

FLORIDA'S PANHANDLE: FERTILE GROUND FOR TOMORROW'S DOCTORS

BY RON HARTUNG

When

the late legislator Durell Peaden warned in the 1990s that the Florida Panhandle was dangerously low on doctors, he had a

hopeful message as well: Future doctors were waiting to be discovered in the dozens of towns between Madison and Milton. All that was missing, he said, was the magnetic pull of a medical school that specialized in rural areas and primary care.

Today, the Panhandle has become a physician factory beyond Peaden's wildest dreams. In all, *268 students from 38 Panhandle towns* are attending, or have graduated from, the FSU College of Medicine.

Most are still in med school or residency training. They won't all return to the Panhandle, but many will. Thirty-one Panhandle alumni already are practicing there — including 19 working in their hometowns. One of them is in Crestview, Peaden's hometown.

"I'm so blessed to be back here," said Kara Brooks, who graduated from high school in Crestview. Her relatives were Peaden's patients, and she worked for him briefly when he was a state senator. "I am forever grateful for his efforts and successes in growing medical resources in my part of the state."

Now she's practicing at the four-story Sacred Heart Crestview Medical Clinic.

"It's exactly what I hoped it would be," said the Class of 2006 alumna.

She loves that her patients often are neighbors, friends, fellow church members — not people she knows only from her exam room.

Brooks did her residency training not far away in Albany, Georgia. Doctors tend to settle down close to their residency locale. But each passing year provides more examples of alumni who bucked that trend. For example, 13 of the 31 who've returned to the Panhandle spent three or more years outside the region.

Actually, having regional roots isn't even a prerequisite. Twenty-three College of Medicine alumni who grew up outside the Panhandle, or even outside the state, are now practicing in Peaden's beloved stretch of Northwest Florida. Peaden, who died in June, would have rejoiced over these numbers.

"Durell was such an optimist, he probably would've said, 'I'm not surprised!'" said Myra Hurt, who bonded with Peaden during their efforts to create the College of Medicine.

She knows how valuable each new Panhandle physician is — and how much work goes into recruiting and preparing them.

Lacking words, not brains

In 1997, when Peaden inquired about the possibility of a new medical school at FSU, he was immediately steered toward Hurt — who'd been pondering that possibility for years. She directed FSU's Program in Medical Sciences, which guided students through their first year of medical school. More than that, though, PIMS sought students more likely to



practice medicine in rural and other underserved communities. And PIMS emphasized a patient-centered, student-focused, apprenticeship style of medical education.

“I knew how few rural kids actually get to the point that they apply to medical school,” said Hurt, senior associate dean for research and graduate programs, a scientist at FSU since 1987. “Often they just hadn’t been exposed to role models and to people who told them, ‘This is what you’re going to have to do to get in.’”

Like Peaden, Hurt grew up rural — but in Arkansas. Repeatedly she has seen people overlook entire rural populations, equating unremarkable standardized test scores with unremarkable intelligence. A downstate professor familiar with FSU’s outreach efforts once asked her, “Why put

your resources there when you could put them with other kids who are clearly going to do well?”

She was aghast.

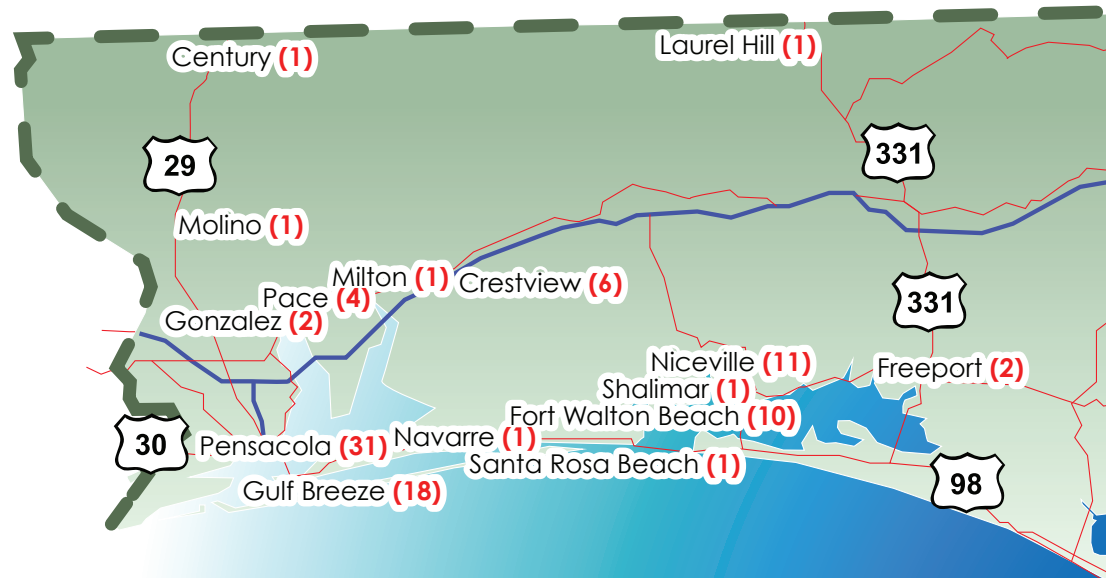
“I learned from teaching high school biology for six years in north Arkansas that the college-bound kids didn’t really need me. They would have done well regardless,” Hurt said. “But the kids that I helped were the ones who needed to learn the language to do better on standardized tests. They knew the concepts. What they didn’t know were the words. Nobody had worked with them.”

Hurt is delighted to see so many talented medical students who otherwise might have gone undiscovered.

Kara Brooks (M.D., '06), left, at her office in Crestview.



COLIN HACKLEY



SSTRIDE approach

SSTRIDE (Science Students Together Reaching Instructional Diversity & Excellence) gives rural and minority students the appropriate academic background and enthusiasm for science while exposing them to a variety of health professions. It's based in five Panhandle counties (plus Orange and Collier counties downstate).

Conceived by Hurt when she directed PIMS, and developed by Tesla Berne-Anderson, SSTRIDE operates under these principles:

- If you want a health professional to practice in Wewahitchka (for example), your best bet is to recruit someone who grew up there.
- If you hope to attract qualified Wewahitchka students to your medical school or health program, you'd better get involved with them academically in middle school, pique their interest in a medical career and stay with them through high school and undergraduate years, preparing them for the academic rigors of the curriculum.

Of SSTRIDE's nearly 1,200 participants with documented high school graduation, more than 98 percent went on to college, and nearly two-thirds chose a health, science or math major.

How many prospective students *right now* are being groomed by SSTRIDE? Answer: 438 (131 in Madison County, 113 in Okaloosa, 107 in Gadsden, 46 in Leon and 41 in Walton).

Choosing students

In keeping with its mission and legislative mandate, the FSU College of Medicine gives special consideration to applicants who are minorities, rural, Panhandle residents or committed to serving the underserved. So it has its own way of evaluating prospective students.

"For example," said Assistant Dean for Admissions Graham Patrick, "our average MCAT score is about 28. None of the other Florida schools have an average MCAT below 30. Some say, 'Florida State is easier to get into.' My response is, 'It's *different* to get into.' We put an emphasis on other things."

Those MCAT numbers don't concern Patrick. According to MCAT data, he said, once you get above a score of 26, pass rates on standardized step exams don't change, nor do graduation rates.

And FSU medical students excel on those step exams. In the most recent results, printed in the med school's 2014 annual report, FSU students taking USMLE Step 1 for the first time had a pass rate of 93 percent, identical to the national average. For Step 2 (clinical knowledge), FSU students had a pass rate of 98.5 percent, higher than the national average of 95. Every year, scores are well above what you'd predict if you judged solely from MCATs.

"We're happy to offer the opportunity to people who otherwise would not get it," Patrick said. "We think they'll make wonderful physicians, if given the chance."



268 STUDENTS FROM 38 PANHANDLE TOWNS

This map shows how many people from the Panhandle are enrolled in, or have graduated from, the FSU College of Medicine. How did we define “from the Panhandle”? Where possible, we used the town where the student graduated from high school. For the three years where that information was not available, we used the hometown the student had identified for the graduation program. For example, the “13” next to “Panama City” on the map indicates that 13 alumni or current students either graduated from high school in Panama City or listed Panama City as their hometown at graduation time.

(We counted current medical students; current Bridge students; and graduates. We did not count former students who did not graduate.)

54 ALUMNI PRACTICING IN 15 PANHANDLE TOWNS

Whereas the map shows which of our students came FROM the Florida Panhandle, this chart shows how many College of Medicine alumni came TO the Panhandle to practice — whether or not they grew up here. *(Several of these 54 alumni are practicing in more than one town.)*

Apalachicola	1
Blountstown	1
Bonifay	1
Chipley	1
Crestview	1
Marianna	1
Pace	1
Panama City	4
Panama City Beach	1
Pensacola	8
Perry	2
Port St. Joe	1
Quincy	2
Santa Rosa Beach	1
Tallahassee	31





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HAWKINS: FILLING A NEED IN BONIFAY

When he thought about coming back to practice in his hometown (population not quite 3,000), Patrick Hawkins had one concern: “I didn’t know if Bonifay people who’d seen me growing up could see me as their physician. I didn’t know if they’d open up to ‘little Patrick Hawkins who used to cause trouble in Sunday School.’”

Not a problem. Business is so good at Hawkins Family Medicine that he’ll soon be moving into a new, bigger office across I-10. And not a moment too soon: The desks of the doctor, two nurse practitioners and the office manager now butt up against each other in one cramped room.

Hawkins graduated from the College of Medicine in 2008 and from the Tallahassee Memorial Family Medicine Residency Program in 2011. He appreciates Bonifay’s support. And he feels needed.

“When I came back, the average age of the physicians here was 65 — excluding me,” said Hawkins, who occasionally rides his Harley-Davidson to work. “Since then, we’ve had one of the practicing physicians pass away, and two retire, which put a heavy burden on the rest of us. Fortunately some nurse practitioners helped out. And just this year we’ve had two new physicians come in. They had family ties.”

In his mind, coming back was never in doubt. His family is here, along with his wife’s family and loads of memories: “Country living — growing up riding four-wheelers, hunting, fishing, doing all the things they talk about in country songs. Wanting to offer those same opportunities to my children was definitely the biggest attraction.”

The relationship between providers and patients is informal, as reflected on the Hawkins Family Medicine Facebook page. In the past year, that page has mentioned the first day of school (wishing everyone “a sick-free year”), ugly Christmas sweaters, Hawkins’ mother-in-law/office manager (“the glue that holds us all together”), the rodeo (“stop by our booth!”) and much more. His faith also shows through: “Thanks be to the Lord for his blessings and to you ... for your trust.” The 68 patient reviews give him an average of 4.9 out of 5 stars. “Very smart, very caring crew they have here,” one patient wrote. “When you trust someone you’ll drive over an hour to come see them.”

Since 2012, Hawkins has been teaching College of Medicine students interested in rural medicine. His approach with students, as with patients, is quiet but confident, friendly but no-nonsense.

“I’ve enjoyed it,” he said. “It keeps me on my toes, just having to make sure I’m explaining stuff correctly and thinking outside the box when necessary. If you go back to the Latin root of ‘doctor,’ it’s ‘teacher.’”

RACKARD: 'BEST DECISION OF MY LIFE'

Rachel Rackard has lived in Thailand, Brazil, Maryland and Tallahassee, but in 2003 she and her husband adopted Chipley, population about 3,500, as their new home. At age 34, a so-called nontraditional student with a 6-year-old son, she's spending Year 3 in the College of Medicine's Rural Program, based near Chipley in Marianna.

As an undergrad at FSU, she double-majored in criminal justice and psychology. Then, for 10 years, she worked at the Life Management Center in Marianna and Bonifay, ultimately becoming a Licensed Mental Health Counselor. She enjoyed the work but eventually thought she could help people more if she had a medical degree. She and her supportive husband talked it over time and again. Big commitment, long commute, serious disruption of family routine.

She says she probably wouldn't be at the College of Medicine if not for a chance visit from first-year students.

"A couple of years ago, a class of new FSU med students came through Marianna as part of their Rural Experience," she said. "My supervisor asked me to talk to them about rural mental health. We had extra time, so I told them, 'Yeah, I thought about med school.' They were all so encouraging. I think that's when I really got serious. I knew I'd have to start from scratch with the science prerequisites, but I also knew the years were

going to go by whether I was working on this goal or not. It was time to take that first step forward. So, that's when my husband and I decided 'Yes.' It's been the best decision of my life."

This year, the Rural Program has a new approach. Instead of spending six weeks in family medicine, then eight weeks in internal medicine, for example, students experience the various specialties one day a week.

"It's been a good opportunity to see long-term, chronic-disease management," she said. "It gives you good opportunities to see true continuity of care from lots of perspectives. For example, I was in surgery Monday and Tuesday, and a lady came in with pelvic pain. The surgeon wanted to refer her to an OB doctor before he pursued other things. And I get to go on THAT appointment, to see it from the OB perspective."

She's looking ahead to the possibilities: "The Life Management Center is trying to do more integrated care and have family physicians come work with them. After residency, I've thought about trying to rejoin that agency. I definitely want to come back to this area. You literally can leave the doors unlocked and the keys sitting in the car seat. The people are so good."



COLIN HACKLEY

FALL '15

ALBRITTON: HAPPY (AND FRAZZLED) IN MARIANNA

“I think my patients appreciate that I’m one of them,” Robin Albritton says. “They come to me in camouflage, T-shirts, tank tops, flip-flops. You’re never going to see me dressed up in a suit and tie in here, because that’s just not who I am.”

Albritton grew up in Marianna, headed to medical school, graduated in 2007, promised to come back after completing Tallahassee Memorial’s Family Medicine Residency Program — and did. Five years later, he’s seeing patients at Chipola Surgical & Medical Specialties, mentoring Marianna’s next wave of prospective physicians, raising his kids and watching his community of more than 6,000 prosper.

At the same time, he’s working some crazy hours and becoming increasingly aware of the red tape involved in old-fashioned primary care. It’s satisfying, and sometimes frustrating, on the front lines.

“Dr. Albritton exemplifies the College of Medicine mission statement,” Steven Spence, the medical school’s clerkship administrator in Marianna, said in a letter nominating Albritton for this year’s Distinguished Alumni Award — which he won.

“Working with Dr. Albritton makes you want to do primary care,” said Jennifer Rowe, a third-year student who grew up in rural North Carolina and Florida’s Clay County, and is spending Monday mornings with him this semester. “The rapport that he has with the patients is phenomenal. He doesn’t rush people along. He’s also very much into shared decision-making: ‘These are our options. What would you like to do?’ He can take something complex and break it down to a level that anyone can understand.

“He’s very patient with me as well. It’s not just, ‘Hey, come follow me around and see what I do.’ He’s really interested in helping me learn how to think as a physician.”

Here’s a sampling of what Albritton thinks:

- “FSU has proven that an average MCAT score of 28 does not mean we have lower board scores than anybody else. I tell Chipola College students here all the time: You need to be a well-rounded individual to get into the College of Medicine. English and the arts are just as important as chemistry and biochemistry. And you need to do mission trips.”
- “Primary care doctors in towns like I’m in are a dying breed: willing to do office, and hospital, and nursing homes, and be on call frequently. I’m on call every fifth weekend. Weekends are brutal. They’re 72 hours. I’m responsible for every patient in the hospital. On a slow weekend I often will see 35 to 40 patients. On a busy day, 55.”
- “Everything is electronic, which was supposed to help us practice medicine. But it’s much more labor-intensive. We spend more time on the computer than with patients.”
- “Marianna’s a good community. A lot of my friends are back. They’re engineers, lawyers, nurse practitioners, outstanding businessmen and -women. That’s what it’s going to take. There’s nobody sitting in New York right now saying, ‘Man, I’m moving to Marianna, Florida!’”



COLIN HACKLEY



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MACK: SEEING BEYOND GADSDEN COUNTY

Miranda Mack was valedictorian and taught chemistry and physical science at East Gadsden High. In short, she's plenty smart.

But medical school is a whole different animal. As it turns out, one of Mack's best discoveries during her medical training was about herself. At the Pensacola Regional Campus, she learned that one reason for her difficulty with exams was that she has ADHD. More important, she learned how to live with it.

Now, having finished her clinical rotations, she's ready to begin interviewing at residency programs for the next stage of her medical education. Big question: Now that she has experienced life beyond rural, familiar Gadsden County, where will she want to settle down?

"Everybody in Quincy that knows I'm in med school wants me to come back," she said. "At this point, I'm just waiting to find out where I'll go to residency, and then I have to go from there with the opportunities that open up."

Other observations from this Gadsden native:

- "I applied to a lot of places for medical school, but FSU is the only place that not only took me but nurtured me. I don't think I would have made it, honestly, if it hadn't been for the College of Medicine taking a chance on me."

- "I love Pensacola [where she spent her clinical years]. Escambia County has several satellite communities. I did pediatrics in the town of Jay, in the middle of nowhere with one traffic light. I've been in Gulf Breeze. I've been in Milton. I've been in Pace. It's been really interesting to see how things are different in all these areas."
- Dr. Luis Navas, her first physician mentor in Pensacola, "is one of the people that brought out my confidence. He gave me a lot of freedom, a lot of responsibility. He was able to see what my weaknesses were, and he pushed me toward more of my strengths. At the beginning I was second-guessing myself about everything. His mentorship and guidance really helped."
- "One program that I really liked was St. Vincent's in Jacksonville. I did a four-week rotation there and fit in pretty well with the faculty and residents. They have a combination of rural and urban populations; serve a lot of people who are uninsured; serve a lot of victims of crime; and have a lot of infectious disease. It's going to be one of my top choices for residency."

People of Gadsden County, don't give up: She still might be your doctor one day.