

Stacking the Deck

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FSU channels novel approach to retain medical graduates in Florida

ORLANDO – When leaders at the Florida State University College of Medicine (FSU COM) began crunching numbers, they were pleasantly surprised to learn that roughly two of three medical graduates are practicing medicine in-state, even if they completed residencies elsewhere.

“We were concerned it was a fluke and hoped the trend kept up,” said Michael Muszynski, MD, dean of the FSU COM Orlando regional campus, and associate dean of clinical research. “Five years later, it’s holding steady between 60 and 64 percent.”



Dr. Michael Muszynski

State lawmakers approved the opening of the FSU COM in 2000, after the Board of Regents denied requests in the late 1990s, stating more doctors weren’t needed. The charter class graduated in 2005.

As of May, 82 of 135 FSU COM graduates who have completed residencies are practicing medicine in Florida (61 percent). Of those, 70 percent (57) are in-state primary care providers (PCPs) and 16 percent (13) are practicing in rural, medically underserved areas of the state.

“The reasons why our statistics are much better than the standard 30/60 percent split – that is, 30 percent of graduates from traditional-based medical schools typically return to the state after completing residency and 60 percent stay where they did their residency – is because of the foundation we laid with our mission statement, which was created by us from the very start,” said Muszynski. “We wanted the foundation firmly established so that whoever inherited the program from the pioneers who started the school wouldn’t be able to vary from the mission.”

First, FSU COM stacks the deck on the front end through a holistic application approach, focusing on applicants who want to live and practice medicine in Florida. Second, the college follows a community-based medical school model during students’ clinical years, where they connect one-on-one with physicians in the community.

And third, medical school faculty makes it fun and interesting to be a community-based doctor with a mentoring system that maintains contact with students during school and afterward.

“We didn’t take a willy-nilly approach,” said Muszynski. “We put a great deal of thought into how our approach might work. We knew we had to make an impression on medical students when they were making choices about their careers. And it’s working. The only thing that surprised us was how well it’s worked. We would’ve been happy with a 40 to 50 percent return, but 60 to 65 percent is astounding.”

During the formulation of their approach, FSU medical school leaders noted behavioral changes before, during

and after medical school.

“What you thought you wanted to do for a career when you were in high school was probably different than when you were in college,” he explained. “It changes quickly during those years as you become exposed to more influences. Medical students’ thinking typically isn’t solidified at that point about what they want to focus on in life. They’re still experiencing and sampling. Their choice maturity is young.”

Also, during residency, medical graduates begin to get involved in the community, marry, start families, buy their first home, and/or begin receiving local job offers, making it an easy choice to remain at the residency location.

“We thought graduates usually make their choices during residency because they picked a specialty,” said Muszynski. “Traditional medical school models aren’t so much about a connection where students are from, but where they are. We wondered about the lack of that connection. I thought back to my Ohio State University days after medical school. My loyalties weren’t to Central Ohio; my warm-and-fuzzies were at Ohio State. We asked the question: How can we change that? We had to make an impression on medical students when they were making choices about their careers. So we embarked on a grand experiment to change the 30/60 ratio with FSU medical school graduates by attacking it on all three fronts.”

Deck Stacking

Rather than reviewing only grades and scholastic ability, the FSU COM application review board selects students with attributes that mirror the school’s mission.

“We quickly discovered that students who stated upfront their agreement with our mission had experience supporting that mission alignment,” said Muszynski. “For example, we noted that many applicants from smaller towns and smaller high schools were involved in a meaningful way with their community and seemed more likely to maintain that mission. We made no apologies for those identifying descriptors.”

For several years, FSU COM only accepted in-state applicants. Now, approximately 5 percent of approved applicants hail from out of state. Still, the board remains very selective.

“If we have an applicant from New York, for example, whose goal is to return to that city, we would be more reluctant to accept that applicant,” he said. “We hope applicants are being honest, at least at that time, so we can have better predictive measures.”

All factors considered equal between two applicants – one from a rural area and an urban applicant – the rural applicant may be get a slot above the urban applicant, said Muszynski.

“A student from a rural area is more likely to align with our mission just because of their setting,” he explained. “But the rural applicant who didn’t do much extracurricular-wise, where the urban applicant worked with the underserved, then it’s different. That’s part of the holistic approach.”

Middle Ground

To keep the in-state return mindset strong, the FSU COM uses a community-based curriculum to place third and fourth year medical students in the field.

“Community-based curriculums have been talked down by some schools, particularly the Ivy League types,

with objections that they don't turn out significant researchers," said Muszynski. "We contend its equal worthiness, and we produce researchers that we support whole-heartedly. We focus on producing physicians who can care for patients in community settings, and a community-based curriculum is central to the process."

For example, FSU COM has a unique apprenticeship model. Students aren't assigned to hospitals, wards or residency teams. Instead, they're assigned to a physician practicing in the community who has been trained to be an educator. That physician typically receives \$2,000 a month on a contract basis. As a result of this model, the FSU COM has no full-time faculty for years 3 and 4, with the exception of the campus dean.

"You might find some medical schools in Florida that do a little of this here and there, but nobody to the magnitude we do," said Muszynski, noting that 19 alumni practicing in Central Florida are educators on the Orlando and Daytona campuses. "Most medical schools assign students to a place, not a particular physician dedicated to a block of time for the student. That strongly connects students to the local community."

The approach also includes a geriatric rotation component to spark interest in caring for older patients.

"They all like their geriatric experience and can relate to it with their grandparents," said Muszynski. "Older patients are so appreciative of a physician's time and that resonates with medical students at an impressionable time."

Also during the clinical years, medical students typically become "fiercely loyal" to the community, he said.

FSU COM has also established a strong student advisor network. Each student is assigned to a community advisor on an 8-to-1 ratio. Students are counseled not only about their careers, but also life in general, volunteerism, and the delicate yet very important work/life balance that perplexes many physicians. Advisors are overseen by a dean or associate dean, depending on the campus, on a 20-to-1 (students-to-dean) ratio.

"That low of a ratio in the U.S. rarely exists," emphasized Muszynski.

Stage 3

To further strengthen community ties and the job placement network, Florida Hospital recently provided a \$2 million gift to establish the Florida Hospital Endowed Fund for Medical Education to help the FSU COM support its educational mission.

"Our mission aligns strongly with Florida Hospital's except that we're not a faith-based school; we're public," said Muszynski. "These students are highly sought after, and relationships end up being life-long. We have 16 graduates already practicing in Central Florida. You might think: only 16? But it's impressive when you consider the number of graduates during our ramp-up years between 2005 and 2010, and those who are just finishing 5-year residencies. We've now created a number of scholarships to encourage students to return to Central Florida."

Fittingly, said Muszynski, the scholarship application requires students to write an essay explaining why they want to return to the area.

Maintaining connectivity with graduates throughout their residency is also a driving force to "having them come home," said Muszynski.

“I follow them through the last two years of development and know them pretty well by the time they graduate,” he said. “Then we all (advisors) keep connected to the students after they graduate, tuning in to changes in their lives and what they want to pursue, and then working with our strong alumni network to find opportunities for them to return home.”