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Sarasota campus a proving ground for Florida's new med-school model

Unconventional approach provides quality physicians for Florida communities

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Published: Monday, September 13, 2010 at 1:00 a.m.

They arrive in Sarasota every August as 20 fresh-faced young women and men in big white lab coats, and they leave two years later as medical doctors.

This is an experiment that began only five years ago here. But early indications suggest that the Florida State College of Medicine's regional campuses and unconventional teaching methods are not only meeting the school's goal of producing primary care physicians who will practice in Florida communities -- but also consistently generating that elusive commodity every patient looks for: a really good doctor.



STAFF PHOTO / E. SKYLAR LITHELAND

Third-year medical students listen to a lecture on addiction by Dr. John Kieffer during class at the Florida State College of Medicine's regional campus in Sarasota on Sept. 1. It has been five years since the FSU College of Medicine established a branch campus in Sarasota.

Students' scores on the U.S. Medical Licensing Examination tests show improvements surpassing the national average. Along with their placements at prestigious residencies nationwide, this is evidence, said Doug Carlson, the school's director of public affairs, that "not only does our model for training doctors work, but it might even work better than the traditional model."

While third- and fourth-year students in other medical schools typically do their learning on group rounds in conventional teaching hospitals, the students who come to Sarasota work alongside respected doctors in their offices, meeting and treating patients right away.

"I had one of our students tell me that when she had her surgery rotation, she first-assisted in seven medical cases," said Dr. Bruce Berg, dean for the Sarasota campus. "That usually never happens with a third-year medical student."

Dr. Frances Ginsburg, residency director at Stamford Hospital in Connecticut, interviewed three candidates from the Sarasota campus in December for an obstetrics-gynecology residency, and said she was "struck favorably" by their experience and poise.

"I know it's a new school," she said. "I think they're doing something right at that school. Ob-gyn is a really tough field, and we had these three women come in and blow everybody away. I see a lot of students who have rural experience, and I wouldn't say they're all of the same caliber. These were very highly motivated women."

The FSU venture began in 2000, after a two-decade hiatus in new medical school start-ups. The college's mission was to combat a coming wave of physician



retirements, and specifically to address the needs of elderly, rural and other underserved patients. Since the first class graduated in 2005, according to the school, 55 percent of its alumni have gone on to residencies in the crucial primary care specialties of internal medicine, family medicine, pediatrics or obstetrics-gynecology. The average nationwide is less than 30 percent.

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To achieve this, FSU opted for a different way of training doctors. Instead of spending their third and fourth years in a hospital, as part of a team of interns and residents, the 120 students of each class go to one of six regional campuses and two rural clinics. Rather than report to a hierarchy of doctors, they are matched for each of eight clinical rotations with a community physician who serves as a teacher and mentor.

"They have a dramatic growth curve. It's so much fun to watch," Berg said. The first two years of training in Tallahassee, he explained, "for the most part is book learning. But the big transition occurs between the second and third year, where you're standing in front of a patient. You have to think on your feet and bring this information quickly to bear on the person before you."

The Sarasota downtown campus was established in 2005 in a pink stucco Mediterranean Revival house moved from the bayfront to the corner of 2nd Street and Cocoanut Avenue. Inside, the historic building is a blend of vintage details and state-of-the-art video learning facilities. But Dennis Baker, the college's associate dean for faculty development, pointed out that it's the Sarasota community, not one charming house, that makes up the actual learning site.

"The default thinking is that the regional campus equals that administrative building," he said. "But the regional campus is the geographic region that includes the doctors' offices and the hospitals."

Dr. Paola Dees, a 2008 graduate from Sarasota now in her third year of residency in pediatrics at the University of South Florida, said the doctors here who involved her in their practices gave her a clear advantage when she began her residency. She said being able to spend more time with the patients of her mentors, such as pediatrician Dr. Patricia Blanco, improved her history-taking and communication skills.

"In Sarasota we were able to do that in a much more focused way," she said, "because we didn't have to worry about interacting with other members with the team -- interns and residents and fellows."

Dr. Kristen Shepherd, class of 2007, now a third-year ob-gyn resident at Shands-Jacksonville, said that "every single one of us at the end of our time in Sarasota wanted to come back." She agreed with Dees that more hands-on learning gave her an advantage after graduation.

"I think I was more comfortable in the operating room than a lot of first-year residents who hadn't had the experience," she said. "My surgical skills were a little more advanced, and overall I was more comfortable and involved with the patients."

Dr. Washington Hill -- medical director for labor and delivery at Sarasota Memorial Hospital and one of eight directors on Sarasota's list of almost 300 faculty physicians -- described Dees and Shepherd as the kind of doctors Sarasota needs for the future. He declared the FSU training model "superb."

"There are good students, there are mediocre students, there have been a couple of students who haven't finished, but I think overall the model of two years up in Tallahassee, then two years at a local regional campus, have been very good," he said.

He added that the personal attention makes it harder for coasting students to hide: "We're sitting here one on one. It's very easy to tell whether a student's been reading, and whether they have it or don't have it."

Baker said its decentralized and highly personal system grew out of the fact that the Tallahassee medical community is not large enough to accommodate 240 student doctors at one time. He said while there are about 20 other medical schools in the country with some type of distributed model, FSU is unique in the way it uses community doctors.

"It's fair to say we're doing an excellent job of putting graduates into primary care residencies. We're a leader in the state in that respect," Baker said. "Some people said that model will not work; you have to have academic physicians training your students. But we have proven that is not the case. Our faculty physicians are good role models and good teachers. And our students are knocking the tops off of those boards scores."

He was referring to the USLME test, which all medical students take in three steps, after the second and fourth years of school, and after their residencies. FSU students so far show a pass rate of 95 percent on Step 1, compared to a U.S. average of 93 percent, and 98 percent on Step 2, compared to a U.S. average of 95 percent. The national average for improvement between the two steps is 7 points on a scale where most scores fall between 140 and 260; for FSU students in the class of 2010, the improvement after students' years at the regional campuses averaged 17 points.

FSU's Carlson said such results are especially gratifying because they have consistently exceeded the scores predicted by students' performance on the standard medical school entrance exam, known as the MCAT. "If someone had a slightly lower MCAT but seemed to have the right background or frame of mind" to become a community doctor, he said, the school tends to admit that student.

The challenge of luring Sarasota's best graduates back to practice here is complicated by their success in landing residencies at prestigious hospitals. Although Florida has about 6 percent of the U.S. population, the state has only about 3.2 percent of the nation's residency programs, according to the American Medical Association's latest count.

"One of the goals of the FSU program is to get doctors to stay in Florida," said Hill. "Unfortunately, there aren't enough residency programs in Florida, so many of our students go outside the state. You usually practice in the area where you do your residency, because people get to know you."

Berg, the Sarasota campus dean, said he hopes local residencies will be the next step in FSU's evolution.

"Not only will we continue to provide excellent clinical training for our students -- hoping to develop residencies in the community -- but also getting into the area of what we call translational research," he said. "If you have a research project that involves clinical medicine, you automatically have the majority of the state potentially involved in that research project. ... That's the direction we want to try to go; we're just getting the very beginnings of it started now, because we spent five years getting the campuses done."

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