

PREFACE TO THE FIRST EDITION

Past and present members of AMSPC, and the Editors, would like to pay tribute and honor to our past leaders (Drs. James Fisher, Desmond Gourley, and Lowell Greenbaum) and their committee members for their vision in the creation of the Knowledge Objectives. The Preface to the First Edition is provided below.

It is the purpose of this document to identify the minimum essential knowledge in pharmacology which every medical student trained as an undifferentiated physician must have at the time of graduation from medical school. These knowledge objectives were developed by a committee of the Association of Medical School Pharmacology Chairmen (AMSP) charged with developing an essential knowledge base in pharmacology for medical students. This document is intended to assist faculty members in medical schools in the United States in organizing their pharmacology curricula. Each topic was generated by a special subcommittee of the Association of Medical School Pharmacology chairmen with expertise in a particular area of pharmacology. The objectives were not designed for any particular medical pharmacology course, but instead are meant to serve as guidelines for the minimum knowledge of pharmacology that medical students should possess when they graduate from medical school.

Even though the essential knowledge objectives included in this document have been oriented toward the second year medical pharmacology course, curricula may differ in some schools where these principles and objectives are covered in other years of the medical school curriculum.

An attempt has been made to define the essential learning or knowledge objectives and the minimum number of drugs which should be taught. Whenever possible prototypical or model drugs are included with major emphasis on teaching the principles of pharmacology. Drugs in current use will usually be used in each organizing element. However, in certain instances drugs which are not currently used in therapeutics or drugs which may be used as pharmacological tools may be included if they better demonstrate a principle or special pharmacologic mechanism. Thus, the reasons for including a drug are: 1) extent of therapeutic use by being listed in the 200 most commonly prescribed drugs in the United States (e.g. *National Prescription Audit); or 2) its recommendation by one of the expert committees listed at the beginning of each section based on its demonstrating a principle of drug action or being of historical interest. The drugs listed as PRIMARY drugs (ALL CAPITALS) in the index are considered by the above criteria to be the most important drugs and are strongly recommended to be taught in every medical pharmacology course. Some selected SECONDARY drugs (small letters) are also included in the index which are considered less important but should be taught if time permits.

The principles and knowledge objectives included in this document will usually center around mechanisms of action, actions on organ systems, pharmacokinetics, therapeutic indications including some disease entities, adverse effects, contraindications and drug interactions. Every effort has been made to reduce the number of drugs being taught in medical schools today and focus on the essence of pharmacology emphasizing principles and knowledge objectives. Some areas of pharmacology and some drug classes such as diagnostic agents, special nutritional materials and some agents with a limited specific use are not covered in this document. These materials are best learned at the time of exposure to a particular clinical specialty.

The results of surveys of medical school pharmacology departments carried out in 1983 by P.N. Bogner and M.D. Alschuler at the University of Illinois; for the Association of Medical School Pharmacology (AMSP) carried out by Ted Brody at Michigan State University (1984-85); and by a questionnaire under the combined auspices of the ASPET Educational Affairs subcommittee on medical education and AMSP were used as guides in determining the total number of contact hours for a medical pharmacology course and the number of hours devoted to each topic area. We hope this document will provide guidance for medical school pharmacology departments as well as clinical departments in pharmacology and will better prepare physicians in pharmacology, therapeutics and toxicology for the practice of medicine on a scientific basis.

*conducted by IMS America, Ltd., Ambler, Pa.