

Innovations and policies

The Evolution of SEMCME: A Fifty-Year Legacy of Regional Collaboration and Educational Leadership in Southeast Michigan

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For more than five decades, the Southeast Michigan Center for Medical Education (SEMCME) has been a cornerstone of medical education collaboration in Michigan. Founded in 1974 as the Oakland Health Education Program (OHEP), SEMCME began as a coalition of community hospitals seeking to strengthen residency education and pool academic resources.

Over the years, SEMCME expanded its reach across Michigan, aligning with major health systems and medical schools to support thousands of residents and faculty through research, quality improvement, and faculty development initiatives. Its enduring programs, from the Annual SEMCME Research Forum and Meadowbrook Lecture Series to the Michigan Summit on Quality Improvement and Patient Safety, have trained generations of physicians and educators.

Through leadership transitions, accreditation reforms, and healthcare consolidation, SEMCME has remained true to its mission of collaborative excellence in medical education. Its recent initiatives in artificial intelligence and digital learning continue to build on a proud tradition of innovation. This retrospective celebrates SEMCME's remarkable 50-year journey, reflecting on the people, partnerships, and principles that have shaped the consortium's lasting impact on Michigan's physician workforce.

INTRODUCTION

The history of medical education in Michigan is inseparable from the story of collaboration. In 1974, a group of visionary educators from community hospitals across Oakland County founded the Oakland Health Education Program (OHEP), recognizing that shared resources and collective academic engagement could enhance residency training across institutions. That idea evolved into the Southeast Michigan Center for Medical Education (SEMCME), which for fifty years has supported medical students, residents, and their faculty in an ever-changing educational landscape.

This article reflects on SEMCME's evolution, celebrating the leaders and programs that helped shape Michigan's medical education community which may serve as a model for regional collaborations focused on residencies, hospitals/health systems, healthcare organizations, and medical schools to support shared education and scholarship.

Information for this article was collected from SEMCME archives as well as numerous interviews and written correspondence with longtime SEMCME members, including one of the original founders of the organization.

FOUNDING AND EARLY DEVELOPMENT (1970s–1980s)

SEMCME's roots lie in the collaboration of Drs. Robert Cutler, Robert Tupper, and Allen Silbergleit, and Thomas Gentile, MSA, who sought to coordinate educational programs for residents across community hospitals. The founding institutions, including Providence (now Henry Ford Providence), Pontiac General, St. Joseph Mercy (now Trinity Health Oakland), and Beaumont (now Corewell East Royal Oak), recognized that a unified approach could enhance training quality and research capacity by leveraging the educational strengths of each hospital.^{1,2}

In 1974, Dr. Ernest Hammel became the consortium's first Executive Director.¹ Following a number of citations issued to member institutions by the newly established Liaison Committee on Graduate Medical Education, an early forerunner of the Accreditation Council for Graduate Medical Education (ACGME), OHEP created several programs to reinforce and enhance the Basic Science curriculum requirements.³ It became evident that hospitals could meet these standards more effectively by collaborating rather than working in isolation. In addition, OHEP established enduring initiatives such as the Research Forum and the Meadowbrook Lecture Series.^{1,4} The lecture, now named the Allen Silbergleit, MD, PhD Lecture, is held annually alongside the SEMCME Research Forum and QI Summit.

It continues a longstanding tradition of bringing leading national and international experts to southeast Michigan to share major advances in medicine with physicians and medical educators. Past speakers have included presentations on landmark developments, such as Dr. William Carter on early interferon use for tumor reduction, Dr. William DeVries on the first mechanical heart implantation, Dr. Michael DeBakey on outcomes from 10,000 coronary artery bypass surgeries, Dr. Anthony S. Fauci on the emerging AIDS epidemic, and Dr. Robert Gale on the medical impact of the Chernobyl disaster. More recently, the lecture has focused on global health challenges. In 2021, Dr. Arnold Monto provided a COVID-19 update following his role with the FDA's vaccine advisory committee, and in 2022, Dr. Michael T. Osterholm discussed how the pandemic reshaped the world.

These initiatives established a culture of scholarly activity and cross-institutional learning that would define the consortium for decades. Additional programming included Surgery and OBGyn Basic Science courses as well as mock oral examinations and board review courses for senior residents in Surgery, Internal Medicine, and Family Medicine.^{1,3}

Towards the end of the 1980s, Mount Carmel Mercy Hospital and Grace Hospital (both now DMC Sinai-Grace) joined the consortium to extend OHEP's reach into Detroit.^{1,2,5}

EXPANSION AND ACADEMIC INTEGRATION (1990s–2000)

In 1990, OHEP signed an affiliation agreement with Wayne State University School of Medicine, “combining the strengths of a medical school and community teaching hospitals to enhance medical teaching and promote quality care in southeastern Michigan”.⁵ This expansion, along with the full membership of the seven-hospital Detroit Medical Center, effectively doubled the size of the organization.

A key initiative during this period was the Save 100 Program, which aimed to have physicians reduce health care costs by \$100 per day through enhanced medical education, emphasizing high-quality care and cost-effective decision-making.^{6,7}

This period also saw major educational reforms. As the Accreditation Council for Graduate Medical Education (ACGME) introduced new competency requirements, SEMCME provided workshops, resources, and peer learning to help programs adapt. Its regional structure made it an early model for collaborative GME compliance and improvement.

REBRANDING AND EXPANSION (2000s – 2010s)

The expansion of OHEP to hospitals outside of Oakland County led to a new identity as the Southeast Michigan Center for Medical Education (SEMCME) in 2004. Through the effort of Dean Robert Sokol, partnerships deepened

with Wayne State University School of Medicine, and SEMCME expanded to include Oakwood (now Corewell Health Dearborn), Henry Ford, and later Trinity Health systems and their hospitals.^{1,7} This collaboration created shared opportunities for education and scholarship impacting care of more than 4.5 million individuals including more than half of the births in the state.^{8,9}

Under the leadership of Dr. David Pieper, SEMCME played a pivotal role in helping members implement the ACGME 2013 Next Accreditation System. Information provided by SEMCME helped member hospitals remain ahead of the curve for planning and spurred interest among osteopathic residency programs to participate in SEMCME activities.^{10,11} As a result, SEMCME gained new members, Beaumont Farmington Hills (now Corewell Farmington Hills) hospital, along with McLaren Health and 3 of its hospitals.^{2,3,7}

Under the ACGME Clinical Learning Environment Review (CLER) Program, the Accreditation Council on Graduate Medical Education (ACGME) sought to increase resident and fellow engagement in patient safety activities. SEMCME sought to follow these national trends, and recognize the importance of high-value care, by launching the Michigan Summit on Quality Improvement and Patient Safety in 2016.¹¹ Currently in its 11th year, the event has become a signature statewide event, that provides trainees an opportunity to present their QI work at the regional level, complementing SEMCME's longstanding Research Forum, now in its 48th year.

MODERNIZATION AND STRATEGIC GROWTH (2020s)

Because SEMCME's collaborative structure includes members located throughout the state of Michigan, the organization was an early adopter of Zoom technology to support communication and educational programming. This experience established a strong foundation in remote learning and distance education. Consequently, at the onset of the COVID-19 pandemic, SEMCME was well-positioned to transition efficiently to a fully online learning model, ensuring the seamless continuation of its educational activities.

Participation remained strong, and new “Hot Topics” lectures given by local and national experts addressed timely public health challenges.¹²

Under the leadership of Executive Director Michael Geheb, the consortium launched a strategic plan centered on four pillars: member experience, program and service development, growth, and financial health.¹³ This resulted in a broadened scope of SEMCME's offerings through increased virtual programming, diversified educational offerings, and new institutional collaborations. The organization undertook a review of its existing Mission and Vision statements and they now read as:

OUR MISSION

To develop and support training of outstanding physicians and medical professionals with our members to enhance population health through excellence and innovation in medical education.

OUR VISION

SEMCME will be the leader to develop and optimize high impact medical education to assist healthcare professionals, including residents, faculty, the practice community, and administrators/directors to achieve and maintain accreditation and certification, thereby enhancing the health and well-being of the communities we serve.

In addition, this period saw the expansion of collaboration with Blue Cross Blue Shield of Michigan to develop a major Electronic Health Records (EHRs) educational initiative that has the goal of optimizing the use of EHRs by medical students, trainees, and practicing physicians.¹⁴

EDUCATIONAL IMPACT AND SCHOLARLY ACHIEVEMENT

SEMCME's measurable impact is reflected in its sustained outcomes. Over 4,000 residents and fellows annually participate in consortium-sponsored education, with over 5,000 program registrations recorded in 2024–2025.¹⁵ The Research has achieved a 60% publication rate for award-winning projects,¹⁶ while mock board examinations have improved national board performance across surgical and medicine disciplines.^{17,18}

To enhance the educational impact, SEMCME partnered with Ascension Providence Hospital (currently Henry Ford Providence) on this journal, the Michigan Medical Education and Health Bulletin, to further promote scholarly activity among its membership.

Through its annual Chief Resident Conference and programs for Program Directors and Program Coordinators, SEMCME has played an important role in developing academic leaders. Many individuals whose careers began in consortium-affiliated hospitals have gone on to serve as program directors, coordinators, department chairs and medical school deans.

ADVOCACY AND STATEWIDE LEADERSHIP

Beyond education, SEMCME has played an active role in advocating for graduate medical education funding and physician workforce development. In collaboration with the Michigan Health & Hospital Association and the Michigan State Medical Society, SEMCME leaders have met with legislators in Lansing and Washington, DC to promote sustainable GME funding and highlight Michigan's medical workforce needs.^{6,7}

CURRENT MEMBERSHIP

Today, SEMCME supports five major Michigan health systems, including:

- Corewell Health (formerly Beaumont and Oakwood Health Systems)
- DMC- Tenet Healthcare
- Henry Ford Health (including the former Ascension Health)
- McLaren Healthcare
- Trinity Health
- Garden City Hospital (Prime Health)

Academic partners include:

- Central Michigan University Medical Education Partners
- Michigan State University College of Human Medicine
- Oakland University William Beaumont School of Medicine
- Wayne State University School of Medicine

As medicine continues to evolve, so too does SEMCME. Its current committee structure reflects a broad and dynamic range of priorities, including:

- Faculty Development, with subcommittees focused on Artificial Intelligence in Medicine and Chief Residents
- Family Medicine
- Finance
- Government Affairs
- Internal Medicine
- Pediatrics
- Quality Improvement
- Research
- Residency Coordinators
- Surgery
- Transitional Year
- Well-Being

LEGACY AND FUTURE VISION

As SEMCME celebrates fifty years, its legacy lies not only in its programs but in its philosophy, that collaboration strengthens education, and education strengthens communities.

The consortium continues to look ahead, investing in digital learning, data-driven improvement, and interprofessional training. Its new Artificial Intelligence in Medicine initiative has provided timely presentations to help members understand the foundations of AI and its applications in medicine, and will offer a workshop to equip residents and clinicians with tools to incorporate AI into research and clinical practice. Along with its EHR educational program, these efforts help ensure that Michigan's next generation of physicians will be prepared to navigate emerging technologies with knowledge, skill, and compassion.

What began as a small collaboration among community hospitals has become a model for sustained academic part-

nership; a testament to the educators and institutions that believed in working together to shape the future of medicine. This sustainable collaboration is a model for other institutions seeking to work together to improve education, scholarly activity, and care provided to their populations.

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SUPPLEMENTARY MATERIALS

SEMCME Historical Photos

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