WEST LAFAYETTE

FIFTY

CELEBRATING 50 YEARS OF REGIONAL CAMPUSES
STATE OF MEDICINE
Fifty years ago, Indiana was short on physicians. Cities pitched ideas for a new medical school. In response, IU School of Medicine devised an innovative solution—regional campuses.

FROM RIVALS TO TEAMMATES
Fifty years of collaboration. IU and Purdue team up to train new physicians in West Lafayette.

INSPIRING NEXT-GEN PHYSICIANS
IU School of Medicine-West Lafayette students build life-changing relationships with faculty, peers and community.

On the Cover
For almost 30 years, Dr. Steven C. Beering was a giant in Indiana higher education. Beering, who passed away on April 4, 2020, at the age of 87, leaves behind a legacy that has served as inspiration for those who have followed in his footsteps.

He was the doctor for NASA’s early astronauts. As dean of Indiana University School of Medicine, he devised a statewide medical education system. As president of Purdue University, he oversaw ambitious construction initiatives and promoted diversity.

Jay L. Hess, MD, PhD, MHSA
Executive Vice President for University Clinical Affairs
Dean of the School of Medicine Indiana University

MISSION
It is the mission of Indiana University School of Medicine to advance health in the state of Indiana and beyond by promoting innovation and excellence in education, research and patient care.

VISION
IU School of Medicine will lead the transformation of health care through quality, innovation and education and make Indiana one of the nation’s healthiest states.
In June 1973, hours after his wedding and as friends and family gathered for a celebration, an anxious Terry Brown went to the mailbox in front of his parent’s home in Jasper, Indiana. He was looking for an overdue piece of mail that could change his future: an acceptance letter from Indiana University School of Medicine. After sifting through a pile of congratulatory cards, Brown came upon it—an envelope from the School of Medicine.

He tore open the seal and removed a single sheet, signed by George Lukemeyer, MD, head of the school’s admissions committee. Brown had been awarded a place at the School of Medicine.

At the Evansville campus.

Fifty years ago, Indiana was short on physicians. Cities pitched ideas for a new medical school. In response, IU School of Medicine devised an innovative solution—regional campuses.

Looking back—after graduating in 1977 from the School of Medicine and practicing in his hometown as an OB-GYN for 36 years—Brown, MD, cherishes his medical school experience in Evansville. At the time, though, he wasn’t even aware the medical school had a presence in Evansville. He wondered if the offer was real.

“I was just kind of upset,” Brown recalled, “and really sad.”

Without realizing it, Brown was one of 60 students who were part of an experiment trying to answer a key question: Could a medical school deliver training across a statewide network? Fifty years after its official birth, following a 1971 act of the Indiana General Assembly, we know the answer: an emphatic yes.
More than 5,000 IU School of Medicine alumni have spent part or all of their time at one of the eight campuses other than Indianapolis. And, today, roughly 43% of IU’s current medical students receive all of their education at a regional campus.

Each offers a standardized four-year curriculum, but each has its own special area of concentration. They are known for close-knit communities that facilitate learning and early hands-on experience. And they are a key reason IU School of Medicine can lay claim to being the largest medical school, by enrollment, in the United States.

This pipeline of physicians—visionary at its conception—owes its creation to a combination of foresight and some old-fashioned political maneuvering.

In the end, a statewide system under IU’s direction emerged not only as a way to tackle a physician shortage but also as a means to give competing Indiana communities a medical school—at least part of one—to call their own.

Over five decades, the evolution of these campuses hasn’t always been smooth. But the structure created by a forward-thinking cast of leaders grew into a stable network—one that’s been copied by peers nationally.

“Indiana was fortunate to have some very smart people back then,” said IU School of Medicine Dean Jay L. Hess, MD, PhD, MHSA, who inherited the statewide campus system upon his arrival in 2013. “They looked across the state and saw areas, particularly rural areas, where there was a need for more, better prepared doctors.”

Before that, in 1958, the structure of IU School of Medicine seemed settled.

Research funding had grown ninefold in the 1950s, helping IU flesh out new departments in psychiatry, biochemistry and pharmacology. The school’s operations were consolidated on an Indianapolis campus transformed by the post-World War II boom. The new Medical Science Building housed lab space—and eased the strain of a 30-per cent enrollment increase.

“They had the plan for research. They had taken care of enrollments and space. The remaining problem left was graduate medical education,” said historian William H. Schneider, author of The Indiana University School of Medicine: A History.

Since the school’s founding, it was perpetually dogged by one question: How many doctors did it need to produce to meet Indiana’s needs? For nearly two decades, Indiana had been unable to forestall a “brain drain.” Increasing class sizes only went so far. The answer, Dean John D. Van Nuys, MD, knew, was more residency slots for graduates.

Indiana wasn’t alone in facing the challenge. A 1959 U.S. Surgeon General report identified a looming physician shortage in a Baby Boom nation. Tucked into the report’s pages was a key recommendation: build more medical schools. For the next decade, that finding inspired Indiana politicians and regional business leaders to brawl over whether to create a second medical school.

IU’s trustees moved to protect their turf. In 1963, they commissioned the consulting firm Booz Allen Hamilton to study medical education in Indiana. A year later, the group released findings sympathetic to the School of Medicine.

With pages of charts, graphs and jargon, it concluded that a second medical school would cost too much money. It would also take a decade to build and staff, as the physician shortage grew worse.

Legislators had been intrigued by the idea of a second medical school. But competing proposals to be the host—from Gary, Evansville, South Bend and Muncie—splintered support inside the Statehouse. Each proposal died swiftly.

As the pile of defeated bills grew over five years, lawmakers came to a consensus: overcoming regional factions required giving each city a small piece of the project. “They knew it was better to share it,” said Ned Lamkin, MD, ’60, who served in the legislature from 1966 until 1982. “I found no real opposition to the idea of sharing it with other communities.”

PHOTO LEFT: Dean Glenn W. Irwin Jr., MD, left, and George T. Lukemeyer, MD, right, sold legislators on the Indiana Plan, which called for regional campuses, a telecom network and expanded residency programs. IUPUI University Library Special Collections and Archives
PHOTO ABOVE: Students in the Embryology Lab, 1970-1971, IUPUI University Library Special Collections and Archives
They looked across the state and saw areas where there was a need for more, better prepared doctors.

Kenneth Penrod, PhD, provost of the IU Medical Center, sketched a potential solution on a sheet of graph paper. Using boxes, arrows and all-caps headings, he drew up how to take the consultant’s findings and grow the school outside Indianapolis. It took on the shape of an hourglass.

It called for students to spend two years at sites outside Indianapolis, where they could learn basic science and get an introduction to clinical medicine. After that, they’d funnel into the Indianapolis campus for additional clinical training. Finally, they’d flow from Indianapolis to expanded residencies across the state.

By March 1966, Lukemeyer’s committee had reached a similar conclusion: a centralized setup solely in Indianapolis should be “abandoned.” Testifying before a state legislative committee that spring, Irwin dubbed this new direction the “Indiana Plan.” Ball State officials called it “unwieldy.” Editorial writers in Gary said it was a “faulty prescription.” The South Bend Tribune shrewdly observed it spared legislators political peril, but was “not the same thing as political responsibility.”

That fall, Penrod and Irwin outlined how such a system could work in an almost clairvoyant paper published in the Journal of Medical Education. Aside from laying out the framework of the Indiana Plan, it foresaw how distance would stop being a barrier to learning: high-speed computers, online instruction and remote computer terminals “consisting of both an electric typewriter and a cathode ray screen.” They saw at a time when simple computers filled entire rooms.

In 1967, Lamkin drafted a bill calling for the legislature to spend $2.5 million to pay for residency expansion and a telecommunications network. It also tasked the School of Medicine with overseeing the creation of this statewide medical education system. To help, the federal Bureau of Health Manpower awarded the university a $22 million grant to create a “statewide medical education program” over five years.

Early in 1968, Irwin wrote IU President Elvis J. Stahr to say the main campus couldn’t absorb more students. The time had come to place a “limited number” elsewhere in Indiana. Quickly, the school made plans for teaching first-year students outside Indianapolis.

Lukemeyer, and another administrator, were tasked with negotiating agreements with universities around the state. At first, Purdue and Notre Dame were reluctant.

But they struck deals after it was agreed medical students would also be admitted to graduate programs at the host schools. Over the next two years, a handful of students in South Bend and West Lafayette began proving the concept.

“There was much skepticism,” Lukemeyer said later. “But we did show that you could provide a reasonable educational experience in multiple areas in a decentralized way.”

Undaunted, regional leaders mounted a final push for their own schools in 1969.

Lamkin had proposed creating a Medical Education Authority to look at expansion. But there were concerns from opponents who feared an influential political bloc from northern Indiana, led by a top GOIP fundraiser, would steer a second school to South Bend. “Everyone tasted blood in the water,” Robert Davies, a political advisor to Gov. Ed Whitcomb, recalled in The Serendipitous Creation of the Indiana Statewide Medical Education System. “It was like a school of sharks, and it was disintegrating the legislative process.”

Whitcomb was being pinched politically. His choice was crossing the fundraiser or alienating the other communities around the state.

PHOTO ABOVE: Facilities like those available at Indiana State University, which hosted the Terre Haute medical campus, eased some skepticism among officials with accrediting bodies, IUPUI University Library Special Collections and Archives

PHOTO RIGHT: Kenneth Penrod, PhD, provost of the IU Medical Center, IUPUI University Library Special Collections and Archives
There is one IU School of Medicine, with a common curriculum and the state as its campus.

He found an ally in Beurt SerVaas, an Indianapolis Republican, who had become convinced a second medical school was unnecessary, and offered up a system of “satellite community medical schools.” It was largely a carbon copy of Perrod’s hourglass.

Asured that the statewide plan would work, Whitcomb appointed SerVaas as chairman of a state medical commission that held meetings around the state in potential host cities for a second school. Convening the group, however, was merely window dressing used to resolve a legislative impasse over funding the regional system. When its work was done, the commission supported a program identical to what the School of Medicine already designed.

In 1971, the legislature passed a law to create and fund the network. It formally handed the job to the School of Medicine, mandating it have centers up and running by 1972. Dean Steven C. Beering, MD, who had arrived in 1969, used additional federal money to start the job.

‘WE ARE NOW FULLY REALIZING THEIR VISION’

When Brown and nine classmates arrived in Evansville in 1973, they didn’t discuss their unique situation. Many hailed from the area, and were happy to have a year living at home for free. “I didn’t care,” Brown said, “as long as I got my degree.”

Four days a week, Brown and the others reported to the University of Evansville for classes in the back of its student union, which had space set aside for anatomy and histology labs. On Fridays, he carpooled in a classmate’s Chevrolet Chevelle to what’s now known as University of Southern Indiana for lectures. The schedule flipped in the second semester—with four days on the USI campus teaching microbiology, physiology and other labs.

Brown recalls that the facilities were meager. “What I can remember of a library is a bookshelf.” His initial disappointment aside, Brown is thankful he was assigned to a regional campus.

Studying at Evansville didn’t allow him to hide. He had to engage—with the material, his classmates and faculty. When he arrived in Indianapolis, he brought with him an asset few peers possessed—a voice.

“It matured us,” he said. “We didn’t just need to learn the material, but we had to develop confidence in ourselves and our knowledge.”

The close-knit atmosphere of the regional campuses still exists today. It is even influencing the design of a new addition to the Indianapolis campus, which is being crafted to create more intimate learning communities.

In the future, Hess expects the flow of students between the different campuses to be more common, as will the sharing of faculty expertise and research collaborations. New buildings have opened recently in Bloomington and Evansville.

Others are likely to follow.

And Hess is very careful to remind people that these are no longer “satellite” campuses. There is one IU School of Medicine, with a common curriculum and the state as its campus.

Fifty years after its creation, Hess looks at the statewide campus its founders drew up and thinks they would be pleased. “We are at the point where we are fully realizing their vision,” he said. "And it was a really good one.”

The close-knit atmosphere of the regional campuses still exists today.
Over 50 years of collaboration: IU and Purdue team up to train new physicians in West Lafayette

**Rumor has it**, around the turn of the 20th century, IU and Purdue officials were so opposed over a fight for ownership of a state medical school—among other controversies—that athletic games between the two universities were canceled for two years from 1906-1908. Fast forward 117 years, and IU School of Medicine-West Lafayette is located on the Purdue campus, sharing faculty and collaborating on dual degree programs combining the strengths of IU’s medical school with the Purdue Weldon School of Biomedical Engineering to train the next generation of leaders in the medical device, biotechnology and pharmaceutical fields.

“Purdue University has been a great partner and host campus,” said Matthew Tews, DO, MS, associate dean and director of IU School of Medicine-West Lafayette. “Between Purdue and IU School of Medicine, there’s a lot of great synergy and existing collaborations, so we are excited to continue building on that longstanding relationship.”

**Athletic games between the two universities were canceled for two years from 1906-1908.**
Despite their early differences, Purdue and IU have been partners in medical education since the 1960s. Back in 1908, IU was granted the right to unite all of the state’s small medical schools and form the Indiana University School of Medicine, with foundational science instruction taking place in Bloomington followed by clinical training at hospitals in Indianapolis. But in 1968, the Purdue campus was selected as one of two sites—along with Notre Dame—where a pilot program would be launched to expand medical education throughout the state.

Lindley H. Wagner, MD, was appointed as the first director of the Lafayette Center for Medical Education and served in that capacity for 25 years, leading the fledgling center’s expansion.

It began with just three medical students and meager facilities.

“We started in the sub-basement of the College of Veterinary Medicine at Lynn Hall—not the basement, but the sub-basement where there was originally pea gravel flooring and exposed pipes overhead,” said Jayne Rayman, outreach and communication specialist for IU School of Medicine-West Lafayette. “We had two large classrooms, and I’m told the county morgue was also there in a space next to the classrooms.”

Following the success of the pilot programs at Purdue and Notre Dame, the statewide system of medical education was made official by an act of the state legislature in 1971. Steven C. Beering, dean of IU School of Medicine from 1974-1983 and Purdue University president from 1983-2000, is credited with successfully implementing the vision for a statewide medical education system during those early years.

Patrick O’Neil, MD, was a member of the first class at IU School of Medicine-West Lafayette—one of a dozen incoming students who began their medical school career on the regional campus in 1971.

Not only does he recall the pea gravel floors with plywood walkways, but one of the veterinary medicine professors used the basement to house dogs for research.

“IT WAS KIND OF DARK, AND THE DOGS WERE THERE, BUT WE HAD OUR CLASSROOM AND IT WAS JUST FINE.”

“It was kind of dark, and the dogs were there, but we had our classroom and it was just fine. We were in medical school—that’s what was important,” O’Neil said. Lynn Hall would receive a few upgrades, but for the next 40 years, medical students in West Lafayette remained in the basement. That didn’t change until 2014 with the opening of Lyles-Porter Hall, a 60,000-square-foot health sciences facility anchored by IU School of Medicine and Purdue’s Department of Speech, Language and Hearing Sciences.

Now 24 new medical students begin their education at IU School of Medicine-West Lafayette each year, and they are able to stay on the regional campus for all four years of their medical school coursework and clerkships, if they wish. O’Neil, a practicing anesthesiologist, helps train those students as an adjunct clinical assistant professor and co-leader of anesthesia clerkships at Lafayette’s Franciscan Health.

GROWING A MEDICAL SCHOOL: ‘MY DREAM IS NOW REAL’

Opening the new facility at Lyles-Porter Hall is something former IU School of Medicine-West Lafayette Director Gordon Coppoc, PhD, DVM, considers one of his greatest accomplishments. From the moment he assumed leadership in 1998, following Wagner’s retirement, Coppoc had been lobbying Purdue and IU leaders for a new building, but it didn’t happen until he invited two Indiana state senators—Brandt Hershman and Luke Kenley—to tour the medical school facilities in West
Lafayette, along with members of the Senate Finance Committee.

He recalls one committee member skeptically looking around the basement and saying, “You’re pulling our leg—this is not your medical school facility.”

A week later, Coppoc had his authorization for $12 million to upgrade the medical school facilities—but he would have to raise half. To get things going, he and his wife, Harriet, made a significant personal contribution. Serendipitously, Purdue’s speech and audiology program received a $10 million donation around the same time for a new building. Support from the local community, including gifts totaling $16 million, and the efforts of leaders of the Community Advisory Council were also instrumental in this effort.

When the medical school moved to its new facility in July 2014, it marked the first time in Coppoc’s 43-year career at Purdue University and IU School of Medicine-West Lafayette that he had a window in his office. He enjoyed the above-ground view for five months before his retirement at age 75. At the open house for Lyles-Porter Hall—where Coppoc publicly announced his retirement—he shared that for many years he had worn two pins on his lapel—one that said “Make Dreams Real” and the other displaying the IU and Purdue logos with the words “Working together for all of us.”

“Well, my dream is now real because both IU and Purdue have worked together to make Lyles-Porter Hall a reality,” he said.

The new facility is a physical manifestation of the long and productive history of collaboration between IU and Purdue scientists, IU School of Medicine Dean Jay L. Hess, MD, PhD, MHSA said at its opening.

The building includes a simulation lab and shared clinical, teaching and research spaces, benefiting both universities’ educational goals while providing improved access to clinical services for the greater Lafayette community.

“The shared space presents a unique opportunity to explore partnerships with other health science programs,” Tews said.

The facility also brought faculty offices under one roof.

“Coalescing as a faculty was really important,” said Regina Kreisle, MD, PhD, who was the associate dean and director for IU School of Medicine-West Lafayette before Tews, from 2014-2021. “When I started teaching (in 1989), my office was two buildings away in the Department of Comparative Pathobiology. For the first time, there’s a collection of faculty offices in one place. Students know they can always find somebody there.”

LOOKING TO THE FUTURE: ‘SEE WHAT WE CAN DO IN THE NEXT 50 YEARS’

In the early days, Wagner brought in itinerant lecturers from various Purdue departments to teach the first year of basic sciences. Coppoc grew the medical school’s faculty and oversaw the medical education program’s evolution to a full, four-year curriculum. Kreisle’s role was to smoothly transition the medical school through curriculum standardization, clerkship expansion and implementation of a new residency program in family medicine.

In the summer of 2021, Kreisle handed off leadership to Tews, who is the first practicing physician since Wagner to lead the regional campus.

“He brings experience in simulation and, as a practicing emergency physician, has increased interaction with physicians in the community,” Kreisle said.

Today’s IU School of Medicine-West Lafayette students benefit from small class sizes in a modern facility with opportunities for collaborative, interdisciplinary experiences, along with access to resources on the Purdue campus for wellness, recreation and special interests.

“In addition to the advantages of small classes and dedicated faculty, students in the IU School of Medicine at Purdue can enrich their studies and training by becoming involved in our research enterprise,” said Purdue Provost Jay Akridge, PhD. “Purdue hosts over 130 research centers and institutes—including large-scale interdisciplinary research centers and programs in drug discovery, cancer research and biomedical engineering—in Discovery Park and across our campus.”

Today’s IU School of Medicine-West Lafayette students benefit from small class sizes in a modern facility.
When Brittany Sherron, MD, graduated from Indiana University School of Medicine-West Lafayette in 2016, she was one of the first students to complete her entire medical education on the regional campus, doing the majority of her clinical rotations with local health systems. Throughout her four-year residency in Indianapolis, she stayed in touch with her mentor, Renee Knutson, MD, PhD, who inspired Sherron to choose obstetrics and gynecology as a medical specialty.

Today Sherron is back in Lafayette, working alongside Knutson—also an IU School of Medicine-West Lafayette alum—at Franciscan Physician Network Obstetrics & Gynecology. The relationships she developed as a medical student not only helped shape her educational and professional path but also drew her back to the community where she studied medicine.

“Obviously, Renee made a huge impact on me, and now our desks are three feet apart. We are colleagues, and she is one of my best friends,” Sherron said. Nearly all of her other colleagues in the practice are also former preceptors from her time at IU School of Medicine-West Lafayette.

Sherron’s story is a testament to the success of the statewide system of medical education officially launched by an act of the Indiana state legislature in 1971. The idea was to train new physicians throughout the state in hopes they would return to those regions to practice medicine.

Partnering with Purdue University, IU School of Medicine piloted the program in West Lafayette in 1968. Back then, only the first year of medical school was offered on the regional campuses. By 1980, a second year had been added, and by 2014, medical students could stay for all four years of their medical education, including clerkships at local hospitals.

“With clinical rotations, it was usually one medical student at a time on a rotation, so how much more individualized could it get?” Sherron said. “You were one-on-one with your attending physician every day.”
Each of IU School of Medicine’s eight regional campuses offers students a close-knit community and personalized experiences. West Lafayette stands out for its partnership with Purdue, a particular draw for medical students who want to add studies in biomedical engineering or engage in other types of research. In addition, two Scholarly Concentration programs—Biomedical Engineering and Applied Medical Technology (BME/AMT) and the Care of Hispanic/Latino Patients—are exclusive to the IU School of Medicine-West Lafayette campus.

**TRAINING NEXT-GENERATION PHYSICIAN-SCIENTISTS**

Adding a scholarly concentration could be considered a “minor” in that field, said Craig Goergen, PhD, MS, co-director of the BME/AMT program.

“Our Scholarly Concentration students connect with Purdue BME faculty and with biomedical engineering graduate students and people across the West Lafayette campus doing cutting-edge research that is clinically relevant,” he explained.

Medical students who want to go deeper can pursue a combined degree, including the MD/PhD—adding a Purdue PhD in biomedical engineering to their IU medical degree. Also, currently in the works, is a new five-year MD/MS degree program. Students who enter this track would take time off between their second and third years of medical school to do a 12-month master’s program with Purdue’s Weldon School of Biomedical Engineering.

“It gives you a technical background that the typical MD graduate doesn’t have,” said Goergen, adjunct associate professor of surgery at IU School of Medicine and the director of clinical programs and Leslie A. Geddes, Associate Professor of Biomedical Engineering at the Purdue Weldon School of Biomedical Engineering. “Many MDs that are leaders of divisions and research units have secondary credentials in engineering fields. With an MD/MS, you could run your own lab as a physician-scientist or work with companies to develop new technologies.”

Medical student Sydney Clark is currently piloting the MD/MS program in West Lafayette. After earning her bachelor’s in biomedical engineering from Purdue, Clark reconnected with many of her professors as an IU medical student in the BME/AMT Scholarly Concentration program. Last summer, she worked in Goergen’s lab on a research project which culminated in her becoming first author on a paper recently published in the American Journal of Physiology Heart and Circulatory. As part of that research, Clark analyzed complex data and collaborated with a group in Ottawa, Canada, Goergen noted.

“It’s nice to feel like I am contributing something that is valuable to the scientific community as a medical student,” Clark said. “I wouldn’t have had the opportunity to pursue biomedical engineering as far as I wanted to on another campus.”

Now she’s working with MD/PhD student Conner Earl on a research project using 4D cardiac MRI to predict degeneration of muscle.

“I’m excited to work on things that will change medicine for the better,” Clark said.

While IU and Purdue may be athletic rivals, they have a history of collaboration in the sciences. IU medical students can easily find mentors in nearly any field of personal interest.

“Purdue has excellent colleges of medicine, and it all overlaps with what medicine does,” Clark noted. “Having all those experts who are top-of-their-field at a large university is absolutely helpful.”

“**I WOULDN’T HAVE HAD THE OPPORTUNITY TO PURSUE BIOMEDICAL ENGINEERING AS FAR AS I WANTED TO ON ANOTHER CAMPUS**”

Second-year medical student Asif Hossain is not Hispanic but has been fascinated with the Spanish language and Latino cultures since childhood. Before coming to IU School of Medicine-West Lafayette, he volunteered in a free health clinic near his home in Hamilton County, Indiana, where he interacted with many Hispanic patients.

“Just speaking to them in Spanish made them a whole lot more comfortable and brought a smile to their face,” he observed.

He applied to the Scholarly Concentration program in West Lafayette so he could continue learning about the cultural heritages of individuals from the 20 countries that speak Spanish and make up the U.S. Hispanic population.

**DEVELOPING CULTURAL COMPETENCE TO IMPROVE CARE OF HISPANIC PATIENTS**

While the Purdue campus is uniquely suited for collaborative research, the greater Lafayette community is unique in another way: Tippecanoe County has a larger-than-average Hispanic population for the state of Indiana, making it the ideal place to grow culturally competent physicians.

“Many MDs that are leaders of their field, they have a history of collaboration in the sciences. IU medical students can easily find mentors in nearly any field of personal interest.”

“Purdue has excellent colleges of engineering, pharmacy and veterinary medicine, and it all overlaps with what medicine does,” Clark noted. “There are still many barriers to accessing health care—not just lack of insurance and lack of transportation, but there’s also a cultural divide,” said Cecilia Tenorio, MA, who co-directs the Care of Hispanic/Latino Patients Scholarly Concentration program at IU School of Medicine. “In our program, the goal for our students is to become more culturally savvy and aware so we can bridge that gap, and they can communicate better with the Hispanic population. The result will be better health care.”

Through “service learning” projects, Tenorio's students have volunteered at Purdue health clinics, local health fairs and other endeavors that involve interacting with the local Latino population.

“Learning another language and culture not only allows you to bridge the gap with a specific group, but also to question and reflect on your own beliefs and assumptions,” Tenorio said.
“I LOVE THE FACT IT’S A SMALL CLASS SIZE, AND IT’S EASY TO FEEL AT HOME—KIND OF LIKE A FAMILY.”

“We learn not only the fundamentals of medical Spanish but also that there's a huge difference between the different Spanish-speaking cultures,” Hossain said.

Students take what they learn in the classroom and put it into action in the community. They recently set up a booth at the Tippecanoe County Latino Festival to present information on COVID-19 vaccinations in both English and Spanish.

Hossain is interested in caring for other underserved populations as well. He volunteers once a week at the Lafayette Transitional Housing Center, which is just across the Wabash River from the Purdue campus, and he joined the Hoosier Health Corps last summer, helping high school students from low-income areas learn about college applications and careers.

Now he’s part of a student-led effort to start up a community outreach clinic. In all of these efforts, his Spanish skills and cultural awareness come in handy.

“Being a physician is more than just treating a patient,” he said. “It’s more than medicine—it’s building relationships for better care.”

In a class of just 24 medical students, Hossain also enjoys building strong relationships with faculty, staff and classmates in West Lafayette.

“I love the fact it's a small class size, and it's easy to feel at home—kind of like a family,” he said. “Everyone knows one another here.”

About this Series

Indiana University School of Medicine is commemorating the 50th anniversary of its statewide system for medical education, established by the Indiana State Legislature in 1971. This series highlights the unique history of each regional campus and celebrates its distinctive learning environment and special programs.

Scan the QR code above to learn more about the history of IU School of Medicine—West Lafayette and other regional campuses.