Interviewee: **Suter, Emanuel**
Interviewer: **Karen Thomas**
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Thomas: Dr. Suter, I wanted to first ask you — tell me your basic involvement in creating the PIMS program at FSU.

Suter: Well, I cannot tell you exactly who the original idea had. I think it was a joint discussion with Paul Elliott. Paul Elliott at that time was assistant dean half time in Arts and Sciences and half time in the College of Medicine for pre-medical education. He was always interested in preparing students for application and eventual admission to the College of Medicine, and particularly minority students. He had a very active minority student program here at University of Florida at that time, which was supported by the Josiah Macy Foundation, had very considerable amounts of money and he could do many, many things in terms of recruiting and preparing students to enter the College of Medicine. So we had, of course, multiple discussions all the time about how to include entry of medical students in the College of Medicine. One of the problems that arose, one of the developments at that time was that the federal government would support increased admission of students into medical education. That meant that we would have to increase the size of our class, the class size. Since our facilities were designed for an entering class of sixty-four students, we were wondering how we could enlarge the medical student class at that time. One of the idea was since the space was particularly critical in the first year of medical education with the basic science departments, how we could engage someone else to help us to enlarge the class size. And I guess at that time, the idea was, "Let's explore the possibility with FSU." We knew that FSU always was interested in a medical education program. As most universities, they would like to have – or at that time – would have liked to have a medical school. I'm not so sure that at this time they still want to have a medical school, which are financial burdens, and support has become less easy to obtain. But at that time certainly FSU as well as Jacksonville were interested in developing medical education programs. We had an active program at that time with Jacksonville, an active program exclusively at the post-graduate level, namely residence training. It was not at the medical school undergraduate level. There was really no plan to expand that program at the undergraduate level, which later was done by sending students to Jacksonville for their clinical training.

Thomas: Now, I would imagine that at this time University of Florida was the only state medical school in Florida, and of course there was University of Miami which was private, and that was it as far as MD-granting schools went.

Suter: When did University of South Florida start theirs?

Thomas: Later in the '70s. [Suter corrected the transcript to read "In the late '60s.]

Suter: Later in the '60s, okay. Yes, then this is correct — the only state — however, Miami was supported by the state on the basis of student numbers. They had a quota – they had a fixed contribution on the basis of the number of students.

Thomas: Right. I was thinking though that at that time, you know, if the goal was to increase the numbers of students, that areas with larger population centers like Tampa or Jacksonville might have seemed more attractive than having a program over in Tallahassee, and how was Tallahassee chosen for that particular program? For the undergraduate medical education.

Suter: FSU was in many respects a quality university. It had high quality programs, it was well known for some of its areas of achievement, and in many respects was attractive. However, at that time there were no joint programs between FSU and University of Florida. In many respects they were rivals.

Thomas: Right, of course.

Suter: Like they were rivals on the football field. And I think PIMS, the Program in Medical Education, became the very first joint program between the two universities. At this time, the medical school had an advisory committee from the Florida Medical Association, and we discussed with them at intervals, maybe quarterly, major programs or program developments in medical education and obtained either their negative response, or usually they were very helpful. The chairman of that committee was an extremely helpful individual who would communicate very actively with the members of the FMA and tell them what was going on.

Thomas: Do you remember that person's name, by any chance?

Suter: Yes. That was Jere (Annis) — well, it will come back; I will tell you. He was the director of the Lake City – was it Lake City program? The Watson Clinic. There was a clinic, or maybe still is, obviously, in Lake City that he was directing. Jere — well, I will find out. I'm sure you can read it in my journal, his name appears frequently. J-e-r-e, his first name is spelled.

Thomas: Okay, we'll come back to that.

Suter: Okay. So we sort of were ready to do something, and I do not know what the very first contact was with FSU, frankly. It may well have been Paul Elliott.

Thomas: Right. And you're saying that Paul Elliott was really the impetus behind all this?

Suter: He was very important, yes, oh, yes. He was a driving force. I don't know whether you know him.

Thomas: He's on my list of people to interview, certainly.

Suter: He was very initiative; he was a doer and did lots of things. And when he once caught on, you could not stop him. So he was very important. I would think he probably was the key person.

Thomas: Going back to what you said a minute ago about Paul Elliott's involvement in bringing minorities to the University of Florida medical school — and I also read about this in your interview with UF — in late '60s, medical schools across the country were trying to bring in more minority students, and University of Florida had achieved some success in that. But how central was the goal of bringing in minority students to PIMS? Because it seems like there's several different things going on. They're trying to bring in students from the rural Panhandle; they're trying to bring in minority students; they're trying to expand the overall class size. What was most important, do you think, in the creation of PIMS?

Suter: The increase of the class size. Karen, I would in many respects — I think that was sort of a – not necessarily bland development. Turned out that FSU program, the PIMS, brought in students of different motivation and they came from different areas in the state of Florida and had different aspirations as potential medical students and physicians. So it happened to increase the diversity, not only racial diversity but also Florida sort of locality diversity, if you can call it that way.

Thomas: Can you tell a little bit about how PIMS fit into the bigger picture of health care and medical education in the late '60s? There was a tremendous amount of reform going on. Myra Hurt mentioned an article called "The Ecology of Medical Care" and Regional Medical Programs and AHEC and you know, there was just a lot in the air a that time. Can you maybe explain how PIMS, you know, fit into the bigger picture of the reform of medical education?

Suter: Well, I think the reform of medical education, of course, had several aspects. One is how you teach or how the student learns, how you make the student learn. The second is what you teach and when you teach it. At this time, the basic sciences studies, the first year and the second year of medical school, were pretty independent from the clinical education, that is the education of the student and young physician to take care of patients. As a matter of fact, many basic science departments were exceedingly jealous of their time to be in a sense purists, that is in a sense to teach biochemistry on its own merit, not as its merit as a preparation for becoming a physician. And the same, I must admit, we in microbiology had a similar feeling for a long time,

and immunology. We taught it to make mini basic scientists out of the students at that time, and that is a major change, that the basic scientists have learned and are exceedingly eager to work with the clinical departments to integrate their teaching and integrate the knowledge of the student in the basic sciences into their clinical competency, that your goal from the very beginning is competency as a physician and not competency as we did it originally as a scientist. And I think that was not part of the development at that time of FSU, of the PIMS program. The PIMS program did ultimately, of course, like the program at the College of Medicine and in our medical schools – the basic sciences became much more involved in working with the clinical departments and vice versa, the clinical departments are now making major contributions to the first two years of medical education. They're indispensable.

Thomas: Right. But you say that in beginning though, when PIMS first started in 1970, that it was still fairly traditional in that the basic sciences were emphasized in the beginning.

Suter: Yes. The basic sciences were relatively independent and taught what they felt needed to be taught and not what a broader group of faculty felt needed to be taught.

Thomas: Right. So you say that the change occurred, but how did it occur? How did that integration of basic sciences and clinical experience happen?

Suter: Well, it became clear. It was part recognition by the students. As you know, students have increased input into the programs through membership on key committees. And it was part of overall criticism, self criticism to some extent, and recognition that changing had to occur. And it was pressure from the clinical departments to have a greater say in what students learned. It took the College of Medicine at University of Florida a considerable – many years to go through that process, and its acceptance of the fact that in the planning of the basic sciences the clinician should be involved. I recall vividly that when I first got into teaching, which was at Harvard Medical School in a very special program that was exclusively planned by the basic scientists. At that time I was a member of the Department of Bacteriology at Harvard Medical School, and there was no clinician involved in the planning of a key pilot program for medical education. That of course has drastically changed. And how? Various pressures, you know, from criticism and realizations by individuals. And slowly — an interesting and important development was that I think was motivation. It was clear that students or anybody and faculty remember best if they cannot hang on their newly acquired knowledge to some motivation. And if it can connect to the motivation of becoming a physician and to clinical work, it's probably much more effective in teaching and in learning the basic medical sciences.

Thomas: Right. So it was partly an educational reform in improving the retention of knowledge among the student.

Suter: Yes. We had a different program that the College of Medicine started, namely the

teaching basic medical sciences shorter and then re-teaching them as the students became involved in basic science learning when they had already clinical experience. And we found out with the MBME – Medical Board of Medical Examiners – examination that students learn just as well basic sciences in the shorter time if it was somehow related to their clinical aspirations.

Thomas: Let me ask you this: I think traditionalists have criticized the idea of bringing first year medical students into clinical settings because they said that the students don't really understand what they're seeing and it's not good for the patients and they've criticized it as, you know, that it's just too soon. How would you react to that?

Suter: That I think (this notion) has been refuted.

Thomas: Okay.

Suter: Totally. And I don't think anybody argues that way any more.

Thomas: I was surprised to hear someone argue that way fairly recently.

Suter: Really? I think the student should, from the very beginning when they come in, if not before, should be looked upon as a developing physician, and as a developing physician in all its capacity. After all, medical students who enter medical school have an enormous amount of, in a sense, openness to people and they are people oriented, in a sense, and not knowledge oriented necessarily. Now of course, there are combinations, but I think their motivation is to work with people. And that motivation has to be used in the learning process, and we did not use that originally in our traditional programs.

Thomas: But do you think that PIMS is one of the programs that helped bring about that change?

Suter: Yes, the same way as the program – sure, because they had a clinician working with them.

Thomas: Well, I think this gets me to my next question, which was – of course, you were the dean at the University of Florida College of Medicine, but here's this innovative new program that's starting over in Tallahassee. In her *Academic Medicine* article, Myra Hurt and Ocie Harris, who co-wrote an article called "Founding a New College of Medicine at Florida State University" that was just published last year, they say that —

[conversation referencing article not transcribed]

— the quote is, "... because of the geographic and institutional separation of PIMS at Florida State from its partner in medical education, the University of Florida College of Medicine, the stage was set for a non-traditional approach to the reform of education of medical students

without the historical obstacles to reform faced in traditional institutions." I was wondering if you could respond to that quote and tell me if the type of reform that we've just been talking about – was it easier at University of Florida or was it easier for this new program in Tallahassee?

Suter: I couldn't —

Thomas: I know that's a difficult question.

Suter: — read the piece. I think one has to look at this development as a very generic development, and many factors participated in it. What you had in the literature, what you talked at meetings, et cetera – they all made a contribution to that process. Sure, there was resistance. And I suppose there was resistance just as strong in some of your FSU basic science departments when they taught the medical science program as well as it was at University of Florida. But the fact that we — I think we were in relatively innovative spirit of motivation, and we had no problem in doing things that maybe were not conventional. I remember very well in the very beginning when the program started at University of Florida in 1956, the argument was a new school cannot engage in innovative programs. I tried to urge my colleagues in the basic sciences to look at our teaching differently than they did, but I was voted down constantly for a long time.

Thomas: Now why were people saying that a new school couldn't be innovative?

Suter: Because you don't know whether we'll succeed.

Thomas: It had to kind of establish its credibility?

Suter: It has been totally refuted by other schools, particularly the one in Canada.

Thomas: McGill?

Suter: They have been innovative from the very first day. They started an entirely – took an entirely different approach. They had a very daring dean at that time, and they have become a leader in medical education.

Thomas: Do you know the name of that school, by any chance?

Suter: [laughs] It will come.

Thomas: It's not McGill University, is it?

Suter: No, no, no, it was McMaster University.

Thomas: Don't worry; we'll get back to it. So you're saying that when the University of Florida medical school started in '56, that the consensus was that this new school shouldn't be trying to do all these new things because they had to establish their credibility.

Suter: At that time, the issue was integrated teaching, that is, the basic sciences should be looked upon as a basic science and not necessarily exclusively as biochemistry, microbiology, et cetera, et cetera, anatomy. And there were some examples going on at that time at Case Western Reserve University that started in the early 1950s. And I was involved in a pilot program at Harvard Medical School in integrated teaching for four years, and of course was very much interested in trying to do something similar, not essentially the same but similar, at the University of Florida, but that didn't work out. The argument was we cannot risk — do any risky thing. And of course it's much easier to do it when there is not yet any convention at the school than when you have a tradition and you say, "Oh, you can change now."

Thomas: Now once — skip ahead to 1970, when PIMS is being founded. By this time University of Florida's College of Medicine was very well established and it had the resources. I mean, did that help, you know, change the situation and encourage these new reforms to be practiced?

Suter: Well, some reforms, yes, but not others. At that time, I don't think the basic science departments were yet ready to engage more into integration with the clinical science teaching. But yes, I think we did many things at that time in slightly different directions. We had sort of the notion of the greater medical profession, which meant the medical profession including all the health professions – nursing, rehabilitation and social sciences. And we were very active in that direction. But no, the basic scientists did not at that time (if I remember correctly) want to drastically change their approach to the teaching of basic science knowledge base.

Thomas: Right. So do you think that this integrated approach to medical education, was that actually implemented at University of Florida first or in the PIMS program first?

Suter: Both together.

Thomas: Both together at the same time.

Suter: Because changes made at the University of Florida College of Medicine in the basic science teaching somehow had to be reflected in the PIMS program so the students, when they came to the University of Florida, they had the similar level – level is maybe not the right word – but at the similar phase – level of preparation. That worked out pretty well. That was

predominantly the task of Myra Hurt and a radiologist at the medical school; what was her name, the radiologist.

Thomas: She's on the interview list; I know who that is.

Suter: What's her name?

Thomas: I don't know off the top of my head; I'm sorry.

Suter: She went frequently to FSU, to Tallahassee, to meet —

Thomas: Linda Lanier.

Suter: — she was also chairman of the admissions committee in Gainesville.

Thomas: Yes, that was Linda Lanier, I believe.

Suter: Yes. Linda Lanier. And that was later, of course. That was in the 1990s. She played a major role in the relationship.

Thomas: Going back to PIMS early years, how did the program grow and develop and change over the first, say, ten years of its existence?

Suter: Well, the program — do you have the exact dates that the program started?

Thomas: The *Academic Medicine* article says it started in 1970.

Suter: Okay. I left University of Florida in 1972, so I had little contact between '72 and 1991, when I returned to University of Florida. I had visited a couple of times, but not specifically involved with PIMS. And so I can really not tell you what happened subsequently once it got started, and I think that is for Paul Elliott to tell you.

Thomas: Yes. Okay. I'll ask him that question. So you came back to University of Florida in 1991 in what capacity, and what did you do in the interim?

Suter: As a — I called myself a "minister without portfolio." I had an appointment to work with Bob Watson, who was the – still is – senior associate dean for medical education or educational affairs, whatever it's called. And we worked very closely together and were involved in numerous programs. I chaired several committees for him, and particularly in the discussion about the change of the educational program.

Thomas: This was in '91, you're talking about?

Suter: From '91 until – for six years – '97; I left in '97. And this was probably my best time in medical education, because I had responsibilities, of course, that Bob Watson assigned to me, but I'd had no administrative responsibilities.

Thomas: Great.

Suter: And that's what made things very easy, pleasurable, let's put it that way. I had a relationship with the faculty that was characterized by – I was non-threatening because I did not compete with them for anything. I think that was a wonderful experience.

Thomas: What was your title at that point?

Suter: [laughs] I don't know!

Thomas: You didn't have one?

Suter: I think I was a "visiting professor" for a while, and then I was called "instructor." That was totally irrelevant, whatever the appointment was.

Thomas: Right. But what you were really doing is you were consulting with Bob Watson on the development of the medical education program at University of Florida.

Suter: I chaired several ad hoc committees; we did several department things during that time. I worked with faculty very actively. The first assignment I had for the first year was to prepare the inspection by the Liaison Committee on Medical Education —

Thomas: Yes.

Suter: So that was the first thing I did, got that materials together. And in the process, I of course sort of reacquainted myself with all the programs in the college.

Thomas: Sure. Including PIMS.

Suter: Including PIMS, yes.

Thomas: So was that when you met Myra Hurt?

Suter: I believe so, yeah. She was not involved in the beginning.

Thomas: Right. She wasn't there until the '80s — I think she came in 1987. She came to PIMS in 1987, I believe. I'll double check that.

Suter: '87, okay. Sure. Yes, that's when I met her first.

Thomas: Tell me your impressions of Myra Hurt when you first met her.

Suter: In what respect?

Thomas: Oh, well, she was — I guess she was the third director of PIMS, and she — in her interview she talked about writing a proposal to basically reform PIMS because the program had fallen on some hard times and they were especially concerned about the poor board exam scores of PIMS students and how to improve those. And I expect that would have figured into the preparation for the liaison committee visit.

Suter: When did she do that? I don't think I read that proposal.

Thomas: That may have been before you actually came —

Suter: That was a problem for a while with the performance of the students at the Medical Board of Medical Examiners exam. But I think it had faded at the time I was there. Lynn Romrell knows these things very well. I mean, he is the data collector in the College of Medicine and you absolutely have to interview him.

Thomas: I certainly will. So tell me more about this preparation for the inspection by the liaison committee. What happened with that visit?

Suter: I was very successful. My approach was to be absolutely open, put nothing under the carpet (which many schools tried to do). I felt it was very important that we use the preparation for this self-study to find out what we do wrong and try to improve. One thing, for instance, I spent an enormous amount of time teaching faculty how to prepare program goals and objectives; how do you make a statement of your program goals and your program objectives and what are the differences. We had during that year developed, at least in the basic sciences, rather detailed statements of what should be accomplished during that time.

Thomas: And did you also work with faculty in PIMS doing that?

Suter: Yes, of course. Oh, yes.

Thomas: Do you remember anything about that? What were the PIMS faculty writing about and what were their concerns?

Suter: I worked with — in particular with Myra, and I think she was very interested in this. In the end, I think the visitors didn't even visit PIMS, if I remember correctly, which I had urged them to do, but they felt it wasn't necessary. Well, because I think our preparation was pretty good, a very good document, and they felt comfortable with the statements that were in these documents.

Thomas: Right. Let's see —

Suter: But you ask Myra, but I think they did not visit at that time.

Thomas: Yeah, that may have been true.

Suter: And I don't know what they did at subsequent visits. They come every seven years.

Thomas: You said that you — did you retire from University of Florida in '97?

Suter: Yes.

Thomas: Or did you move to another position? You said you were with UF until '97.

Suter: In 1972, I left Florida.

Thomas: Yes, and then you came back in '91, and then in '97.

Suter: In 1972, I went to the Association of American Medical Colleges in Washington, DC.

Thomas: What was your involvement in getting the College of Medicine founded at FSU?

Suter: None at all.

Thomas: None at all, okay.

Suter: Except that — I did nothing that had as its goal to establish a College of Medicine. All we did was to strengthen the PIMS program and its relationship to the clinical programs there at – what is the hospital – Tallahassee Memorial —

Thomas: Tallahassee Memorial, yes.

Suter: Okay. And I visited there quite a few times, but that was all in relationship to

PIMS. Because we wanted a relationship to prepare for an independent medical school. As a matter of fact, maybe I should tell you that one of the motives of developing PIMS was to detract FSU's potential interest in establishing a medical school.

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Suter: Because we felt at that time it was not necessary.

Thomas: Right.

Suter: By involving them in medical education in a different way.

Thomas: Right.

Suter: And I think it — I don't know whether it had any effect, but certainly for how many years?

Thomas: Thirty.

Suter: Thirty years that program existed, and did reasonably well. Yes, it did fall on some hard times after Paul Elliott had left and — I have no idea what happened at that time.

Thomas: Right.

Suter: Obviously Myra Hurt did a very excellent job in reviving it.

Thomas: Yes. You said that your first year after you returned to UF in '91 was focused on preparing for that liaison committee visit. What did you do after that and did you —?

Suter: What did I do after that?

Thomas: Yes.

Suter: Well, I chaired several ad hoc committees, first to deal with continuing medical education. We needed to appoint a new director, and that was reasonably successful. And then I dealt with the question of the College of Medicine Education Center. That went — was a reasonably good proposal that officially a center be established that recognizes in a sense the importance of medical education in the College of Medicine. One of the feelings at that time in medical education was that – in medical schools was – that medical education became neglected in the extensive involvement of the clinical faculty in patient care. Because patient care represented and still represents a major income factor —

Thomas: Yes.

Suter: — for the medical schools.

Thomas: Yes.

Suter: And in many schools, faculty were evaluated in a sense by their financial contribution to the medical schools through their practice.

Thomas: Right.

Suter: So that was a fundamental issue at that time.

Thomas: Yes.

Suter: And I think Bob Watson in his program was very successful to reestablish medical education as one of the primary goals or primary programs of the medical school.

Thomas: Yes.

Suter: You know, that it's — that's the basic mission of a college of medicine is to educate, prepare students for the practice of medicine.

Thomas: Yes.

Suter: And he had several various aspects he worked with, and he did very well, I think, over all. Remarkably well. Of course, some of these things always get drowned in the problems – financial support problems.

Thomas: Sure. Let me go back over my questions here. You had mentioned that you had participated in a pilot program at Harvard for integrative medical education, the clinical sciences —

Suter: In the basic sciences.

Thomas: Basic sciences and clinical experience. When was that and how did that figure into your experience with PIMS?

Suter: That was 1952 to 1956.

Thomas: Okay.

Suter: 1952 to 1956, yeah. Because I went from Harvard Medical School to the University of Florida as chairman of the Department of Microbiology, of the non-existent department. And then I then was chairman of the curriculum committee and chairman of the medical admissions committee —

Thomas: Right.

Suter: — for many years, really until I became dean for eight years, roughly for eight years. How did it influence? Well, the experience convinced on me that I was very much interested in the horizontal integration between the various basic sciences —

Thomas: Right.

Suter: — because that was the major aspect of that pilot program at Harvard.

Thomas: Right.

Suter: I do not know when that program petered out.

Thomas: Okay.

Suter: Of course, Harvard has come through – Harvard Medical School – more recently, in the late 1980s, early 1990s, in a major reorganization of their programs.

Thomas: Yes.

Suter: And they have a remarkable — they have achieved remarkable changes, I think, at that time, under their dean who was originally chairman of Physiology at Duke —

Thomas: Right.

Suter: — and then became dean at Harvard and became very active in creating new programs called the New Pathway which would become a model for many other schools. Medical education, I think that's important to realize, is a mixture of attempts to do better. And it's not — let's take, for instance, the program of students – problem-based learning, which in its purest way was developed at University of Southern Illinois and also at McMaster University School of Medicine in Hamilton, Ontario.

[some aside conversation not transcribed]

Thomas: McMaster, okay.

Suter: Yeah, at Hamilton, Ontario.

Thomas: Okay.

Suter: They were the most innovative new medical school you could think of. They were absolutely fantastic. And their major contributor to that development was a guy by the name of Victor Neufeld.

Thomas: Could you spell that?

Suter: No. I'm not sure that I'm correct with his name. Again, I would have to look it up.

Thomas: So what time period are we talking about with McMaster? What time period was McMaster doing all these innovative things?

Suter: In 1967, the College of Health Sciences was formed as part of McMaster University. In 1969, in accordance with the McMaster Act of 1968-69, the structure was changed to the Division of Health Sciences, incorporating the faculty of medicine and the School of Nursing. The university structure was reorganized in 1973.

Thomas: Okay. So we're talking about at the times that PIMS was being formed, McMaster was also —

Suter: Oh, yes, was active, very active, very well known for its innovative program in terms of teaching particularly, teaching and a matrix organization of the faculty to function not necessarily just as departmental faculty but also as medical school faculty and thus could be assigned different ways to best carry out the program. And that was very innovative. And _____ _____[??]. Of course, the Canadiens have frequently been very innovative in many respects.

Thomas: You had mentioned problem-based learning that was developed at University of Illinois and —

Suter: Yes, problem-based — and McMaster. Problem-based learning, you know, is the idea that the faculty are mentors for the medical student and are not the source of knowledge for medical students. The students have to find their knowledge on the basis of trying to solve problems. Problem-based learning. And this was teaching in small groups for maybe eight, maximum ten students, with a faculty advisor who did not give lectures but helped students to find the information through books and through the library. So students worked predominantly on their own and they reported back of their finding. Now, in the purest sense, this is a very

expensive program. It requires multiple faculty who are trained to teach in small groups and to be advisors and not the source of knowledge necessarily. And it requires facilities for all these groups to meet. And it requires a library that is available at any time where the students can search. And that, of course, nowadays with computers is much easier, with information systems; it is ideal for this program. A few schools tried to do that as their basic program. Other schools mixed it with traditional teaching. And so at the University of Florida College of Medicine, there were many aspects of problem-based learning, but there were equally many aspects of more traditional learning and teaching. And that is very typical of medical education; it's not necessarily puristic, you know, with very few exceptions, like that Southern Illinois program and the program at McMaster.

Thomas: Yes. But was this problem-based learning applied to PIMS? Because Myra Hurt has talked about creating learning communities, and it sounds very similar to what was the philosophy at PIMS, but I wonder, was that being applied early on at PIMS?

Suter: Not as explicit PBL teaching – problem-based learning. But I think some aspects of it, yes. Again, you see, faculty learns through contact with other faculties, what they do, and try out things in their own way. Then you still can recognize there is some aspect of PBL in this program, but it's no longer a PBL program. It's a new program.

Thomas: Right. But you might say that these ideas were sort of in the air when PIMS was founded and were part of the context that PIMS was created in then?

Suter: At the time PIMS was founded, I don't think PBL had already been widely known. I would have to look it up, when that started.

Thomas: That was probably later in the '70s, then?

Suter: Yeah, I believe so.

Thomas: Another thing that you mentioned that PIMS has tried to be innovative in – you were talking about admissions and you said that you had — did you say that you were chair of the admissions committee at the Harvard Medical School?

Suter: No, no, at the University of Florida College of Medicine.

Thomas: So you were chair of admissions at University of Florida. How is PIMS innovative in its admissions process? Can you explain that a little bit to me?

Suter: Say that again, please.

Thomas: Tell me about the admissions process for PIMS.

Suter: I think you will get detailed information from Paul Elliott.

Thomas: Okay.

Suter: It certainly had to, in a sense, be compatible with the admissions process at University of Florida, because otherwise the students would not be acceptable in the transfer. But the transfer was automatic. That is certain. If a student was accepted at PIMS and successful completed that first year, he automatically or she automatically could transfer to the University of Florida, Gainesville. There was no admissions process – readmissions process necessary. And that required, obviously, close cooperation of the director of PIMS with some of the faculty at Florida, and particularly in the later time when I was back there, with Lynn Romrell, who had always sort of — he was the keeper of all the information. He had all the databases. Oh, yeah, that was another program I was involved in was to develop a College of Medicine database. Romrell was very much involved, of course; he is a computer expert; I'm not a computer expert at all.

Thomas: And what was the purpose of the database?

Suter: To have a computerized database of all the students at all levels.

Thomas: Just to facilitate admissions and reporting and everything, I see.

Suter: It supports evaluation of students, it supports promotion of students, all these things, and was very essential – and still is, I'm sure. The program – and it includes, in addition, faculty – faculty and students. It was very – I think very successful in — very expensive in the beginning to establish.

Thomas: Did that database then include the PIMS students as well or was that kept separately at FSU?

Suter: Yes, I'm sure it did, yeah. Nothing escapes Lynn Romrell.

Thomas: I'll look forward to interviewing him, then.

Suter: Yeah, he's a very interesting person.

Thomas: I think those are most of my questions for right now, and we've been going for right at an hour. Looking back, is there anything else that you wanted to add or any other questions that you wanted to answer?

Suter: Not right now. I think what I would suggest is that you probably have to look over what you've got now, and then if you have questions, call me.

Thomas: Yes. I'm going to end the recording now.

End