

DONALD ABBOTT, M.D.

## Graduation Speech

*Dr. Abbott was chosen by the First Graduating Class of UMass Medical School to present their views.*

On behalf of the Class of 1974, I would like to welcome you all here on this very exciting occasion; a first graduation from a new medical school. I would like to address my remarks today to what has been our unique situation.

Our experiences in the last four years have been different from those of most medical students. Our medical school education has been unique.

This uniqueness began before there was a student body. The first challenge of the new University of Massachusetts Medical School was to develop a new curriculum, and that responsibility belonged to the faculty. What came of that challenge was a rethinking of material and methods, the result being a wide variety of approaches to medical education ranging from the classic rote memory approach to the innovative independent study blocks. That we were faced with several different methods of learning helped us as students in two ways; first, it familiarized us with many ways of approaching a problem; and secondly, by exposing us to all of those different approaches it helped us determine for ourselves which method of learning was most effective

for each of us. Critically evaluating what learning method was best for the individual provided a unique intellectual experience that had previously been sorely lacking in our education.

Because the faculty was experimenting with new methods and approaches, they were readily available to us and receptive to our criticisms. For all of the Class of 1974, especially those of us who had attended large universities, this type of rapport with faculty was totally new. As undergraduates, many of us had never come closer to a professor than his senior teaching fellow. This unique situation allowed the faculty and student body to work together toward the goal of the best possible medical education.

A by-product of this unique faculty/student relationship was a diminished fear of authority among the students; a fear that is fostered in many medical educational systems.

In contrast, the Class of 1974 learned that we were, as the Dean stated on our first day of medical school, considered junior partners in the total experience; and, for the largest part of our medical education we were treated as such. We learned to question, and became unafraid to

ask anyone what we wanted to know.

This confidence inspired in us a strong force for further change. We were not willing to accept the status quo in medical education. What helped this development was that despite somewhat homogeneous backgrounds, this class is made-up of 16 individuals who rarely have agreed about anything; and despite the fact that we have all had this unique educational experience, we have all maintained our strong individualism, rather now it is even stronger than before.

Our individualism was further forged by the absence of students who would have gone before us; we had no other students to help guide us, and we felt the lack even as early as our first few days as medical students: no one could help us approach our studies. The lack was more acutely felt, however, when we entered our third year and were faced with the anxiety caused by our first interactions with patients. We had no role models, so again we learned how to handle the situation alone, or with very little help.

The third year was also unique for the Worcester medical community, since most of it had never been associated with the teaching of third year students. The volunteer faculty and the students had to develop a knowledge of one and other, which once established grew into a mutual respect for each other. We learned how much the volunteer faculty had to give of its knowledge, and the volunteer faculty began to understand that the students could assist in patient care. This mutual understanding created a very pleasant environment in which to learn.

In our fourth year we were again

facing decisions where we could have been helped by the presence of upperclassmen. Our two major problems in our fourth year were electives and choices of internships or residencies. No one could tell us what electives were worthwhile, and no one was available to give advice about what hospital to apply to for our postgraduate training. We were again forced to decide with little help, further strengthening our strong independent characteristics.

Thus the Class of 1974 acquired its independence in a unique environment, most of which no longer exists as the school has already begun to develop well defined traditions of learning.

Before the ground was broken for this impressive building we're in today, we the Class of 1974 began our medical education in a converted tobacco/candy warehouse that few had realized had been converted to a medical school. Throughout our medical education we've been asked, what is it like, I thought it was in Boston, shouldn't it have been in Amherst, you mean they really have a third year class?

Continually being confronted with these questions, we became self-conscious about ourselves and our school. We began to realize that in our work in the community and in our daily contacts, we not only represented ourselves, but we also represented the University of Massachusetts Medical School as well.

Of course the questions will not end today. Many of us are going into internships or residencies in communities where the University of Massachusetts Medical School is unknown. We will, however, take with us our self-consciousness: what we

do will still reflect upon both ourselves and our new medical school. We are burdened by the responsibility that our work now, perhaps more than ever, will play an important part in the school's future.

Our graduation signals the end of the first growing stage of U. Mass Medical School, but looking at the school, its real challenge still lies ahead of it. Shortly the school will be accepting 100 students and unless the faculty, particularly in the clinical years, doesn't grow rapidly, the education will suffer.

The volunteer faculty has done an admirable job, giving much of their own time, and they will not and should not be expected to give so generously in the future.

The school must also begin to evaluate the product it is turning out, to help determine if its efforts are being properly directed, and if not, how to better help the students of today be the competent physicians of tomorrow. But we must not rely on ourselves to be the only judges of what a physician should be, we must also learn to listen to what our patients have to say about us, and where we are lacking, and what qualities they would like to see us develop as good physicians.

The process of constant evaluation may also end up affecting the admissions policies of the school in that they may have to begin to look for different qualities in students, and hopefully, they will work to develop more meaningful ways of evaluating a person's overall qualifications for becoming a doctor. The problem of the candidate from an underprivileged background also still needs to be adequately solved, with particular regards as to what is a state school's

responsibility toward those students.

Our situation is similar to that of the school's, our future is still ahead of us. Our education has just begun if we are to grow and maintain ourselves in a field where knowledge is growing daily. Many of us still face major decisions as to what type of medicine we will enter, and certainly some of us who have already chosen, may change in the future. Not only do we face rapid changes in the science of medicine, but we also face what may be drastic changes in the practice of medicine. The spectre of some form of socialized medicine looms larger and larger on the horizon, and we must be prepared to cope with this change if it occurs. Thus, today marks what we all hope will be the beginning of exciting and productive futures for both the University of Massachusetts Medical School and for its first graduating class.

Before we leave we would especially like to thank the staff of the Medical School whom we have been very close to. Also a special thanks to all of the volunteer faculty who gave much more of their time and practices than could ever have been expected of them. Thanks also to Mayre Coulter and Dr. Saunders who have done so many things to make living in Worcester more enjoyable, but our class wants to extend our special thank you to the Dean, without whom there would be no U. Mass. Medical School and no graduation here today, and without whom many of us would have lost the opportunity of knowing a fine and dedicated gentleman who has devoted his life to furthering medical education.

Thank you Dean Soutter.