st Century," gave educators nationwide cause for introspection. The review reported the need to emphasize

1985: The first heart transplant in Oregon is performed in University Hospital.



1992: The 660-foot pedestrian sky bridge between the VAMC and the medical school.



integrated teaching, independent learning, societal and ethical concerns, the patient-doctor relationship, preventive medicine and care of underserved populations. Dean Kendall and Associate Dean J.S. “Dutch” Reinschmidt, M.D., were hearing the same story from their students, and opted for internal review. In 1992 the Robert Wood Johnson Foundation provided a \$2.5 million four-year grant to implement curriculum revision, agreed to by the faculty, including more problem-solving and self-directed learning and greatly reduced lecture time and expanded non-lecture learning venues.

After eight years as dean, Kendall stepped down in 1991 to pursue his first love, endocrinology research. Kendall continues as a contributing scientist and mentor in the School of Medicine today. In 1992 Kendall was named the first dean emeritus of the school.

Kohler appointed John Benson, M.D., the retiring president and chief executive officer of the American Board of Internal Medicine, as the interim dean for two years.



John Benson, M.D.

In 1990 OHSU received a \$2 million federal grant to begin an Area Health Education Centers (AHEC) program. The School of Medicine’s associate dean, J.S. Reinschmidt, M.D., was the architect and principal investigator on the grant. “This program will allow placement of students into clinical practice units in the shortest possible time, and it allows for the flexibility necessary to adjust to the area’s specific needs,” said Reinschmidt. Required six-week clerkship rotations in primary care were integrated into the medical school’s curriculum beginning in 1992, giving students experiences in rural areas. The AHECs also help train OHSU nurse and nurse practitioner students, provide preventive dental programs and special training for dental students, encourage training of appropriate allied health professionals and provide continuing education for community health professionals. The Oregon AHEC program is the linchpin in OHSU’s efforts to strengthen partnerships with local communities and to shore up fragile rural health resources.

In conjunction with these efforts, Benson, as interim dean, realized the critical need for a strong educational foundation for generalist physicians. Success in this area can be measured by the recognition bestowed upon the school during and since his tenure. At the time, the School of Medicine ranked third in the country for primary care. Today for the fifth consecutive year, the school ranks in the top two percent of American medical schools for its primary care education program, according to surveys by the *U.S. News & World Report*.

Additionally, Benson felt greater dialogue among department chairs and administration needed to be encouraged. The final planning to revise the school’s curriculum began during Kendall’s tenure, and the initial implementation occurred while Benson was interim dean. As an article of faith and support of the revision he taught first-year students in the far-sighted new curriculum. He transferred the graduate medical education function from the hospital to the Dean’s Office. Along with the alumni office and continuing medical education the school now covered the span of medical education from college through a physician’s career.

The budgetary ravages of property tax limitations and the contractual discounting of revenue from providing clinical services were rife in the early 1990s. The clinician faculty and hospital had to compete with the predominant mode of health care delivery in Portland, managed competition. Additionally with reductions in the proportion of state funding, the medical school faculty required new skills in financial

1992: The opening of the Basic Science Addition building increased laboratory space on the Marquam Hill campus by approximately 65,000 square feet.

management, self-support and attracting satisfied patients. Deans and chairs hired MBAs, demanded more realistic budgets and research productivity, and rewarded investigators able to land NIH grants to support research.

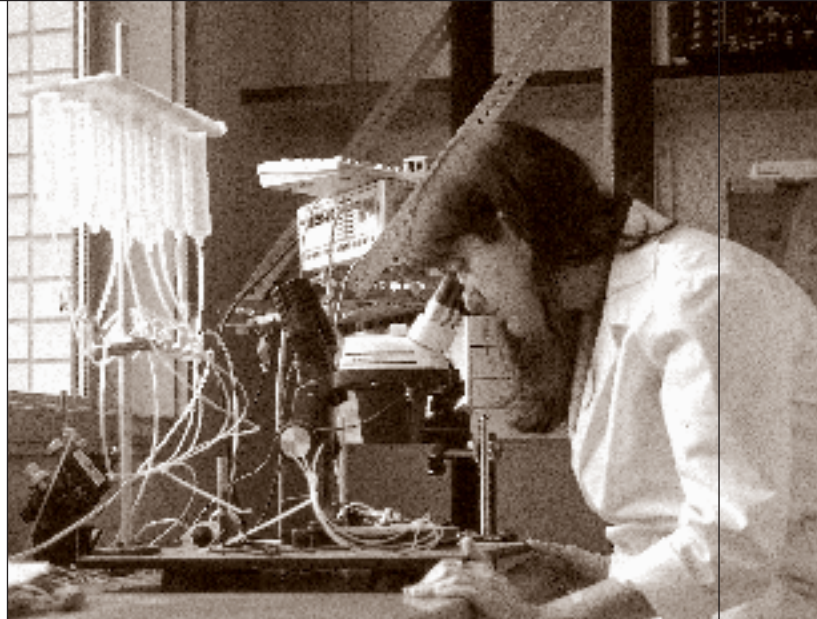
Concurrently, President Kohler explored new ideas to keep OHSU financially viable. In July 1995, the legislature, governor and OHSU took a bold step, forming an innovative partnership that replaced several layers of state government oversight and regulation. OHSU was transformed from a state agency into a public corporation. The hope was that OHSU would have a better chance to succeed in the competitive marketplace with a streamlined governance structure. Today the OHSU Board of Directors, whose members are appointed by the governor and confirmed by the Senate, governs the institution. OHSU continues to coordinate educational activities with the State System of Higher Education, and it retains its public mission.

Into this marketplace environment in 1993 stepped Joseph D. Bloom, M.D., as dean. A forensic psychiatrist and chair of his department since 1984, Bloom provided the organizational sophistication and common sense of his legal mind and business acumen. Despite the obstacles, Bloom — known for his excellence in clinical treatment and academic leadership — painstakingly tackled the challenging complexity of an integrated practice plan for clinician faculty; led the implementation of a system of periodic internal and external departmental reviews; combined the Departments of Physiology and Pharmacology; worked toward equitable distribution of indirect research dollars; developed an effective system for faculty promotion and tenure; formed a development office in the school with the Oregon Health & Science University Foundation; and created a dean for graduate studies to oversee the burgeoning masters and doctoral programs. The Faculty Council meetings became an important aspect of school governance.

Dean Bloom added further distinction to the school by creating independent Departments of Neurological Surgery and of Orthopaedics and Rehabilitation; and forming free-standing entities within the school such as the new Department of Biomedical Informatics and Clinical Epidemiology, the Physician Assistant Educational Division, the OHSU Cancer Institute, the Dotter Interventional Institute, and the



Joseph D. Bloom, M.D.



Vaccine and Gene Therapy Institute. The Department of Medical Psychology was converted to the more basic Department of Behavioral Neurosciences. Issuance of masters of public health degrees through the Department of Public Health and Preventive Medicine was authorized in 1993.

In July 2001 Dean Bloom retired back to psychiatry, so Joseph E. Robertson, Jr., M.D., the able chair of the Department of Ophthalmology and director of the Casey Eye Institute, was appointed interim dean. A national search for a successor yielded Christine K. Cassel, M.D., from Mount Sinai School of Medicine, the school's first woman dean. She began in January 2002, continuing her distinguished career in geriatric medicine, health care policy, and medical ethics and as



Christine K. Cassel, M.D.



Joseph E. Robertson, Jr., M.D.

a national leader in internal medicine. On July 1, 2003 Cassel was appointed president and CEO of the American Board of Internal Medicine (ABIM) and the ABIM Foundation and stepped down as dean at the School of Medicine. Shortly thereafter Peter Kohler, M.D., OHSU president, appointed Joseph E. Robertson, Jr., M.D., M.B.A., as the 14th dean of the school.

2002: 906 students were enrolled in the School of Medicine.

The School of Medicine

Today

The school is divided into 34 academic units, which include departments, centers and institutes, and graduate programs focused on clinical studies and basic sciences. The faculty members of the clinical departments also are clinicians and investigators, and staff OHSU's hospitals and clinics. The school offers doctorates in medicine and philosophy (in the basic sciences) and master's degrees in basic science, medical informatics, public health, clinical nutrition and physician assistant studies. The school offers two combined degree programs, one for M.D./Ph.D.s which allows a select group of students to prepare dually for careers in medicine and biomedical research and another for M.D./M.P.H. degrees. In addition the school offers a bachelor of science degree in the allied health discipline of radiation therapy; a combined certificate and associates degree in emergency medicine technology (offered jointly with Chemeketa Community

College); and medical technology (offered jointly with the Oregon Institute of Technology); and certificate programs in human investigations and medical informatics.

In 2003 the OHSU School of Medicine graduated about 100 physicians and has approximately 12,000 active alumni. It has issued nearly 1,000 advanced degrees in the basic sciences, public health, biomedical informatics and the physician assistants program.

Finally, 180 residents and fellows completed training in 60 residency and fellowship programs in 2003. By contrast in 1960 about 74 graduated from 16 residency and two fellowship programs. Thus, more finish specialty training at the medical school each year than receive the medical degree. Supervision of graduate medical education is now a function of the Dean's Office.

OHSU has more than 200 active community service programs.



- The School of Medicine earned the annual Innovations to Curriculum Award from the American Medical Association, medical student section.
- The School of Medicine was ranked in the top two percent of American medical schools for its primary care education program for the eighth consecutive year as reported in *U.S. News & World Report*. Of the 144 schools included, its primary care education program ranked second for the third consecutive year; family medicine education ranked third; and physician assistant education ranked 10th.
- More than 40 percent of physicians licensed in Oregon received their undergraduate and/or graduate medical education at OHSU.
- About 50 percent of graduating medical students choose primary care residencies.
- On their first attempt, 98 percent of graduates in the M.D. program passed their licensure exams – a passing rate higher than the national average of 95 percent.
- The number of applicants to the M.D. program steadily rose 22 percent over the previous five years while the number of applicants nationally dropped by 22 percent during the same time period.
- The School of Medicine's research and training awards have more than quadrupled during the last decade. The school ranked 30th for NIH funding among the nation's 126 medical schools. Four School of Medicine departments rank in the top 15 nationally: biostatistics, neurology, ophthalmology and otolaryngology.
- In 2002, the Association of American Medical Colleges ranked OHSU's School of Medicine 30th among the nation's medical schools in federal research dollar expenditures, up from 55th in 1989.

THE WHITE COAT CEREMONY

The White Coat Ceremony tradition at the school was established in 1995, joining the Doctoral Hooding Ceremony as a meaningful tradition that marks the beginning and conclusion of a student's medical school experience. The Alumni Association established the Sponsors Program the following year, and all students receive white coats sponsored by generous alumni and faculty donors.

The White Coat Ceremony creates an important focus for students entering medical school. In the presence of family, friends and faculty members, student-physicians are welcomed into the medical community and are "cloaked" with their first white coats. The class members and physicians present also stand to recite the Oath of Geneva, which is again sworn during the traditional doctoral hooding ceremony four years hence.

Through their involvement in this meaningful ritual at the beginning of medical school, student-physicians become more aware of their professional responsibilities. The ceremony impresses upon them the primacy of the doctor-patient relationship. It also encourages them to accept the obligations inherent in the practice of medicine; to be excellent in science, compassionate, and lead lives of uprightness and honor. It emphasizes for students the physician's responsibility to take care of patients and also to care for patients. The message conveyed is that physicians should care as well as cure.

—Adapted from the Arnold P. Gold Foundation



Under construction: The new Biomedical Research Building.

To



A Vision For

tomorrow

TRAINING TOMORROW'S BIOMEDICAL RESEARCHERS

The wealth of new information produced in the 90s by the human genome effort at the NIH now has a major impact on the practice of science. After decades of dissecting cellular then molecular processes, researchers now have the opportunity to determine how specific gene products function in the cell and in the whole animal. These functional studies require a multidisciplinary approach that blurs traditional definitions of scientific fields, and therefore departments in a medical school. Obtaining the appropriate training and background to pursue interdisciplinary studies is a challenge not only for existing scientists but for the biomedical researchers of tomorrow.

In response to the need for interdisciplinary training, the School of Medicine offers two interdepartmental graduate programs in the basic sciences. The program in molecular and cellular biosciences allows students to pursue interests across departmental boundaries through access to more than 120 faculty members from four basic sciences departments. The research interests of the program faculty span modern cell and molecular research, including biochemistry, cancer biology, cell biology, developmental biology, gene regulation, genetics, immunology, microbiology, molecular biology, pathogenesis, signal transduction, structural biology and virology. Similarly the Neuroscience Graduate Program involves more than 100 participating faculty members and spans research areas ranging from the molecular details of neuronal function to the behavior of whole animals. These programs provide broad training as well as the opportunity to focus on a specific research area selected by the student.

Finally, a Division of Molecular Medicine in the Department of Medicine provides basic technology skills in genetics, immunology and molecular biology for fellows in the medical

subspecialties – an effort to buttress an endangered species nationally, the clinical investigator.

In addition to providing high-quality health care to more than 631,000 patients each year, the medical school faculty and OHSU's hospitals and clinics are the state's main providers of residency and fellowship training of tomorrow's health care practitioners. OHSU also is nationally recognized for its clinical investigators who translate fundamental biologic processes to improved care. Many of its faculty are elected to serve on specialty certifying boards, thus setting national standards for clinical competence.

THE CHALLENGE AHEAD

The past is indeed prologue. Much of what is taught becomes incorrect or outmoded in just a few years. Knowledge in the health sciences grows exponentially; the challenge is to keep pace in the information age.

Soon we will see the study of genomics leave the laboratory and take its place in the daily practice of medicine through the development of biotechnology. Academic health centers will see a shift from detection and treatment of disease to prediction and prevention. The School of Medicine, the keystone of Oregon's only academic health center, is uniquely poised to be a catalyst for this state's biotechnology industry. The potential is there to treat or prevent diabetes, breast cancer, Alzheimer's disease and depression – in short, to confront some of our worst chronic medical maladies.

The philosopher Thomas Carlyle once wrote, "Nothing that was worthy in the past departs." What was worthy in the School of Medicine's past remains with Oregon Health & Science University in the new millennium: a steadfast commitment to healing, teaching and discovery.





Photographs

1896: The People's Institute and Free Dispensary at 4th Avenue and Jefferson Street.	1
circa 1920: Mackenzie Hall	6
2001: OHSU's Marquam Hill Campus	7
1920: The People's Institute and Free Dispensary.	8
1889: University of Oregon Medical Department physiology lab.	8
2002: OHSU research lab	9
1886: Willamette Medical Department.	9
1892: The medical school's second building at N.W. 23rd and Lovejoy.	10
Simeon Edward Josephi, M.D., the school's first dean.	11
1894: The University of Oregon Medical Department football team; Dean Josephi, center.	12
circa 1910: The People's Institute and Free Dispensary, corner of 4th Avenue and Jefferson Street.	13
1920: The Medical Science Building and Multnomah County Hospital (under construction – left)	14
Dean Kenneth A.J. Mackenzie, M.D.	15
circa 1923: Multnomah County Hospital on Marquam Hill.	15
1924: Student shuttle to Marquam Hill.	16
Dean Richard B. Dillehunt, M.D..	17
1926: The original 70-bed Doernbecher Memorial Hospital for Children.	18
The medical school library and auditorium were completed in 1939. Bertha Hallam (third from left) arranged the school's first collection of books and spurred on the library's growth up to and beyond her retirement in 1965.	19
1939: The 80-bed University State Tuberculosis Hospital (now the Campus Services Building).	19
1946-47: Medical students in the Army Special Training Corps (Doernbecher Childrens Hospital in background)..	20
Dean David W. E. Baird, Jr., M.D.	21
1960: Wilbert R. Todd, Ph.D. (left) and student in the Mackenzie Hall biochemistry teaching laboratory.	22
1954: Medical School Hospital is built into a ravine on the south side of Marquam Hill.	22
1960: Mackenzie Hall Fountain.	23
John Kendall, M.D. (left), at home in the lab.	24
1978: OHSU is the first in the nation and one of only five in the world to adopt and successfully use continuous ambulatory peritoneal dialysis (CAPD) with children, allowing these patients to receive kidney dialysis at home.. . . .	25
1985: The first heart transplant in Oregon is performed in University Hospital.	27
1992: The 660-foot pedestrian sky bridge between the VAMC and the medical school.	28
1992: The opening of the Basic Science Addition building increased laboratory space on the Marquam Hill campus by approximately 65,000 square feet.	29
2002: 906 students were enrolled in the School of Medicine.	30
OHSU has more than 200 active community service programs.	31
Under construction: The new Biomedical Research Building.	32



OHSU School of Medicine

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OHSU includes four schools; OHSU Hospital and Doernbecher Children's Hospital; numerous primary care and specialty clinics; multiple research institutes and centers; and several community service and outreach units.

OHSU and the OHSU Medical Group are partners in providing patient care.

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