THE FLORIDA STATE UNIVERSITY

TALLAHASSEE 32306

June 23, 1970

OFFICE OF GRADUATE DEAN
AND DIRECTOR OF RESEARCH

SCHOOL OF PHARMACY

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MEMORANDUM

TO: Members of the Planning Committee of the Preclinical Medical Program:

Dr. Robert M. Johnson, Chairman
Dr. Ira C. Robinson
Dr. Emanuel Suter
Dr. Henry Winter Griffith
Dr. Joseph Henry Grosslight
Dr. Robert W. Hull
Dr. William Hutchison
Dr. Robley J. Light
Mr. Robert J. Ollry
Dr. Richard Winzler

FROM: Vincent V. Thursby in the absence of Dean Robert M. Johnson

Attached is a mimeographed copy of the revision of the "Proposal for Institution of a Florida State University-Florida A. and M. University Basic Medical Sciences Program." (The appendices are not included but they remain the same as those in the earlier draft.) Please read this draft and communicate to me as quickly as possible any suggestions you have for change. We would appreciate it if you would make your suggestions specific--that is, indicating the actual wording you wish substituted.

Vice President Paul Craig, Winter Griffith and I met with Vice Chancellor Kenneth Penrod, Vice Chancellor Allan Tucker, and Mr. George Kaludis of the Office of the Board of Regents to work out the budget compromise you see on page 28. Vice Chancellor Penrod said at that time that he, at the instigation of Dr. Louis C. Murray of the Board of Regents, planned to present the proposal at the next Regents' meeting. As that meeting will occur before the time of our projected consideration of the revised copy I would greatly appreciate your letting me know if you think Vice Chancellor Penrod can present the proposal in the form of this revision rather than that of the initial draft. --I assume that presentation to the Board does not preclude our subsequent revision of the [illegible] of this proposal.

Proposal For Institution of A

Florida State University - Florida A. and M. University

Basic Medical Sciences Program

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Proposal for Institution of a Florida State University-Florida A. and M. University Basic Medical Sciences Program

Introduction

The interinstitutional committee for consideration of new approaches to medical education in Florida proposes a start on system-wide cooperation as the most reasonable and most efficient means to meet the need of the State for more doctors.

The committee premises certain points as sufficiently common knowledge to warrant their acceptance with only slight demonstration:

1) the need for more physicians in the United States and particularly in Florida. Although the proportion of physicians to population in the United States has been increasing since 1950, diversion of a higher proportion of these physicians to research and administrative and other responsibilities has produced a net decline in the relative number of physicians who treat patients. Also the expectations of the people of the United States as to medical attention have imposed upon this smaller corps of doctors an ever-increasing burden. Florida's ratio of practicing physicians to population at 126 per 100,000 is below that of the nation. (According to a recent study by Florida State University's Department of Urban and Regional Planning, for the eight counties of the Big Bend area the ratio is 58 per 100,000.) The number of active physicians in the U.S. (excluding those employed by the federal government) is 132 per 100,000. HEW asserts that the ratio of physicians to population to meet popular expectations will have to increase

to 154 per 100,000 by 1980.

2) the inability to meet the need for additional doctors by replication of the present system. Dr. Roger Egeberg, chief medical officer of HEW, puts the problem plainly: "We need 50,000 more M.D.,'s." The national output must be doubled and Florida's output should be increased even more than 100% through the next decade. The two Florida medical schools produced 132 M.D.'s last year for 1.63% of the national total. Florida's population in that year was 3.04% of the nation's and its population growth rate among the highest. By any reasonable projection Florida's annual output of M.D.'s should be greatly increased. Yet replication of medical schools is so costly as to exceed likely funding. Two new medical school complexes in all likelihood could not be funded and built even if the personnel to staff them could be assembled sufficiently quickly to meet the need.

Another aspect of our national condition renders "replication of the present system" a questionable means to meet the need for additional doctors. Dr. John H. Knowles of Massachusetts General Hospital points up the inadequacy of a purely quantitative approach on the part of the medical community to the nation's health problems. He advocates "preventive" rather than "curative" medicine, indicating that "more and more of the younger doctors are demanding the kind of training that will enable them to become involved in preventing . . . vast health problems before they arise, rather than just barely coping with the horrible results." Preventive medicine would bring the special competencies of the medical community to bear upon

"local social problems that generate disease." For this he contends that medical schools must broaden their curriculums "to include at least the options of social studies." John H. Knowles, "U.S. Health: De We face a Catastrophe?" Look, XXXIV (#11: June 2, 1970). Dr. Knowles' views are implemented in the greater flexibility and the inclusion of a sociobehavioral component in the modestly innovative curriculum proposed below. We think the curricular change will join the quantitative increase in medical students under the proposed program in the program's contribution to satisfaction of the state's need.

3) the nation-wide flux in the medical curriculum. Over the immediate past years medical school faculties have been reviewing and shuffling components of the medical curriculum, tending toward reduction of the "preclinical" sciences and their concentration in the first year and toward deferment of the clinical application of these sciences to the second year. The University of Florida last year modified its medical curriculum concentrating upon the preclinical basic science component in the first year and starting physical diagnosis, systemic pathology and the student's clinical clerkship rotations early in the second year. This modification in the standard medical curriculum in the nation and, particularly, in Florida renders feasible consideration of educational tactics that would have been inconceivable in the fifty-year pattern set by the Flexner Report of 1910.

4) the location of the "bottleneck" of medical education in the facilities for preclinical education. It is the consensus among medical educators that the clinical teaching capacity is not saturated; not so the preclinical-level of teaching. This is the

case in Florida as elsewhere. As Dr. Kenneth Penrod, Vice Chancellor for Health Affairs for the Florida University System, put it at the Florida Regents' Curriculum Committee meeting on medical education in Tallahassee (February 5, 1970), "at present the factor which limits the number of students that can be admitted to any school of medicine is the facilities for preclinical instruction." He prefaced this statement with the observation that "inasmuch as the clinical facilities of the existing medical schools in Gainesville and Miami, and the newly developing school in Tampa, exceed those of the preclinical, they would be able to accept many transfers into the clinical level of instruction."

On the basis of these premises it is suggested that inter-institutional cooperation in medical education is a relatively economical, politic and academically defensible means to increase the System's output of M.D.'s. With comparatively slight modifications in existing curriculum and increments in faculty and facilities the Florida State University and the Florida A. and M. University jointly, with support of the local medical community, can afford the basic science instruction that is essential to the preclinical component of the student's medical education. Florida State University departments in the preclinical basic medical sciences offer work through the Ph.D. and constitute as prestigious faculties as the University has. Their national standing is similar to that of the same departments at the University of Florida. F.S.U.'s lack of a pharmacological program is offset by the availability of such a program at F.A.M.U. Arrangements already exist under Board of Regents' provision whereby students enrolled at one of these universities

may enroll at the other for courses not offered at their own. Selection procedures for students at Florida State University are roughly comparable to those of the University of Florida.

Course requirements for admission to medical school are well known and premedical programs have been devised at this University and at others without medical schools that have prepared their students adequately for professional education. The 133 Florida State University students taking the Medical College Aptitude Test in the years 1964-1967 averaged 522 (highest performance: 570; lowest performance: 450). Comparative average scores for Duke, Emory, University of Florida, Miami and Alabama, all of which have medical programs were 570,538,532,513 and 487 respectively. Florida State University graduates who were admitted to medical schools 1964-1968 slightly outperformed the national average.

	Overall U.S.Class Rank	F.S.U.Graduates'Rank
Upper	16%	18%
Middle	68%	68%
Lower	16%	9%
		5% withdrawn

With addition of the preclinical component of medical education to the University's undertakings and concomitant augmentation of counseling directed toward the students' goals of attainment of the M.D. and the practice of medicine, the performance of the University's students in the above dimensions can reasonably be expected to improve.

The Societal need for the end product of this program, therefore, is indicated by present national and local physician-population ratios and by the personal difficulty encountered by the majority of the population in obtaining services of family physicians when needed. Dissatisfaction is such as to indicate a qualitative as

well as quantitative dimension to the societal need.

The student need for this program is likewise great. According to the annual statistical summary of the Council on Medical Education of the AMA roughly one-half of the students who seek entry into medical programs find openings. In view of the national need and in view of the excess of qualified applicants, American institutions can reasonably be expected to respond better to the need and demand. The program at F.S.U., once established, should attract as many qualified students as it can accommodate. One pool of prospective students is comprised of qualified U.S. citizens who usually seek admission to relatively poor foreign medical schools because of lack of space in U.S. schools. (Of 9,766 physicians newly licensed in 1968 to practice medicine in the United States, 7,581 received their medical degrees from schools in the U.S. or Canada and 2,185 from foreign schools.) Another pool of prospective students is the F.A.M.U. student body and black students who might be attracted to it by the existence of such an opportunity. The admission policy suggested below enhances the prospect for interest in the program on the part of such students.

Just as it is possible within broad limits to define the requirements of premedical education it is possible broadly to define the requirements of the preclinical component of medical education. The curriculum prescribed in this document represents a tentative definition of those requirements. It is our opinion that upon completion of this course work students will be qualified for admission to the second year of the program of medical education at the University of Florida. Experience reasonably

on the University's graduate program and its competency for the proposed undertaking. From Dr. Hutchison's detailed examination of "the people, the clinical facilities, and the programs already existing which are involved or can be involved in medical and allied health education" it seems to us abundantly clear that the local medical community has both the capacity and the will to afford the clinical exposure essential to basic appreciation of the application of the preclinical sciences in the practice of medicine. As to the commitment of the medical community it is worth quoting Dr. Hutchison here:

> All the institutions, organizations and physicians discussed today have expressed enthusiastic support and pledges to participate in the proposed program for the [FAMU-]FSU-UF Basic Medical Sciences program. The tri-county medical society, the Regional Medical Program Council, and the Comprehensive Health Planning Council have all passed resolutions pledging support and encouraging the establishment of the program. We have encountered a healthy array of concepts and ideas. There has been enthusiastic support and virtually no opposition among the local physicians, allied health professionals, planners, teachers, or administrators in the clinical areas. We are all cognizant of the established fact that the level of medical care in a community is directly proportional to the extent to which it is involved in medical education programs.

The Florida Medical Association through its Board of Governors and House of Delegates added its endorsement after the time of Dr. Hutchison's statement. Also the Florida Board of Medical Examiners has unofficially indicated its approval.

The present practicing physician population in Tallahassee is 83 physicians, of whom general practitioners, internists and pediatricians comprise 32%. Eighty-two percent of the physicians practicing in this area are Board certified or Board eligible. All major specialities and subspecialities are represented. Some of

the strongest support for development of the program in Basic Medical Sciences in this area has come from these men active in the field to which our students will aspire. There are numerous areas in which their voluntary help will be sought to support this program. For example, orthopedists, surgeons and radiologists will actively participate within the field of human anatomy. Clinical pathologists will actively participate in the areas of microbiology and histology. The psychiatrists, internists and general practitioners will be involved in the sociobehavioral areas. It is conceivable that the area's total physician population will be involved through inclusion of our students in presently scheduled and operating seminars, conferences and other educational programs open to physicians of the area. Additional participation may occur in specific courses (Hemotology, Nephrology,etc.) which may be offered for students on this campus and as continuing education for physicians in this area. Another possibility is a tutorial relationship in which a student may observe the day-to-day practice of a physician. This may be done by means of attending hospital patient ward rounds, the emergency room, and private practice offices.

Throughout the time of planning, University personnel have leaned heavily upon the experience and advice of the physicians in this area and in this State involved in the actual practice of medicine. The development of a program in Basic Medical Sciences presents no threat to practicing physicians. Their attitude has been, and is expected to remain, strongly supportive, for it is recognized that the presence of a strong medical education program in a local institution will always raise the level of medical care in the community. In addition, the presence of such a program

is a strong force motivating a physician to locate in the community when he begins his practice.

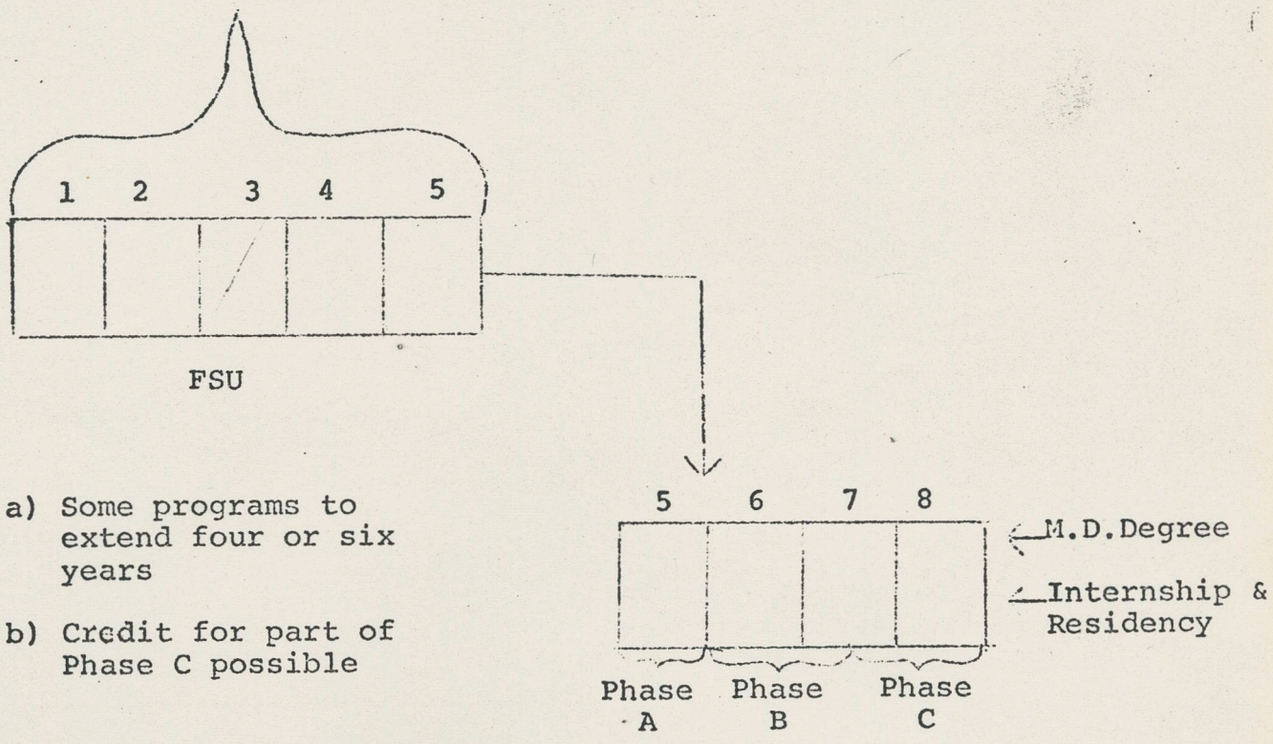
By the Fall of 1970 a Director of Medical Education will be employed jointly by the Hospital Board of Tallahassee Memorial Hospital and the Regional Medical Program. Members of the F.S.U. biomedical sciences faculty shared in the selection of this individual. His duties will include organizing and presenting programs for continuing medical education for the practicing physicians in this area and providing liaison between the medical facilities, medical personnel, and medical students in the area and on campus. Nursing education and inservice components of various health-related programs are already integral to the activities of Tallahassee Memorial Hospital. It is also anticipated that within the near future the Hospital will be organized to offer internships and residencies for postgraduate M.D.'s to receive training as primary physicians, that is, in internal medicine, pediatrics and family practice. It is our desire and plan that this Director of Medical Education become a part-time member of the faculty of the Florida State University. The two Universities and the clinical medical personnel and facilities are more than adequate to form the nucleus for initiating the proposed new program. The potential strength and productivity of the program is dependent upon the close affiliation that the University of Florida Medical College has pledged. Details of this affiliation will be discussed under curriculum design and specifics.

Curriculum Design

Basic Studies plus

Premed plus

Basic Medical Sciences (preclinical)



a) Some programs to extend four or six years

b) Credit for part of Phase C possible

U. of F. Medical College

The above block diagram illustrates the major points into which curriculum specifics will be fitted. The arabic numerals refer to years schooling after high school with the bachelor's and the M.D. degrees being conferred at the end of years four and eight respectively. Traditionally, and in many places by state law, this period of education and training is followed by internship and residency training. During the five years of the FAMU-FSU program a student will be expected to cover the traditional basic studies, plus major requirements, the traditional premedical curriculum and the Basic Medical Sciences. The entry point for most students to the Medical Science portion of his studies will

be early in the junior year. He should be able to complete the premedical curriculum while gaining exposure to some of the Basic Medical Science disciplines. At F.A.M.U. and F.S.U. the student will acquire the traditional Basic Medical Science disciplines with the exception of physical diagnosis and systemic pathology which are offered at the beginning of Phase B at the University of Florida Medical College. The core disciplines of the F.A.M.U.-F.S.U. curriculum will be Biochemistry, Pharmacology, Gross Human Anatomy, Microscopic Human Anatomy, Embryology, Genetics, Physiology, Neurosciences, Introduction to Clinical Medicine, Microbiology, Parasitology, and Sociobehavioral Sciences. Upon being certified as proficient in the Basic Medical Sciences, our students will transfer with guarantee of admission to the beginning of Phase B at the University of Florida Medical College. (It is anticipated that similar transfers at this entry point will become possible for our students at other institutions, namely, the University of South Florida Medical School, the University of Miami School of Medicine, and perhaps others). At the beginning of Phase B which represents the entry point to the study of clinical medicine, students from the F.A.M.U.-F.S.U. program will join students who have reached this same point by a different route. Upon satisfactory completion of three additional years of study in the Medical College at the University of Florida, they will be awarded the M.D. degree.

The curriculum at the University of Florida is represented in the following diagram:

University of Florida Curriculum (Fall, 1969)

Phase A (three quarters)

	Fall, Winter, Spring				Summer
	Introduction to Human Behavior				
I	Introduction to Medical Science	Cell Biology (Biochemistry & Physiology)	Body Systems (normal & abnormal)	Neuro Behavior	Free
	3	10	18	4	(weeks)

Phase B (five quarters)

II	Systemic Pathology and Physical Diagnosis	Clerkship Rotation

(Phase B continued)

III	Clerkship Rotation
IV	(Phase C continued)

Phase C (18 months)

Elective experience in clinical and basic science (at least 1/3 in basic and 1/3 in clinical science)

Flexibility for F.A.M.U.-F.S.U. students will be offered in several possible tracks:

1) An exceptional student may complete the premedical and degree requirements plus Basic Medical Sciences in four years rather than five.

2) A student may remain at Florida State University through a prescribed program that will lead to a master's degree and simultaneously meet the requirements for certification of proficiency in the Basic Medical Sciences. It is conceivable that a student in a Ph.D. program may do the same. Such students who gain entry to Phase B at the University of Florida may be given credit for part of the elective Phase C at the University of Florida if their graduate work has been within a Basic Medical Science.

3) A student with a disadvantaged educational background but high motivation and otherwise favorable characteristics may take additional time to become proficient within the Basic Medical Sciences.

4) During the optional six months in a Basic Medical Science area of Phase C of the University of Florida Medical College curriculum, it is possible that a student will return to Tallahassee for additional work within a Basic Medical Science. For this he will receive credit at the Medical College of the University of Florida.

The design is to achieve past due changes in preprofessional, preclinical and clinical curricular areas. The curriculum is expected to reduce duplication, achieve greater flexibility and expand the entry point for qualified, motivated students who desire to become physicians. The curriculum design, in addition, presents

opportunities to shorten the educational period from high school to practice for exceptional students.

Coordination and easy interchange from program to program and institution to institution will combine students at an advanced level who have reached the point by various tracks and thus will present unique opportunities for research on varieties of medical education.

The rationale for this program and for this curriculum design we can recapitulate as based on the following facts:

1) There is a great need nationwide, and particularly in Florida, for an increase in students in the study of medicine.

2) Florida State University, Florida A. and M. University, and the community of Tallahassee including Tallahassee Memorial Hospital possess untapped resources on which can be built a satisfactory program in the Basic Medical Sciences.

3) The Basic Medical Sciences constitute the bottleneck of medical education that restricts the production of more physicians.

4) The University of Florida with its proven outstanding capabilities in medical education has an unsaturated base for instruction in clinical medicine. (The University of Florida's capacity for expansion of instruction in clinical medicine is greatly enhanced by its recent affiliation with Jacksonville Hospital's education program. Jacksonville Hospital has approximately 2,000 hospital beds, as well as organized systems for the delivery of health care to ghetto areas. There is also the capacity for expansion inherent in the close affiliation between the University of Florida College of Medicine and the Veterans' Administration Hospital across the street from the J. Hillis Miller teaching hospital.)

The curriculum outlined on the next page will implement an available, feasible, efficient, and relatively inexpensive method of significantly expanding opportunities in medical education for the State of Florida. This program should narrow the gap between University and community resources and bridge gaps between Florida educational institutions, all within the framework of fiscal prudence.

Curriculum Commentary

The basic principles of medical education are the same as those of other forms of education. An effective program requires leadership, careful planning, suitable facilities and competent teachers whose dynamic methods of education enlist the participation of the student. The physician of the future will be called upon to be a superb technician knowledgeable in quantitative biology, physics and engineering, equally prepared for treatment and for prevention of diseases, and cognizant of the social, economic and psychological problems of his patients. Appropriate means of evaluation should be devised to measure the program's effectiveness in production of M.D.'s with these attributes.

The curriculum is designed to realize the objectives of the majority of medical schools in the United States as described by eminent medical educators John E. Detrick and Robert C. Person:

> The curriculum should help the student to acquire basic knowledge of man, his physiological functions, the ills to which he is subject and the most effective preventive and therapeutic measures available.
>
> No formal curriculum however long or crowded should include all the medical knowledge that would profit the student. The student should acquire from a well devised curriculum and good teaching methods a body of knowledge, habits of study and a capacity for independent thinking

CURRICULUM OUTLINE

BASIC STUDIES				
Communications	12 hours	(3 to 11 hours overlap possible from mathematics)		
History	9 hours			
Social Sciences	12 hours	(0 to 12 hours overlap possible from sociobehavioral sciences)		
Humanities	12 hours			
Science	13 hours	(all will be covered by minimum program requirements)		
Foreign Language	18 hours			
BASIC STUDIES TOTAL (assuming 28 hours overlap)				48 hours
BIOLOGICAL SCIENCE				
General Biology		4-12 hours		
Embryology, Comparative		4-10 hours		
Gross and Microscopic Anatomy		10 hours		
Physiology		6-12 hours		
Microbiology		5- 9 hours		
Pharmacology		8-12 hours	12 Hour sequence	
Elective: Genetics				
BIOLOGICAL SCIENCE RANGE				37-65 hours
PHYSICAL SCIENCES				
Chemistry				
General		14 hours		
Organic		8 hours		
Biological		4- 8 hours		
Electives: Quantitative Analysis				
Physical Chemistry		0- 4 hours		
Chemistry Range			26-34 hours	
Physics		12 hours		
PHYSICAL SCIENCES RANGE				38-46 hours
QUANTITATIVE REQUIREMENT				
Math through beginning Calculus				
Statistics				
Computer Science				
QUANTITATIVE REQUIREMENT RANGE				10-15 hours
SOCIOBEHAVIORAL SCIENCES				
Psychology		6 hours		
Sociobehavioral Sciences		14-18 hours		
SOCIOBEHAVIORAL SCIENCES RANGE				20-24 hours
CLINICAL EXPOSURE		12 hours		12 hours
TOTAL RANGE*				*165-210 hours

*Plus major requirements which will vary according to discipline. Also program entails possibility of additional work in Basic Medical Sciences in fourth year of medical education.

which will enable him to continue his education after he leaves the medical school.

The specifics of the curriculum are also well in line with the recommendations of the curriculum workshop sponsored by the Association of American Medical Colleges in September 1968; among these recommendations are:

1) Revision of the content and methods of the education of the physician to render his professional competence relevant to changing health needs.

2) Increased student enrollment and physician output.

3) Individualization of students' education to allow for varying rates of achievement, various educational backgrounds and differing career goals.

4) Participation of students in planning their educational experiences.

5) Assumption of responsibility for education in the organization and delivery of health care services.

These recommendations emanating from the curriculum workshop sponsored by the Association of American Medical Colleges we think implemented in our curriculum and program design.

The unique feature of the F.A.M.U.-F.S.U. program is that the Basic Medical Sciences will be presented to the student in a university and community setting as opposed to a medical school setting. The program will be carried out in close affiliation and close cooperation, however, with the established and complete medical educational complex at the University of Florida College of Medicine.

Admission Policy

The executive planning committee decided after due deliberation that the new program should initially have a "self-selecting and continuous" admission policy in contrast to the traditionally careful prescreening policy. The self-selecting admission policy will function as follows:

1) All courses required for certification in the basic medical science disciplines will be open to any student on the F.A.M.U.-F.S.U. campuses who has satisfied the prerequisites for these courses.

2) Personal, motivational and emotional maturity, as well as academic performance, will be subject to review on an annual basis by a committee. (The composition of this committee will be described later.) Any decision to remove a student will be communicated along with counsel to move into a more suitable health-related field or into other alternative fields appropriate to the student's capabilities. We expect the critical evaluation to be that prior to commencement of the last year in the program. For most students it will occur at the end of year four of university study. Prior to this time of commitment the faculty and the committee will have had two full years of evaluation of both academic performance and personal suitability.

3) Inherent in the operation of a self-selecting admission policy is the need for close advisement and counseling. Although this need is recognized as extremely important, the framework for advisement and counseling has not yet been devised. Whatever the framework, it will be designed to allay the concerns of students

whose capabilities are evidently good enough and whose effort is conscientious: such students will be apprised at the end of the junior year of their undergraduate degree program that continuance of their performance will assure admission into the second year of the M.D. degree program upon completion of the Basic Medical Sciences. Other students whose performance and personality conduce to doubt as to their suitability or prospect for success in the medical education program will be carefully counseled through the fourth year. "Self-selection" will not be allowed to produce poorly counseled failures who cannot be admitted to the second year of the M.D. degree program because they never finish the first year. The rigor of the program will necessitate exclusion of those without the requisite capacity or motivation and counseling that considerately conveys that point can only be viewed as kind. One objective of the system proposed, however, is to identify students whose development is slow but who through stretchout of their program can build the capacity essential to success under the speed and intensity of the clinical component of the M.D. degree program.

4) Students who opt for the program will not be obligated to continue through the basic medical science course work; nor will they be obligated to continue in the program by entering the Phase B curriculum of the University of Florida College of Medicine or of any other university within the state upon satisfactory completion of the basic medical science portion on the F.S.U. campus. Rather, these students retain the option, which they presently have upon completing the premedical

requirements, to apply to the medical school of their choice elsewhere or to choose a field other than medicine. The program remains remarkably open-ended. In addition to preparation for the study of medicine the premedical-basic-medical-sciences combination would prepare a student for entry into schools of dentistry, veterinary medicine and other related health sciences. Preparation for one is roughly similar to preparation for the others. Also there remains the alternative track of graduate study through the master's and doctor's degree programs of the disciplines essential to the basic medical sciences curriculum.

5) As previously indicated, students who have completed basic educational requirements for Florida State University, the traditional premedical requirements, the requirements for a major and the prescribed areas of study in the Basic Medical Sciences, not only will be awarded the bachelor's degree but also will be certified as competent through the Basic Medical Sciences and will be given automatic entry into Phase B of the University of Florida College of Medicine.

The flexibility of this design we expect to be extended. With development to the appropriate level, the University of South Florida Medical School is expected to admit students successfully completing the F.A.M.U.-F.S.U. Basic Medical Sciences program just as the University of Florida College of Medicine. We plan to seek a similar possibility for our students at the University of Miami as well. We anticipate development of a matching plan similar to that used in internship selection for placement of these students. Also we expect other universities within the State System to develop comparable programs in the basic

medical sciences as their competencies grow. These developments will permit transfer of students from one university to another in pursuit of aspects of the program according to need and availability. --These latter are longer-run designs, however; the components of the immediately proposed design are F.A.M.U., F.S.U., the Tallahassee medical community and U.F. College of Medicine.

It is recognized that the admission policy outlined above is a major departure from that prevalent in medical schools of the United States. The decision to make this departure was based upon several factors, among them:

1) The traditional, rigidly careful prescreening admission policy of medical schools has been partially successful in selecting excellent medical students but, in the opinion of many, has resulted in inclusion of students who do not prove good medical students or excellent practitioners of medicine and probably has excluded students with the potential for excellence therein. The self-selecting admission policy may prove no less objectionable, but it is logical to give this alternative plan a trial under controlled conditions. The planned cooperative program between the University of Florida and F.A.M.U.-F.S.U. seems an appropriate framework for experiment with this new admission policy. Students who attain the second year of medical school under the F.A.M.U.-F.S.U. self-selecting admission policy will join students who attain the second year of medical school under the careful preselection admission policy. Comparison of the performance of these groups in the remainder of their medical school days and

during later years of practice will yield important information for medical education in the years ahead.

2) A self-selecting admission policy will allow students to proceed at their own pace--gifted students to move at a faster pace and less able students to move at a more leisurely pace. The latter possibility should save some students who are forced to drop out of a rapid program because of difficulty with a single course or area. That possibility should also offer opportunity to educationally disadvantaged students who currently are denied it. Additionally a self-selecting policy should afford students who desire depth in a basic science the opportunity to pursue it.

3) A self-selecting admission policy within the framework of a university (rather than the framework of a medical school) will make it possible for students to look at the practice of medicine before making a personal commitment to the career of physician. The flexibility of the program will make it easy for a student to change tracks at any point. Change should be accomplished with at most minimal loss of time, money and pride. This minimal cost is a sharp and positive difference from the acute anxiety of rejection at the currently single admission point when unsuccessful applicants have not made alternative career plans. The flexibility also is in sharp contrast to that of students covering basic medical sciences after entry into a medical school. Such students rarely exercise the personal prerogative of dropping out: strong factors prompt them to continue even when motivation has diminished.

4) Desirable students who have not given serious

consideration to a career in medicine may take the opportunity for a limited exposure and through new self-evaluation become motivated to a career in medicine.

Pitfalls in self-selecting admission policy - Identifying academically inept students will present no problem. Identifying the student with psychological or emotional problems will require close counselling, advisement, and cooperation of the faculty. To identify and remove such students from the program a committee will review the performance and personal qualifications of each candidate each year. We propose that the review committee be constituted as follows:

1) The program director at Florida State University.

2) Three of the Basic Science faculty at F.A.M.U.-F.S.U., at least one of whom will be from F.A.M.U.

3) Two practicing physicians in the Tallahassee community who are participating in the program .

4) Two representatives appointed by the Dean of the College of Medicine at the University of Florida.

5) A junior or senior medical student from the University of Florida.

6) The Director of Medical Education at Tallahassee Memorial Hospital.

The most frightening aspect of a self-selecting admission policy is that we are likely to be confronted with more candidates than we can accommodate. We believe that in the early years of the program numbers will not be excessive. Some limitation on numbers will be effected by the students' recognition of the rigor of this course of study. We trust that before the number of students becomes a problem either we may expand our facilities to accommodate the qualified candidates or other institutions of

the State University System of Florida will have established similar programs. If numbers prove a problem, prescreening will become a necessity. With all the potential pitfalls of a self-selecting system, the planning committee is enthusiastic about the possibility of establishing an admission policy that will in no way arbitrarily deny a chance to students who desperately desire one.

Accreditation

Accreditation of medical schools and programs is now the function of a joint liaison committee of the American Medical Association and the Association of American Medical Colleges. For legal accreditation, a school of medicine must maintain high standards that are measured by periodic inspections. However, considerable latitude for experimentation in curriculum makes substantial change both in philosophy and in administration of programs possible.

The basic requirements which must be satisfied prior to the issuance of a "letter of reasonable assurance of accreditation" by the liaison committee are as follows:

1) Sufficient evidence of library resources, faculty, facilities and space to support an approved curriculum.

2) The appointment of an administrative director of the program.

3) Evidence of financial responsibility.

Although the Basic Medical Sciences program herein proposed will be merely adjunct to a degree granting program, it will be classified as medical education. For such a program accreditation

requirements quickly should be met; this fulfillment will be to the advantage of both the students involved and the institutions which sponsor the joint program. For example, conditions such as financial aid and military deferment may be greatly modified for one who is enrolled in the medical program. Additionally, institutions must have either an accredited program or a "letter of reasonable assurance of accreditation" to apply for financial support from the federal government. Without it there is little prospect for outside support from either private or governmental resources.

There has been close communication with the liaison committee through all stages of exploration, feasibility study and planning for this program. The liaison committee has afforded strong encouragement and endorsement at every point along the way. There is no reason to assume that this adjunct program will be unable to meet the requirements for accreditation.

Qualifications of Director

The Planning Committee agreed that a full-time director for the program would be necessary and that his qualifications should include:

1) an M.D. or science-oriented Ph.D. degree,

2) experience in medical education (preferably including familiarity with undergraduate education and with selection of students for medical school),

3) the ability to communicate with both graduate faculty in basic medical science disciplines and practicing physicians of the medical community, and

4) dedication to the improvement of the delivery health care system of the nation through production of primary physicians, family physicians, internal medicine specialists and pediatricians.

Needs for Implementation and Budget

To implement the foregoing program we think that in the first year of the program we should have 8 additional faculty inclusive of the director. We expect our output in this program over the early years to be 50 students per year who will be certified in basic medical sciences to continue their medical education in the clinical area. In later years we expect this number to rise. This additional load will require proportional increases in faculty and staff.

It should be emphasized at this point that these new faculty will be added to existing departmental structures in order to accommodate the anticipated additional student load. These faculty members will be regular members of their departments who teach courses appropriate to the Basic Medical Sciences program.

On the basis of the needs outlined above we project the following budget for Year 01. Obviously additional funding for equipment and modification of facilities will be needed early in the program as well.

BUDGET REQUEST

PROGRAM IN BASIC MEDICAL SCIENCE 1971-72

PERSONNEL			
1.	Faculty (8 at $15,200 + 950 fringe benefits)	129,200	$122,550
2.	O.P.S. (to include consultants)	15,000	
3.	Administrative	12,168	
4.	Technical & Service	9,204	
5.	Clerical	6,554	
	Subtotal		$172,126
CONSUMABLE SUPPLIES			12,000
OTHER COSTS			
1.	Travel	6,500	
2.	Library	3,000	
3.	Expense	2,250	
	Subtotal		11,750
	TOTAL		$195,876

Planning Committee

on

Preclinical Medical Program

Dr. Robert M. Johnson, Chairman
Dr. Ira C. Robinson (Dean, Florida A. and M. School of Pharmacy)
Dr. Emanuel Suter (Dean, Florida Medical School)
Dr. Henry Winter Griffith, Coordinator, Planning Introduction to Clinical Medicine
Dr. Joseph Henry Grosslight, Social and Behavioral Science
Dr. Robert W. Hull, Anatomy, Physiology and Microbiology
Dr. William Hutchison, Clinical Medicine
Dr. Robley J. Light, Biochemistry and Pharmacology
Mr. Robert J. Ollry (Urban and Regional Planning)
Dr. Richard Winzler, Biochemistry

Each member has had subcommittee for his area.

6/23/70