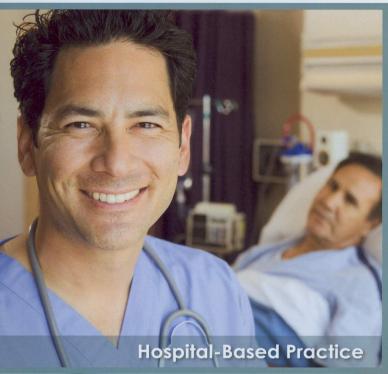
FOR MINORITY MEDICAL STUDENTS











THE CAREER GUIDE



Did you know going into medical school that you wanted to be an academic physician?

Littles: Not at all, no! In fact, going into medical school, my only exposure to a physician was my own pediatrician. I actually worked with him a bit in high school and did some volunteer work with him in college. So going into medical school, I thought I wanted to be a pediatrician and do what my pediatrician back home did-take care of patients.

But what I realized in medical school is that I really enjoyed teaching. And then when I got to residency, there was even more of an opportunity to serve as a teacher, especially when I became chief resident.

Even after that, however, I went back to my hometown of Quincy, Florida, to set up a solo private practice after residency. That's what I really wanted to do. But because my practice was just 22 miles away from where I had done my residency, I continued to participate in the residency program (University of Florida, Family Medicine)

CAREER PROFILE

Academic Physician

Alma Littles, MD

Senior Associate Dean for Medical Education

Dr. Alma Littles serves as the chief academic officer for the College of Medicine with overall responsibility for the education program, as delegated by the Dean. Littles is former director of the Family Practice Residency Program at Tallahassee Memorial Hospital. She has been involved in medical education since 1989 when she began precepting medical students and residents in her rural practice. She joined the faculty of the Family Practice Residency Program at Tallahassee Memorial Healthcare in 1996, and became director in 1999. A former president of the Florida Academy of Family Physicians, Dr. Littles is a leader in organized medicine and a longtime patient advocate.

as a preceptor. I really liked doing that, and the more I did it. the more I liked doing it.

After a while, I realized how much I really loved working with students, so I came up with a goal to move to a 50/50 schedule: half teaching and half practice. At about that same time, the hospital where my residents were coming from-Tallahassee General Hospital-offered to purchase my practice and I decided to sell.

Starting a solo practice takes skills far bevond just being a good doctor. Were you prepared for the business aspects and all of the other things that came with it?

I like to say I had a lot of "on-the-job training." When I started, I didn't even know I needed a business license! So I'm very supportive of practice management training, especially at the residency level.

How did selling your practice change your career?

It really opened the door for me to move more into teaching without feeling like I was deserting patients. The patients were now within the context of a practice and not solely dependent on me being there to take care of them.

The other big thing that happened during this time is that I had my son. I realized that having a solo practice and being a mom was going to be tough. Little did I know that moving from full-time practice to teaching didn't really free up that much time, but it did rearrange it in a different way.

After the sale, I actually stayed with my practice for another two years to make sure it was running smoothly, and then moved full-time into teaching at the residency.

What did your first fulltime job at the university look like?

At first, I was still seeing patients, and then I eventually became director of the residency program, which added a lot more administrative work, but I had all three "legs"—seeing patients, administering the program, and teaching. I loved it. I was actually having a ball doing that.

Then when the talks began about opening up Florida State's medical school, I was in on those conversations from the ground floor, and when the opportunity to get more directly involved came, I just couldn't turn it down. The school's mission fit perfectly with my own personal and professional mission—providing service to underserved populations, particularly in rural areas.

because what do we go to medical school for? To take care of patients! In my first practice, I really felt that I was making a difference, and I loved it.

So committing to getting a new school started was a big transition, but because we had so much passion and commitment to the goal, it has been very rewarding to be a part of the process.

Since you have seen "both sides" of medicine, what's your advice to someone who's considering their career options?

I didn't sit down one day and say, "You know, in five years, in ten years, I'm going to be in academic medicine." In fact, if you had asked me within the first five years that I was in private practice if I would ever be doing anything differently, I probably

know. You need to be prepared so that when a door opens you're ready to walk through it.

What other advice do you give to students specifically about choosing how they're going to practice medicine?

I always tell students is that you need to find something that you really like to do—that you love to do, in fact. And if you do that, I really do think that you will find success, no matter what area you choose to work in. The worst thing you can do is pick a specialty because you'll make a lot of money in it. Because if it's something you don't even like doing, you won't be doing it for long and the money won't matter.

I also tell them to remember those who are coming behind them and make a point of doing something that's going to benefit someone other than yourself. Look for volunteer work or other things that keep you grounded and connected to your community outside of your practice.

I really felt that I was making a difference, and I loved it.

This must have been a huge change for you.

Yes, the biggest change was it that really removed me from clinical practice. That was tough, would have said no. So what I say to students coming behind me is to always take advantage of opportunities that come your way. It may not look like it's something that you're going to ever use again, but you never